NHS
Wolverhampton
Clinical Commissioning Group

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

A G E N D A

1	Welcome and Introductions	Sue McKie	Verbal
2	Apologies	Sue McKie	Verbal
3	Declarations of Interest	All	Verbal
4	Minutes of the meeting held on 2nd October 2018	Sue McKie	1 - 6
5	Matters Arising from the Minutes	Sue McKie	Verbal
6	Committee Action Points	Sue McKie	7 - 8
7	Quarterly Finance Report	Tony Gallagher	9 - 14
8	Primary Care Quality Report	Liz Corrigan	15 - 34
9	Primary Care Operational Management Group Update	Mike Hastings	Verbal
10	Quarterly Primary Care Assurance Report	Jo Reynolds	35 - 66
11	Primary Care Contracting Update	Gill Shelley	67 - 72
12	Healthwatch Wolverhampton: GP Communication Report	Jo Reynolds	73 - 86
13	Thrive into Work Specification	Jo Reynolds	87 - 94
14	Any Other Business	Sue McKie	Verbal
	• General Practice Awards 2015/2019 (for information)	Jo Reynolds	95 – 96
15	Date of Next Meeting **Tuesday 4th December 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park**		

NHS
Wolverhampton
Clinical Commissioning Group

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on 01902 444613 or email laura.russell4@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Ms S McKie (Chair) Dr D Bush Dr H Hibbs Mr S Marshall Dr S Reehana Ms S Roberts Mr L Trigg
NHS England	Mr B Dhami
Patient Representatives	Ms S Gaytten
Invitees (Non-Voting)	Ms T Cresswell (Healthwatch) Mr J Denley (Health and Wellbeing Board)

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 2nd October 2018 at 2.00pm
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	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	Yes

Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	No
Tony Gallagher	Chief Finance Officer	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
John Denley	Director of Public Health (WCCG)	No
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Kassandra Styche	Quality and Safety Officer	Yes
Steve Barlow	Public Health Specialist	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC365 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies

WPCC366 Apologies were submitted on behalf of Mr J Blankley, Dr H Hibbs, Mr J John Denley.

Declarations of Interest

WPCC367 Dr Bush and Dr Kainth declared that, as GPs they have a standing interest in all items relating to Primary Care.

Dr Reehana declared that as a GP she had a standing interest in all the items relating to primary care. She also declared that, as her practice was named as one of the participants in the pilot project she had a conflict of interest in the item on the Home Visiting Service.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all 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.

Minutes of the Meeting held on the 4th September 2018

WPCC368 The minutes from the meeting held on the 4th September 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC369 There were no matters arising from the minutes.

RESOLVED: That the above was noted.

Committee Action Points

WPCC370 **Minute Number WPCC320 – Primary Care Assurance Report**
It was noted the next Primary Care Assurance Report is not due until November. Agreed to close the action.

Minute Number WPCC343 – Primary Care Quality Report
Ms Corrigan noted that she had spoken to Ms Reynolds and conflict resolution training has been scoped, a training provider has been identified. Agreed to close the action

Minute Number WPCC344 – Update report following the retirement of Dr Mudigonda
Ms Shelley to confirm the supervision process of the GP registrars.

Minute Number WPCC348 – Influenza Vaccination Programme
A report has been provided for the Private agenda. Agreed to close the action.

Dr Reehana entered the meeting.

Primary Care Quality Report

WPCC371 Ms Corrigan presented to the Committee the monthly Primary Care Quality Report and highlighted the following key points:

- Quality Matters – continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG.
- Complaints – there have been 36 complaints received from NHS England since the new process began on the 1st November 2017
- Friends and Family Test – There were improvements in all areas of submission for the month and the overall response rate has increased slightly at 1.8%. This is significantly better than both regional and national averages.
- Workforce Development – a GP retention scheme has been agreed across the Black Country at an event held on the 25th September 2018. The plan will look at ways to maintain GPS in post but increase options to work across primary and secondary care and take up leadership roles. It was noted that a physician's associate internship programme is due to start with three practices expressing an interest.

RESOLVED: That the above is noted.

Ms Corrigan left the meeting

Primary Care Operational Management Group Update

WPCC372 Mr Hastings advised the Committee of the discussions which took place at the Primary Care Operational Management Group Meeting, the following points were noted:

- The MGS Medical Practice Transition Meetings are progress well and as a result have moved to monthly instead of fortnightly.
- The practice migration onto EMIS web is Dr Bilas, which is currently on target to complete.
- There are two practices which have gone through ETTF, and work has commenced on builds at Newbridge and East Park.
- Dr Whitehouse surgery had issues with their current lease, this has now been resolved.
- Contract Monitoring Annual Practice Declaration Template was agreed by the Group.

- The Practice Groups are now hitting their 100% for Improved Access target set by NHS England. The Practice groups are now open seven days a week offering 6pm – 8.00pm in the evening and additional Saturday and Sunday access.
- The query raised by the Primary Care Commissioning Committee regarding single hander practices. It was agreed single hander practices were not considered a significate risk to be added on to the risk register.
- The CQG reported a number of visits to GP Practice have been undertaken and the results have been positive.

RESOLVED: That the above is noted.

Home Visiting Service

WPCC373 Mrs Southall presented to the Committee a revised business case for a GP Home Visiting Service project which has been previously approved by the Committee. The project is currently being mobilised and is due to commence in December 2018. Following discussions with the practices and the provider (Royal Wolverhampton NHS Trust) the business case has been updated to request for a healthcare assistant to undertake some of the routine activity as set out in the service model.

The Committee were asked to approve the funding for the Healthcare assistant for the six month period of the pilot project at an additional cost of £13,094. The changes to the business case were highlighted within the report.

The Committee reviewed the changes and queried the role and function of the healthcare assistant. The Committee requested further clarification on the role and purpose as it was not clear within the business case. It was agreed a virtual e-mail would be sent to the Committee outlining the healthcare assistant role, however due to timescales a decision would need to be made via e-mail to approve or not approve the funding.

RESOLUTION: Mrs Southall to provide clarification on the healthcare assistant role to the Committee via e-mail and seek approval of funding.

Primary Care Workforce – New Roles and GP Retention

WPCC374 Mrs Southall gave the Committee an update on the GP workforce position and projects that are underway locally and across the STP footprint to address recruitment and retention of GPs. Mrs Southall highlighted the following key points from the report:

- GP Workforce in Wolverhampton - based on available data from NHS Digital there are currently 142 GPs (FTEs) working across 42 practices in Wolverhampton, who are either employed as partners or salaried GPs. The age profile of our GPs demonstrates that 21% of GPs are of an age where they may choose to retire.
- STP initiatives – The Black Country STP has in place a Primary Care Workforce Strategy, which acknowledges that there are many challenges across the STP footprint.

- Intensive Support Site – The Black Country have been identified as an Intensive Support Site (ISS) for GP retention. Through having the ISS status dedicated funding has been allocated to invest in a series of projects until the end of March 2019.
- Schemes – There are four schemes that have been produced in liaison with GPs across the STP, which are due to be launched in October 2018 for GPs from across the Black Country to consider/access. The schemes are as follows:
    - Incentivising Portfolio Careers
    - Retention of Newly Qualified and GP Trainees
    - Peer Mentoring Network
    - Pre-retirement Coaching

Dr Reehana noted in terms of GP retention to review the possibility of involving Vocational Training Scheme (VTC) as they offer a lot of support to GPs. Mrs Southall agreed to review VTC and their programme.

A discussion took place around international recruitment, GP retirement and potential CCG funding pressures. It was noted that the CCG need to consider the risk associated of the funding initiatives on the wider footprint and build this into future financial planning for next year.

RESOLVED: That the above is noted.

Any Other Business

WPCC375 Promotion of Primary Care Commissioning Committee

Ms McKie informed the Committee that she has agreed to share the public meeting dates with the PPG Chairs and Citizens Forum to encourage attendance of the public to future meetings.

Date of Next Meeting

WPCC376 Tuesday 6th November 2018 at 2.00pm in the Stephenson Room, Technology Centre, Wolverhampton Science Park

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Primary Care Commissioning Committee Actions Log (public) Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
17	**07.08.18**	**WPCC320**	**Primary Care Assurance Report** The graphs in the report need to be amended to reflect/interpret by practice size.	November 2018	Sarah Southall	04.09.18 - Primary Care Assurance Report is not due until November and the amendments will be made to the report.
22	**02.10.18**	**WPCC373**	**Home Visiting Service** Mrs Southall to provide clarification on the healthcare assistant role to the Committee via e-mail and seek approval of funding.	November 2018	Sarah Southall	

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee
6th November 2018

TITLE OF REPORT:	Financial Position as at Month 6, September 2018
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 6, September 2018
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• M6 assumed breakeven • 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

	local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this <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.
3. System effectiveness delivered within our financial envelope	<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 <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.

1. Delegated Primary Care

Delegated Primary Care Allocation for 2018/19 as at month 6 is £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The CCG planning metrics for 2018/19 as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations.

2. Allocations

- No further allocation has been received since month 3 2018/19.

3. M06 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	11,022	11,154	132	22,043	22,043	0		0	0
General Practice PMS	949	736	(213)	1,899	1,899	0		0	0
Other List Based Services APMS incl	1,206	1,116	(90)	2,412	2,412	0		0	0
Premises	1,409	1,184	(225)	2,817	2,817	0		0	0
Premises Other	47	60	13	94	94	0		0	0
Enhanced services Delegated	443	356	(87)	887	887	0		0	0
QOF	1,901	1,827	(74)	3,802	3,802	0		0	0
Other GP Services	882	1,700	818	1,765	1,765	0		0	0
Delegated Contingency reserve	91	0	(91)	183	183	0		0	0
Delegated Primary Care 1% reserve	183	0	(183)	366	366	0		0	0
Total	**18,133**	**18,133**	**(0)**	**36,267**	**36,267**	**0**		**0**	**0**

A full forecast review has been carried out in month 4 which includes the following updates:

- Global Sum has been updated based on Q2 list sizes 2018/19
- Out of Hours has been updated based on Q2 list sizes 2018/19
- QOF Forecasts have been revised using 2017/18 outturn
- Violent Patients Forecasts are based on 2017/18 outturn and sign up
- Minor Surgery Forecasts are based on 2017/18 outturn and sign up
- Extended Hours Forecasts are based on 2017/18 outturn and sign up
- Learning Disability Forecasts are based on 2017/18 outturn and sign up
- Premises Forecast is based on information provided by premises team
- Review of Locum reimbursements (maternity/paternity etc.) is based on approved applications to date.
- CQC Fees has been updated based on 2017/18 outturn plus 20% increase notified by central team.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund and a 0.5% contingency in line with the 18/19 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. This is still available at Month 6 and will be uterlised for QOF plus .
- The 0.5% contingency is still available at Month 6 and will be uterlised for DOCMAN project (£80k) and to cover practice configuration.

5. PMS premium reserves

- The PMS premium will grow each year as a result of the transition taper of funding of PMS practices; as a CCG we need to ensure we have investment plans in place to recognise this increasing flexibility. Over the next four years the anicipated cumulative position of the PMS premium is shown in the table below and the actual resource flexibility will depend on how effective expenditureis controlled. The funds for 2018/19 will be fully committed.

Year	£000
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 and will report any variance accordingly on a quarterly basis, including the use of reserves and contingency funding. As the year progresses, more detailed reporting will be available. The position of the delegated budgets has to be seen within the context of the CCG financial position and resources should be committed during the financial year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

- Note the contents of this report.

Name: Sunita Chhokar
Job Title: Senior Finance Manager
Date: 18/10/18

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**	**18/10/18**
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**	**18/10/18**

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WOLVERHAMPTON CCG

PRIMRY CARE COMMISSIONIN COMMITTEE
6TH NOVEMBER 2018

TITLE OF REPORT:	Primary Care Report
AUTHOR(s) OF REPORT:	Liz Corrigan
MANAGEMENT LEAD:	Yvonne Higgins
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	Overview of Primary Care Activity
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	

Wolverhampton Clinical Commissioning Group

PRIMARY CARE QUALITY DASHBOARD

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

Data for October 2018		
Issue	**Concern**	**RAG rating**
Infection Prevention	Four IP audits were undertaken in October – 3 silver 1 bronze. All practices have now have aTIV flu vaccine orders Awaiting uptake figures from Immform	1b
MHRA	Since 1st April 2018 • 29 weekly field safety bulletins with all medical device information included. • 5 device alerts/recalls • 10 drug alerts/recalls	1a
Serious Incidents	None to report at present	1a
Quality Matters	Currently up to date: 12 open 5 overdue 3 closed	1b
Escalation to NHSE	On-going process	1a
Complaints	Details of 36 complaints received since 1st November 2017 28 now closed 8 still under investigation	1a
FFT	In August 2018 • 5 practices submitted no data (one later supplied the data) • 1 zero submission • 2 submitted fewer than 5 responses (supressed data)	1b
NICE Assurance	NICE assurance is now linked to GP Peer Review system – last meeting on 12th September	1a
CQC	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
Workforce Activity	Work around recruitment and development for all staff groups including new roles continue.	1a
Training and Development	A training business was presented to Workforce Task and Finish Group – for further discussion. Work continues on Practice Nurse Strategy and documents. Training for nurses and non-clinical staff continues as per GPFV	1a
Training Hub Update	Procurement of new Training Hub provision is currently on hold – contract will be rolled over if necessary	2

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. PATIENT SAFETY

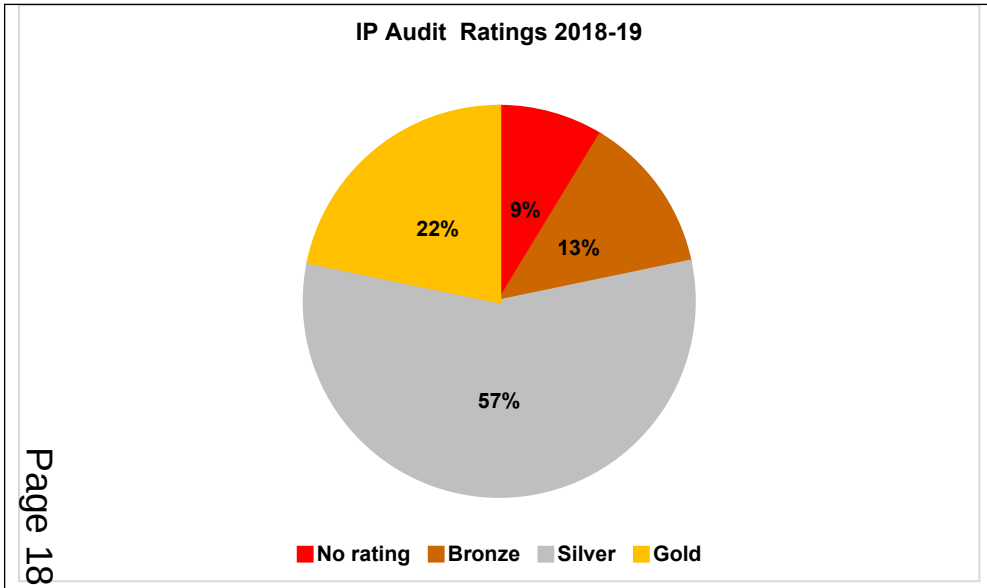
2.1. Infection Prevention

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link nurse 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%

Figure 1: Infection Prevention Audits April 2018

Site	Date	Overall audit	Waste management	Management of equipment	IP management	Environment	PPE	Sharps handling and disposal	Minor surgery room	Practice nurse room
Average Scores		93%	85%	97%	92%	87%	97%	98%	97%	93%
Ratings overview and issues identified within primary care:					**Exceptions and assurance:**					



Meeting arranged with IP to discuss use of safer sharps in primary care.

Support will be provided for practices where appropriate via liaison with IP and CCG Operations Team.

Monitoring of IP audits is undertaken by the Primary Care Quality Assurance Coordinator in conjunction with the IP team and by the Primary Care Team, a new audit cycle has now commenced.

MRSA Bacteraemia:
None to report this month.

Influenza vaccination programme:

Figure 2: 2017/18 Influenza Vaccine Programme activity

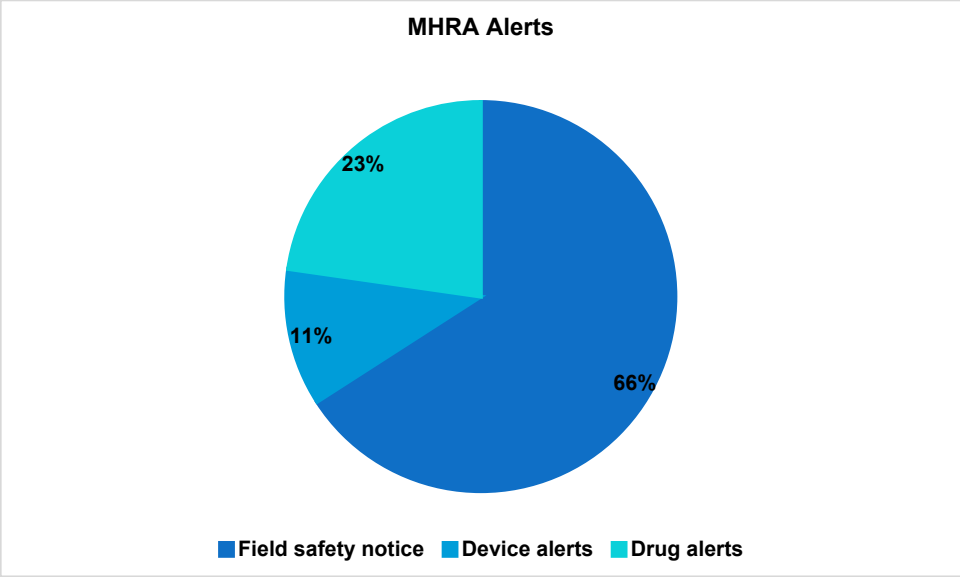
Overview of practice aTIV ordering
All practices have flu vaccine orders.
Exceptions and assurances:
Continued monitoring of flu vaccine uptake is being undertaken by Public Health and NHSE figures will be available via Immform.

The primary care flu vaccine task group has met four times and is due to meet again on 7th November to discuss the programme so far and continue to explore ways to increase uptake and ensure timely reporting.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Alert Type	Number
Field Safety Bulletin	29
Device alerts/recalls	5
Drug alerts/recalls	10



Exceptions and assurances
There are currently no direct actions from alerts required by the CCG. 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. The management of alerts is part of both the GP contract and a requirement under CQC registration. Practices are required to keep a record of alerts and actions taken for scrutiny. At present this is monitored by the CCG via collaborative contracting visits. 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 to date links are below – these are managed centrally by the government and forwarded directly to practices by NHS England: https://www.gov.uk/drug-device-alerts

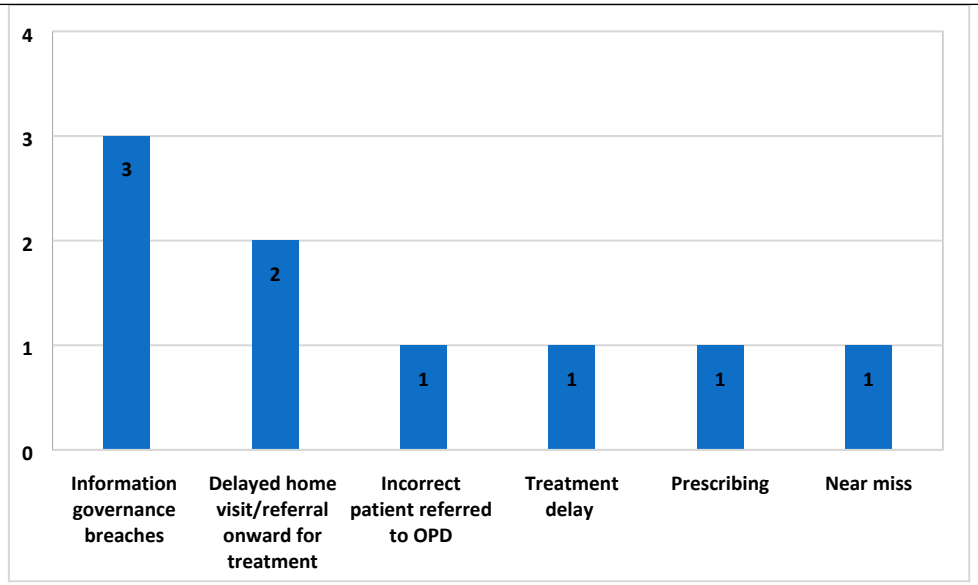
2.3. Serious Incidents

There are currently no serious incidents being investigated in primary care. All serious incidents are reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

2.3. Quality Matters

Figure 4: Quality Matters Status 2018/19 and Variance

Status in September 2018	Number (running total)	Exceptions and assurances:
Open	12	Quality Matters continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG or to the Serious Incident Scrutiny Group for further consideration. The Quality Team plan to share lessons learned from Quality Matters in primary care as part of an on-going programme.
Quality Matters Themes:		



Closed QMs:
No QMs were closed in October.

2.4. Escalation to NHS England

Figure 5: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review October 2018	Outcome from PPIGG
None	N/A
Exceptions and assurances:	
Nothing to report for October.	

3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

	April	May	June	July	August	Sept	Oct
Number	2	2	3	13	3	0	0

Complaints Numbers and Themes:
Quarter 2 figures are pending.

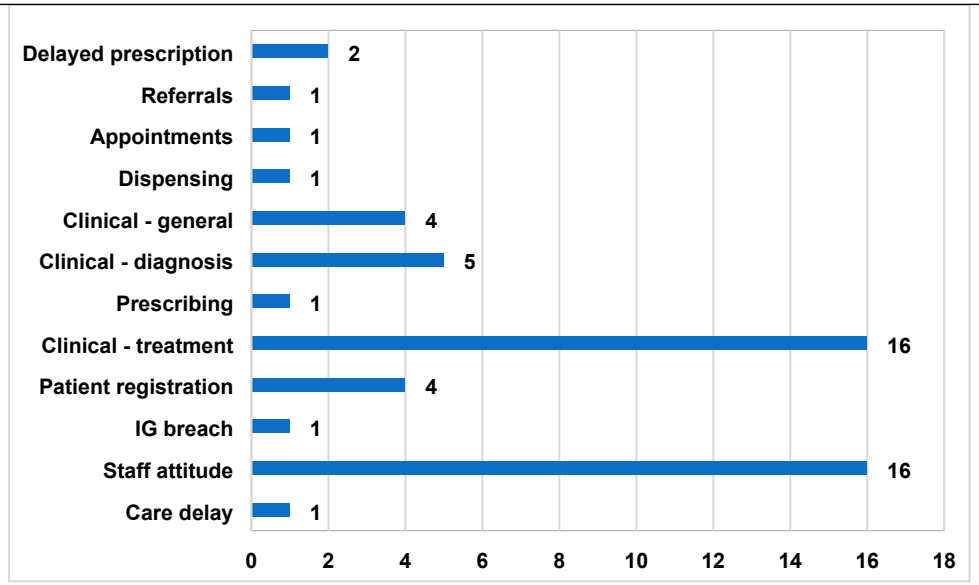
Where complaints have been upheld these have predominantly involved clinical issues such as treatment, delayed diagnosis or refusal to refer. There have also been issues around confidentiality breaches and staff attitude.

36 complaints have been received from NHSE since the new process began on 1st November 2017. Themes for complaints are all shown below, please note that each complaint may have more than one theme.

Exceptions and assurances:

- Actions and lessons learned identified are:
- Reflection
- Sharing of pathways and treatment plans – revision of current processes
- Audit
- Review of records
- Discussion at practice meetings
- Review of telephone calls and processes

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, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.



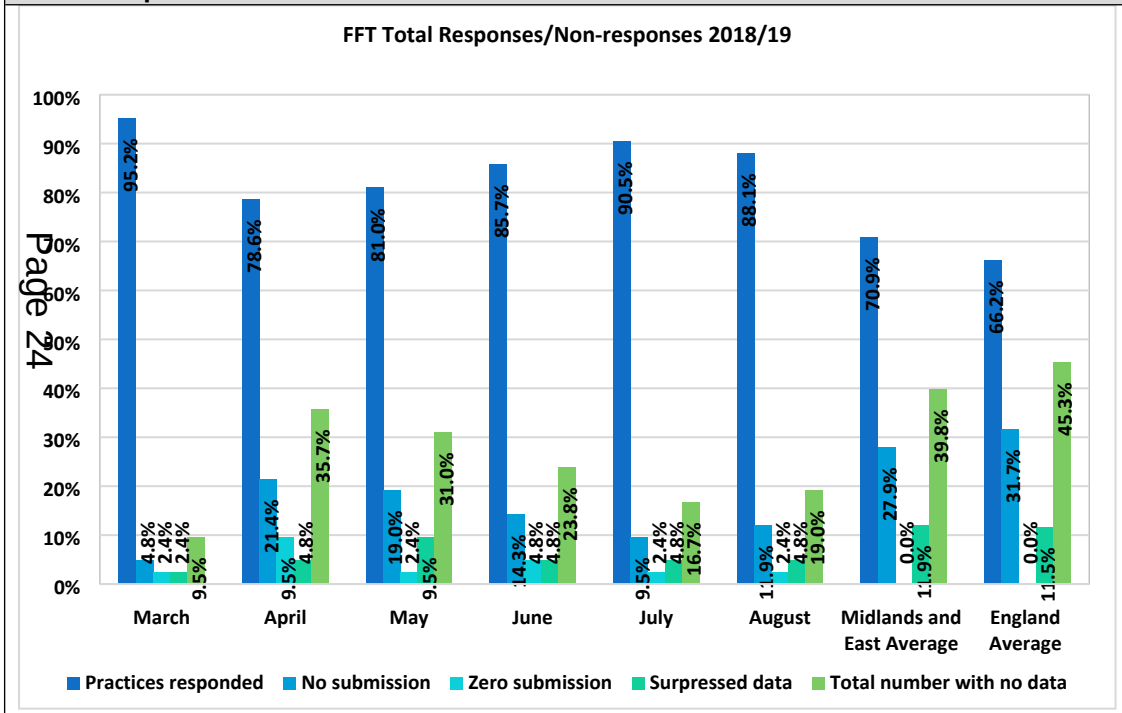
3.2. Friends and Family Test

Figure 7: Friends and Family Test Data Overview 2018/19

Percentage	March	April	May	June	July	August	West Midlands	England
Total number of practices	42	42	42	42	42	42	2154	7222
Practices responded	95.2%⇧	78.6%⇩	81% ⇧	86%⇧	90.5% ⇧	88.1%⇩		
	40/42	33/42	34/42	36/42	38/42	37/42	70.9%	66.2%
No submission	4.8% ⇩	21.4%⇧	19% ⇩	14.3%⇩	9.4% ⇩	11.9%⇧		
	2/42	9/42	8/42	6/42	4/42	5/42	27.9%	31.7%
Zero submission (zero value submitted)	2.4% ⇩	9.5%⇧	2.4%⇩	4.8%⇧	2.4% ⇩	2.4%⇔	N/A	N/A
	1/42	4/42	1/42	2/42	1/42	1/42		

Suppressed data (1-4 responses submitted)	2.4% ⇩	4.8% ⇧	9.5% ⇧	4.8%⇩	4.8% ⇔	4.8%⇔		
	4/42	*15/42*	4/42	2/42	2/42	2/42	11.9%	11.5%
Total number with no data	9.5% ⇩	33.3%⇧	31% ⇩	23.8%⇩	16.7% ⇩	19.0%⇧		
	4/42	15/42	13/42	10/42	7/42	8/42	39.8%	45.1%
Response rate	1.8% ⇧	1.4%⇩	1.7% ⇧	1.7%⇔	1.8% ⇧	1.8%⇔	0.6%	0.5%

Data Comparison



Exceptions and assurances:

Submission rates were stable this month, overall response rate was 1.8%, still significantly better than both the regional and national averages.

Submissions are now being monitored as per FFT Policy and practices have been contacted.

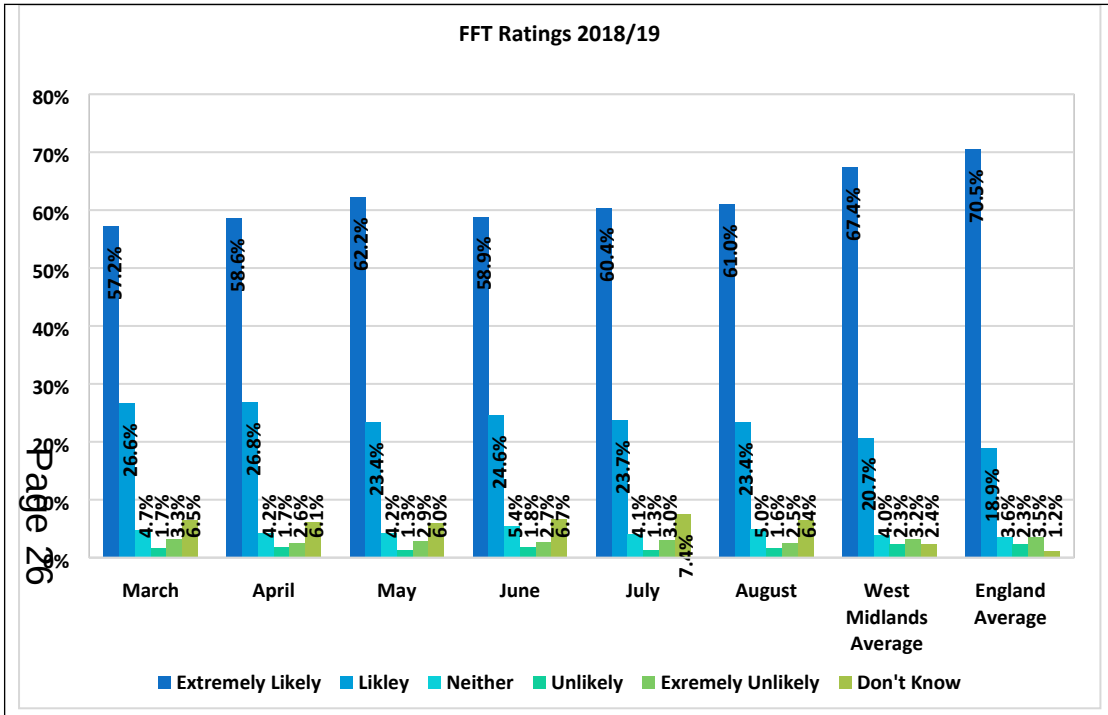
Figure 8: Practices with no submission or supressed data in July 2018

Exceptions and assurances:

Five practices submitted no data, or suppressed data (fewer than 5 responses), one practice had had a technical issue and subsequently provided their data, a further two practices reported staff sickness as a reason for not submitting. All practices submitting no data have been contacted directly by the Quality Team, Locality and Contract managers are aware of these practices and those with zero and suppressed data and have contacted them for further assurances around any issues within practices and increasing uptake as per FFT Policy.

Figure 9: FFT Ratings and Method of Response 2018/19

	Ratings							
Percentage	**March**	**April**	**May**	**June**	**July**	**August**	**West Midlands Average**	**England Average**
Extremely Likely	57.2%	58.6%	62.2%	58.9%	56.7%	61.0%	67.5%	70.4%
Likely	26.6%	26.8%	23.4%	24.6%	23.7%	23.4%	20.6%	18.9%
Neither	4.7%	4.2%	4.2%	5.4%	4.1%	5.0%	3.9%	3.6%
Unlikely	1.7%	1.7%	1.3%	1.8%	1.3%	1.6%	2.4%	2.4%
Extremely Unlikely	3.3%	2.6%	2.9%	2.7%	3.0%	2.5%	3.3%	3.6%
Don't Know	6.5%	6.1%	6.0%	6.7%	7.4%	6.4%	2.3%	1.2%
Ratings Data Comparison					**Exceptions and assurance:**			



Overall 84.4% would recommend their practice, 4.1% would not with ratings similar to last month, and lower than regional and national (88%/89% would recommend and 6%/5% would not) averages. This month 11.4% gave either a "don't know" or "neither" answer compared to 6.4% regionally nor 4.8% nationally this is the same as last month. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed.

17 practices had higher than average not recommended ratings, and 15 practices lower than average would recommend ratings (with some correlation between the two), this is an increase on last month – these have been discussed with Locality Managers. Figures may be skewed as response numbers were low in some of these practices.

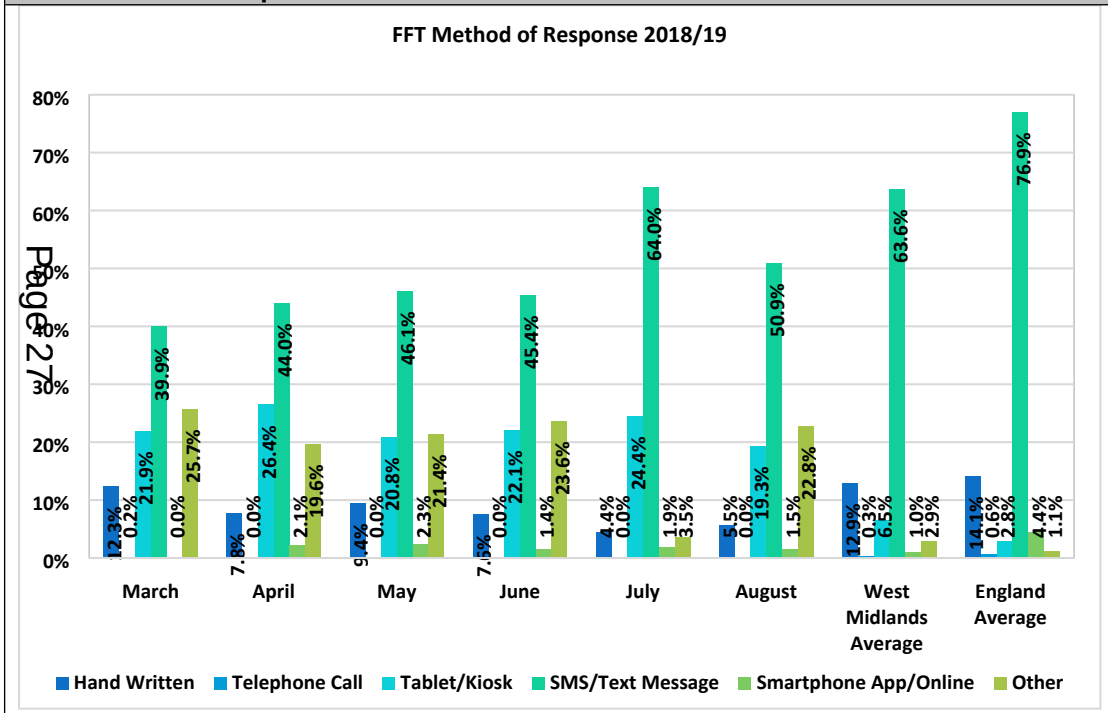
FFT activity continues to be monitored on a monthly basis by the Operational Management Group, and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager or locality managers and 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. Wolverhampton LMC have offered to support the process to avoid the need for breach notices to be applied. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

Method of response

Percentage	March	April	May	June	July	August	West Midlands Average	England Average
Hand Written	12.3%	7.8%	9.4%	7.6%	4.4%	5.5%	13.3%	14.0%

Telephone Call	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.7%
Tablet/Kiosk	21.9%	26.4%	20.8%	22.1%	24.4%	19.3%	5.0%	2.7%
SMS/Text Message	39.9%	44.0%	46.1%	45.4%	64.0%	50.9%	67.0%	77.2%
Smartphone App/Online	0.0%	2.1%	2.3%	1.4%	1.9%	1.5%	1.0%	4.3%
Other	25.7%	19.6%	21.4%	23.6%	3.5%	22.8%	3.0%	1.1%

Methods Data Comparison



Exceptions and assurance

This month the majority of responses have again come via electronic media, SMS text (on a par with national and regional averages) and Tablet/Kiosk, with an increase in use of website/app and a decrease in written responses. Please note that some practices do not record the method of collection.

4. CLINICAL EFFECTIVENESS

4.1. NICE Assurance

Guideline	Ref	Linked to Peer Review
Neuropad for detecting preclinical diabetic peripheral neuropathy	MTG38	Yes
Pancreatitis	NG104	Yes
Preventing suicide in community and custodial settings	NG105	
Chronic heart failure in adults: diagnosis and management	NG106	Yes
Emergency and acute medical care in over 16s	QS174	
Community pharmacies: promoting health and wellbeing	NG102	
Flu vaccination: increasing uptake	NG103	
Endometriosis	QS172	Yes
Intermediate care including reablement	QS173	
Rheumatoid arthritis in adults: management	NG100	Yes
Early and locally advanced breast cancer: diagnosis and management	NG101	
Brain tumours (primary) and brain metastases in adults	NG99	
Medicines management for people receiving social care in the community	QS171	
Dementia: assessment, management and support for people living with dementia and their carers	NG97	
Hearing loss in adults: assessment and management	NG98	Yes
Spondyloarthritis	QS170	Yes
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	NG36	Yes
Rheumatoid arthritis in over 16s	QS33	Yes
Chronic heart failure in adults	QS9	Yes
Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease	TA217	

Exceptions and assurances:

The NICE meeting was held on 12th September 2018. The assurance framework around NICE guidance is applied in line with the peer review system for GPs, the following clinical areas are part of the peer review process and relevant guidance will be discussed in line with these areas:

- Urology
- Trauma & Orthopaedics

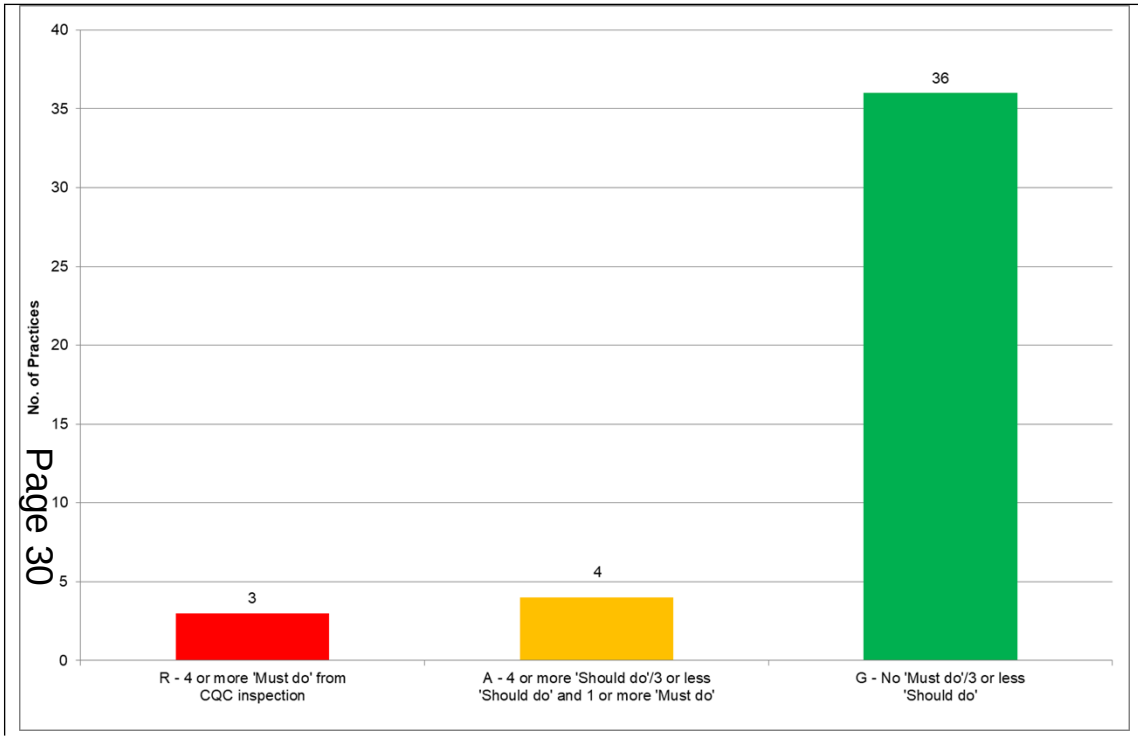
- ENT
- Opthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology
- Gynaecology

5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

Figure 10: CQC Inspections and Ratings to date 2018/19

CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	Families, children and young people	Older people	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable	People with long term conditions	Working age people (including those recently retired and students)
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	33	31	34	35	35	33	33	33	33	35	35	35
Requires Improvement	3	5	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
RAG Ratings – actions from CQC inspections:							**Exceptions and assurances**					



There are currently two practices with a Requires Improvement rating (the third practice is now under different registration and has not yet been inspected, the practice manager is due to be interviewed by CQC on 25/9/18) and are being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to both practice teams.

Collaborative contracting visits are carried out where appropriate and CQC actions plans reviewed.

Themes for improvement identified within the CQC reports are as follows: • Ensuring safe recruitment of locums. • Ensure complaints are investigated fully in a timely manner. • Providing assurances around responses to safety alerts. • Ensuring systems for good governance. • Ensuring appropriate responses to best practice guidance. • Engaging in service improvement audit. • Improvement around communication with staff within the practice around performance. • Ensuring equipment is safely managed. • Performing health and safety audits and ensuring they are updated. • Providing evidence of sepsis management as per NICE guidance. • Improve the number of carers registered.	

6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	A GP retention scheme has been agreed across the Black Country a co-design event was held at Bescot Stadium on 25th September 2018, areas identified were: • Portfolio careers • Peer mentoring support • Pre-retirement coaching International recruitment programme for GPs continues expressions of interest from practices now closed. It is hoped that 57 recruits will be attracted across the STP. NHSE are funding the first year of a 3 year contract, a revised application will be submitted at the end of October. A Physicians Associate internship programme is due to commence with 3 practices	No exceptions noted.

<table>
<tr><td></td><td>now confirmed. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice offers the PA a substantive post. RWT will be working with practices with a view to twinning PAs with departments in the trust.

Work continues to promote the Nursing Associate apprenticeship programme with scope to develop a proposal of support for practices to employ a NA apprentice or develop existing staff into this role.

Work continues with the university to promote student placements across all professional groups (nursing, physiotherapy, PAs and paramedics)</td><td></td></tr>
<tr><td>Workforce Numbers</td><td><table><tr><th>Group</th><th>WTE</th></tr><tr><td>Nurses (all levels)</td><td>58.5</td></tr><tr><td>Health Care Assistants</td><td>22.3</td></tr><tr><td>Junior doctors (inc registrars)</td><td>25.1</td></tr><tr><td>Locum GPs</td><td>2.1</td></tr><tr><td>Salaried GPs</td><td>35.5</td></tr><tr><td>GP partners</td><td>73.4</td></tr><tr><td>Administration/Receptionists</td><td>244.3</td></tr><tr><td>Practice Managers</td><td>42.2</td></tr><tr><td>Apprentices</td><td>8.7</td></tr></table></td><td>Figures taken from NHS Digital data – some practices have not agreed to share their information and there may be higher numbers of staff than shown here. Locality Managers are encouraging practices to tick the data sharing agreement to allow CCG to view data.

Further data from CCG dashboard will be shared.</td></tr>
<tr><td>GPN 10 Point Action Plan</td><td>Action 7: A business case has been presented to Workforce Task and Finish Group for NMP to offer funding for 4 places. Business case to be discussed at committee.
Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy continues to be developed and now includes suite of documents covering education, competencies with preceptorship and induction, and clinical supervision to be developed further. No change in September - to re-send documents for comments.
Action 7: Wolverhampton CCG have been approached by NHSE for proposed inclusion in digital GPN clinical supervision platform pilot, discussion with IT and senior leaders due early September. Meeting regarding this will be held on 8th October.
Action 9: Potentially 2 TNAs as part of Black Country pilot due to commence March 2019 – one may undertake the RN apprenticeship. EOIs for this programme will now be gathered by contacting HCAs directly.
Action 9: HCA long term condition training workshops continue. These will now be developed further in conjunction with the Training Hub.</td><td>Monthly returns are provided to NHSE on behalf of the Black Country, collated by Wolverhampton CCG. The steering group meets on a monthly basis and includes members from all 4 CCGs and the Black Country Training Hub. It has been decided that the group will now meet face to face quarterly with virtual updates in between.</td></tr>
</table>

	Action 9: Currently looking at developing a pathway for Nursing associates including backfill and support from the CCG, business case from Sandwell to be shared to LC. Action 2 and 7: The digital clinical supervision pilot is due to go live on 1st November. This will initially only be for Wolverhampton, Blackburn and Bexley Heath but with plans to roll out across England. This will allow support sessions using Skype and LC is in the process of getting Skype for business added onto her computer so she can lead on the project. Action 9: Good expression of interests for Nursing associate program. Action 1, 2, 4, 5, 7, 8, 9 and 10: Work on the GPN Strategy is continuing and will be shared with Practice Nurse Forums for consultation. Action 7 Work is currently underway at looking at protected learning time across the board and continuing to work with the training hub, a service level agreement is now in place with the hub. Action 4: Induction plan for new Nurses currently being set up. Action 10: CCG are currently developing a Nurse Retention plan.	

12. Training and Development

	Activity	Exceptions and assurance
Nurse Training	• Business case covering a range of training options discussed at Workforce Task and Finish Group –currently under discussion. • A meeting is due to be held with Diabetes team at RWT around education for primary care staff. • Bid/EOI submitted to take part in Digital Nurse Champion's pilot was unsuccessful in this round. • Wolverhampton CCG met with NHSE regarding Clinical Supervision Digital Tool pilot, this is due to start on 1st November with sessions being held via Skype, and this is currently being set up. • Practice Makes Perfect continues on a monthly basis with the 2019 programme being arranged. • Additional training sessions are being provided by the Black Country Training Hub.	Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.

Non-clinical staff	Training continues in the following areas: • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution The practice manager support offer is underway. PMs have developed a skills mix matrix and identified where they have skills they can support with. A TNA has been undertaken with gaps in training identified. PMs have undergone coaching and mentoring training with more planned. Training on bid and business case writing has been identified as a need. NHSE will fund one place per PM on the diploma programme (Wolverhampton has also funded places)	No exceptions.

3. Training Hub update

		Exceptions and assurance
Black Country Training Hub	Procurement has been put on hold as a national solution is being proposed.	HEE continue to liaise with the Training Hub around the procurement process.

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
November 2018

TITLE OF REPORT:	Quarterly Primary Care Assurance Report
AUTHOR(s) OF REPORT:	Jo Reynolds
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To provide an overview of the activity taking place from the work programmes within the GPFV and Primary Care Strategy
ACTION REQUIRED:	☐ **Information** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• QOF+ has been launched with 100% of practices signed up • Extended access is fully in place, with 100% coverage of the requirement for an additional 30 minutes across Wolverhampton. • Online consultation and triage pilots have been launched in this quarter. • Care navigation cohort 2 has been launched • Procurement of the APMS contract is in progress and on target • No slippage in the work programme to be reported • Activity from individual projects is included within the report
RECOMMENDATION:	• To receive and consider the content of this report
BOARD ASSURANCE FRAMEWORK:	1. Improving the quality and safety of the services we commission. 2. Reducing Health Inequalities in Wolverhampton. 3. System effectiveness delivered within our financial envelope : 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.

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NHS
Wolverhampton
Clinical Commissioning Group

Report of Milestone Review Board : Assurance Report Quarter 2 2018/19

Contents

Work Programme(s) Overview

- Primary Care Strategy
- GPFV

Work Programme Overview – Primary Care Strategy

	Practices as Providers	GP as Commissioners	Workforce
Quarter 2 Priorities	Frailty- Present Evaluation on pathway redesign opportunities and recommendations to Task and Finish Group/ PCPB Interviews/ offer positions for home visiting service Draft operating protocol for Risk Strat/ MDT present QOF data at task and finish group collate and review the outcomes of Peer Reviewand shared with group Review of Terms of Reference at Task and Finish Group	The outcomes of Qrt 1 2018/19 PPG Chairs Meetings and members meetings to be presented to the Task and Finish Group for discussion and review Review Group Delivery Plans at the Task and Finish Group Practice Commissioning Intentions prepared and Feedback to be collected Practice dashboard including practice profiles has been delayeduntil oct Care Navigation Cohort 2 launched roll out of A&G resource pack Monitoring of 10HI actions and Improving Access activity Review of TOR at Task and Finish Group	Q1 achievements and issues reported in workbook and shared with Task and Finish Group and Milestone Review Board undertake training needs analysis for clinical roles identifying where new roles should be introduced/implemented In conjunction with group managers and CCG Teams ensure workforce data correlates with wider Primary Care dashboard Promote PA role via PA ambassador and response to next steps for CCT fellowships and IGPR. Promote portfolio careers in line with RWT Promote retention schemes, access to leadership training and opportunities Banner advertising RGGP encouraging retention of trainees and promote roles in GP that may be of interest to local community. Implement schedule of linked In posts and website updates to promote primary care in Wolverhampton Consultation of Practice Nurse Strategy across the STP NHSE of assurance requirements implemented GPFV Workforce stocktake spending intentions confirmed in Training and Development plan 2018/19 &2019/20, Training and development needs identified Review guidance from HEE - general practice nursing and work with training hubs Monitor placement sites and mentor training Develop preceptor and induction strategy monitor the uptake to return to practice MEC Opportunities
Exception(s) to Critical Path Timescale(s)	Review of identified Pathways / Redesign Opportunities- Post Project Evaluation still taking place for Frailty TOR to be reviewed Risk Stratification/ MDT Model- Options appraisal has been completed	VI practices not mobilised in at scale hubs until August care navigation READ codes unable to be utilised Q4 data to monitor clinical assessment services unavailible	Develop Practice Nurse Strategy, consult and finalise ready for approval PN 10PT AP- 1- Work with Group Managers and the CEPN to consolidate workforce plans and provide intelligence on local nursing workforce needs PN 10PT AP- 3- work with uni sites to identify student placement sites and provide mentor training inline with NMC Standards PN10 PT AP- 5- Plan to be developed to confirm how links will be made

Work Programme Overview – Primary Care Strategy

	IT	Estates	Contracting
Quarter 2 Priorities	Discussions required for remaining 2 TPP practices Go Live- Mental Health, soccil care and community Feeds Practice visits for patient online promotion test, implement and roll out of video consultation solution testing of online triage monitor and adress issues around ERS text messaging solution fully installed and training complete	Business Case development and approval by Local Estates Forum approval Undertake utilisation surveys to determine usage of buildings generally and look for oportunities for underutilised rooms Seek assurance from Practices on leases- Bilston Central Clinic, Whitmore reans HC, East Park Deadline for Dr Whitehouse relocation Start refresh prioritisation work	Undertake Post Payment Variations QOF+ Monitoring Evaluation/Review of specifications for PC Enhanced Services Finalise new wound care specification/tariff Finalise/sign off new process for PC Contract Monitoring Practice Visits (PCCC) Monitor group level activity Procurement evaluation of APMS Complete Commissioning Intentions (19/20)
Exception(s) to Critical Path Timescale(s)	Go Live Acute Data Feed Testing Mental Health Feed Finalise spec Social Care feed		Review final payment of QOF

Primary Care Strategy – Progress

Practices as Providers

- Frailty pathway pilot concluded; evaluation complete and project extended until March 2019
- Mental Health pathways redesign in discussion
- Diabetes pathway redesign is being supported by PCH1 potential Diabetes clinic
- Delivery against contracts reviewed and gaps identified for primary care and community services
- Targeted peer review outcomes presented to T&F group

General Practice as Commissioners

- Monitoring and quality process is being established through the development of a dashboard; q4 data has been discussed at T&F group
- Monitoring arrangements for Advice and Guidance are in place
- Care navigation cohort 2 have been implemented
- SAS has been awarded and new contract is in place
- QOF+ has been launched and mobilised, with a review due Oct 2018
- Transformation fund hubs (working at scale) are up and running

Workforce

- Training needs analysis for non clinical roles has taken place
- Workforce dashboard is in place, fed by NHS digital data
- 4 CCT fellowship roles have been places across the STP; further recruitment will take place September
- Recruitment continues to take place on both Linkedin, CCG and BCGP websites
- Benefits realisation analysis has been completed for 17/18
- STP wide Practice Nurse Strategy is out for consultation
- Promotion of BC ISS

IM&T

- 2 more practices have migrated clinical system; 2 remaining to migrate
- Work on shared clinical record is progressing
- Further training has taken place for practices to use Mjog and GDPR requirements
- Online consultation pilot launched with accompanying guidance
- Online triage pilot launched with accompanying guidance

Estates

- Business case is being developed for the BCF hub sites of Bushbury/ Low hill, Bilston and St peters
- Utilisation surveys, review of room types and void space are on-going
- Meetings with NHS property services and practises involved in ETTF are arranged
- Potential sites for Dr Whitehouse relocation have been identified

Contracting

- QOF+ launch, mobilisation and sign up complete;
- PC enhanced services contract completed sign off
- APMS options appraisal has been completed and procurement commenced
- Pathway changes are being identified to support new way of working and the virtual contract (ICS)

Work Programme Overview – GPFV

CURRENT					
Chapter	**Total Number of Projects**	**Not Started**	**Achieved & Closed**	**In Progress within Timescale**	**Overdue and/or behind schedule**
1 Investment	7	0	6	1	0
2 Workforce	27	1	11	15	0
3 Workload	25	2	12	11	0
4 Infra-structure	21	2	10	9	0
5 Care Redesign	5	0	3	2	0
Total(s)	**85**	**5**	**42**	**38**	**0**

GPFV – Progress

Chapter 1 Finance

- 1 remains open, focusing around the development of the mental health strategy. The strategy is currently being developed, along with stakeholders, and will reflect primary care needs within its content.
- Funds are available to support indemnity costs
- Practice Manager development allocation approved based on the plan that was submitted to NHSE

Chapter 2 Workforce

- Black Country General Practice Nurse Strategy 2018 has been drafted and is currently out for comment.
- Procurement of STP training hubs is taking place. Current arrangements will continue until March 2019.
- STP is an Intensive support site, with programmes of work around incentivising portfolio careers, Retention of Newly Qualified GPs and GP Trainees, Peer Mentoring Scheme, Pre-retirement Coaching Forum and System support: Productive General Practice Quick Start Learning In Action -Coaching – Implementation toolkit
- Further recruitment of STP fellowships to commenced in October. There are already 4 in post from previous cohort.
- Physicians associate roles are being promoted and practice's are expressing their interest, and documents supporting internship roles have been drafted.
- Care navigation cohort 2 launched, training rolled out
- Training needs analysis, skills matrix and PM support offer all on-going. Coaching, mentoring and appraisal training has taken place.
- Further funding from GPFV for PMs will enable the support offer to be implemented by march 2019

Chapter 3 Workload

- Care navigation cohort 2 has been launched and navigation points are already seeing an increase in referrals. This activity is being tracked.
- Document management tender has concluded; due to start training sessions in November
- Royal Wolverhampton Trust E-RS switch off has taken place, with sign off from NHS Digital. Making use of Docman to send letters electronically to reduce paper letters.
- Online triage pilot has commenced with Tudor Road - this will encourage/promote self care through Patient Online. all VI practices to be fast followers in this programme

Chapter 4 Infra-Structure

- Video consultation software installed in 3 sites for pilot testing
- 1 site currently piloting Online Triage with fast followers identified for further roll out
- Improving Access has been at 100% delivery since 1st September. This is a 7 day service.
- Different consultation types and use of two way texting continue to be encouraged
- A digital showcase event and literature is being prepared

Chapter 5 Care Redesign

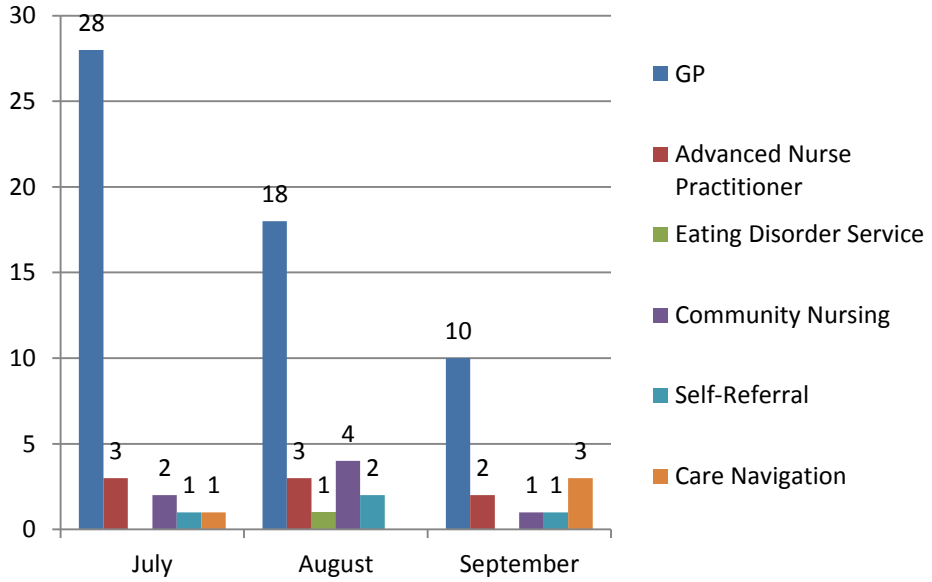
- 10 high impact actions continue to be mapped
- Group format and primary care networks are being discussed
- MCP contracting explored, ACA preferred solution.
- Changes to Team W have been made, september session saw a big increase in the number of attendees (68). Programme is planned up until March 2019

Commissioned Services

- Social Prescribing
- Primary Care Counselling
- The sound doctor
- Care Navigation
- Advice and Guidance
- Online Consultation/ triage
- Peer Review
- Workflow Optimisation
- Home Visiting Service

Social Prescribing

Local Requirements Reported Locally
Evaluation of effectiveness of service (quantitative/qualitative)
Minimum dataset to include: • Number of referrals into the service • Source of referral (G.P, A&E, CNT etc) • # of first contacts per month/per link worker • Length of time patient has been on caseload at point of discharge • # of patients re-referred back to service following discharge from the service • Wellbeing score at referral/wellbeing score at the point of discharged (timeframes to be determined) • Dropout rate (patients into service who do not engage) (To be reported quarterly).
Patient feedback
Impact on external activity i.e. Reduction in A&E attendances, Reduction in emergency admissions
Impact on Primary Care activity Reduction in demand in Primary Care
Key Performance Indicators Reporting Template



- Social Prescribing is now a care navigation point, launched September and is already seeing an increase in referrals through this route. As of 5th October, 12 referrals have already been received, predominantly through care navigation.
- The service has been successfully awarded DOH funding to increase the reach and capacity of the service. There has been a recruitment process to grow the team, will be in place during quarter 3.

Primary Care Counselling

referral numbers remain consistently high, but are declining. Through monitoring of the service we are aware that 61% of those referred go on to engage with the service. 39% either decline the service, do not respond to contact attempts, or are unsuitable. .
The service would keep referrals open if they had not been able to make contact, however this has been reviewed to enable accurate monitoring of this issue.

There has been an increase in the number of evening appointments available.

pathways between Healthy Minds and the service have been established

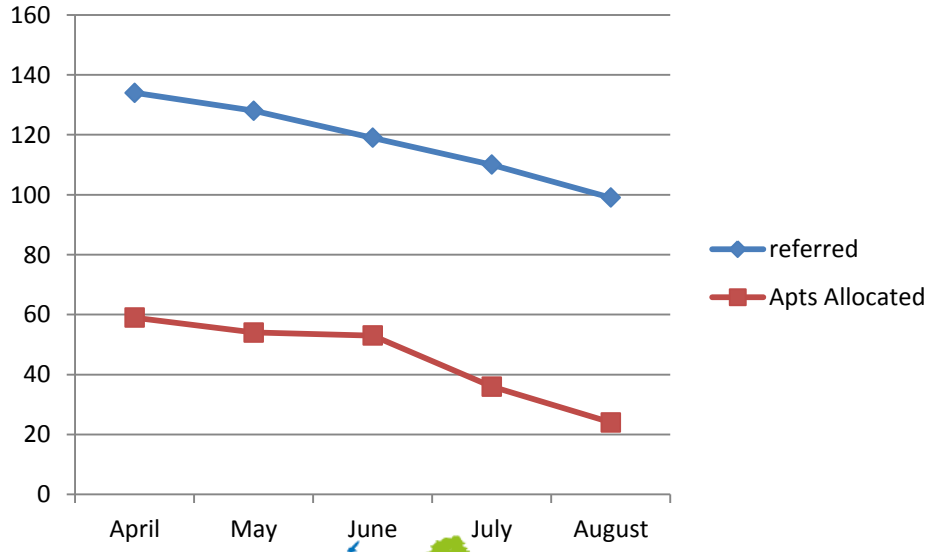
case note audit has taken place and actions reviewed

Local defined outcomes

Improved mental health, as measured by recognised outcome measures used by the service Positive recovery outcomes for individuals include:
Increased ability to manage mental health
Encourage social networks, including an increase in the ability to find work, training and access education
Improvement in the ability to develop and maintain personal and family relationships
Increase in self-esteem, trust and hope.

Month	referred	Apts Allocated
April	134	59
May	128	54
June	119	53
July	110	36
August	99	24

Total referrals	590
take up	226
completed	58
live cases	122
unsuitable, no contact or declined service	234



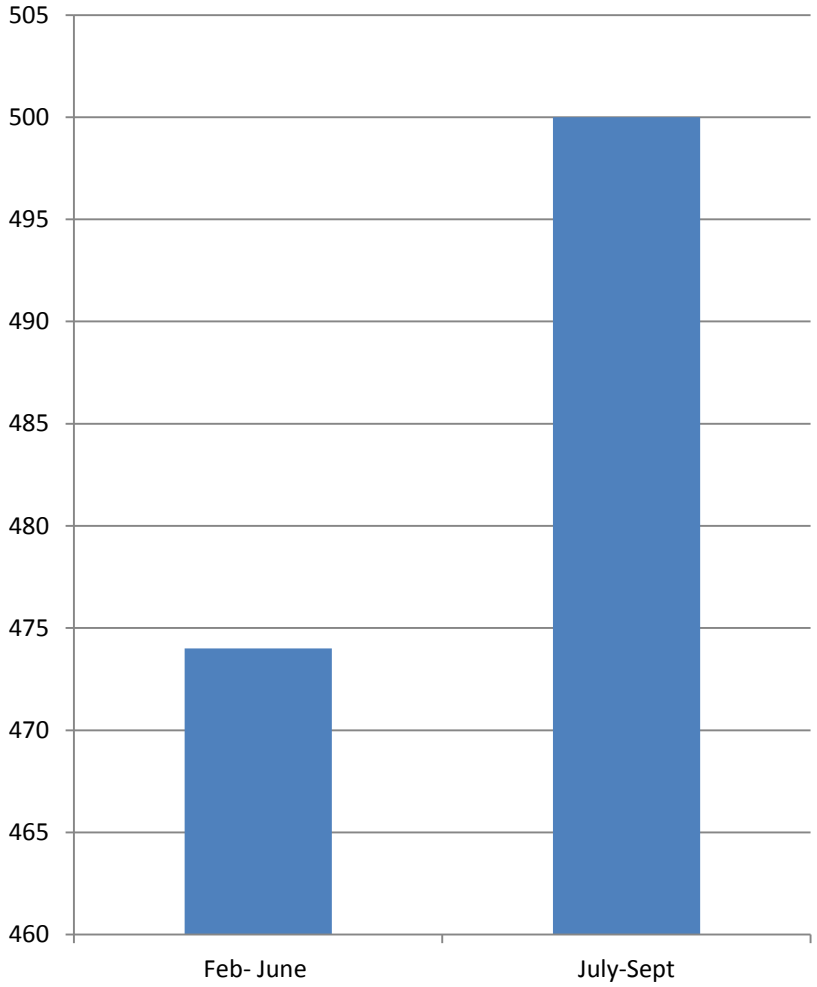
The sound doctor

Month	Number of views
Sept 17	187
Oct	248
Nov	380
Dec	454
Jan 18	462
Feb	476
Mar	480
Apr	488
May	489
June	501
July	633
August	1531 (up to and including 10th August)

- Numbers viewing the resources have steadily increased month on month
- From August, practice unique data has become available, to enable reporting at group level and support assurance reporting of 10 high impact actions
- Mjog has been utilised to send information to all patients by different practices- this has resulted in a lot higher take up throughout August and September
- This has lead patients to seek information on conditions they may not have yet, but by providing the information it is supporting prevention and self care agendas.
- The provider are issuing an evaluation survey to all registered users, which will inform a decision as to whether we continue to commission the provider beyond March 2019.

Care Navigation

- Care Navigation was launched in February 2018
- Since then, 377 staff have received training either face to face, in practice or online, and every practice has taken part in training.
- So far, there has been **974 navigations** recorded on the clinical template, this is the equivalent to **97 GP hours saved** which translates into 32 clinical sessions worth of appointments.
- Phase 1 navigation points have seen an increase in self referrals to their services, which can be due to care navigation.
- Phase 2 has been launched with meet the provider sessions held and training update packs circulated.
- There has been an increase in the number of codes identified for reporting; templates have been updated



Choose and Book Advice and Guidance

The facility is available in the following specialties at RWT and the number of requests April to August 2018

Clinical Speciality	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Dietetics	1	0	0	0	0	1
Elderly Care	1	0	0	1	0	2
Endocrine/ Diabetes	2	0	3	0	10	15
General Surgery	1	2	0	1	0	4
Gynaecology	5	2	3	7	2	19
Haematology	9	8	10	6	8	41
Neurology	1	3	0	3	1	8
Orthopaedics	1	0	0	0	2	3
Paediatrics	1	1	5	1	7	15
Plastic Surgery	0	0	0	0	0	0
Respiratory	2	2	0	5	1	10
Urology	4	2	2	3	4	15
Total	28	20	23	27	35	133

- Activity is increasing
- Information pack has been sent out to practices, communications plan in place for reminders every 3 months via bulletin
- information posted onto the Members area of the Intranet as a reminder for practices
- Case studies to gain feedback and impact on patient to be gathered.

Online Consultation/ Triage

Progress

- Both video consultation and online triage pilots are running
- Take up of triage is going well
- Patients are reticent to take up online consultation in the practice
- Further funding to be allocated before march 2019 from NHS digital/ GPFV

Next Steps

- Work with clinicians to develop skills in online consultation
- Marketing and promotion of the services to be developed
- A workshop to promote the services is scheduled, and fast followers have been identified to have the service installed within practice

Workflow Optimisation

Progress

- Contract has been awarded and is in place
- Practices have been prepared for accessing the training
- Advertisement of dates for training imminent

Next Steps

- Ensure practices commit to attending training
- Work with practices to implement learning as a phased approach
- Review success of intervention via online portal

GP Home Visiting Service Pilot Project

Practices Taking Part

Practice Name	List Size	No of visits allocated per Practice per week
Newbridge Surgery	4603	8
Parkfields Surgery	13952	21
Grove Surgery	3576	5
Caerleon Surgery	3182	5
All Saints and Rosevillas Surgery	5976	9
Pennfields Surgery	4513	7
Duncan Street Primary Care Centre	10,000	15

- Project due to commence November
- Nurse recruitment is complete
- Additional funding has been requested for HCA role

Enhanced Services

- QOF+
- Improving Access
- Transformation Fund
- Basket Service- LES(s) COPD/ Asthma
- PITs
- Health Checks

QOF+

- 100% of practices have signed up
- Scheme was launched in June 2018
- Templates, protocols and pop ups for obesity and alcohol are installed in the clinical system
- Template for diabeties not yet included
- MDPP referral proccess communicated to practices
- Update provided to practices at team W in September
- Utilisation report due to be reviewed end of October 18
- FAQ document continues to be maintained and shared with practices
- Serches for year end reconciliation have been set up
- Consideration of potential underspend due to take place in October 18 and assurance from practices will be sought before funds are reallocated
- QOF+ development meetings are due to commence November 18

Improving Access

Appointments available- September 2018

Day of the week	VI	Unity	PCH1	PCH2	TOTAL
Monday	15	10	9	5	39
Tuesday		10	12	18	40
Wednesday	17	10	12	6	45
Thursday		10	10	5	25
Friday		10	10	6	26
Saturday	46	80	73	52	251
Sunday	47	32	26	27	132
Additional Appointments Available per week					558

Appointment Utilisation (percentage)

Group	July	August	September
VI	70	68	72
Unity	72	64	71
PCH1	80	76	80
PCH2	75	74	82
Total	70	70	75

- Access is now at 100%- 30 minutes per 1000 patients is now in place across all groups
- Requirement will change on 1st April 2019, to 45 minutes per 1000 patients

Transformation Fund

- Working at Scale-

PCH1 are performing Healthchecks at scale

PCH2 offer Diabetes services at scale

Unity are performing Healthchecks at scale

VI are performing Healthchecks at scale

Other areas are being scoped for suitability by each group.

Updated Delivery Plans and assurance reports are due for Q2 at the end of October

Primary Care Basket Services

Procedure	Year to date
Suture/Clip/Staple Removal	1082
Pre-Op Check	65
Dressing Changes - post secondary care treatment - COMPLEX	1169
Dressing Changes - post secondary care treatment - SIMPLE	4175
12 lead ECG's as part of pre-op or at request of secondary care	125
Ear Syringes as part of audiology prep	422
Pessary Changes	106
Post-Op Checks	374
Admin of Gonadorelin (Zoladex and Prostrap) Hormone Implants	578
Subcutaneous injection of Heparin - only where a patiuent or carer is unable to self-administer	63
Subcutaneous injection of Heparin - Administgration of Epoetins only where a patiuent or carer is unable to self-administer	8
Testosterone	98
Denosumab	53
Minor Injuries	1079

- Data unavailable for quarterly breakdown or year to date comparison

Health Checks

Invites needed per quarter (target)	Invites at Q2 18-19	Diff	Health checks needed per quarter (target)	Health checks at Q2 2018-19	Diff	% Uptake (target 45-55%)
3665	2269	-1396	1759	1031	-728	3166

- Data above is for July and August; awaiting September data
- for July & August (combined) we have increased to 937 completed checks

Peer Review

Speciality(ies)	Recommendations to CCG	Recommendations to Secondary Care
ENT	If ear syringing is available in the community, can the clinics be promoted further, and could a clinic for micro-suction be commissioned that deals with complex patients? It was queried whether patients with unilateral hearing loss could be directed straight to ENT. Can SALT and other therapists directly refer into SWBH, thus avoiding the GP? Can GEM centre refer directly too? If patients have had a CT scan for hearing loss, can they not be onwardly referred rather than the GP referring? Patients should be given open access for a specific amount of time, ideally a year to prevent re-referrals. All points have been raised with Strategy and Transformation Team for further investigation and will be fed back to Group Leads.	Can we include as routine a statement that says, "NO RED FLAGS"? This may stop some referrals from getting rejected. Clarity of pathway for occupational health referrals and ENT/Audiology would be helpful. Could patients who DNA have the opportunity to make a further appointment? What is in the access policy? Re-referrals make GP referral numbers look higher. All points have been raised with Strategy and Transformation Team for further investigation and will be fed back to Group Leads
Haematology	It was felt that E-RS Advice and Guidance is not always User friendly as GPs will not always remember to go back in to check if a response has been received from the Acute Trust. The only way to know if there is a returned message is to check in:- Worklists, Worklist type and select Advice and Guidance, Refresh. There isnt a flag in the system that will highlight that the message is back, however practices have been informed previously and are also reminded within the monthly bulletin that it is best practice to check the worklists daily, or as a minimum at least twice a week.	It was noted that inter hospital advice and guidance would also be useful as this may reduce consultant to consultant referrals. Blood results should come with more explanation.

Peer Review

Urology		
Gynaecology	Is there a pathway for menorrhagia? There are opportunities for Mirena Coil fitting to be undertaken in Primary Care. Changing of pessaries could also be done in Primary Care. This should be considered using a gynaecology registrar who may wish to deliver additional sessions. In Lincolnshire they do have community clinics funded by the CCG and delivered by GPs. Deliver a Team W session about Gynaecology. Do EMBRACE offer advice and guidance? This has been raised with the Lead Commissioner (Public Health) and service manager at EMBRACE for clarification Confirm how long RWT have to respond to Advice and Guidance. Once the initial A&G has been raised, a response should be received with a 3 days turnaround.	RWT to consider services that could be delivered appropriately in community/Primary Care. E.g. dilators?

Other Initiatives

- Dementia Friendly Practices
- MJOG Two Way Texting

Dementia Friendly Practices

Month	Number Trained	Number of DFP's
July		2
August		4
September	24	7

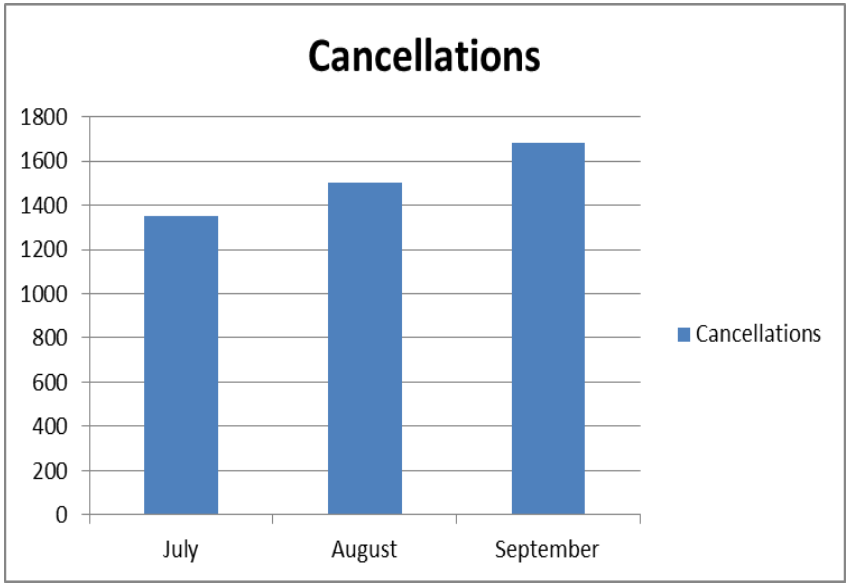
- Dementia friends sessions available for practices to book, to be held during team meetings etc. at their practice

- 4 practices have taken part in the sessions, with an additional 7 practices booked in over the coming months

Mjog

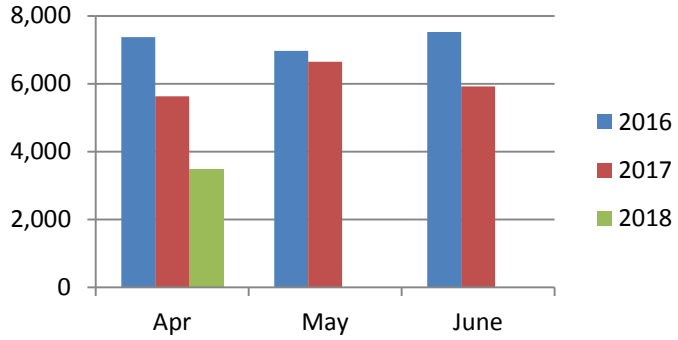
	Reminders	Cancellations	FFT Messages	Campaign Messages
July	47699	1354	11946	14810
August	55225	1504	13729	20755
September	60048	1680	14312	30725
Total	162972	4538	39987	66290

- The number of messages sent out is increasing; practices are utilising the service as a way to communicate and engage with patients
- The number of appointments cancelled in this way is rising; 4538 appointments have been able to be reallocated due to cancellations through text message
- Participation in FFT is growing
- Comms regarding GDPR are required



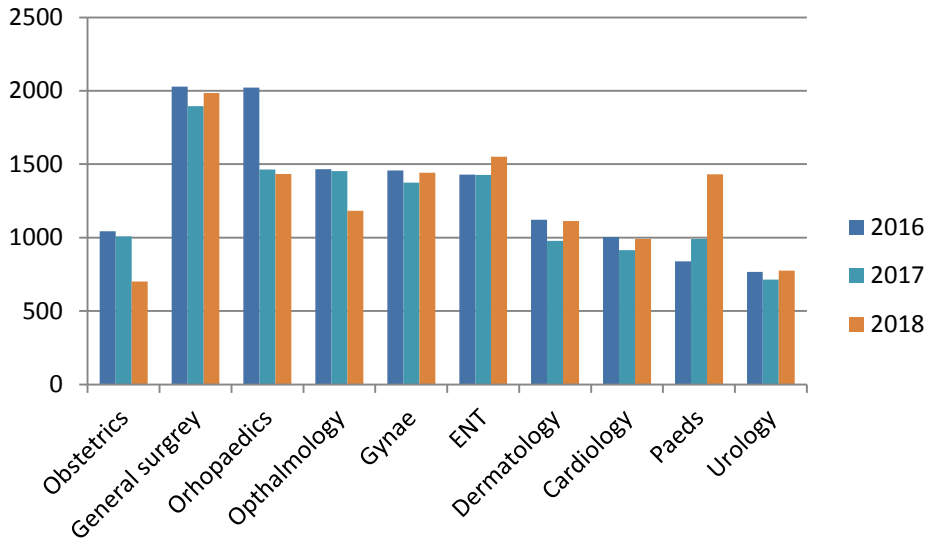
Practice Group Referrals

All Specialties



Referral data reviewed as part of Peer Review

Referrals to specialties- Q2



NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
Tuesday 6th November 2018

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	☒ **For Information Only**
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	• To provide updates to the primary care committee on primary medical services
RECOMMENDATION:	That the committee note the information provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost

1. **Alternative Provider Medical Contracts Procurement**
   The advertisement has been live throughout October and the evaluation and moderation will take place during November with a view to bringing a paper to committee in December with the outcome of the procurement and preferred bidders.

2. **Post Payment Verification (PPV) of the Quality and Outcome Framework (QOF)**
   NHS England is supporting us with the above process. Four practices have been chosen at random (one from each Model of care group) by the LMC and will be visited throughout November and December for review of a number QOF of indicators in order to verify correct payment for year 2017/18.
   The outcome will be presented to committee at a future date.

3. **Post Payment Verification (PPV) of Local Enhanced Services (LES)**
   NHS England is supporting us with the above process. The areas to be reviewed are simple and complex dressings and ear syringing.
   An exercise will be undertaken to identify those practices where there appears to be higher than average activity/claims and review visits will follow.
   The outcome will be presented to committee at a future date

4. **Practice mergers: Grove Medical Centre with Bradley Medical Centre and Church Street Surgery, Bilston.**
   The dates for merger of clinical systems and contracts are as follows
   Bradley Medical Centre: 9th November 2018
   Church Street Surgery, Bilston, 26th November 2018

   Dr Suryani, Hill Street, Bradley has decided to withdraw from the merger process at this moment in time. The option to merge with Grove Medical Centre will be considered at some point in the future by both parties.

5. **CLINICAL VIEW**
   Two GP assessors will be employed to support the QOF PPV and will advise on the template to be used and indicators to be reviewed.

6. **PATIENT AND PUBLIC VIEW**

   Not applicable

7. KEY RISKS AND MITIGATIONS

Not applicable

8. IMPACT ASSESSMENT

Financial and Resource Implications

There will some financial outlay in that the GP QOF assessors will need payment. This will be at the normal hourly payment for GPs as per the GP payment policy. There may be a possibility of 'claw back' of payments to practices following both the QOF & LES PPV, although it is unlikely there will be 'claw back' form QOF payments as this a randon process and not a targeted review. The PPV of the LES may provide an opportunity for 'claw back' of payments.

Quality and Safety Implications

Not applicable

Equality Implications

Not applicable

Legal and Policy Implications

Not applicable

8. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name **Gill Shelley**
Job Title **Primary Care Contracts Manager**
Date: **November 6th 2018**

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/	Date

	Name	
Clinical View	**N/A**	**6/11/18**
Public/ Patient View	**N/A**	**6/11/18**
Finance Implications discussed with Finance Team	**Yes**	**6/11/18**
Quality Implications discussed with Quality and Risk Team	**N/A**	**6/11/18**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	**6/11/18**
Information Governance implications discussed with IG Support Officer	**N/A**	**6/11/18**
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	**6/11/18**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	**6/11/18**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	**6/11/18**
Signed off by Report Owner (Must be completed)	**G Shelley**	**4/9/18**

NHS
Wolverhampton
Clinical Commissioning Group

BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. Continue to meet our Statutory Duties and responsibilities 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 d. Deliver improvements in the infrastructure for health and care across Wolverhampton 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.

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NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
November 2018

TITLE OF REPORT:	Healthwatch GP Communication Report
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To share with the committee a report recently published by Healthwatch Wolverhampton regarding a survey that consisted of a series of largely quantitative questions and focuses on how much communication patients receive from their GP practice and what levels of awareness & involvement there are with Patient Participation Groups (PPGs).
ACTION REQUIRED:	☒ **Discussion** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	The report headlines are as follows:- • 506 respondents to the survey. • 27% of respondents said they received regular communication from their GP Practice. • 17% of respondents received regular information, on a monthly basis from their practice, 12% said they received information less frequently ie quarterly, 9% every six months & 9% annually. • 18% of respondents said they received newsletters by post from their practice, 14% received emails & a large number of respondents confirmed that they received text messages from their practice. • Only 24% of respondents knew about their PPG • Only 30% of respondents who knew about the PPG were in receipt of information from it. • 51% of respondents confirmed that they were interested in receiving information about/from their PPG the remainder stated that they would not wish to receive this information. • The report concludes that there is a gap in GP communication & provides 6 recommendations that seek to address this gap.
RECOMMENDATION:	The committee should consider this report & confirm how the recommendations will be addressed, as listed on page 8 of the report.
BOARD ASSURANCE FRAMEWORK:	1. Improving the quality and safety of the services we commission. 2. Reducing Health Inequalities in Wolverhampton.

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healthwatch Wolverhampton

GP communication report

Introduction

The delivery of primary care in Wolverhampton is undergoing change as Wolverhampton CCG respond to the requirements of the NHS England Five Year Forward View. Wolverhampton CCG published its Primary Care Strategy in 2016 and as part of the strategy it detailed how it would ensure that the people of Wolverhampton receive the right treatment, at the right time in the right place.

They are going to do this through new models of care where four groups of practices working together. Primary Care Networks will be achieved by community neighbourhood teams being wrapped around local practices. Access to primary care services is between 8am and 8pm Monday to Friday and same day weekend appointments that are provided from a hub or nominated practice within the particular GP practice group.

> The principle method of engagement for the changes is through the GP practices Patient Participation Groups as well as communication directly from the GP practices.

Healthwatch Wolverhampton have therefore, undertaken a project to understand how much communication patients receive from their GP practice and what levels of awareness and involvement there are with PPGs. This is in order to understand the potential effectiveness of the public engagement around the changes to primary care delivery in Wolverhampton.

This report has been shared with Wolverhampton City Clinical Commissioning Group prior to publication. Some amendments have been made as a result of their comments on the way that the practices are working together and providing access to appointments.

Methodology

This project made use of a survey that consisted of mainly quantitative questions. There was one open ended question used in the survey.

This method of collecting data was chosen as it was an easy method to reach a relatively high number of respondents. The survey was supported on-line and the web link to the surveys was shared with the Healthwatch Wolverhampton network. In addition to this paper surveys were completed with patients at GP practices in Wolverhampton and members of the public at events that Healthwatch Wolverhampton attended over the summer months.

One small focus group was also undertaken with **5** participants whose first language was not English. Their views have been included in the results under the relevant sections of the results.

Key findings

There were **506** respondents to the survey in total spread across most of the GP practices in Wolverhampton.

Only 27% of respondents said that they received regular communication from their GP practice.

Communication was mainly appointment or prescription reminders.

Some said they were told about changes in the practice such as booking appointments.

17% of respondents who received communication from their GP practice did so on a monthly basis, **12%** said they had communication quarterly; **9%** every six months and **9%** annually.

18% of respondents said that they received newsletters by post from their practice and **14%** said that they received emails from their practice. A large number of respondents indicated that they receive communication from their practice by text message.

There were a number of respondents who said that they did not want to have any communication from their practice on any subject.

Others wanted to only receive communication if it related directly to their own health, such as test results and prescription or appointment reminders.

Some wanted to receive communication about changes in their practice including staff changes, opening times and accessing appointments.

Health promotion information was also pinpointed by some respondents as being important to them including condition specific communication.

The preferred methods of receiving information from their practice were, text message, email and posted newsletter.

Only 24% of respondents said that they knew about their practice patient participation group. **Only 30%** of the respondents who had heard of their PPG said that they received communication from the PPG.

When asked if they would be interested in receiving information from their **PPG 51%** of respondents said that they would whereas **49%** said that they would not.

From the results of the survey it is clear that using the PPGs and the GP practices to involve and communicate with patients about the changes that are being made to the delivery of primary care in Wolverhampton means that there were large numbers of patients who are not being reached. However, it is also apparent that the information that patients want to receive is generally only that which directly impacts on them as a patient in terms of accessing appointments, being able to see the doctors that they want and reminders about appointments and prescriptions.

Results

There were **506** responses to the survey overall. Not all respondents answered all of the questions either because they were not relevant to them or because they chose to skip the questions.

The first question asked for the name of the GP practice that the respondent was registered with. 488 respondents answered the question and there was a spread across the practices of numbers of respondents with only one practice having no respondents at all. The chart below (figure 1) shows the spread of respondents across the practices.

The principle method of engagement for the changes is through the GP practices Patient Participation Groups as well as communication directly from the GP practices.

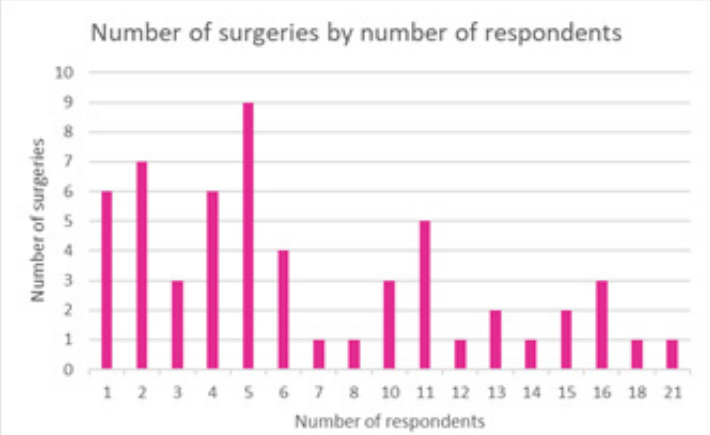


Figure 1

Communication with GP practices

There were 501 responses to the question about whether they receive any communication from their GP practice. Figure 2 shows the percentage breakdown between those that do receive communication from their practices and those that do not and only 27 % said that they did receive communication from their GP practice and 73% said that they did not.

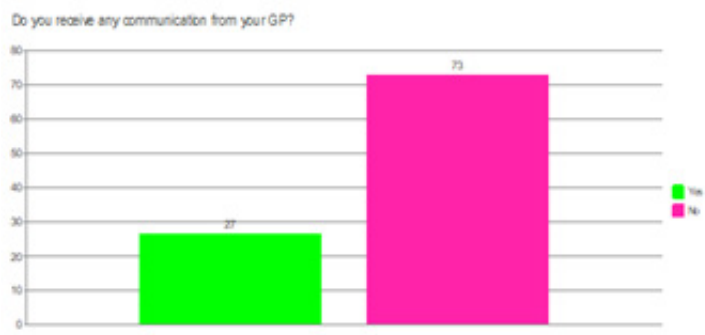
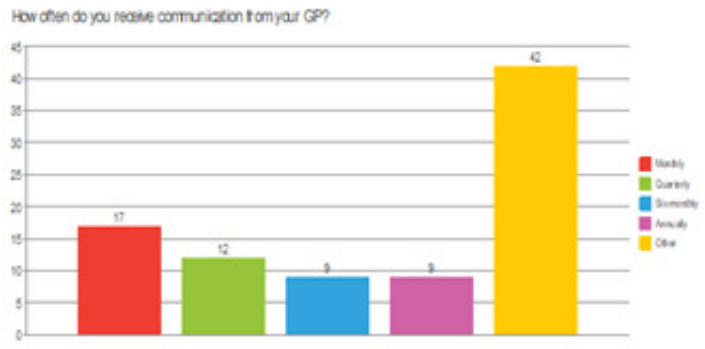


Figure 2

Those that said that they did have communication from their GP practice were asked how often they receive that communication. **89** respondents answered the question. Figure 3 shows the responses by percentage. The highest percentage of responses was other in terms of frequency of communication with responses ranging between frequently to never. However, most commonly the communication that they indicated was 'as and when' required, or when changes occurred such as to on-line booking systems. Many of the respondents also indicated that their communication with their GP practice related to the confirmation of appointments rather than the receipt of practice information.

17% said that they had monthly communication from their practice; **12%** said quarterly; **9%** said they had communication six monthly and **9%** annually.

Figure 3



The types of communication that respondents were receiving is detailed in **figure 4**. There were **98** responses to this question.

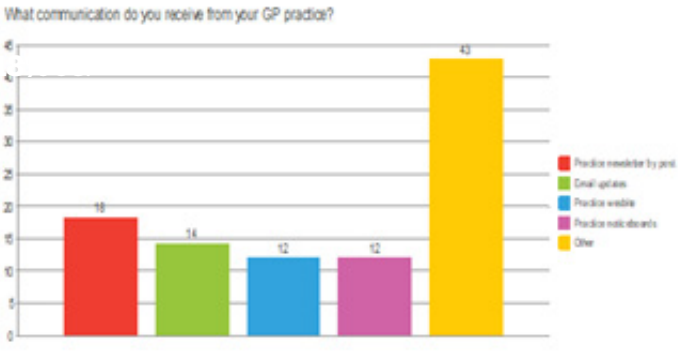


Figure 4

Again, the highest percentage of respondents were those that said other at **43%**. The next highest number was for practice newsletters by post **(18%); 14%** said that they get email updates; **12%** said that they got updates through the practice website and another **12%** through practice noticeboards.

Those who said that the communication that they received was other, largely said that they received text messages indicating that a lot of the communication was in relation to appointments and reminders. Some of the respondents said that they only got information by accessing the practice website, or when they called or visited the practice with one saying that they got the newsletter from reception suggesting that it is not being sent to registered patients who have not visited the practice. Others received information from the practice by letter.

Preferences for communication from GPs

Respondents were asked what type of communication they would like to receive from their GP practice.

The responses from this open text question have been themed and there are a number of common themes. A large number of respondents did not want any communication from their GP practice and there were a number who said that they only wanted communication as it directly related to them and their health, such as reminders for appointments or notification of test results without them having to contact the GP practice first.

A number said that they would like to be communicated with about changes that were going on with their practice, although only one specifically mentioned wanting information about how their practice was working with other practices as part of the clinical networks. Others were more concerned with issues such as the changes to opening times at their practices and changes to the ways that they make appointments.

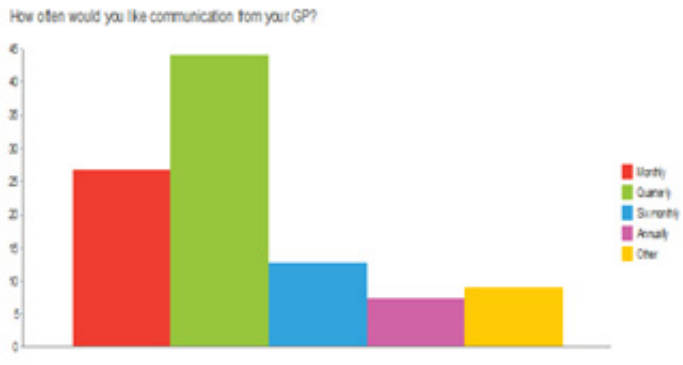
A number mentioned wanting to know about changes to staffing and also about the availability of doctors. This was specifically what days particular doctors were available so that they could make appointments with a preferred doctor more easily.

Others mentioned wanting to know more about the services that their practice offered and being kept informed of changes to these, particularly in relation to health screening and checks.

Information that can be classed as health promotion was also a strong theme throughout the feedback with requests for information on groups that can be accessed for healthy living support and keeping well in the winter. Some of the participants indicated that they wanted information specifically about their own health conditions such as diabetes from their practice.

Respondents were also asked how frequently they wanted to receive communication from their GP practice. There were **330** responses to this question. **(Figure 5).** The highest number of respondents said that they would like quarterly communication **(44%);** with **27%** saying they would like monthly communication; **13%** saying six monthly and **7%** annually. **9%** of the respondents gave the response other.

Figure 5



For those that answered other gave a variety of answers, however, many said that they wanted communication when there are changes that they need to be made aware of, so on an as and when necessary basis. One respondent commented that practices should ensure that they communicate changes with those who are not regular users of the practice because if they 'become ill, they do not know what the new procedures are.' Others gave a range of frequency, such as quarterly or 6-monthly but not expressing a preference for either.

When asked what method they would like to be communicated through **349** respondents answered the question. **58%** said that they would like to be communicated with by email; **33%** by post; **only 2%** through the practice website and **7%** said they would prefer other methods of communication. **(Figure 6)**

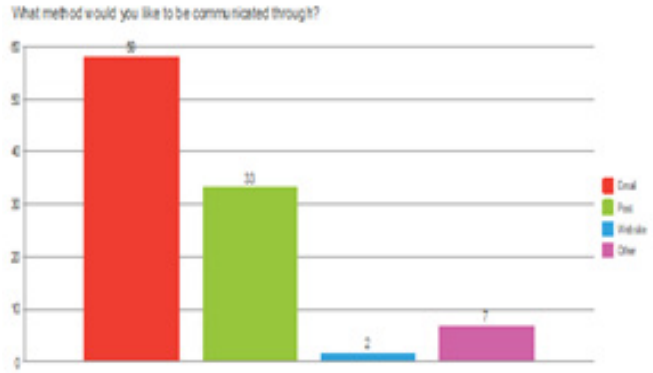


Figure 6

Of those that answered 'other' around half said that they would like to have communication from their practice by text message. Other respondents gave more than one preferred option such as email and post. One respondent said that they would prefer the method to be tailored to the individual patient, with them being able to give a preferred option. Another commented that practices should use 'text phones for those who are deaf.'

The members of the focus group said that they wanted to be communicated with about changes that were planned and that they wanted to be consulted about changes not just informed of changes. They suggested that there were opportunities for staff to consult them whilst they are sitting in the waiting room. They also suggested that newsletters should be posted to postal addresses so that whole families can access them.

Patient Participation Groups

491 respondents answered the question about whether they knew about their practice patient participation group. Only **24%** of the respondents said that they had heard of their PPG and **73%** said that they had not. **(Figure 7).**

Figure 7

Those that had heard of their PPG were then asked if they were involved with their PPG. **113** respondents answered the question. **(Figure 8). 24%** of the respondents said that they were involved with their PPG and **76%** said that they were not. One member of the focus group was a member of their PPG and regularly attends meetings.

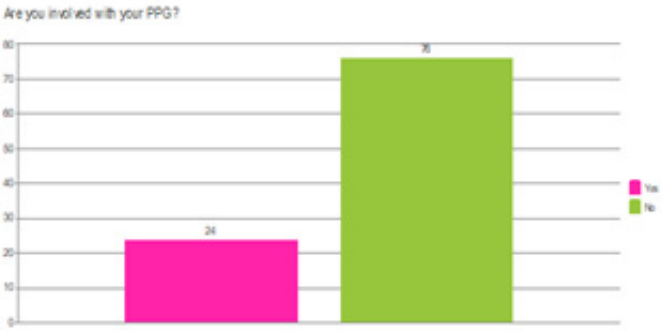


Figure 8

83 respondents who had heard of their PPG and were not involved with it answered the question about their reasons for not being involved. The reasons given for not being involved with their PPG were given as follows:

23% said that they were not interested in being part of their PPG; **39%** said that they were unable to get to meetings; **21%** said that they did not have enough information to be able to get involved and **18%** gave other as a reason. **(Figure 9).**

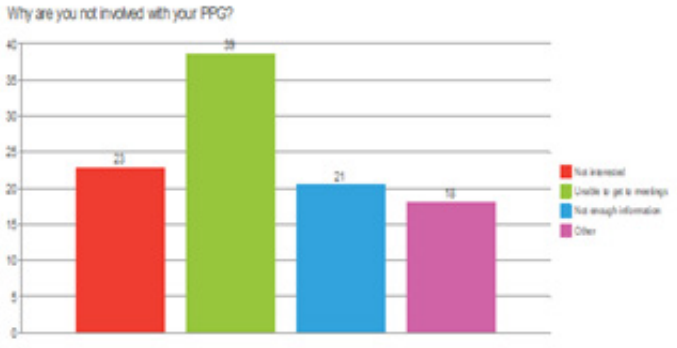


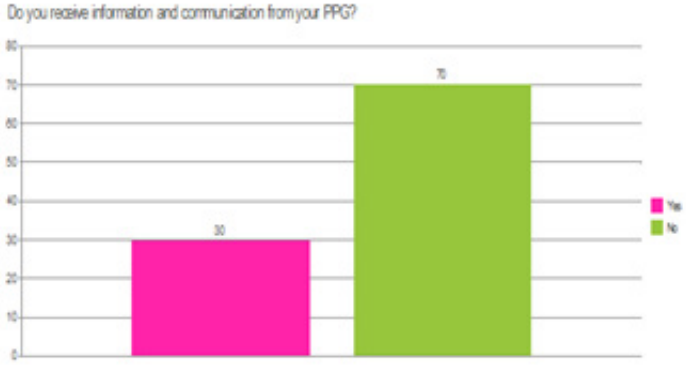
Figure 9

Those that gave other as an answer cited a lack of time or other commitments, such as being in full time work, as the main reasons why they were not involved with their PPG. However, there were three of the respondents who said that they had volunteered for the PPG but that they were 'never contacted.' One of them went on to say that 'you lose interest in volunteering if there is no response.' Two other respondents commented that they had tried to be involved with their PPG but one commented that it was a 'waste of time' and another saying that they had found the PPG was 'not flexible enough, nor engaged with younger or minority groups.'

The focus group members said that they were concerned that there were no translators available to assist them at PPG meetings, but also that there was no information available to them in other languages to enable them to find out about their PPG.

114 respondents answered the question about whether they received information from their PPG. **Only 30%** said that they did receive information and **70%** said that they did not receive information from their practice PPG. **(Figure 10)**

Figure 10



However, the final question that was answered by **460** respondents was whether they would like to receive information from their PPG. There was a relatively even split between those that wanted information **(51%)** and those who did not **(49%).** (Figure 11)

Figure 11

Recommendations

1. The findings of this project suggest that there is a gap in communication between GP practices and their patients as well as a lack of knowledge of and communication from patient participation groups. As these are the preferred ways of the CCG communicating changes about the delivery of primary care there are concerns about how many patients are missing out on communication about the changes to primary care delivery.

Therefore, we recommend that the CCG consider what other methods of communication they can utilise to communicate and engage a wider cohort of patients than simply using GPs and PPGs.

2. From the feedback that we have received it is apparent that patients want to be communicated with by their practice in a range of ways and would like that to be tailored to their preferences. We recommend that GP practices collect from their patients' preferences for communication methods in relation to updates on practice news, including an opt out.

3. When considering what communication patients want to receive, although this project was designed to consider communication in relation to change, there was feedback that patients wished to receive communication about the availability of particular staff members, and health promotion information. Therefore, we recommend that GP practices consider providing such information on a regular basis to patients.

4. It was apparent from the findings of the project that there is limited knowledge of and communication with patient participation groups for most respondents. It is recommended that practices look at how they can better inform patients of the existence of PPG's but that PPG's themselves give consideration as to how they communicate with the wider patient cohort in order to ensure that they are able to be representatives of the patients.

5. Comment was made about some respondents having expressed an interest in joining their PPGs but having had no further contact from the practice or PPG. Healthwatch Wolverhampton have collected details of people who wanted more information on this occasion and passed them to relevant practices. We recommend that these are followed up and practices look at ways that they can ensure that expressions of interest are followed up.

6. The final recommendation concerns the flexibility of the PPGs in relation to meetings and ways that they can ensure that they are representative of the community that they represent. PPGs are asked to consider other ways that they can encourage participation from a wide range of people from different backgrounds.

Appendix 1 - GP practices where responses were received

Practice name	Number of Responses
Alfred Squire Road	10
All Saints Surgery	3
Ashfield Road Surgery	6
Ashmore Park Health Centre	4
Bilston Health Centre- Mudigonda & Mudigonda	4
Bilston Health Centre- Pahwa & Pahwa	1
Bilston Health Centre- Sharma, Walker & Mason	13
Bilston Urban Village Medical Centre	5
Bradley Health Centre- Bagary, Bagary and Manda	2
Bradley Medical Centre- Lal & New	5
Caerleon Surgery	2
Cannock Road	7
Castlecroft Medical Practice	23
Church Street Surgery	5
Coalway Road Surgery	15
Cromwell Road Surgery	1
Duncan Street Primary Care Centre	12
East Park Medical Practice	23
Ednam Road Surgery	11
Ettingshall Medical Centre	5
Grove Medical Centre	6
Heath Town Medical Centre	6
Keats Grove Surgery	25
Lea Road Medical Practice	13
Leicester Street Medical Centre	14
Lower Green Health Centre	16
Low Hill Medical Centre	5
Marsh Lane	5
Mayfield Medical Centre	10
Owen Road Surgery	10
Oxley	4
Parkfield Medical Centre	11
Park Street	2
Pendeford Health Centre- Dhillon & Raza	1
Pendeford Health Centre- Kharwadkar	4
Pendefo#rd Health Centre- Vij, Vij, Mohindroo & Hamdy	5
Pennfields Medical Centre	5
Penn Manor Medical Centre	18
Penn Surgery	2
Poplars Medical Practice	1
Prestbury Medical Practice- 41 Dunkley Raod	0
Prestbury Medical Practice- Hellier Road	16
Prestbury Medical Practice- 81 Prestwood Road West	15
Primrose Lane Clinic	1
Probert Road Surgery	11
Ruskin Road Surgery	2
Shale Street	3
Showell Park Health & Walk- in Centre	21
Tettenhall Road Surgery	4
The Newbridge Surgery	5
The Surgery- Hill Street	1
The Surgery – 199 Tettenhall Road	2
The Surgery- 40 Thornley Street	16
The Surgery- Woden Road	8
Tudor Medical Practice	11
Warstones Health Centre	26
Wednesfield	3
Wellington Road Surgery	2
Whitmore Reams Health Centre	4
Woodcross Health Centre	6
Wood Road Clinic	11

Appendix 2 - Survey Questions

1. What is the name of your GP practice?

- » Alfred Squire Road
- » All Saints Surgery
- » Ashfield Road Surgery
- » Ashmore Park Health Centre
- » Bilston - Mudigonda & Mudigonda
- » Bilston Health Centre- Pahwa & Pahwa
- » Bilston Centre- Sharma, Walker & Mason
- » Bilston Urban Village Medical Centre
- » Bradley Centre- Bagary, Bagary & Manda
- » Bradley Medical Centre- Lal & New
- » Caerleon Surgery
- » Cannock Road
- » Castlecroft Medical Practice
- » Church Street Surgery
- » Coalway Road Surgery
- » Cromwell Road Surgery
- » Duncan Street Primary Care Centre
- » East Park Medical Practice
- » Ednam Road Surgery
- » Ettingshall Medical Centre
- » Grove Medical Centre
- » Heath Town Medical Centre
- » Keats Grove Surgery
- » Lea Road Medical Practice
- » Leicester Street Medical Centre
- » Lower Green Health Centre
- » Low Hill Medical Centre
- » Marsh Lane
- » Mayfield Medical Centre
- » Owen Road Surgery
- » Oxley
- » Parkfield Medical Centre
- » Park Street
- » Pendeford Health Centre- Dhillon & Raza
- » Pendeford Health Centre- Kharwadkar
- » PendefordCentre- Vij, Mohindroo & Hamdy
- » Pennfields Medical Centre
- » Penn Manor Medial Centre
- » Penn Surgery
- » Poplars Medical Practice
- » Prestbury Medical Practice- Dunkley Road
- » Prestbury Medical Practice- Hellier Road
- » Prestbury Medical Practice- 81 Prestwood
- » Primrose Lane Clinic
- » Probert Road Surgery
- » Ruskin Road Surgery
- » Shale Street
- » Showell Park Health & Walk-in Centre
- » Tettenhall Road Surgery
- » The Newbridge Surgery
- » The Surgery- Hill Street
- » The Surgery- 199 Tettenhall Road
- » The Surgery- 40 Thornley Street
- » The Surgery- Woden Road
- » Tudor Medical Practice
- » Warstones Health Centre
- » Wednesfield
- » Wellington Road Surgery
- » Whitmore Reams Health Centre
- » Woodcross Health Centre
- » Wood Road Clinic

Appendix 2 - Survey Questions

2. Do you receive any communication from your GP?

a. Yes

b. No

3. How often do you receive communication from your GP?

a. Monthly

b. Quarterly

c. Six Monthly

d. Annually

e. Other (please specify)

4. What communication do you receive from your GP practice?

a. Practice newsletter by post

b. Email updates

c. Practice website

d. Practice noticeboards

e. Other (please specify

5. What communication would you like to receive from your practice?

6. How often would you like to receive communication from your GP practice?

a. Monthly

b. Quarterly

c. Six monthly

d. Annually

e. Other (please specify

7. What method would you like to be communicated through?

a. Email

b. Post

c. Website

d. Other (please specify)

8. Do you know about your Practice's Patient Participation Group (PPG)?

a. Yes

b. No

9. Are you involved with your PPG?

a. Yes

b. No

10. Why are you not involved with your PPG?

a. Not interested

b. Unable to get to meetings

c. Not enough information

d. Other (please specify)

11. Do you receive information and communication from your PPG?

a. Yes

b. No

12. Would you like to receive information from your PPG?

a. Yes

b. No

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NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
November 2018

TITLE OF REPORT:	Thrive into Work Project
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To brief the committee on a service specification that has been developed in partnership with the Thrive into Work Programme. The CCGs Clinical Reference Group have also considered the content of the specification.
ACTION REQUIRED:	☒ **Information** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• In order to generate higher rates of referral into the programme the attached service specification has been prepared to enable a targeted approach to recruitment. • Through targeted recruitment practices will be encouraged to contact patients who meet the participation criteria to take part in the research programme. • A four stage approach has been defined, this will enable practices to ensure the right people are targeted and that practices are clear about the level of input required from them. • Practices will be reimbursed for the activities detailed in the process/service specification. • Wolverhampton practices have the choice of delivering this service on an individual basis and/or at scale via their respective practice group(s). • The Primary Care Team will, as part of their ongoing joint working with the project monitor the rate of referral & conversion until closure.
RECOMMENDATION:	• The committee should note the Thrive Into Work Programme continues to be live in Wolverhampton. • In order to improve uptake the attached service specification has been developed to enable as many patients as possible benefit from the initiative.
BOARD ASSURANCE FRAMEWORK:	1. Improving the quality and safety of the services we commission. 2. Reducing Health Inequalities in Wolverhampton.

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SCHEDULE 2 – THE SERVICES

A. Trial Targeted Recruitment Specifications

Service Specification No.	001
Service	Thrive into Work Targeted Recruitment
Commissioner Lead	Sarah Southall
Provider Lead	West Midlands Combined Authority
Period	1st October 2018 – 31st March 2019
Date of Review	21st October 2018

1. Population Needs

1.1 National/local context and evidence base.

The NHS Five Year Forward View for Mental Health highlights that employment is vital to health and should be recognised as a health outcome. As supporting people to access employment will build on people's strengths and skills and enable people to realise their potential for recovery, this will also support the West Midlands Combined Authority ambition to harness economic growth and help to achieve the CCGs' goal to reduce health inequalities. Although mental illness will be just one of many health conditions worked with, the service contributes to the vision outlined in 'No Health Without Mental Health'. This paper highlights the need to improve the mental health and wellbeing of the General Acute population, keep people well and improve outcomes for people with mental health difficulties through high quality services that are equally accessible to all.

There are 2.8 million people in the West Midlands Combined Authority (WMCA) area, of which 1.8 million are of working age (18-64). In this group, there are around 125,000 people claiming out-of-work sickness benefits (ESA), of which 47% (59k) claim primarily for a mental health issue and 15% claim for a musculoskeletal issue. Around a quarter of ESA claimants are under 34, and a further 32% are aged 35-49. Although unemployment is falling across the region, ESA claims have been rising for the past several years in each of the Local Authority areas. Health data indicates 172,000 people (5% of the population) are registered as having anxiety or depression. Around one fifth of these individuals are referred to IAPT services, although this varies significantly across the WMCA. Around 58,000 people have accessed secondary mental health services over the past year. However, only 30,000 of these have been identified on primary care mental health registers as having a severe mental health issue. Only around 8,300 people under age 70 are on the Care Programme Approach (CPA), a relatively small proportion of the total population with severe mental illness (SMI). For this group, for which data is most accurately recorded, just 6% are in paid employment. This is, however, consistent with the recorded proportion of people accessing secondary mental health services who are in work.

In order to generate high volume of referrals for this programme we want to use a targeted recruitment approach. Through targeted recruitment we want to contact patients via GP practices to take part in the research programme. Through search

criteria testing we have identified 7% of the patient clinical lists to be eligible for the trial. Opportunistic recruitment is underway but has only yielded 40 direct GP referrals (June-August 2018).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

The goals of the programme are to:

I. Advance the goals of the WMCA to tackle high unemployment rates among people with a health condition or disability
II. Develop a framework for effective, locally-driven employment support that can be sustained after the initial innovation funding has been depleted
III. Build the evidence base for innovative employment interventions to facilitate the national roll-out of proven approaches
IV. Through targeted recruitment we want to contact patients via GP practices to take part in the research programme in order to test the overaching aims of the study.

3. Scope

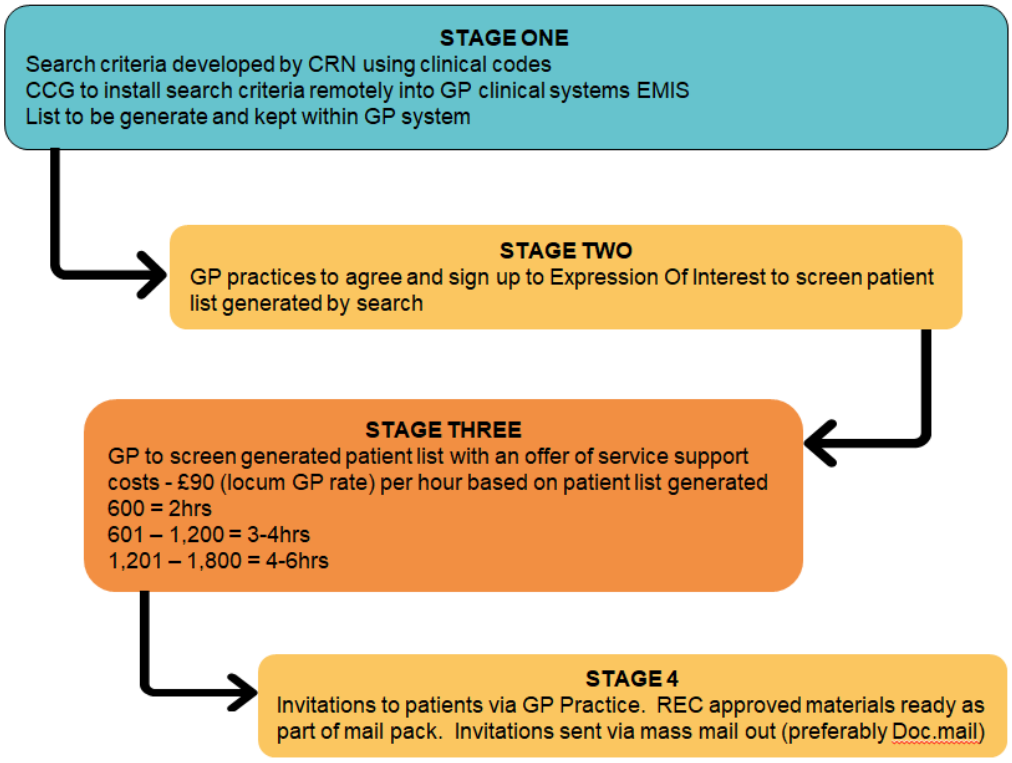
3.1 Aims and objectives of service

Through targeted recruitment on the Thrive into Work programme we aim to recruit large number of potential participants to generate appropriate referrals for randomisation into the trial.

3.2 Service description/care pathway

STAGE ONE: Search criteria has been developed by CRN using clinical codes based on the trial inclusion/exclusion criteria as well as relevant employment clinical codes as discuss with champion GPs. The CCG EMIS IT team can install this search criteria remotely into GP EMIS clinical systems, preparing a list generated and kept within GP system, for GP team access only
STAGE TWO: GP practices to agree and sign up to Expression Of Interest (EOI) to screen patient list generated by search in stage one. EOI to be provided by West Midlands Clinical Research Network (WM CRN)
STAGE THREE: On receiving EOI reply form, GP will be asked to manually search

list to determine appropriate patients to be contacted to participate in the trial. GPs will be offered service support costs to do this - £90 (locum GP rate) per hour based on patient list generated from their overall patient population size
600 = 2hrs
601 – 1,200 = 3-4hrs
1,201 – 1,800 = 4-6hrs
STAGE 4: On completion of manual search, GP will upload approved patient list to doc.mail with the support of Thrive into Work team/WM CRN if applicable. Invitation packs will be posted directly to patients. Invitation will come from GP Practice containing REC approved materials - patient letter, participant leaflet, participant information sheet and reply envelope. Doc.mail is an efficient way of producing mass mail out recruitment. This will benefit the GP practice and research team minimising time for manual mail out as well as cost of admin and resources. No GP inputted will be needed beyond this point. All future correspondences with patients be dealt with by the Thrive into Work team as they will be listed as the organisation to contact not GP practices.



3.3 Population covered
All Wolverhampton CCG GP registered patients, as well as Dudley CCG, Sandwell & West Birmingham CCG and former Birmingham South Central CCG (now part of Birmingham & Solihull CCG) GP registered patients

3.4 Any acceptance and exclusion criteria and thresholds
The trial inclusion/exclusion criteria is as follows:

SCHEDULE 2 – THE SERVICES

A. Trial Targeted Recruitment Specifications

Inclusion Criteria	Exclusion Criteria
Registered with a GP practice in Wolverhampton, Birmingham South Central, Sandwell and West Birmingham, Dudley	Not registered with a GP practice in one of the areas
18+ years old	< 18 years old
Have a self-defined health condition or disability that impacts on their ability to gain work. Conditions might include: • Musculoskeletal pain • Diabetes • Depression or anxiety	Exclude some very specific conditions, e.g. moderate to severe learning disabilities, people presenting with late stage dementia
Out of work 4+ weeks and have expressed an interest in finding paid employment. Note: participants do NOT have to be claiming any specific welfare benefit	People with a health condition who have been out of work for <4 weeks, people who have a job in the pipeline or people whose job is in jeopardy
Not currently on an employment programme	Currently on an employment programme

For the purpose of the search creation the following criteria has also been applied to generate a list of appropriate referrals:

- Upper age limit of 70
- Clinical codes for fit notes and employment/unemployment

3.5 Interdependence with other services/providers

Remploy are delivering the Thrive into Work Trial in Wolverhampton and Birmingham, Dudley & Walsall Mental Health Trust are delivering the trial in Dudley, and Prospects are leading the delivery in Sandwell & West Birmingham. The WM CRN are supporting the recruitment of GP practices to take part in recruitment of potential participants for the trial and are offering service support costs for GP practices.

3.6 Payment

Funding equivalent to 2 hours of GP time will be provided to support practices in undertaking this work.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

SCHEDULE 2 – THE SERVICES

A. Trial Targeted Recruitment Specifications

N/a

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The purpose of the service will be to support GPs to identify patients who are eligible for referral to the TIW programme and contact them to invite them to consider participation. This will involve Practices undertaking a search of their clinical system to proactively identify patients who meet the criteria for the programme. This is in line with legal support for risk stratification for case finding, through Section 251 Approval (CAG 7-04(a)/2013 - Disclosure of commissioning data sets and GP data for risk stratification purposes to data processors working on behalf of GPs), the data will be used for clinical purposes. Once the search has been completed the practice will write to the identified patients to invite them to participate.

4.2 Applicable local standards

N/a

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)
Locally agreed with NHS Wolverhampton CCG

5.2 Applicable CQUIN goals (See Schedule 4E)
N/A

6. Location of Provider Premises

The Provider's Premises are located at:
West Midlands Combined Authority
16 Summer Lane
Birmingham
B19 3SD

7. Individual Service User Placement

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Gateway Ref 08562

Primary Care Contracts
NHS England
Skipton House
London Road
SE1 6LH

Sent via email

To:
CCG Chairs

Cc:
Regional Directors

16 October 2018

Dear colleagues

General Practice Pay Awards 2018/19 – letter from the BMA

I am writing to you as you may have recently received a letter from Dr Richard Vautrey, Chair of the General Practitioners Committee of the BMA in relation to the 2018/19 pay awards.

I wrote to Directors of Commissioning on 26 July 2018, setting out the Government's decisions on the pay awards, a copy of which is attached. As you'll see, it is clear from that letter – and from the Written Ministerial Statement - that the additional 1% to which Richard refers is conditional on the ongoing contract negotiations and, if agreed, would only be payable from 1 April 2019. Accordingly, no provision has been made in 2018/19 primary care funding allocations for this conditional element.

CCGs should follow the Ministerial decision and national guidance set out in that letter.

Yours sincerely

Ed Waller
Director
New Business Models and Primary Care Contracts Groups

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