NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Public Primary Care Commissioning Committee
Tuesday 5th March 2019 14:00-15:30

PA125, Stephenson Room, 1st Floor, Technology Centre,
Wolverhampton Science Park, WV10 9RU

A G E N D A

Item No.	Item	Lead	Page Nos
1	**Welcome and Introductions**	**Chair**	
2	**Apologies**	**Chair**	
3	**Declarations of Interest**	**Chair**	
4	**Minutes of the meeting held on 5th February 2019**	**All**	
5	**Matters Arising from the Minutes**	**Chair**	
6	**Committee Action Points**	**Chair**	
7	**Primary Care Update Reports**		
7a	Primary Care Quality Report	**Liz Corrigan**	
7b	Primary Care Operational Management Group Update	**Mike Hastings**	
7c	Primary Care Contracting Update	**Gill Shelley**	
7d	Corporate Governance - Primary Care Strategy: Audit Recommendations	**Sarah Southall**	
7e	GP Forward View - Extended Access Assurance Visit: Audit Recommendations	**Sarah Southall**	
7f	Primary Care Networks	**Sarah Southall**	
8	**Discussion Items**		
9	**Any Other Business**		
10	**Date of Next Meeting:** Tuesday 2nd April 2019 2.00pm PA025 Marston Room, Ground Floor, Wolverhampton Science Park WV10 9RU		

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 5 February 2019 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP (non-voting)	Yes
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes (part meeting)
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
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Lesley Sawrey	Deputy Chief Finance Officer	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Jon Denley	Director of Public Heath	Yes
Diane North	PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC443 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies

WPCC444 Apologies were submitted on behalf of Mr T Gallagher, Mrs L Corrigan and Drs H Hibbs, M Kainth and B Mehta (LMC).

Declarations of Interest

WPCC445 Drs Bush and Reehana declared that as a GP they had a standing interest in all the items relating to primary care.

Dr Bush declared an interest in Item 8a, Minor Surgery as his practice provided this service, however as the item under discussion was to note a virtual decision this did not constitute a conflict of interest.

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.

Mrs Gaytten declared that, as her employment with the University of Wolverhampton involved interaction with GP practices, she had a standing interest in all items relating 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 4 December 2018

WPCC446 The minutes from the meeting held on 4 December 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC447 There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC448 **Minute Number WPCC436 – Healthwatch Wolverhampton: GP Communication Report (Action 24).** Discussions on the recommendations continued. An update to be provided at the next meeting.

Minute Number WPCC439 – Enhanced Services (Action 25). The revised service specification was circulated to committee members on 09/01/19. **Action closed.**

Minute Number WPCC439 – Enhanced Services (Action 26). Operational Management Group to provide a process for urgent approvals.

Minute Number WPCC440 – Unprocessed Files associated with Docman (Action 27). Investigations had been undertaken into potential alternatives to Docman however it was noted that none offered equivalent functionality, particularly as Royal Wolverhampton Trust (RWT) had invested in a Docman solution. It was noted that further assurance that the ongoing Docman 10 rollout would resolve the unprocessed files was required.

Minute Number WPCC440 – Unprocessed Files associated with Docman (Action 28). It was confirmed that claims totalling c. £29,000 had been received from practices with the majority of claims now resolved. **Action closed.**

Finance Position – Month 9 Update

WPCC449 Ms Sawrey presented the report on behalf of Mr Gallagher, which gave the committee its regular quarterly update on Primary Care finances. She highlighted that, in response to previous feedback from the committee, the report not only gave details of financial performance in relation to the budgets delegated from NHS England, but also funding from the CCG's own financial allocation used to fund Primary Care services.

Ms Sawrey advised that at Month 9 the delegated budget position was forecasted to breakeven and to meet the required financial metrics set by NHS England, including achieving a 1% level of contingency. She advised that the budget position included an additional uplift of £304,000 to provide for changes in the global sum based on Quarter 3 list sizes across the CCG. She also highlighted the funds available through the Primary Medical Services (PMS) premium. These were planned for investment in additional services in primary care, including in reach into care homes and social prescribing.

Details were also given of funds committed across Primary Care and the impact of additional cost pressures on the prescribing budget, including as a result of no cheaper stock being available. In response to a question, Ms Sawrey advised that a number of factors impacted on this element of the prescribing budget, including the UK's impeding exit from the European Union. It was noted that the table in the report on the prescribing budget had been updated and would be circulated to committee members after the meeting.

Dr Bush referred to the recently announced GP contract for 2019/20 and asked whether the impact of the provisions within it had been modelled. Ms Sawrey advised that, it had not yet been modelled and that the CCG's draft financial plan submitted to NHS England assumed that any additional funding required for Primary Care as a result of the new contractual arrangements would be met from delegated rather than CCG budgets.

RESOLVED:

- **That the revised prescribing information be circulated to Committee members.**
- **That the update on the Month 9 finance position be noted.**

Ms Sawrey left the meeting

Primary Care Operational Management Group Update

WPCC450 Mr Hastings presented the Primary Care Operational Management Group Update, highlighting that matters discussed at the most recent meeting had included: -

- Work to plan for the mobilisation of the Alternative Primary Medical Service (APMS) awarded at the last meeting was now underway. Both the incoming and outgoing providers had engaged with the process and were actively participating.
- The clinical IT system work associated with the APMS mobilisation (which included both a merge and migration) was planned in to ensure resources were committed.
- Discussions had taken place with NHS England around the support provided via the Primary Care Hub. Mr Dhami confirmed that the hub would continue to provide equivalent support to that currently available.
- Work continued to develop options to deliver improvements in Primary Care estates, including in the Bilston and Oxley areas. In response to a question, Mr Hastings confirmed that in line with both ongoing work and the implications of the new GP contract, it was recognised that investment in estates would be required to support hub working across Primary Care networks.
- In response to work undertaken by the Primary Care team to develop a 12 month programme of work, the group would assess the operational requirements to support the implementation of the CCG's Primary Care priorities.

RESOLVED: That the update is noted.

Primary Care Contracting Update

WPCC451 Ms Shelley provided an update on primary care contracting to the committee

The report highlighted that the Quality Outcomes Framework (QOF) Post Payment verification (PPV) process reported to the last meeting of the committee would take place in February. In addition, a PPV would take place in relation to enhanced services, done via tabletop exercise to identify practices that were outliers in relation to the level of claims.

RESOLVED: That the update was noted.

Sally Roberts joined the meeting

Primary Care Strategy Quarterly Assurance Update

WPCC452 Ms Southall presented the report on behalf of Ms Reynolds, giving an update on the implementation of the CCG's Primary Care strategy and GP Forward View (GPFV) programmes of work.

The report included highlights of the work of each of the individual workstreams associated with both the Strategy and GPFV, which Ms Southall advised would be combined into a single Primary Care work programme aligned with STP priorities for 2019/20 onwards. The majority of actions in relation to both programmes of work were either completed or on track. Where a number of actions relating to the GPFV were not on track, the milestone review board had agreed a remedial action plan. This included a number of IT based projects such as online consultations where, although technical solutions had been implemented, work was still required to ensure uptake of the programme was sufficient to demonstrate the benefits in terms of patient access. She also highlighted the following key points:-

- The referral rates for both Social prescribing and the Primary Care Counselling service had been discussed in detail. A number of actions had been agreed with the providers of these services to continue to improve usage rates.
- As reported in the previous update report, a programme of training for administration and reception staff in GP practices on key areas of work had now commenced.
- The Home Visiting pilot service was now underway, with initial feedback on the value of the service very positive.
- Work was underway to consider enhancements to the Quality Outcomes Framework Plus (QOF+) scheme for 2019/20 following successful sign up across practices for 2018/19.
- The service specification for the CCG's clinical peer review scheme was being reviewed to ensure it remained fit for purpose and delivered improvements in outcomes for patients.

An update was also given on initiatives being delivered by practices working at scale across the Primary Care groupings. This included NHS health checks and Mr Denley highlighted the significant improvements achieved in this area with Wolverhampton moving from the bottom 8% in terms of uptake to the top quartile. He paid tribute to the partnership working across public health, primary care and the CCG that had helped to achieve this significant improvement in performance.

In response to a question about the social prescribing service, it was noted that whilst the service did have capacity to manage additional referrals, work would need to be targeted to ensure that they were drawn from appropriate sources. In particular it was noted that referral rates across individual practices remained variable and that, whilst there would be a benefit from increasing referrals from social care, this would need to be carefully managed.

Mr Marshall advised that, in line with the work to align work programmes, a refresh of the Primary Care Strategy itself would be undertaken and brought to

the committee for consideration in April 2019.

RESOLVED:

1) **That the update on the implementation of the Primary Care Strategy be noted.**
2) **That an update to the Primary Care Strategy be considered at the April 2019 committee meetings.**

Primary Care Quality Report

WPCC453 Ms Roberts introduced the report on behalf of Liz Corrigan. The report gave an update on quality improvement across Primary Care, highlighting performance in areas including Infection Prevention, Serious Incidents, Friends and Family uptakes and Care Quality Commission inspections of GP practices.

In response to a question relating to following up patients with flu jabs, raised as a result of patient feedback to Healthwatch, it was confirmed that lessons learned associated with the experience with flu vaccine would be incorporated into planning for 2019/20.

RESOLVED: That the update be noted.

Minor Surgery Enhanced Service

WPCC454 Ms Southall introduced the report on behalf of Lucy Sherlock. The report set out a revised service specification for an enhanced service for minor surgery which had previously been commissioned by NHS England as a Directed Enhanced Service (DES). Due to a change in commissioning arrangements, it was proposed that the service be commissioned as a Local Enhanced Service (LES) by the CCG. The service specification for the LES adopted the same payment arrangements and quality requirements as the DES but also allowed the flexibility for practices to offer this as a service across the primary care groupings as a service at scale.

The Committee noted that, due to urgency, the decision relating to this report had been taken virtually and the service specification had been agreed.

RESOLVED: That the urgent decision to commission a Minor Surgery Local Enhanced Service in line with the outlined service specification be noted.

Pharmacy First Scheme

WPCC455 Ms Southall introduced the report, which set out a proposal to continue commissioning a pharmacy first scheme for minor ailments. The report set out that, following a decision by NHS England to cease commissioning the pharmacy first scheme in 2018 the CCG had commissioned an equivalent service. The report set out the outcomes of a review of the service which gave details of utilisation, demonstrating that access to the scheme was supporting more appropriate use of GP appointments.

It was noted that, in commissioning a local scheme, the CCG had aligned its

arrangements with other CCGs in the Black Country which varied slightly from the service originally commissioned by NHS England.

A query was raised about the financial details given in the report and it was noted that the figures relating to GP consultations were illustrative of the cost that would be better utilised by continuing with the scheme rather than savings that would be realised. This meant that, financially the service was a cost to the CCG with its benefits realised in quality terms as a result of improved access for patients. It was noted that the outlined costs had been accounted for in the Primary Care budget and that any additional work to expand the scheme would incur additional costs.

RESOLVED: That the pharmacy first scheme be re-commissioned for 2019/20

Date of Next Meeting

WPCC456 Tuesday 5 March 2019 at 2.00pm in PA125 Stephenson Room, 1st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU

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Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item Title	Item	By When	By Whom	Action Update
24	**04 December 2018**	**WPCC436**	**Healthwatch Wolverhampton GP Communication Report.**	To discuss the recommendations and report back on the CCG response.	**Mar-19**	**Sarah Southall**	05/02/19 Discussions on the recommendations continue. An update to be provided to the March meeting.
26	**04 December 2018**	**WPCC439**	**Enhanced Services Nov-Mar**	A process for urgent approvals be developed by the Primary Care Operational Management Group	**Feb-19**	**Mike Hastings**	
27	**04 December 2018**	**WPCC440**	**Unprocessed Files associated with Docman 7**	That the Primary Care Operations Management Group review whether alternatives to Docman could be utilised	**Mar-19**	**Ramsey Singh**	28/01/2019: The clinical system offers a basic document management system however the functionality is very basic compared to the current system Docman. Moving the document management system back to the clinical system would mean that practices would need to access a legacy system for all patent letters that have been scanned into the system, meaning documents in two locations. (RS) 05/02/19 Investigations had been undertaken into potential alternatives to Docman however it was noted that none offered equivalent functionality, particularly as Royal Wolverhampton Trust (RWT) had invested in a Docman solution. It was noted that further assurance that the ongoing Docman 10 rollout would resolve the unprocessed files was required.
29	**05 February 2019**	**WPCC449**	**Revised prescribing budget report**	Revised prescribing budget report to be circulated to committee members following the meeting	**Mar-19**	**Lesley Sawrey**	12/02/19 Revised Prescribing Budget Report circulated by email to the Public Committee members
30	**05 February 2019**	**WPCC452**	**Primary Care Strategy Update**	Primary Care Strategy Update to be presented to the committee Apr 19 for consideration.	**Apr-19**	**Steven Marshall**	

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NHS
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WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE

5th March 2019

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	

PRIMARY CARE QUALITY DASHBOARD

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

Issue	Concern	RAG rating
Infection Prevention	Three IP audit have been undertaken so far in February– the overall average rating is silver. The flu vaccination programme continues and stock of all vaccines is available across the city, some flu outbreaks have been noted in care homes. Work continues to drive the improvement in the management of sepsis in primary care.	1b
MHRA	Since 1st April 2018 • 44 weekly field safety bulletins with all medical device information included. • 5 device alerts/recalls • 15 drug alerts/recalls	1a
Serious Incidents	One serious incident currently under investigation at the practice	1b
Quality Matters	Currently up to date: 9 open 2 of these are overdue	1b
Practice Issues	Issues relating to DocMan, and one practice around notes returns and complaints are being managed.	1b
Escalation to NHSE	On-going process	1a
Complaints	No new complaints to report	1a
FFT	In January 2018 • 2 practices did not submit • 2 submitted fewer than 5 responses (supressed data)	1a
NICE Assurance	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
CQC	One practice currently have a Requires Improvement rating and is 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	Spirometry training, Nursing Associate and HCA apprenticeship business case are currently being finalised. 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 the risk around this has been reviewed. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process.	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

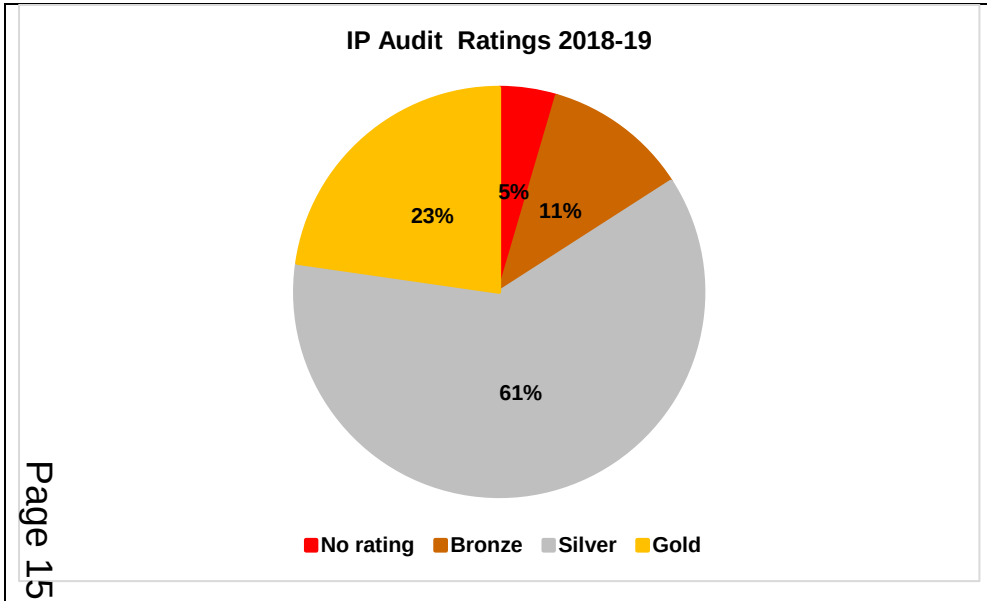
2.1. Infection Prevention

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 IP Audit Scores		94%	86%	98%	93%	89%	97%	98%	96%	94%
Ratings overview and issues identified within primary care:					**Exceptions and assurance:**					



Primary Care Facilitator met with IPC Lead to discuss use of safer sharps in Primary Care, a training session was undertaken with Practice Nurses in January to highlight this and included a session on sepsis which has evaluated very positively. A further audit will be undertaken by the IP team later in the year.

Support will be provided via contracting for practices to rectify some of the cosmetic and minor estates issues affecting audit ratings.

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 now have access to aTIV flu vaccine and there are spare stocks of both aTIV and QIV available. Practices continue to vaccinate and to prioritise those in care homes and with LTCs, some outbreaks have been noted – GP surgeries to be confirmed. NHSE continue to monitor CCG and PH activity and support around this. Guidance has now been provided by NHSE around ordering for 2019/20 and practices have been made aware.
Exceptions and assurances:
Continued monitoring of flu vaccine uptake is being undertaken. Practices are still working to vaccinate patients and are using a variety of methods to increase their uptake:

• Text messaging
• Phone calls
• Drop-in clinics
• Opportunistic vaccinations
• Signposting to pharmacy

The primary care flu group meeting will be held on 6th March and the regional screening and immunisation meeting which will have a focus on flu will be held in Birmingham on 11th March Liz Corrigan and Steve Barlow to attend.

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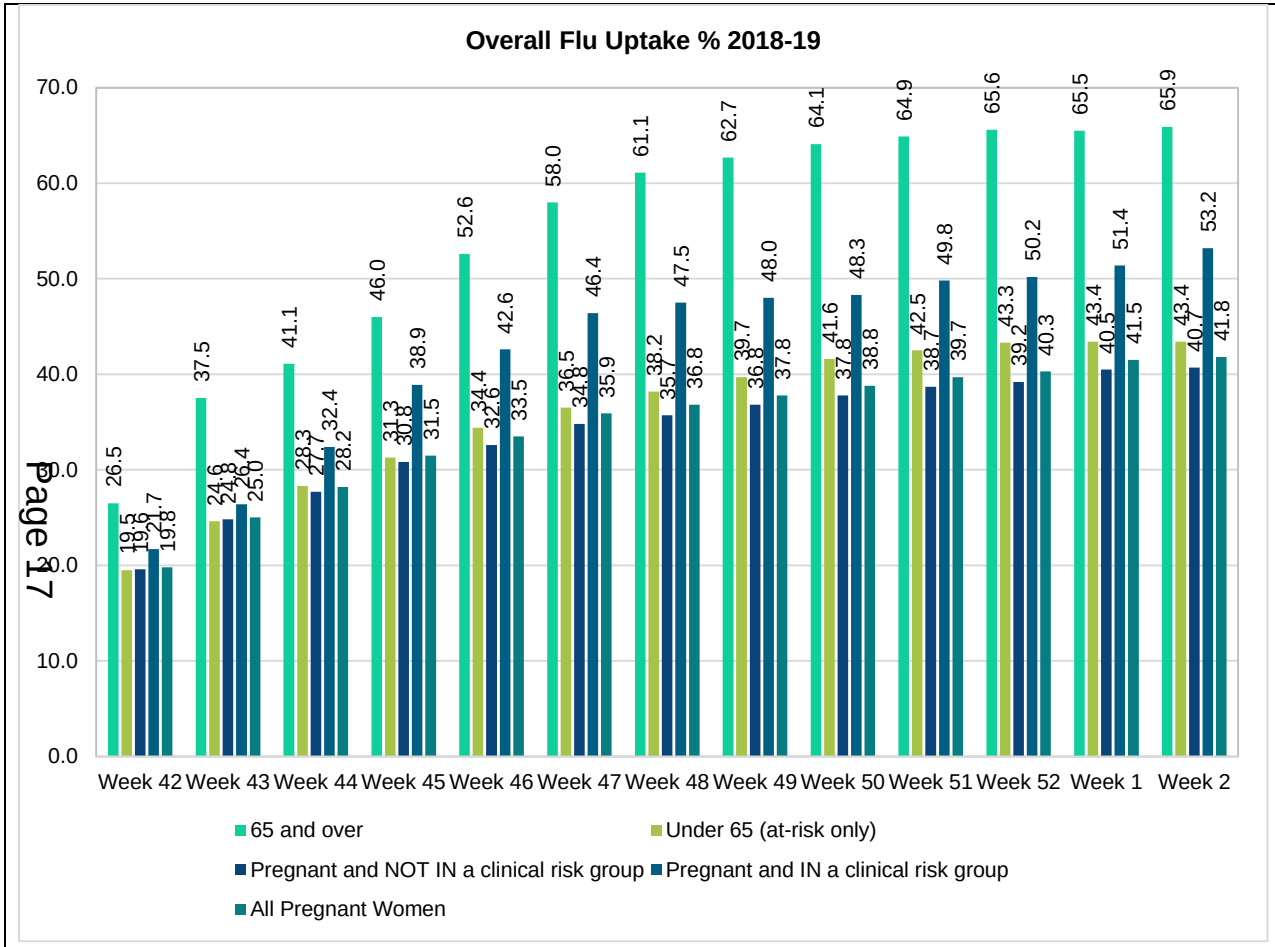
Flu vaccination uptake



Please note there have been some issues with the electronic upload to Immform and data may not be complete. Once flu season is complete practices will missing data will be asked to provide their completed figures to ensure a full picture is available.

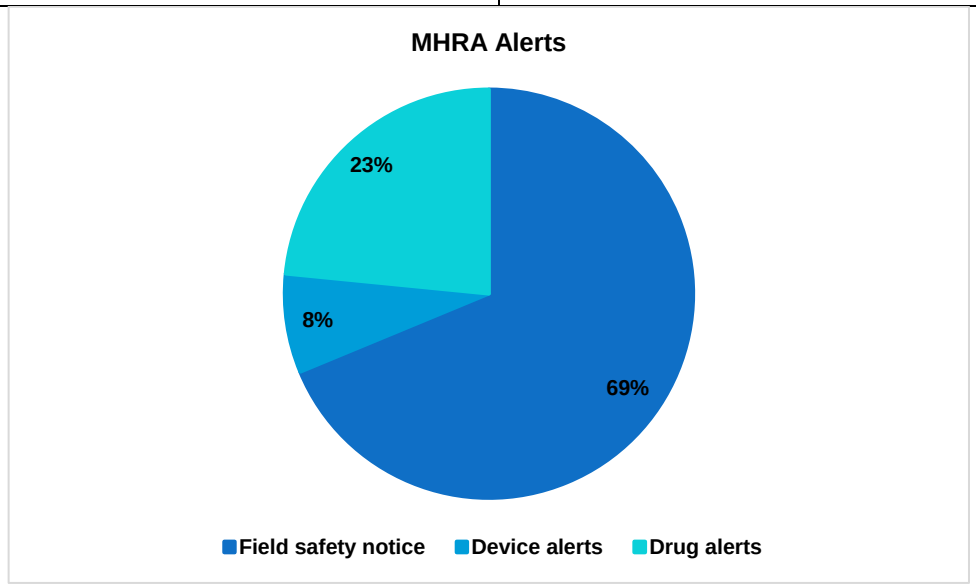
Sepsis:

We are currently working on a sepsis action plan that includes primary care, training will be offered via Team W in March 2019. Additional work is being carried out to identify sepsis leads in primary care, and to ascertain if practices have access to pulse oximetry and what their safety netting and escalation processes are. Practice nurse and GP representation is now available in the e-coli steering group.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	44	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.
Device alerts/recalls	5	
Drug alerts/recalls	15	



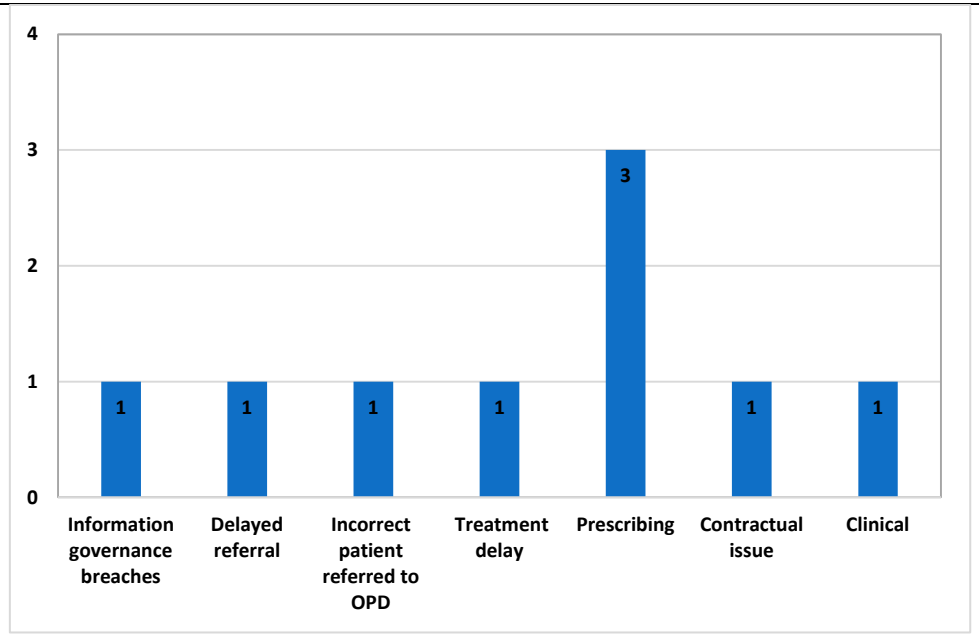
2.3. Serious Incidents

There is currently one serious incidents being investigated in primary care. All serious incidents are investigated by the practice and 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 November 2018	Number (running total)	Exceptions and assurances:
Open	9	Overdue QMs are currently being reviewed, two are outstanding. There are currently 9 incidents open 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.
Overdue	2	
Closed	0	
Quality Matters Themes:		



Closed QMs: None this month

Figure 5: MGS Practice Quality Action Log

2.4. Escalation to NHS England

Figure 6: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review February 2018	**Outcome from PPIGG**
No incidents reported for February	
Exceptions and assurances:	
Nothing to report at present.	

3. PATIENT EXPERIENCE

3.1. Complaints

Figure 7: Complaints Data 2018/19

	May	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Exceptions and assurances:**
Num	2	3	13	3	0	0	0	0	1	0	Actions and lessons learned identified include: • 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 • Conflict resolution training has been provided by the CCG 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.
Complaints Numbers and Themes: An overview was provided in the January report. Quarter 3 figures are pending.											

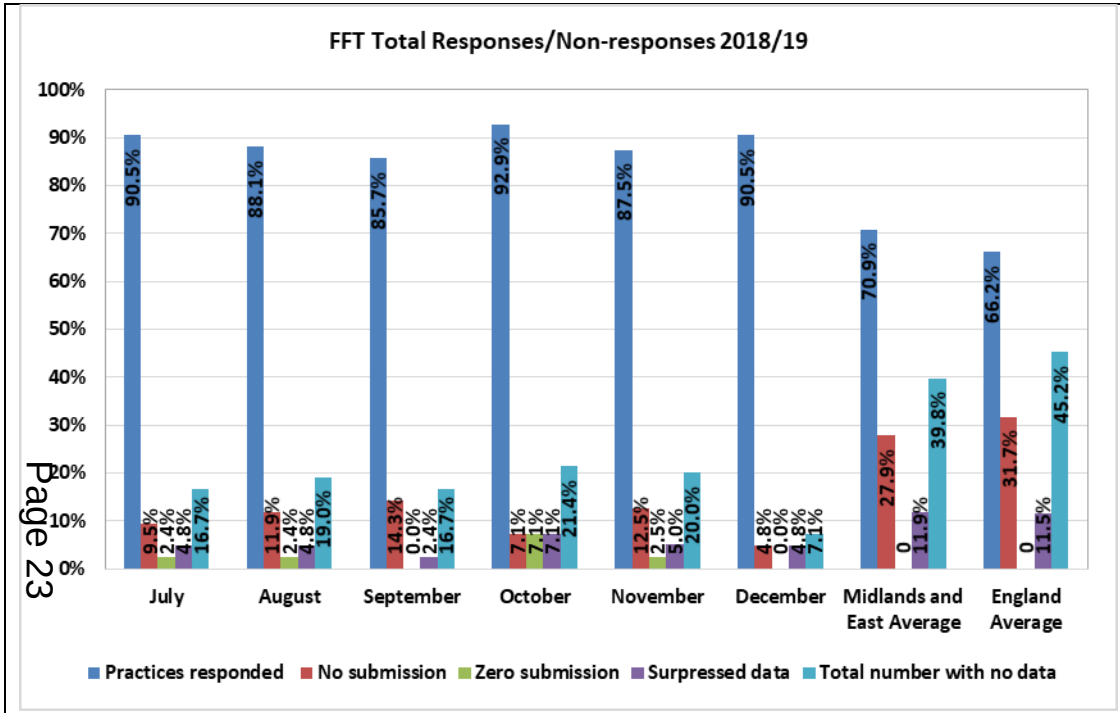
3.2. Friends and Family Test

Figure 8: Friends and Family Test Data Overview 2018/19

Figure 9: Practices with no submission or supressed data in July 2018

Percentage	April	May	June	July	August	Sept	Oct	Nov	Dec	West Midlands	England
Total number of practices	42	42	42	42	42	42	42	40	40	2043	6908
Practices responded	78.6%	81.0%	86.0%	90.5%	88.1%	85.7%	92.9%	87.5%	90.5%	62.8%	63.3%
	33/42	34/42	36/42	38/42	37/42	36/42	39/42	35/40	38/40		
No submission	21.4%	19.0%	14.3%	9.4%	11.9%	9.5%	7.1%	12.5%	4.8%	37.2%	36.7%
	9/42	8/42	6/42	4/42	5/42	4/42	3/42	5/40	1/40		
Zero submission (zero value submitted)	9.5%	2.4%	4.8%	2.4%	2.4%	4.8%	7.1%	2.5%	0.0%	N/A	N/A
	4/42	1/42	2/42	1/42	1/42	2/42	3/42	1/40	0/40		
Suppressed data (1-4 responses submitted)	4.8%	9.5%	4.8%	4.8%	4.8%	2.4%	7.1%	5.0%	4.8%	9.4%	7.2%
	15/42	4/42	2/42	2/42	2/42	1/42	3/42	2/40	2/40		
Total number with no data	33.3%	31.0%	23.8%	16.7%	19.0%	16.7%	21.4%	20.0%	7.1%	46.7%	44.2%
	15/42	13/42	10/42	7/42	8/42	7/42	9/42	8/40	3/40		
Response rate	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	2.2%	1.8%	2.2%	0.6%	0.5%

Data Comparison	Exceptions and assurances
	Submission rates were up again this month, overall response rate



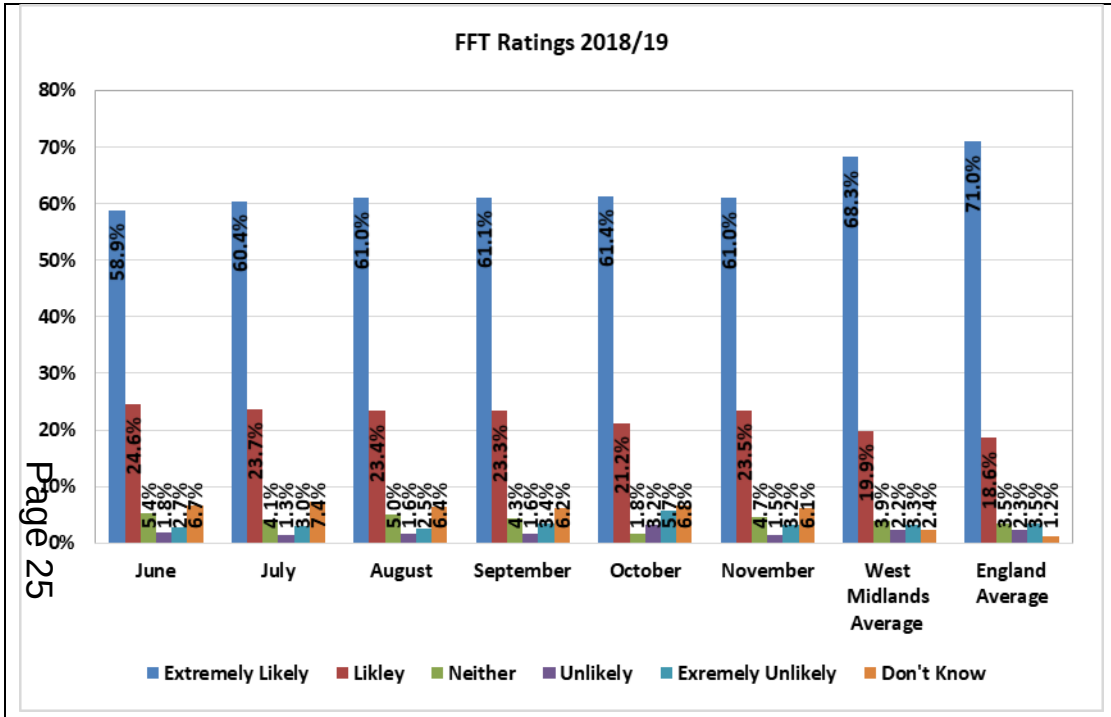
was 2.2%, which still remains significantly better than both the regional and national averages.

The LMC are providing support for practices with no or low submissions via the FFT. An action plan must be provided when a practice has 3 instances of no submission or zero/supressed data to outline how they intent to improve uptake and responses. There have been some instances where practices have had technical issues with the MJog text system but these are now resolved and were identified as human error.

Figure 10: FFT Ratings and Method of Response 2018/19

	Ratings							
Percentage	**July**	**August**	**September**	**October**	**November**	**December**	**West Midlands Average**	**England Average**
Extremely Likely	60.4%	61.0%	61.1%	61.4%	61.0%	65.6%	68.5%	71.2%
Likely	23.7%	23.4%	23.3%	21.2%	23.5%	20.8%	19.7%	18.4%
Neither	4.1%	5.0%	4.3%	1.8%	4.7%	4.0%	3.8%	3.4%
Unlikely	1.3%	1.6%	1.6%	3.2%	1.5%	1.7%	2.2%	2.3%
Extremely Unlikely	3.0%	2.5%	3.4%	5.7%	3.2%	4.0%	3.3%	3.5%
Don't Know	7.4%	6.4%	6.2%	6.8%	6.1%	3.9%	2.4%	1.2%

Ratings Data Comparison	**Exceptions and assurance:**
	Overall 86% would recommend their practice, 6% would not with ratings similar to last month, and lower than regional and national (89% and 90% respectively would recommend, 5% and 6% would not recommend) averages. The response rate for Wolverhampton is significantly higher once more so the figures may again reflect a more accurate response. This month 7.9% gave either a "don't know" or "neither" answer compared to 4.6% regionally nor 3.5% nationally. There is still a strong correlation between these responses and submission via practice check in screens as previously discussed. 10 practices had higher than average not recommended ratings which is higher than last month, but the FFT response rates were low and this may have skewed some of the figures so it should be interpreted with caution. There were 12 practices lower than average would recommend ratings (with some correlation between the two but this varies on a monthly basis), this is higher than last month, but again, there are some low response rates that will have skewed the figures, and some of the ratings are very close to the average – these have been discussed with Locality Managers.

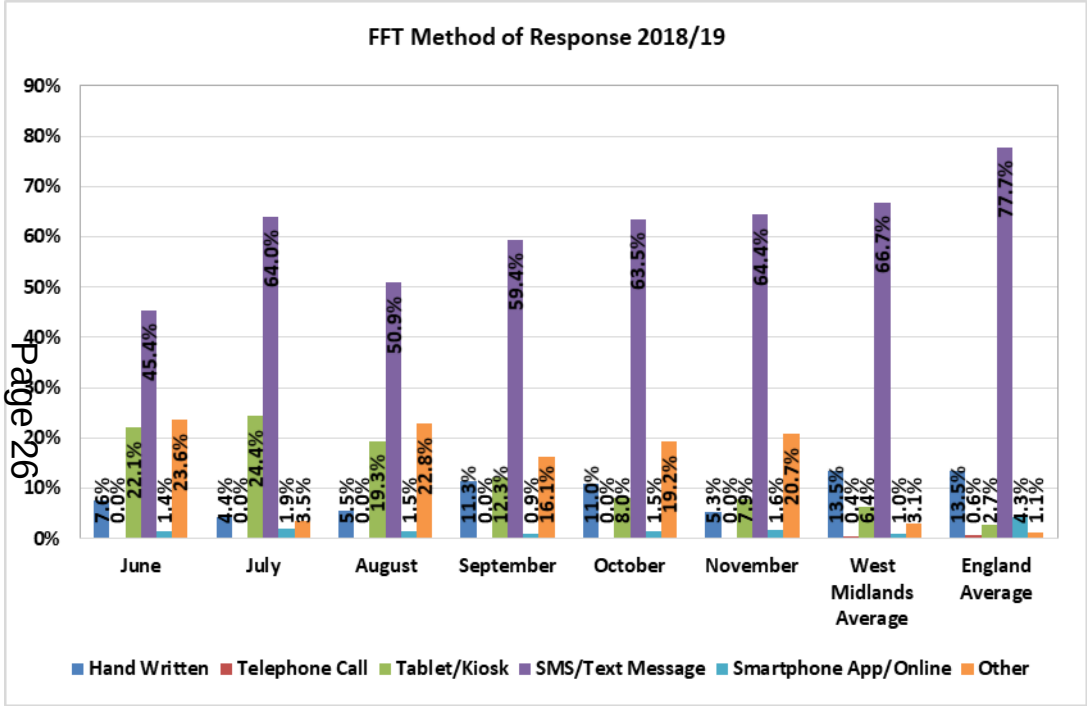


FFT activity continues to be monitored on a monthly basis by the Operational Management Group, and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager or locality managers and 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	July	August	September	October	November	December	West Midlands Average	England Average
Hand Written	4.4%	5.5%	11.3%	11.0%	5.3%	5.0%	13.1%	13.4%
Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.6%
Tablet/Kiosk	24.4%	19.3%	12.3%	8.0%	7.9%	19.0%	6.6%	2.7%
SMS/Text Message	64.0%	50.9%	59.4%	63.5%	64.4%	69.9%	66.9%	77.8%
Smartphone App/Online	1.9%	1.5%	0.9%	1.5%	1.6%	0.9%	1.1%	4.3%

Other	3.5%	22.8%	16.1%	19.2%	20.7%	5.0%	3.0%	1.2%

Methods Data Comparison	Exceptions and assurance
	This month the majority of responses have again come via electronic media, SMS text (now on a par with national and regional averages) and Tablet/Kiosk (check in screens), and a decrease in written responses. There are also a number of responses marked as “other”, anecdotally this tends to relate to those collected via check in screens (Tablet/Kiosk) as the practices have been unsure what the term means. 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	
Pancreatitis	NG104	x
Preventing suicide in community and custodial settings	NG105	
Chronic heart failure in adults: diagnosis and management	NG106	x
Emergency and acute medical care in over 16s	QS174	
Community pharmacies: promoting health and wellbeing	NG102	
Flu vaccination: increasing uptake	NG103	
Endometriosis	QS172	x
Intermediate care including reablement	QS173	
Rheumatoid arthritis in adults: management	NG100	x
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	
Spondyloarthritis	QS170	x
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	NG36	
Rheumatoid arthritis in over 16s	QS33	x
Chronic heart failure in adults	QS9	x
Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease	TA217	

Exceptions and assurances:

The NICE meeting was held in early November – background documents are pending. 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

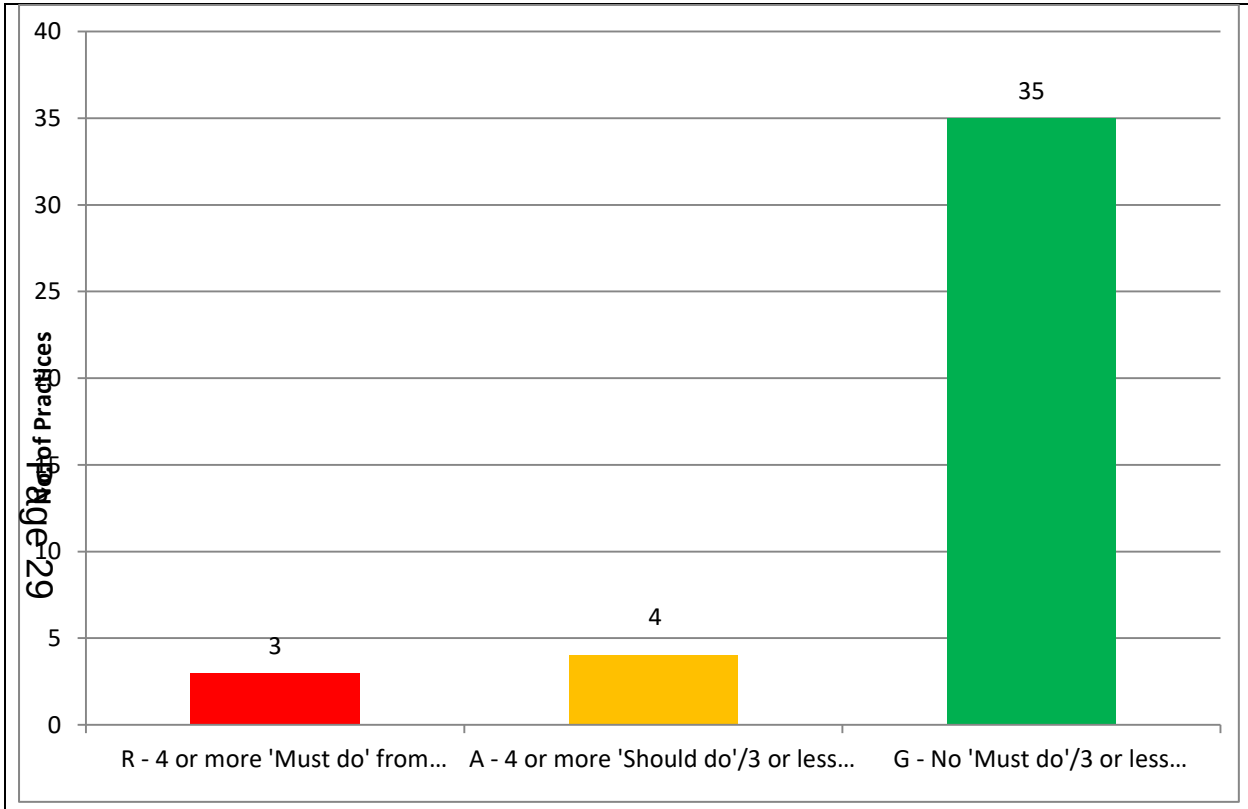
- ENT
- Opthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology

5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

Figure 11: 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	38	34	39	40	40	37	38	38	38	37	37	37
Requires Improvement	3	7	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 is currently one practice with a Requires Improvement rating (one practice has now merged with another provider and the third practice is now under different registration and has not yet been inspected, the practice manager was interviewed by CQC for registration purposes on 25/9/18) this is being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to 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. • Effective systems in place for prescribing and monitoring high risk medication required	

Figure 12: Collaborative Contracting Visit Schedule 2018/19

6. WORKFORCE DEVELOPMENT

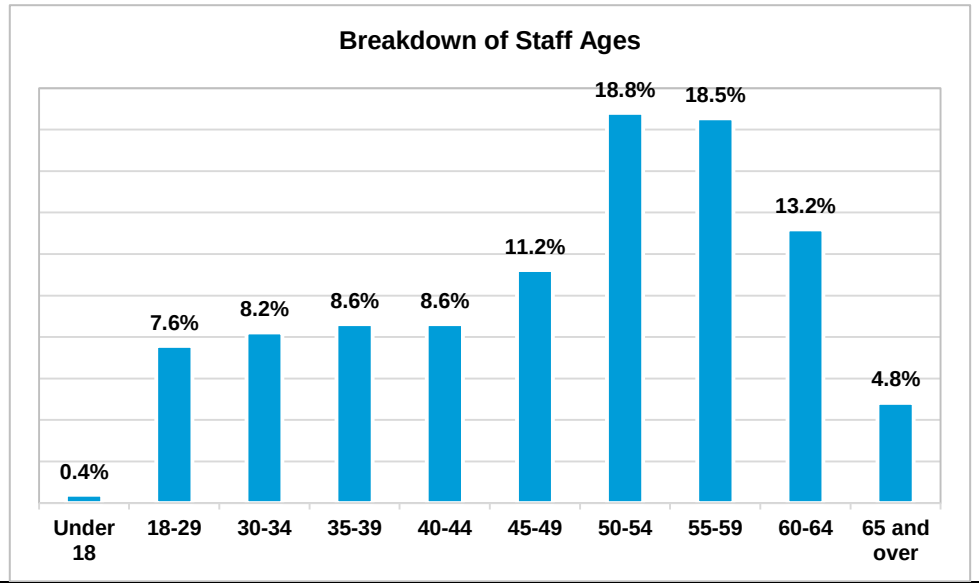
6.1. Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	The practice nurse retention scheme is being developed the same vein as the GP programme – an event was held on 13th February and funding has been secured from NHSE for £32,500. The outcomes from this meeting will be presented once all events have been held across the Black Country. A fast-track practice nurse induction programme has been developed by Dudley CCG which will get staff practice ready within 12 weeks, 4 nurses from Wolverhampton are booked on this programme.	No exceptions noted.

The Physicians Associate internship programme has gone out to advert and will commence later this year.

Workforce Numbers

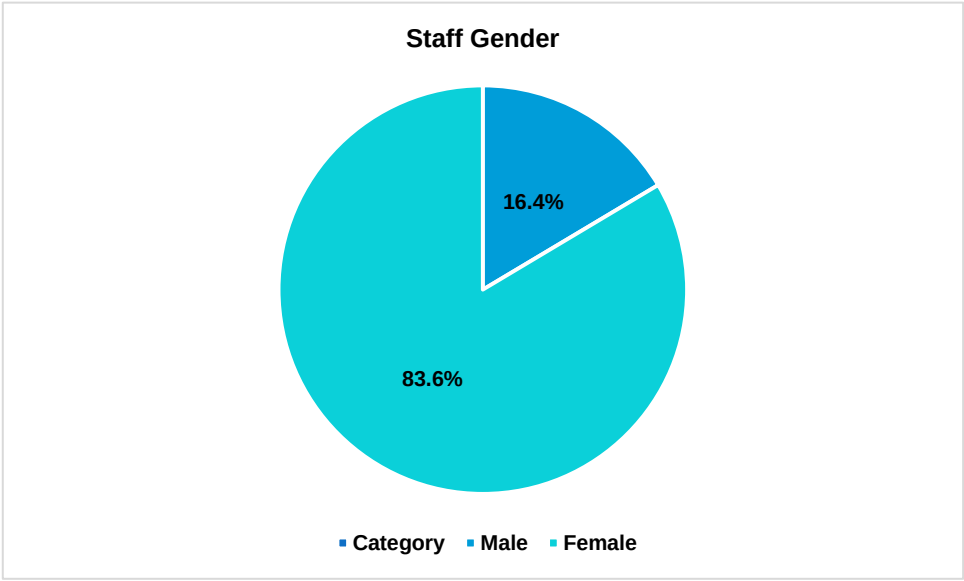
Group	FTE	Variance last month
Advanced Nurse Practitioners	19.6	-0.2
Practice Nurse	51.2	+1.5
Health Care Assistants	25.8	+0.1
Registrars	6.6	-1.8
Locum GPs	2.5	-0.6
Salaried GPs	34.2	+0.8
GP partners	91.7	+4.1
Administration/Receptionists	274.5	+17.2
Practice Managers	54.1	+0.8
Apprentices	4.8	-1



Figures taken from NHS Digital data are for September 2018 with the next update due next month – 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. There is some variance which may reflect this.

A breakdown of staff ages shows that 36.5% are over the age of 55.

A new workforce tool is now available from NHS Digital.

		
GPN 10 Point Action Plan	• Action 1, 2, 4, 5, 7, 8, 9 and 10: work on the GPN Strategy is continuing this is now open for consultation with nurses, practice managers and the LMC. • Action 1: Work experience pilot has been set up between a local secondary school, CCG, Public Health, Pharmacy and GP practices and to promote the role of the GPN through case studies. • Action 2, 4 and 10: Wolverhampton CCG are now taking part in the national Digital Clinical Supervision pilot, the first sessions have been held - technical issues persist but a work around has been identified that will continue for the duration of the pilot. • Action 3: there are currently 16 practices offering student nurse placements, there are plans by the university to further increase this with the changes to NMC mentorship standards. The CCG continue to offer student placements and to date 5 student nurses have been hosted. • Action 4: Fast-track induction for GPNs in conjunction with other CCGs and Training	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, the next face to face meeting will be in April.

	Hub is due to commence in March this also forms part of the strategy with 4 nurses booked on. • Action 5: Further work is being developed to promote the Return to Practice programme. • Action 7: Nurse Education forum continues on a monthly basis. An International Nurse's Day event is being planned for the May session. • Action 9: An options paper around support for Nursing Associate apprenticeships in primary care was tabled and discussed at Milestone Review Board, this will be discussed further at Primary Care Commissioning Committee. • Action 9: HCA long term condition training workshops are now complete. Further sessions have been developed further in conjunction with the Training Hub. • Action 9: A business case has been presented considering HCA apprenticeships to allow current non-clinical staff in practice to develop clinical skills as part of a development programme linked with the NAA programme. This is to be discussed at STP level before commencing. • Action 10: Work is due to commence on developing a local Nurse Retention plan which will now be led across the STP with an engagement session due in February.	

6.2. Training and Development

	Activity	Exceptions and assurance
Nurse Training	• Spirometry training in primary care is now booked for April and June with 16 places available. • The Nursing Associate Apprenticeship business case is due to be discussed at Primary Care commissioning Committee. • HCA apprenticeship business case is awaiting final approval from STP – funding for this is set by NHSE and can only be used for this initiative. • Practice Makes Perfect continues on a monthly basis, uptake has increased slightly. • Additional clinical training sessions are being provided by the Black Country Training Hub. • Clinical HCA training provided from the Training Hub is due to start early in March.	Business cases to be reviewed at Primary Care Commissioning Committee following revisions.

	• Fast-track GPN induction programme is due to start early in March 2019 led by Dudley with logistical support from the Training Hub – 4 new nurses are booked on this programme. • New NMC validated pre-registration nursing course has been launched there is scope to embed skills required in general practice in this programme.	
Non-clinical staff	Training continues in the following areas: • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution • Practice Manager training • Customer services • Bid writing	No exceptions**.**

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3. Training Hub update

		Exceptions and assurance
Black Country Training Hub	Procurement has been put on hold as a national solution is being proposed. The risk around this has been reviewed.	HEE continue to liaise with the Training Hub around the procurement process. As the Training Hub project manager has now left post a temporary PM will be brought in to support the CCG. Awaiting approval via SMT on 20/12/18.
LWAB	Bi-monthly update, next update due in April.	

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
5th March 2019

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This report is intended for the public domain.
KEY POINTS:	• The Operational Group carried out a review of all risks on the Primary Care Risk Register • The Group are working with practices and NHS Property Services to clarify and resolve any over/under-payment issues • The Estates Team are working with stakeholders and RLB consultants to produce an Outline Business Case for a Bilston primary care development due in March • Discussions around operational support requirements for Primary Care Networks • NHS England have refreshed the Primary Medical Care 'Policy Guidance Manual' • LMC have agreed to contact practices that have consistently made no Friends & Family Test submissions • The Quality Team are creating a GP Nursing Strategy linked closely with the NHS Long Term Plan
RECOMMENDATION:	To provide the Committee with an update on the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we	The Primary Care Operational Management Group monitors the quality and safety of General Practice.

commission	
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

1.1. Notes from the last Primary Care Operational Management Group are set out below.

Primary Care Operational Management Group
Wednesday 6th February 2019 at 2.30pm
CCG Main Meeting Room, Wolverhampton Science Park, WV10 9RU

Present:

Mike Hastings	(MH)	WCCG Director of Operations (Chair)
Liz Corrigan	(LC)	WCCG Primary Care Quality Assurance Co-ordinator
Tally Kalea	(TK)	WCCG Commissioning Operations Manager
Mandy Sarai	(MS)	WCCG Business Support Officer
Gill Shelley	(GS)	WCCG Primary Care Contracting Manager
Ramsey Singh	(RS)	WCCG IM&T Infrastructure Project Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager
Bal Dharmi	(BD)	NHS England Senior Contracts Manager
Dr S Vij	(SV)	GP at Whitmore Reans Health Centre

Apologies:

Yvette Delaney	(YD)	Inspector for Primary Medical Services Care Quality Commission (Central West)
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Marion Janavicius	(MJ)	WCCG Contracts Manager Committee
Hemant Patel	(HP)	WCCG Head of Medicines Optimisation
Sarah Southall	(SS)	Head of Primary Care (Wolverhampton CCG) & GPFV Programme Director (Black Country STP)

Item		
1.	**<u>Welcome and Introductions</u>** Dr Vij was welcomed to the meeting as LMC lead. MH advised that the Primary Care Operational Group was not a decision making body. However the group offers Operational Management Support along with actions and notes being recorded.	
2.	**<u>Apologies</u>** Apologies of absence were received from Yvette Delaney, Peter McKenzie,	

	Marion Janavicius, Hemant Patel and Sarah Southall	
3.	**Declarations of Interest** There were no declarations of interest declared at this meeting.	
4. **4.1** **4.2**	**Primary Care Operational Management Group Minutes** **Minutes from Friday 4th January 2019** The Minutes taken from the meeting on Friday 4th January 2019 were signed off and recorded as an accurate record. **Action Log** Items on the action log were discussed.	
5. **5.1**	**Notes of the Clinical Reference Group Meeting** **Clinical Reference Notes – 5th December 2018** The Clinical Reference Group notes were looked at for information purposes.	
6. **6.1**	**Risk Profile** **Risk Register** No new risks submitted this month. **Business continuity** Dr Vij's surgery – no further updates. **Online Consultation Project** A review due this week. Risk around utilisation rates. Part of the roll out of the second phase has concluded. Digital options are a big part of the Long Term Plan. Communications Plan in place. **Docman** Practices continue to work through on processed documents and this will continue to be monitored. Docman 10 roll out has commenced. **Unity Hub Continuity** Two risks attached to the register. Both have been updated. **MJOG** This was raised as a new risk last month. Since this has been discussed at Milestone Review Board, the risk may be closed once confirmation has been received from PMC. **NHS/ PS Risk** This has been raised at the Primary Care Commissioning Committee and needs to be quite high on the agenda **Protected Learning Time** JR to send PS document that displays what risks the practices have. **APMS** Risk is quite low at the moment. This will be discussed at the meeting on a	

	monthly basis.	
7.	**Matters Arising** There were no matters arising.	
8. **8.1**	**Primary Care Updates** **Review of Primary Care Matrix** The main focus is around the work being carried out with Health and Beyond, this will be picked up under Primary Care Contracting section on the agenda.	
8.2	**Forward Plan for Practice System Migrations Mergers and Closures** Order has been placed for Bilston Urban Village and Pennfields. There are constraints around the change of the contract. Preparation to start 1st April 2019. Following on from this there will be a practice merger with Ettingshall.	
8.3	**Estates Update/LEF** The risk around NHS/PS will be the main priority for the next couple of months. Work is being carried out around the new leases for practices and trying to establish a set payment for PS practices, which have historical debt or underpayment and overpayments. The building work on the Newbridge practice should be completed by 1st June 2019. Second storey built to the side of current building this should increase service provision for patient caring for Primary Care Hub 1. Health and Social work along with CCG work around RLB. They are working with Bilston at the moment. Quite a lot of feedback from Stakeholders. First draft of the Business Case due towards end of February. Other areas such as Low Hill, Oxley and elements of the city that the Council are pursuing. A request for funding has been put in for this.	
8.4	**General Practice Forward** JR gave an overview for the planning proposal for STP in terms of Primary Care. An STP Primary Care Strategy is required for submission to NHSE by September. Workforce, Workload and Investment are key priorities, with Primary Care Networks being the biggest driver from NHSE over the coming year. Networks are in planning stages, with the current Primary Care Groups being assessed against Maturity Matrix. Networks will be required to identify needs of the population and adapt local services to meet them, with changes within staff team being financially supported to encourage this. There is a piece of work going on mapping of services in the localities, the MDT work will be included in this. **Action: JR to circulate the demographic map for care home locations.** **Action: JR include estates and IM&T in discussions for PCNs** Helen Cook is working on a 12 month plan.	**JR** **JR**

8.5	**Primary Care STP** Update same as section 8.4	
8.6	**Care Quality Commission Update** JW provided update on behalf of YD. Last quarter visits for Tudor Road is in a draft form. A common theme with all VI practices is around monitoring of high risk drugs, before prescribing so YD will be working with RWT to ensure this is addressed across the board. Castle Croft have had no visits since 2014. Practice is working with YD to address issues. Ashfield visit towards end of the month. Contract visit on Monday so any issues to be shared with YD. Next Quarter Visits due to registration are: Ashmore park, Dr Bilas, MGS & IH Medical.	
8.7	**Public Health Update** No update provided.	
8.8	**NHS England Update** BD informed the Group of two updates from NHSE perspective. Primary Medical Care Policy and Guidance Manual (PGM) that has been produced by NHS England National Primary Team are currently being refreshed with an updated version to be made available in due course. It was noted that PGM has been updated to reflect the changing landscape in primary care co-commissioning. As this is a national policy it should be followed by all CCGs as commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, (NHS England and CCG's) meet their statutory duties. The PGM has also includes changes that CCGs have requested from individuals from CCGS about these can be improved. The Primary Care National Team has issued an assurance framework to support sub-contracting of clinical services under primary medical service contracts. **Action: BD to circulate the guide and checklist to GS and JW.** NHSE and NHSI will be coming together. New Regional structures currently being agreed.	**BD**
8.9	**Wolverhampton Local Medical Committee Update** Dr Vij reported back on some on-going issues with Dr Cook from the trust regarding putting a pathway that is patient friendly.	

	Issues around children blood tests – Surgery puts in the Ice but also have to email the children's department. Pre-operative assessment – antibiotics – Process on-going. LC raised another matter from practice managers. From pre op assessments – requesting MRSA swabs and issues to who should be doing this. LC has asked this to be put as a Quality Matter to get some clarification on it. Elections – have 8 new members from the LMC	
8.10	**Pharmaceutical Involvement in Primary Care** This item was not discussed at the meeting	
9	**Primary Care Quality Update**	
9.1	**Primary Care Quality Report** Infection Prevention GS to send any missing information regarding IP to LC. **Action: MH, TK, GS & LC to meet to discuss ideas to put in the options page.** Flu Vaccinations All practices have the flu vaccinations that they need. These are being monitored. Uptake is steady. There is a Primary Care Flu Group meeting on 6th March and LC and SB are due to meet with Public Health England on 11th March. Update to be provided following on from these meetings. One serious incident recorded on PPIGG which came via NHSE. This resulted in a death of a patient. Sally Roberts is aware. Practice is doing a RCA. CCG will do a follow up and this will go to the Scrutiny Group. This will also go on STEIS. Quality Matters A couple are these are overdue. These are being chased with the PMs. Complaints No new complaints. Friends and Family A few practices have not submitted. Dr Mudigonda and Thornley Street have had 10 episodes where nothing has gone through due to supressed data or 0 submissions. Due to this the CCG are not receiving any information relating to their patients experience. LMC suggested they talk to the practices to ensure this is being picked up. If there is no improvement in results then this will be sent out to the committee for recommendation. **Action: GS to write to the practices formally. Letter to state if no improvement by March's submission a contract for breach notice, will have**	**GS**

	to be issued. Workforce Development The Practice Nurse retention scheme is being co-designed with the practice nurses and a meeting being held next week. Paul Aldridge has put in a successful bid to support this. Fast Track Nurse induction programme also starting next month. PA The Physicians Associates advert has gone out. Paul Aldridge and LC will also be meeting with Sandwell Refugee Migrate project. A number of individuals have been identified that qualify for healthcare professionals. Figures around workforce - - Few changes and reductions. Spirometry Training This is in the final stages of booking and how practice groups will deliver this and the numbers for the training. Supporting Nursing Associates Apprenticeships LC to discuss with SS about the financing that needs to be looked at. Clinical Supervision – -LC unable to access Skype but an alternative is available so the programme will continue. Training Hub Training Hub funding due to finish by the end of July. Procurement is looking at this nationally. LC has emailed the Practice Manager at Dr Vij's surgery but not heard back in connection with an incorrect letter been sent to a patient who attended the appointment. This is being chased. Dressings – patients accessing the GP practices and clinics some issues around capacity on both sides. This has been referred to RWT. Issues regarding the incorrect wrong blood form being given to the wrong patient.	
9.2	**Collaborative Working Model: Practice Issues and Communication Log** This item was not discussed at the meeting.	
10. **10.1**	**Primary Care Contracting** **Collaborative Contract Review Programme** The last visit was carried out at Parkfields. It was the first visit using the revised template. There is now more emphasis around the pre meeting because the practice had submitted an embedded document into the revised template. LC and Marion went out with SB to the visit. There were 4 actions in total. Next visit is at Ashfield on Monday 11th February 2019. Following on from this there will be a visit	

	to Doctor Whitehouse. Once the visits are complete the process will be reviewed.	
10.2	**Primary Care Contracting Update** Mergers between Grove Medical Centre, Church Street and Bradley are being completed. Project meetings are finished as 6th February. Mergers have gone well.	
10.3	**APMS Risk Log** APMS is on track. QOF PP restarts next week. Plans for enhanced services PPV to start during the end of November through to March. Grove Medical Centre has put in a business case to close Rose Villas. This was approved at the Primary Care Committee on 5th February and is due to close 18th March	
11. **11.1**	**Discussion Items** **General Practice Nurse Strategy** LC provided an overview of the Strategy. The Strategy will provide some priority areas for nurses, as well as health care assistant Based on 10 point action plan and GP Forward View. Looking at developing options, to access apprenticeships, HCA training and up skilling people. CPD framework which looks at lifespan of general practice nursing. Clinical supervision being looked at. Any comments to feedback to LC. All the domains are linked to current programmes such as Long Term Plan. There will be a Delivery Programme once the strategy is set. Domain 1, 2 & 3 are linked to LWAB. 5 would be STP Digital. 7 Comms and Engagement – LC to discuss. STP team have been sighted on this and are involved in its development. The Report has been sent to all Practice Managers, LMC, and Practice Nurses, along with Health Care Assistants and the other CCG's.	
12.	**Any other Business** No items were discussed under any other business**.**	
13.	Date and time of Next Meeting – Wednesday 6th March 2019, at 1pm in the Main Meeting Room	

2. CLINICAL VIEW

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

3. PATIENT AND PUBLIC VIEW

3.1. Patient and public views are sought as required**.**

4. KEY RISKS AND MITIGATIONS

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

5. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

5.3. Equality and Inclusion views are sought as required. ***Legal and Policy Implications***

5.4. Governance views are sought as required.

Other Implications

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

Name: Mike Hastings
Job Title: Director of Operations
Date: 28.1.19

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.	**Details/ Name**	**Date**
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	

Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	**Mike Hastings**	**25.1.19**

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee: Private Committee
Tuesday 5th March 2019

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	☐ **For Information Only**
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	• To provide information 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 acale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost

1. MOBILISATION/EXIT APMS CONTRACTS

The process of mobilisation of the new provider for both contracts and exit of the incumbent providers continues and is on track for completion at end March 2019.

2. GMS CONTRACT 2019/20

GPC England has negotiated a deal spanning the next five years. Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The most substantial changes commence from April 2019. The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding; retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.

Top-line changes are

- Overall funding in excess of £2.8bn over a five-year period, through practices and networks
- Indemnity state backed scheme introduced
- Pay & expenses uplift each year through global sum, in line with predicted inflation
- Creation of a new Primary Care Network, built up over the five years
- Additional workforce & linked funding through a new Primary Care Network
- Amendments to QOF
- Resources for IT and digital, including greater digital access for patients
- Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce

Full details on all of the aspects of the deal are included in the contract agreement document, produced jointly between GPC England and NHS England.

five-year framework for GP contract reform to implement The NHS Long Term Plan

3. **CLINICAL VIEW**

Not applicable

4. PATIENT AND PUBLIC VIEW

Not applicable

5. KEY RISKS AND MITIGATIONS

Not applicable

6. IMPACT ASSESSMENT

Financial and Resource Implications

Not applicable

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:	**March 5 2019**

NHS
Wolverhampton
Clinical Commissioning Group

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**G Shelley**	**5/3/19**

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
March 2019

TITLE OF REPORT:	Corporate Governance - Primary Care Strategy : Audit Recommendations
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Steven Marshall, Director of Strategy & Transformation
PURPOSE OF REPORT:	To share the recommendations from a recent audit of the CCGs Primary Care Strategy that focussed on corporate governance.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• The audit has not been risk rated as the audit was not required as part of the review of the CCGs adequacy & effectiveness of controls. • A series of recommendations have been made & captured in Appendix 1 Audit Action Plan (enclosed). • The Primary Care Strategy is due to be revised in the coming months & the revised draft is likely to be shared with the Committee for approval in May 2019.
RECOMMENDATION:	The committee should note the recommendations that were made by the CCGs Auditors & confirm their agreement with the contents of the action plan that has been prepared in response to the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission

Enclosure 2
PRIMARY CARE STRATEGY – CORPORATE GOVERNANCE AUDIT REPORT RECOMMENDATIONS (FEBRUARY 2019)

No	Recommendation	Lead	Timescale	Status
1	GP Practice Groups – The CCG will update the strategy to reflect the actual GP practice group structure that has materialised & ensure that consideration is given to the additional challenges/risks that he structure may poste to the delivery of the strategy.	Sarah Southall Head of Primary Care	March - May 2019	Strategy review scheduled for March 2019 All recommendations will be factored into the review Revised draft strategy will be shared for comment in April with a view to approval being sought from PCCC in May 2019.
2	Linkage with other guidance/strategies – The CCG will update the strategy to reflect the relationship between the GPFV and the strategy.			
3	Linkage with other guidance/strategies – The CCG will update the strategy to reflect the more detailed strategies that have been developed for key enablers such as workforce & estates.			
4	Linkage with other guidance/strategies – The CCG will update the strategy to reflect the relationship between the STP plan and the CCGs strategy.			
5	Linkage with other guidance/strategies – The CCG will update the strategy to reflect on the commitments outlined within the long term plan & demonstrate how the delivery of the strategy will align with the expectations of the long term plan moving forward.			
6	Primary Care Impact Assessments – The CCG will ensure that appropriate mechanisms are in place to assess the potential iimpact of service changes into primary care and te ability of the GP practi es to deliver the expected activity. The mechanisms should also verify that the GP practices are using any additional resource allocatd to increase capacity within their practices			
7	Stakeholder Engagement – The CCG will consider updating the strategy to reflect on key areas of success achieved to date against the strategy & GPFV initiatives to help communicate this to the GP membership. This will also help to ensure all stakeholders of the CCG can receive information on the changes being made in primary care regardless of whether they are actually using the service.			

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Internal Audit Report 2018/2019 - Draft

Corporate Governance - Primary Care Strategy

NHS Wolverhampton CCG

January 2019

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Contents

Distribution list

For action:	Steven Marshall (Director of Strategy and Transformation) Sarah Southall (Head of Primary Care)
For information:	Audit and Governance Committee Members

Executive summary

Headlines/summary of findings

This review focused on the CCG's Primary Health Care (PHC) Strategy and considered whether the strategy remains relevant and is fit-for-purpose or whether it requires an update. Our review also integrated questions linked to the GP Forward View (GPFV) initiatives focusing on how well progress being made is communicated to General Practitioners and whether there were further initiatives/schemes that could be introduced linked to skills mix and services provided in GP practices.

Our review has been performed through interviews with a range of employees involved with the CCG focusing on the questions contained on slide 14. We also undertook a broader survey of the GP membership of the CCG based on the questions outlined on slide 15.

Key outcomes from the interviews performed

- **GP Practice Groups** – the PHC Strategy should be updated to reflect the actual GP practice group structure to ensure that consideration is given to the additional challenges/risks that the structure may pose to the delivery of the PHC strategy;
- **Linkage with other guidance/strategies** – a number of key initiatives including GP Forward View, Sustainability and Transformation Partnerships, and the NHS Long Term Plan, have been issued since the PHC Strategy was first written. The PHC strategy should be updated to reflect the relationship and impact these have/will have on the intended outcomes of the strategy;
- **Impact assessments -** the CCG will ensure that appropriate mechanisms are in place to assess the potential impact of GPFV and PHC strategy initiatives that involve moving services from secondary into primary care and the ability of the GP practices to deliver the expected activity. These mechanisms should also verify that the GP practices are using any additional resource allocated to them for the additional service to increase their capacity within their practices rather than attempting to absorb change within existing resources; and
- **Stakeholder engagement** - the CCG will consider updating the PHC strategy to reflect on key areas of success achieved to-date against the strategy and GPFV initiatives to help communicate this to the GP membership. This will also help to ensure all stakeholders of the CCG can receive information on the changes being made in primary care regardless of whether they are actually using the service.

Key outcomes from the GP Membership Survey performed

- **Communication** - the CCG will ensure that the GP Group Leads are aware of their responsibility for disseminating the progress updates on both PHC strategy and GPFV initiatives to their practices. The CCG will also consider whether alternative communication mechanisms may be required to ensure messages are received and read by GPs such as using instant messaging facilities and other alternative technologies.

Each of the above outcomes and additional development areas are discussed in further detail on the following slides.

Please note that our report has not been risk rated as this is not a review of the adequacy and effectiveness of controls. Instead we have provided an output that summarises the results of our work and makes recommendations for the CCG to take forward.

Background

The CCG established a Primary Health Care (PHC) Strategy in 2016 in preparation for full delegated commissioning from NHS England. This included consideration of the alternative delivery models that were proposed through the NHS five year plan. The strategy was intended to cover five years to 2021. The CCG used external consultant support to work up the strategy which set out the objectives attached in **Appendix D.**

The day-to-day delivery of the PHC strategy is implemented through six Task and Finish Groups:

1) GP practices as providers
2) Primary Care contracting
3) Locality/practice groups as commissioners
4) Information Management and Technology
5) Workforce
6) Estates

Overarching the strategy was a focus on combining GPs into larger groups. The strategy initially outlined a vision of networks of practices covering 20-30,000 patients that would result in nine GP practice networks across the three CCG localities. In practice, four GP practice groups have organically developed. These are:

a) Primary Care Home 1 – a group of practices that are overseen by a limited company. Transformation funding is distributed to the limited company to implement the service rather than to individual practices.
b) Primary Care Home 2 - a group of practices that are overseen by a limited company. Transformation funding is distributed to the limited company to implement the service rather than to individual practices.
c) Medical Chambers (Unity) – a group of practices that work together but have not established a separate legal entity like the above. Please note that since the completion of our review Unity has now become a limited company.
d) VI practices – a group of practices that are now part of the Royal Wolverhampton NHS Trust.

Approximately six months after the CCG developed the PHC strategy, the General Practice Forward View (GPFV) was released. This outlined five initiatives attached in **Appendix E** to help prepare GP practices for the future. A number of these initiatives, such as workforce and extended access, overlap with the CCG's PHC strategy and the transformation funding linked to them has helped the CCG move towards the PHC strategy objectives.

Interviews with CCG employees

The first part of our review was performed through interviews focusing on the questions contained on slide 14. We conducted interviews with the GP Leads for each of the four GP Practice Groups and three Task and Finish Group leads.

The interviewees highlighted a number of positive changes that had materialised through the implementation of the PHC strategy and the GPFV initiatives which included:

- A Group Lead meeting has been established. This involves the lead from each of the four GP Practice Groups meeting with the Head of Primary Care for the CCG. The CCG utilise this meeting to disseminate key information on GPFV initiatives and the PHC strategy which the Group Leads can then take back to their practices. The GPs find this a helpful forum to share ideas and experiences of initiatives being undertaken within the hubs, such as trials of new service delivery.
- The practice group structure, supported by the Group Lead meeting, has improved the level and the quality of the interaction between practices. This was seen as a positive step forward from locality meetings which were deemed to be less effective.
- The majority of interviewees were supportive of the movement of additional activity from secondary care into a primary care setting. It was felt that the clustering of the GP practices combined with initiatives to improve the skill mix available within practices helped to facilitate this implementation.

Our interviews also highlighted a number of opportunities where PHC strategy should be updated:

GP Practice Groups

1

Finding

The PHC strategy outlined an expectation of up-to nine practice networks covering up to 20-30,000 patients. The actual structure of GP practice groups, as outlined on slide 4, is considerably different to this. The scale of the groups is much larger with the networks moving towards 40-50,000. The groups also have different operating models and legal status. The PHC strategy therefore remains partially relevant, as the expectation of GP practices working in larger networks is still being achieved. However, the actual structure that has materialised should be reflected as this in turn has additional challenges such as how the CCG will contract for services for each of the GP groups. It is also recognised that the reconfiguration of the practices remains on-going with some cross locality and geographical realignment of GP practices still to be undertaken. .

Recommendation

Recommendation 1– the CCG will update the PHC strategy to reflect the actual GP practice group structure that has materialised and ensure that that consideration is given to the additional challenges/risks that the structure may pose to the delivery of the PHC strategy

Linkage with other guidance/strategies

2

Finding

The PHC strategy was developed prior to the implementation of the GPFV and does not therefore make reference to this. As outlined on the previous slides, there is significant overlap in the initiatives under the GPFV and the CCG's PHC strategy.

In addition to the GPFV, the CCG has also subsequently developed more detailed strategies outlining its approach in areas such as workforce and estates. The PHC strategy includes these areas as key enablers to the delivery of the strategy objectives and makes reference to the need to develop a strategy in these areas but no further amendments have been subsequently made to reflect the actual strategies.

Sustainability and Transformation Partnerships (STP) - another key development since the CCG issued the PHC strategy has been the introduction of STPs. The Black County and West Birmingham STP Plan includes specific priorities linked to GP and community services which should be referenced to clarify the relationship between the two.

NHS Long Term Plan (LTP) – the most recent development has seen the introduction of the LTP which sets out a number of commitments which link directly to the delivery of primary care services including:

- GPs will be required to sign new network contracts that will sit alongside existing contracts. The network contracts will have a designated fund and will be part of the new multi-year GP contract agreement being negotiated between NHS England and the British Medical Association
- Patients will have a new right to switch from their existing GP to a digital first provider and all patients in England will have access to a digital first primary care offer, such as on-line video consultations, by 2022-23

The CCG should revisit the PHC strategy in-light of this new plan to ensure that the strategy objectives are aligned to the intentions of the LTP.

Recommendation

Recommendation 2– the CCG will update the PHC strategy to reflect the relationship between the GPFV and the strategy.

Recommendation 3– the CCG will update the PHC strategy to reflect the more detailed strategies that have been developed for key enablers such as workforce and estates.

Recommendation 4– the CCG will update the PHC strategy to reflect the relationship between the STP plan and the CCG's strategy.

Recommendation 5 - the CCG will update the PHC strategy to reflect on the commitments outlined within the LTP and demonstrate how the delivery of the PHC strategy will align with the expectations of the LTP moving forward.

Primary Care Impact Assessments

3

Finding

Slide 5 outlined how the majority of interviewees were supportive of the movement of activity from secondary care into primary care settings. However, one of the practice group leads did express strong concerns regarding the continuing movement of additional services into a primary care setting without there being an appropriate assessment on the resulting activity levels/available capacity of GP practices. The group lead also expressed resistance towards the movement into GP networks with their preference to remain as individual GP practices.

A separate interviewee also expressed a concern regarding the differing GP practice group models that had materialised and the extent to which this creates a risk of differing service provision depending on which group a practice falls under. This risk would be exacerbated by group leads who were against the additional provision of services within primary care which creates a risk to the CCG.

Recommendation

Recommendation 6 - the CCG will ensure that appropriate mechanisms are in place to assess the potential impact of service changes into primary care and the ability of the GP practices to deliver the expected activity. These mechanisms should also verify that the GP practices are using any additional resource allocated to increase capacity within their practices rather than attempting to absorb change within existing resources

Stakeholder engagement

4

Finding

Our interviews highlighted a number of success stories that CCG employees were proud of that have been achieved through the implementation of the PHC strategy and GPFV initiatives. Examples include the roll out of extended hours across all the GP practice groups and the use of clinical pharmacists, occupational therapists and care navigation within GP practices. The first practice group (Primary Care Home 1) was originally selected as one of fifteen Rapid Test Sites to develop and test new enhanced approaches to Primary Care in line with the ambitions of NHS England's 'Five Year Forward' View. The revision of the PHC strategy provides an opportunity for the CCG to step back and reflect on the progress that has been made and to capture examples of this, such as using case studies. Our interviews, and the survey below, highlighted that there is a lack of communication of success stories across the GP membership. These could be used to help engage further practices with service changes. Inclusion of these stories in an updated PHC strategy would also mean that any stakeholder who reads the publically available document would be informed of developments occurring in primary care regardless of whether they were actually using the service and experience the changes.

Recommendation

Recommendation 7– the CCG will consider updating the PHC strategy to reflect on key areas of success achieved to-date against the strategy and GPFV initiatives to help communicate this to the GP membership. This will also help to ensure all stakeholders of the CCG can receive information on the changes being made in primary care regardless of whether they are actually using the service.

GP membership survey

The second part of our review was performed through a survey of the GP membership focusing on the questions contained on slide 15. The full outcome of the survey is documented with Appendix C of this report.

The survey highlighted positives for the CCG in relation to the PHC Strategy and GPFV including:

- **How aware are you of Wolverhampton CCG's Primary Health Care Strategy?**– only 1/12 respondees responded negatively to this question with 5/12 strongly agreeing or agreeing. The remainder answered neither agree or disagree.
- **How well do you feel the CCG is progressing against the initiatives outlined within the General Practice Forward View?** - only 1/10 respondees responded negatively to this question with 4/12 strongly agreeing or agreeing and 6/12 neither agreeing or disagreeing. The remainder answered neither agree or disagree.

The following questions received a mixture of positive and negative responses:

- **Were you given the opportunity to be involved in the development of the strategy?** – 4/12 respondees strongly agreed or agreed with the question with 3/12 disagreeing. The remainder answered neither agree or disagree.
- **Do you believe the CCG is performing well against the strategy?** – 3/12 respondees strongly agreed or agreed with the question with 3/12 disagreeing or strongly disagreeing. The remainder answered neither agree or disagree.
- **Do you feel the strategy remains relevant and will deliver the transformation required within primary care?** - 3/12 respondees agreed with this question with 2/12 disagreeing or strongly disagreeing. The remainder answered neither agree or disagree.

The following slide outlines two questions that received a predominately negative response.

GP membership survey

The survey also highlighted a number of opportunities for improvement in relation to the PHC Strategy and GPFV including:

Communication

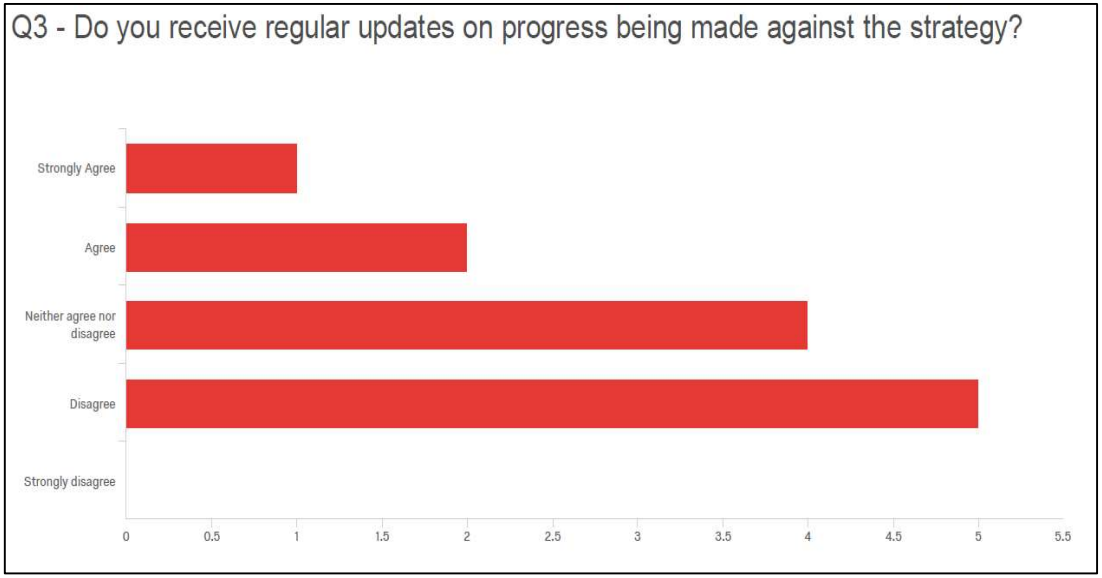
5

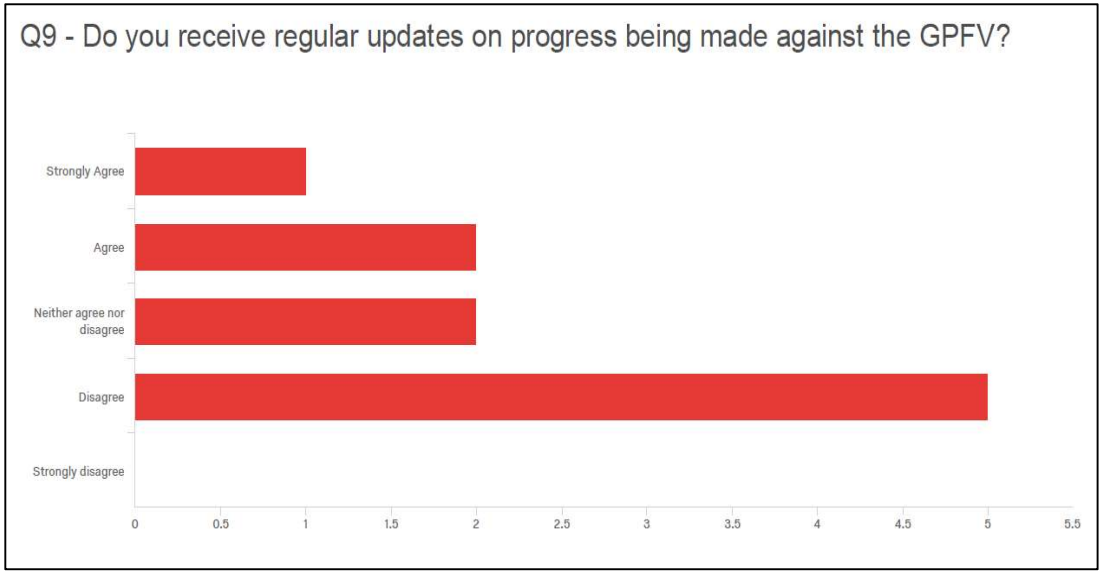
Finding

The survey included two questions linked to the receipt of updates against the PHC strategy and GPFV initiatives (see graphs below). 5/12 individuals who completed the question responded as 'disagree' in relation to the receipt of updates on the PHC strategy and 5/10 individuals who completed the question responded as 'disagree' in relation to the receipt of updates on the GPFV. The CCG therefore needs to consider what communication mechanisms are in place to ensure that progress updates in relation to both the PHC Strategy and GPFV are being received by the whole GP membership.

Recommendation

Recommendation 8 – the CCG will ensure that the GP Group Leads are aware of their responsibility for disseminating the progress updates on both PHC strategy and GPFV initiatives to their practices. The CCG will also consider whether alternative communication mechanisms may be required to ensure messages are received and read by GPs such as using instant messaging facilities and other alternative technologies.





Skill mix and hub services

6

Finding

The survey included two questions linked to whether the GP practices were seeing any changes in the skill mix within their practices and also whether services are becoming available at a hub level within each of the four groups. Our survey and interview questions also focused on whether there were opportunities for further developments in these areas. Both questions received a mixed response with 3/5 respondees indicating there had been a skill mix change and 3/6 respondees indicating services had been available through a group hub. The survey also highlighted two areas where further services could be delivered at scale – Out of Hours and Spirometry. The survey responses mirrored the outcomes from our interviews which recognised that progress was being made in this area. The hubs were delivering extended hours and new skills were being brought in, such as clinical pharmacists, and existing resources were being trained up, such as on care navigation. GP practice managers also have a new forum where they can interact and share knowledge and experiences. However, GP group leads felt that there were still areas where GP specialisms could be better utilised, skills such as social care and mental health that could be more prominent in GP practices, and other examples of services that could be delivered through a hub which included:

- Home visits
- Prescribing support
- Children Phlebotomy
- Dressing services
- End of life/frailty
- Spirometry service

Recommendation

Recommendation 9 – the CCG will review why 2/5 GPs do not appear to have seen any changes in skill mix within their practices and 3/6 GPs have not been able to access services through a group hub and whether this provides an opportunity to enhance the delivery of alternative services in primary care.

Recommendation 10 – the CCG will continue to explore the different GP specialisms available across Wolverhampton and whether there are further opportunities to move activity from secondary to primary care.

Recommendation 11 – the CCG will review the skill mixes within GP practices and whether additional social care and mental health provision could be made available within a primary care setting. This will also support initiatives outlined within the GPGV and LTP.

Recommendation 12 – the CCG will review the examples of services provided to PwC as part of our audit work and feed back to GPs on whether the services can be delivered on a hub basis or whether there are already trials/practice groups delivering these services from which others can learn from.

Appendices

Appendix A: Terms of reference

This review is being undertaken as part of the 2018/2019 internal audit plan approved by the Audit and Governance Committee.

Background

The CCG established a Primary Health Care (PHC) Strategy in 2016 in preparation for full delegated commissioning from NHS England. The strategy was intended to cover five years to 2021. The strategy is implemented through six Task and Finish Groups:

1) GP practices as providers
2) Primary Care contracting
3) Locality/practice groups as commissioners
4) Information Management and Technology
5) Workforce
6) Estates

The PHC Strategy is revisited on an annual basis via deep dives into the terms of reference for the Task and Finish Groups to assess their continuing relevance.

Our internal audit review in 2018/19 will focus on whether the strategy remains relevant and is fit-for-purpose or whether it requires an update. The audit work will be performed through:

- Interviews with key stakeholders including Task & Finish Group Leads and GP Practice Group leads; and
- A survey of the CCG membership to assess their awareness of the PHC Strategy, level of updates on the PHC Strategy progress they receive and the relevance of the PHC Strategy moving forward.

Our work will not focus on assessing the design or operating effectiveness of controls. Our report will therefore include suggestions on development areas but will not be risk rated.

Appendix A: Terms of reference

Limitations of scope

Our review will be performed through interviews and a survey only. Our work will not focus on assessing the design or operating effectiveness of controls. Our report will therefore include suggestions on development areas but will not be risk rated.

Audit approach

Our audit approach is as follows:

- Interviews with T&F Group Leads, GP Practice Group Leads and the Local Medical Council representative based on the questions listed within appendix 1;
- A survey of the CCG membership based on the questions listed within appendix 2; and
- A meeting with the Director of Strategy to discuss the outcomes of the above and agree the developments for the PHC Strategy.

Appendix A: Terms of reference

Interview questions

Primary Care Strategy

- What was your involvement in the establishment of the original Primary Health Care Strategy for Wolverhampton CCG?
- How has the strategy been integrated into the work performed by you?
- How well do you feel the CCG is progressing against the strategy, particularly in your Task and Finish Group area (where applicable)?
- Do you feel the strategy still remains relevant for implementation up to 2021?
- Are there any areas of the strategy you would change or refresh?

GP Forward View (questions for GPs)

- How well do you feel the CCG is progressing against the initiatives outlined within the General Practice Forward View?
- Have your practices seen any changes in the skill mix and roles performed by employees? If so, how do you feel these changes are working for your practices?
- Have your practices/patients been able to access any service(s) available through your respective practice group hub. Have you been involved in developing the service(s)? If so, how?
- Do you feel the change in service delivery is working? Are there any other services you would like to see delivered at scale that practices can refer to?

Appendix A: Terms of reference

Membership survey questions

Primary Care Strategy

- How aware are you of Wolverhampton CCG's Primary Health Care Strategy?
- Were you given the opportunity to be involved in the development of the strategy?
- Do you receive regular updates on progress being made against the strategy?
- Do you believe the CCG is performing well against the strategy?
- Do you feel the strategy remains relevant and will deliver the transformation required within primary care?
- Are there any areas of the strategy you would refine or update?

GP Forward View

- How well do you feel the CCG is progressing against the initiatives outlined within the General Practice Forward View?
- Do you receive regular updates on progress being made against the GPFV?
- Has your practice seen any changes in the skill mix and roles performed by employees? If so, how do you feel these changes are working for your practice?
- Has your practice(s)/patients been able to access any service(s) available through your respective practice group hub. Have you been involved in developing the service(s)? If so, how?
- Do you feel the change in service delivery is working? Are there any other services you would like to see delivered at scale that practices can refer to?

Appendix B: Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken this review subject to the limitations outlined below:

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other changes; or
- The degree of compliance with policies and procedures may deteriorate.

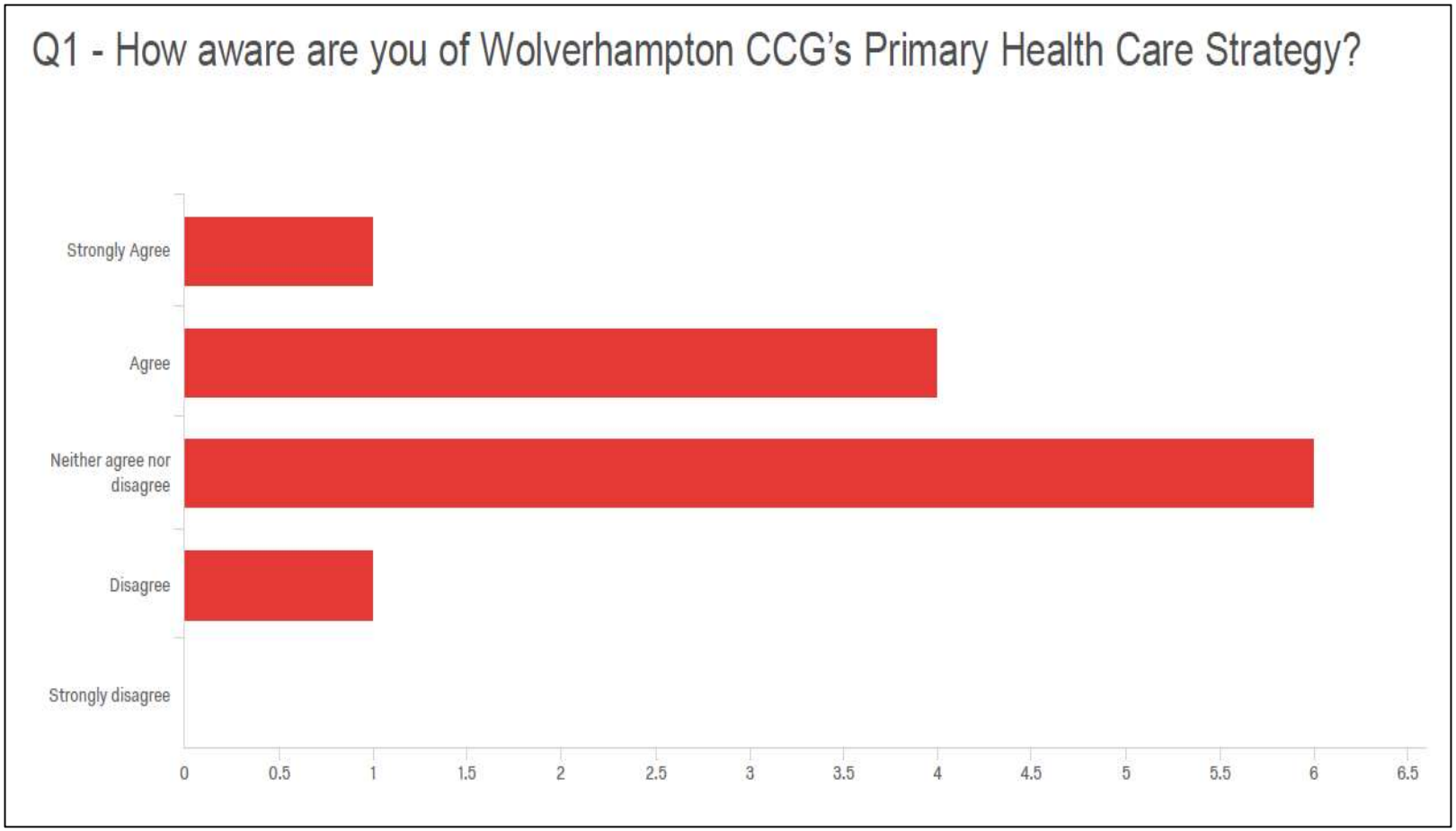
Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

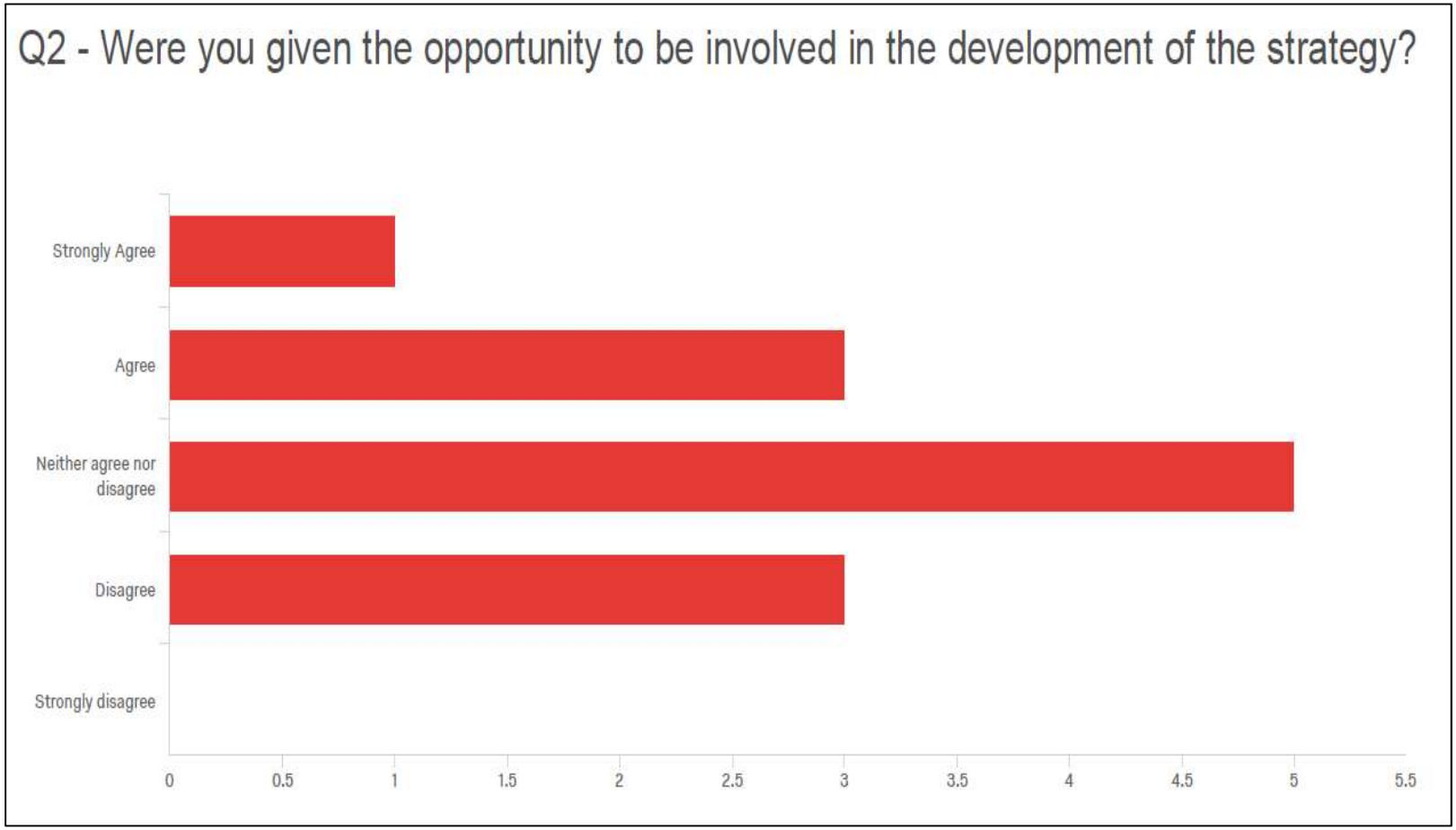
We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.

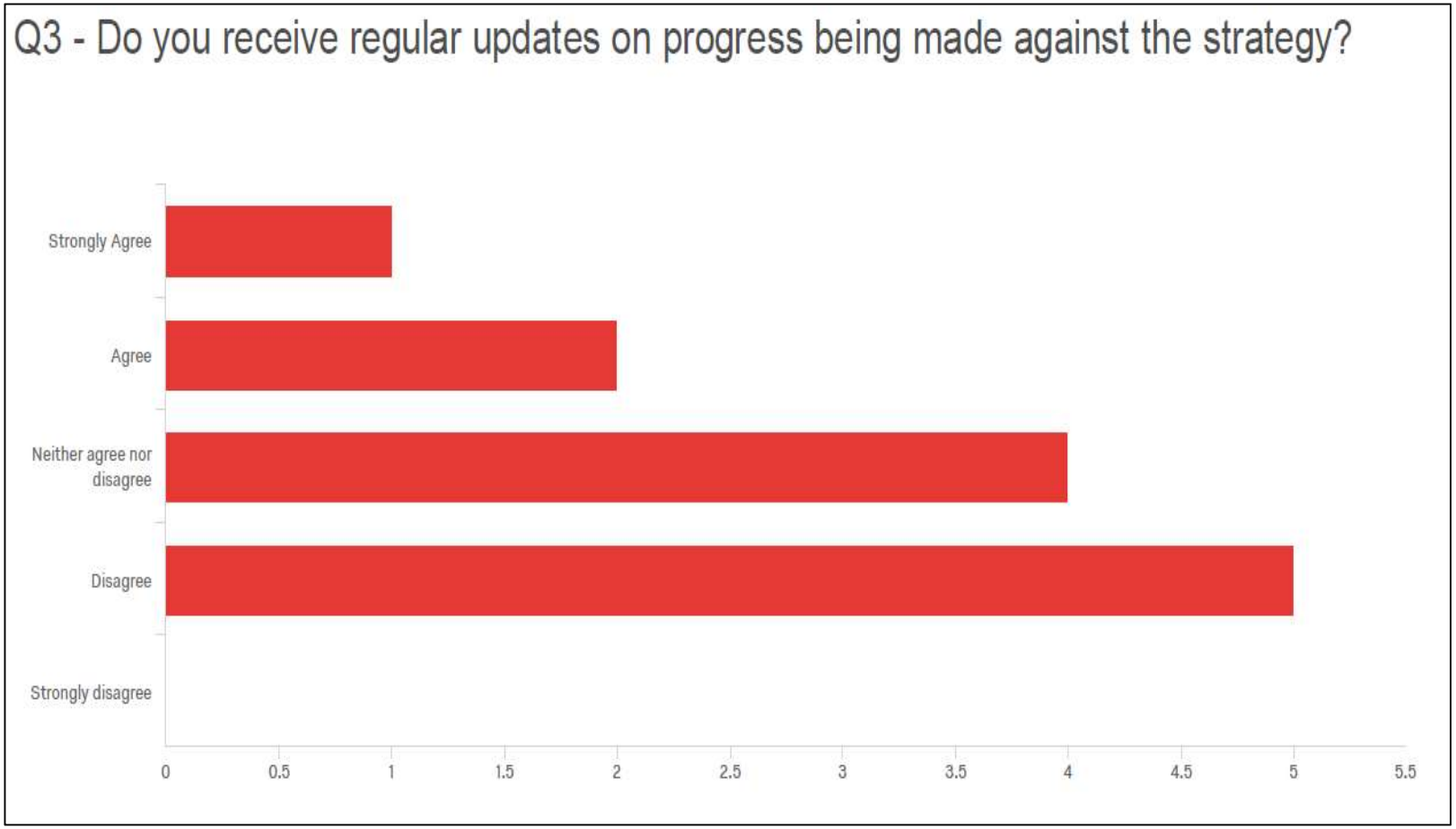
Appendix C: GP Membership Survey



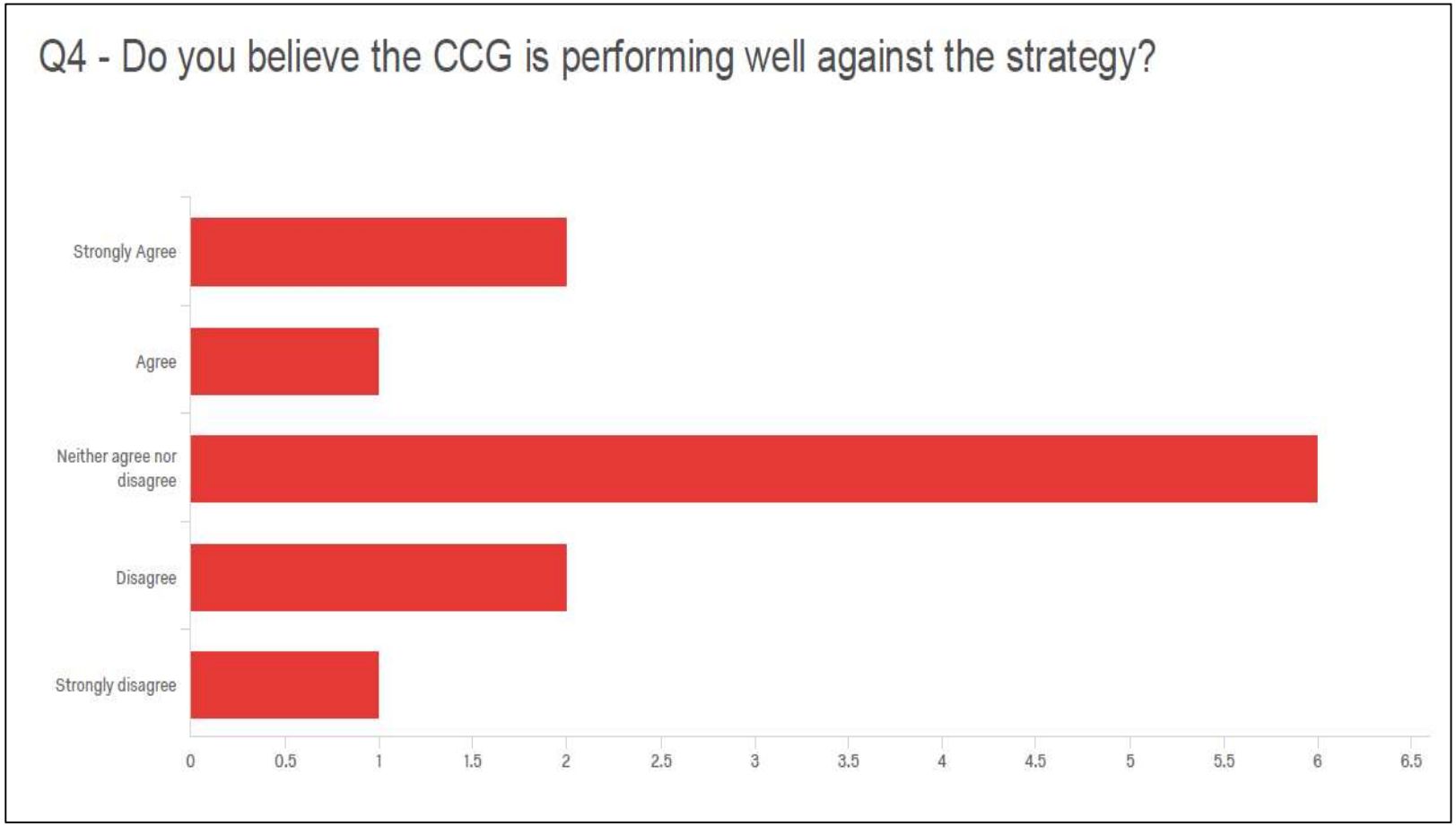
Appendix C: GP Membership Survey



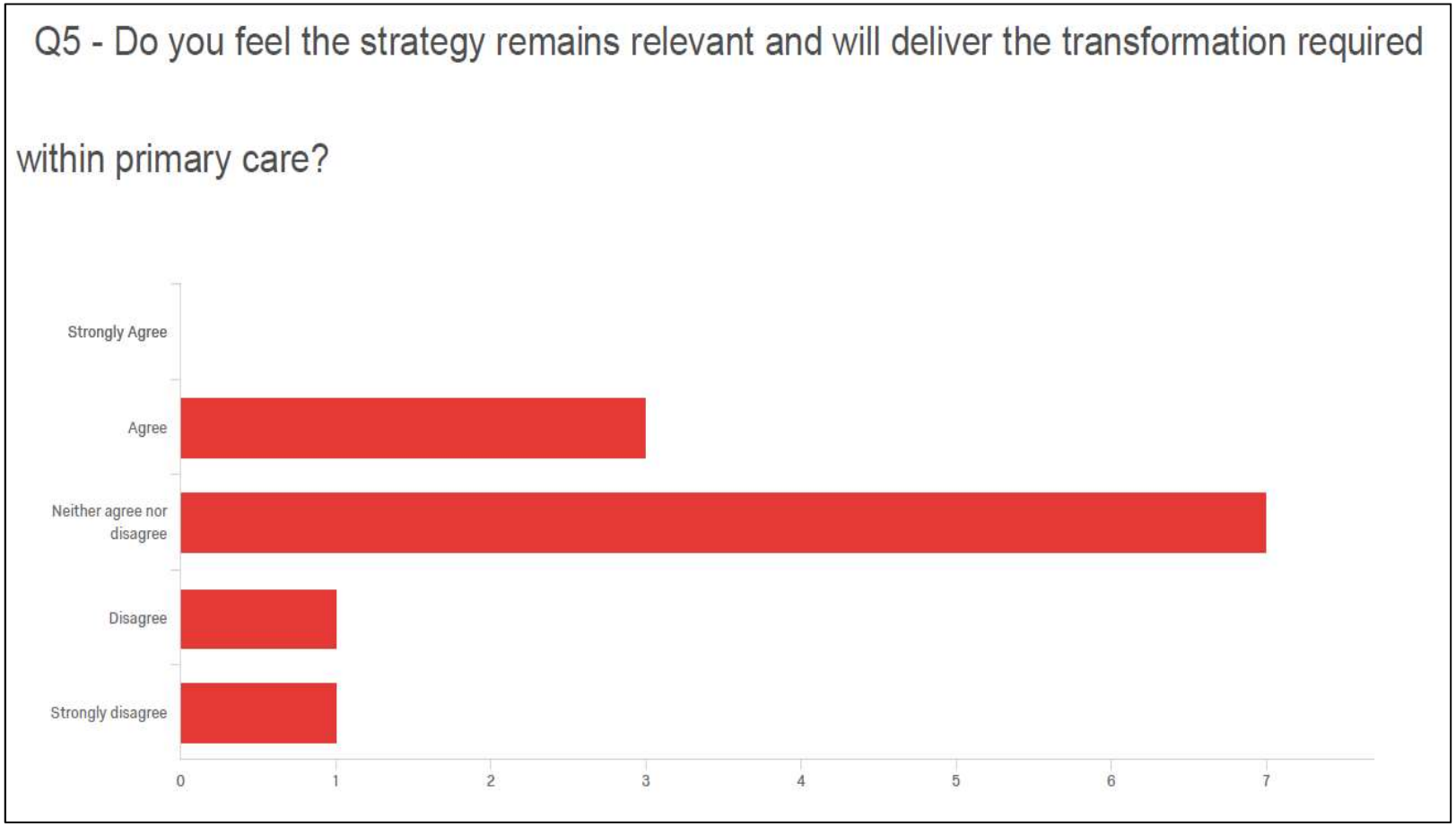
Appendix C: GP Membership Survey



Appendix C: GP Membership Survey



Appendix C: GP Membership Survey



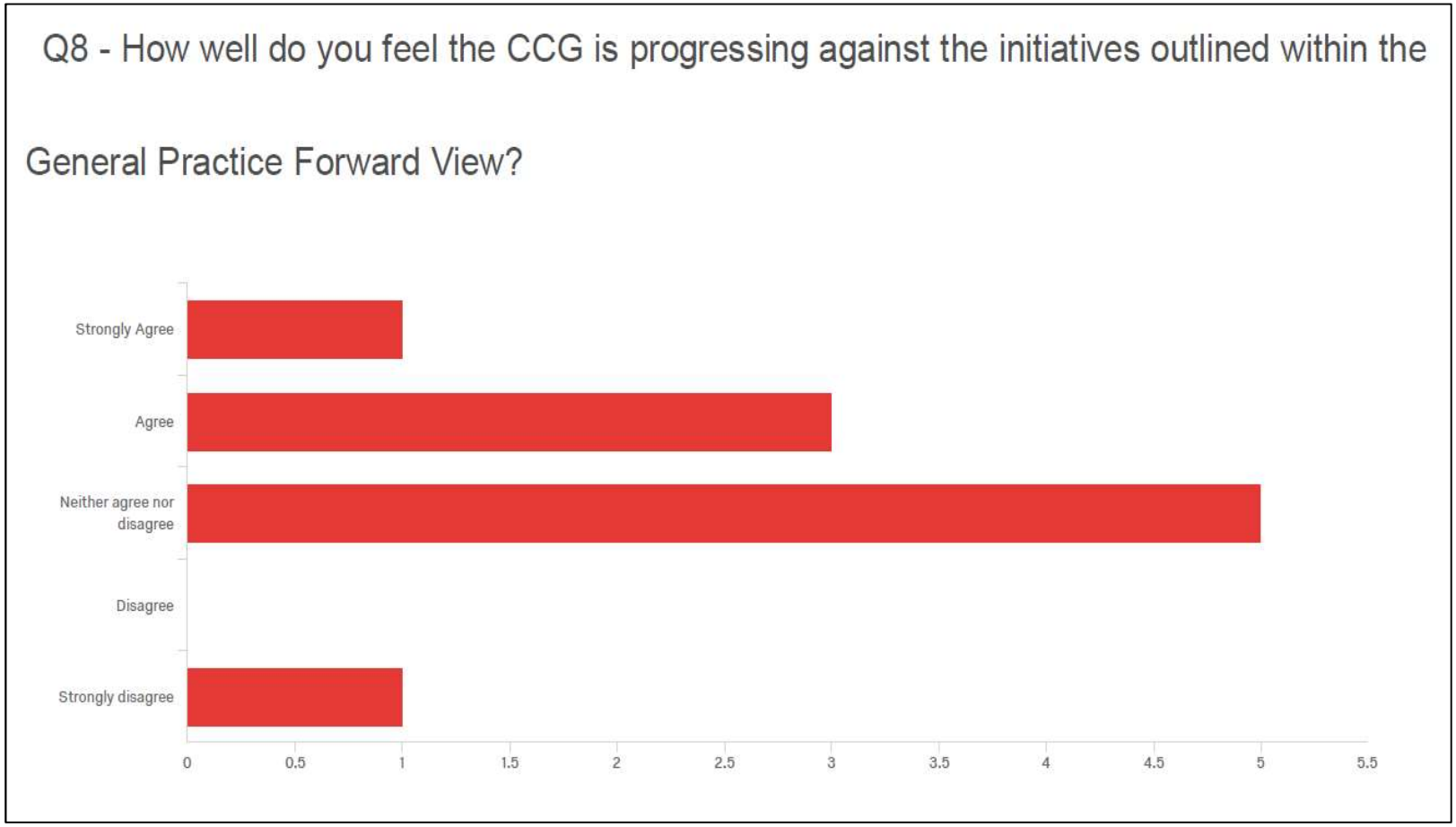
Appendix C: GP Membership Survey

Q6 – Are there any areas of the strategy you would refine or update?
I know attempts are made by Wednesday lectures, but poor attendance from GP,clinic,baby clinic, either visit surgeries , more emails will be beneficial, improve awareness and contributions
No
Not sure what the strategy exactly is
Nk
GP recruitment, Premises strategy

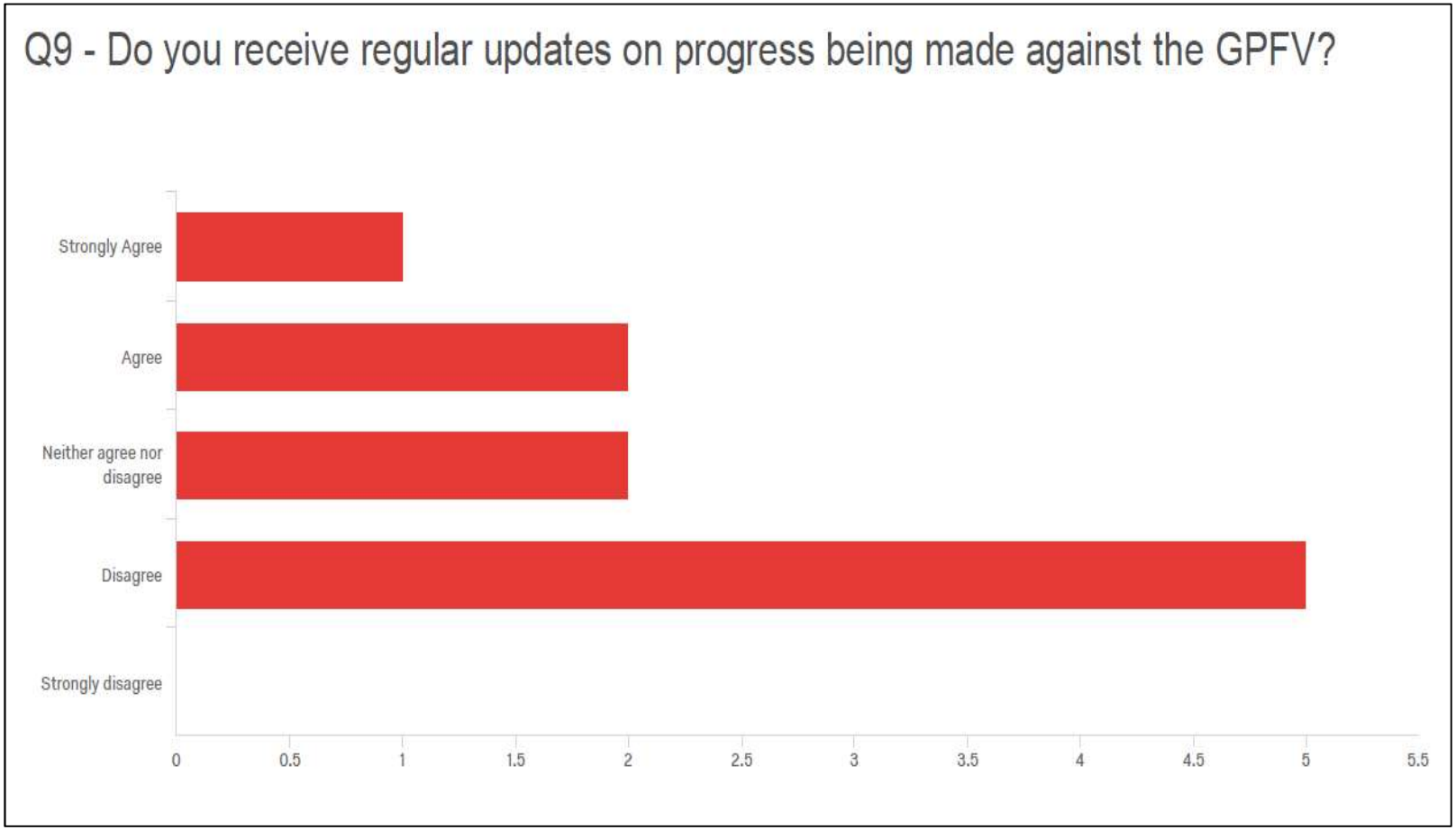
Appendix C: GP Membership Survey

Q7 – If you answered 'Disagree' or 'Strongly Disagree' to questions 1 to 5 please provide additional details of changes that would help to improve the performance?
it appears unstructured and not well thought through

Appendix C: GP Membership Survey



Appendix C: GP Membership Survey



Appendix C: GP Membership Survey

Q10 – Has your practice seen any changes in the skill mix and roles performed by employees? If so, how do you feel these changes are working for your practice?
Still budding through a new experience
No
have pharmacists that come in half day per week- taking some time to bed in currently, doing some useful tasks but also initially created more work for doctors
No
newly employed pharmacists, health physicians role increasing, navigation.

Appendix C: GP Membership Survey

Q11 - Has your practice(s)/patients been able to access any service(s) available through your respective practice group hub. Have you been involved in developing the service(s)? If so, how?
Nil
yes. Part of the vertical integration
No
Not aware of the group hub
Yes. 7 day opening and evening opening.
Extended hours. Our practice involved in setting up and delivering. Diabetic care monitoring and advice via diab,specialist nurse.

Appendix C: GP Membership Survey

Q12 - Do you feel the change in service delivery (referred to in the previous question) is working? Are there any other services you would like to see delivered at scale that practices can refer to?
Don't know
Yes. Out of hours service needs to be looked at.
No
yes need practice group hub spirometry service
Yes, but is it value for money?
Not as well I would like it to

Appendix C: GP Membership Survey

Q13 - If you answered 'Disagree' or 'Strongly Disagree' to questions 8 to 9 please provide additional details of changes that would help to improve the performance?
Need to involve more members .... gp
I have not been informed about GPFV progress- perhaps regular updates via email or roadshow may help?

Appendix D: Primary Health Care Strategy Objectives

Objective	Description
Treating patients in the Community	Between 2016-2021 the CCG will prioritise developing: • General practice Clinical Networks and Integrated Community Teams; • Self-care – with City of Wolverhampton Council to develop a balanced portfolio of self-care initiatives including managing short-term self-limiting ill-health and injury and self-care following discharge from hospital; and • Access to a range of standard primary medical services 8am to 8 pm 7 days a week through a combination of GP practice, extended hours and out of hours services provision with full access to a patient's notes irrespective of how or where access occurs. This will include use of technology to develop a number of non-face-to-face consultations including emails and telephone triage of the majority of appointment requests
A range of Extended Primary Care Services that will provide more services closer to home	• GPs able to consult consultants using emails/texts/phone/advice and guidance/Skype; • A range of health and social care services that will support an individual to be treated at home or in a nursing home when previously they would have been treated in a hospital; • A full range of support services to allow all those who wish to die at home to do so; • Refugees and Migrants – services specifically tailored to this population; • Looked After Children – to ensure this population receives all necessary support; • Children and Young People with Special Educational Needs and Disability Strategy – support implementation of the strategy particularly at transition to adult health services; and • Young People – primary care services tailored reduce unnecessary use of emergency and GP services.
A range of Secondary Care Services being provided in a primary care setting	• Outreach of elderly care specialist services in the primary care setting including a patient's home and local residential care homes (already in place in nursing homes); and • Outreach of cardiology and respiratory specialist services in the primary care setting including a patient's home and local residential and nursing care homes (this is already in place for diabetes).
General Practices as Providers - GP Clinical Networks covering 20-30,000 population with Community Teams wrapped around these networks	• The CCG will support the development of Federations/collaborations between practices that support practices with back office, CQC inspections, HR and other services they need to function to a high standard; and • General Practices and Networks of General Practices as Extended Primary Care Service Providers – the CCG will support the development of local General Practices and Networks of General Practices to provide a wide range of services as close as possible to the patient. We will support Networks of GP Practices to achieve activity and access targets for their populations. We will purchase Extended Primary Care Services from General Practices using the National Standard Contract which allows sub-contracting of service provision to other providers.

Appendix E: GP Forward View

Investment: by 2020/21 recurrent funding to increase by an estimated £2.4 billion a year, decisively growing the share of spend on general practice services, and coupled with a 'turnaround' package of a further £500 million. Investments in staff, technology and premises, and action on indemnity and redtape.	**Workforce:** pulling out all the stops to try to double the growth rate in GPs, through new incentives for training, recruitment, retention and return to practice. Having taken the past 10 years to achieve a net increase of around 5,000 full time equivalent GPs, aiming to add a further 5,000 net in just the next five years. Plus 3,000 new fully funded practice based mental health therapists, an extra 1,500 co-funded practice clinical pharmacists, and nationally funded support for practice nurses, physician associates, practice managers and receptionists.
Workload: a new practice resilience programme to support struggling practices, changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, cuts in redtape, legal limits on administrative burdens at the hospital/GP interface, and action to cut demand on general practice.	**Infrastructure**: new rules to allow up to 100% reimbursement of premises developments, direct practice investment tech to support better online tools and appointment, consultation and workload management systems, better record sharing to support team work across practices.
Care redesign: support for individual practices and for federations and superpartnerships; direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care; and a new voluntary contract supporting integrated primary and community health services	

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
March 2019

TITLE OF REPORT:	GP Forward View - Extended Access Assurance Visit: Audit Recommendations
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Steven Marshall, Director of Strategy & Transformation
PURPOSE OF REPORT:	To share the recommendations from a recent audit of the CCGs extended access provisions commissioned from primary care groups across the city of Wolverhampton.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• In response to the GPFV improved access has been a priority for NHS England and the CCG. Access hubs were introduced in line with the National Core Requirements. • The CCG has been assessed against 6 of the 7 core requirements. The CCG 3 requirements in full with the remaining 3 requiring further action to satisfy the core standards. • A copy of the Assurance Visit Report & Action Plan that has been developed in response to the report can be found in Appendix 1 & 2. • The STP programme of work has been updated to reflect the actions required by Wolverhampton and other CCGs to ensure the STP meets all requirements by the end of March 2019.
RECOMMENDATION:	The committee should note the recommendations that were made by NHS England following their visit & the responsive actions that have already commenced to ensure achievement against all 6 core standards.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission

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Partners in improving local health

GP Forward View: Extended Access Assurance visit - Wolverhampton CCG

Published by NHS England and NECS Consultancy

GP Forward View Implementation:

Extended Access Assurance visit - Wolverhampton CCG

Version number: 1.0

First published: 14/01/2019

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Prepared by:

Sarah Rutter, Senior Consultant GPFV – West Midlands Team

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact sarah.rutter3@nhs.net

1. Contents

2. Background

In October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services, of which NHS England were asked to lead the process of inviting practices to submit innovative bids and oversee the programme. The first wave of twenty pilots was announced in April 2014. Following this first wave of funding, further funding of £100 million for 2015/16 was then announced by the former Prime Minister on 30 September 2014 as part of a second wave.

Bringing both these waves together, the two cohorts give 57 pilots covering over 18 million of the population (a third of the country) in over 2,500 practices that will benefit from improved access and transformational change at local level.

In 2018/19 Wolverhampton CCG received £967,635 funding through the GP Access Fund. When the National target of 31st March 2019 was brought forward to 1st October 2018 the West Midlands DCO identified additional funding to support the delivery of the earlier deadline and provided £322,545 to the CCG as non-recurrent top-up funding.

Wolverhampton had begun incrementally working to this target from the previous financial year. Bank holidays had previously been locally commissioned at hub level as preparatory work for this programme of work. Saturday access hubs were established from September 2017, with governance in place. From 1st April 2018, hubs increased their availability to 20 minutes per 1000 patients, developing evening appointments and Sundays. This rose further to 25 minutes per 1000 from the July, with the access requirement of 100% in place from September 2019.

The funding was provided to meet the seven core requirements for the delivery of extended access as part of the GP Forward View. These are:

1. **Timing of appointments:**
   - Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
   - Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
   - Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week;
   - Appointments can be provided on a hub basis with practices working at scale.
2. **Capacity:**
   - Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population
3. **Measurement:**
   - Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours

4. **Advertising and ease of access:**
   - Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service;
   - All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
   - Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

5. **Digital:**
   - Use of digital approaches to support new models of care in general practice.

6. **Inequalities:**
   - Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

7. **Effective access to wider whole system services:**
   - Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

Based on the above, this report provides an evaluation of how this funding was used in line with these seven core requirements to support improved access across the CCG area.

3. Introduction

To deliver an extended hours service as part of the GPFV Extended Access Scheme, the CCG has worked with their GP Provider Groups to develop a service to meet the 7 core requirements. The contract has been awarded by direct award after consultation with their GP Practices using the NHS Standard Contract through to March 2020. There are four contract holders who sub-contract using a Service Level Agreement with the remaining practices. Wolverhampton CCG has a population of over 289,000 patients across the four areas.

The scheme is delivered by all Wolverhampton Practices who are subcontracted to one of the four groups below;

Primary Care Home 1 – Wolverhampton Total Health, 8 Practices

Primary Care Home 2 – Wolverhampton Care Collaborative, 8 Practices

Medical Chambers – Unity, 16 Practices

Vertical Integration – Royal Wolverhampton Trust, 8 Practices

Extended access is provided through four hubs, the principle that the service runs on is that all patients registered with Wolverhampton GP Practice are eligible to use the service.

The clinical model that the service operates as below;

- GPs, Advanced Nurse Practitioners, Clinical Pharmacists, and HCA's
- Regular team of clinicians in each Hub
- Protocol driven patient booking with right professional (feedback and review)
- Full access to usual GP patient records
- 15 minute appointments
- Consultations sent via EMIS workflow by 8am next working day to usual GP
- Local protocols and formulary followed

4. The NHS England Assurance Process

On the 30th September 2016 the North of England Commissioning Support Unit (NECS) received a specification requesting significant support for the establishment of the Project Management Office (PMO) and delivery support for the implementation of the General Practice Five Year Forward View (GPFV) across the Midlands and East region. The focus of the work is to support the Regional Executive to deliver various elements of the GPFV alongside other Primary Care initiatives. Team members were deployed to the four Directors of Commissioning Operations (DCOs) localities to support the deliverables in these areas, reporting back regularly to the Regional PMO.

As part of this service the NECS West Midlands DCO support covers a number of elements of GPFV extended access. Two of these areas include the reporting of progress and sharing of best practice. To achieve this, the NECS team has established an access assurance process for those CCG's that meet the 7 core elements of delivering extended access.

A scope discussion to agree the process was held between the CCG and West Midlands NECS team in August 2018. The assurance review meeting was then completed 29th November 2018. As part of this assurance the CCG provided documentation evidence to support the achievement of the 7 core requirements, and presentations were given from hubs from across the CCG area.

The next section of this report will focus on the seven core requirements, and will discuss how these requirements were met.

5. Funding

The CCG financial plan complies with the funding requirements of Extended Access of £6 per head of population, £3.34 for 2018/19. With the DCO top-up allocation the CCG has fully allocated funding to the practices at £4.36 per head for 2018/19. The CCG closely monitors financial activity and realigns funding if a practice moves to a different group. Figure 1 outlines the breakdown and allocation of funding.

FIG 1

M Code	Row Labels	NORMALISED WEIGHTED LIST SIZE Jan 18	Access	50% Access	per Head	Comments
M92016	M92016 - TUDOR MEDICAL CENTRE	17,288	75,421	37,710.35	4.36	
M92629	M92629 - DRS KHARWADKAR & MAJI	3,101	13,528	6,764	4.36	
M92019	M92019 - KEATS GROVE SURGERY	6,460	28,181	14,091	4.36	
M92030	M92030 - CHURCH STREET SURGERY	5,480	23,905	11,953	4.36	
M92630	M92630 - EAST PARK MEDICAL PRACTICE	5,575	24,323	12,161	4.36	
M92029	M92029 - NEWBRIDGE SURGERY	5,207	22,715	11,357	4.36	
M92607	M92607 - WHITMORE REANS MEDICAL PRACTICE	14,151	61,734	30,867	4.36	
M92649	M92649 - DR MUDIGONDA	4,196	18,305	9,152	4.36	
M92012	M92012 - DUNCAN STREET PRIMARY CARE PARTNERSHI	10,120	44,151	22,075	4.36	
Primary Care Home 1 – Wolverhampton Total Health		**71,577**	**312,263**	**156,131**		
M92612	M92612 - GROVE MEDICAL CENTRE	14,102	61,523	30,762	4.36	
Y02736	Y02736 - SHOWELL PARK HEALTH & WALK IN CENTRE	4,258	18,578	9,289	4.36	
M92647	M92647 - BRADLEY MEDICAL CENTRE	3,510	15,313	7,656	4.36	
M92609	M92609 - ASHFIELD ROAD SURGERY	5,034	21,959	10,980	4.36	
M92039	M92039 - DR ST PIERRE-LIBBERTON	6,770	29,536	14,768	4.36	
M92009	M92009 - PRESTBURY MEDICAL PRACTICE	15,871	69,239	34,620	4.36	
M92013	M92013 - WODEN ROAD SURGERY	7,271	31,719	15,860	4.36	
M92003	M92003 - DR SURYANI	1,915	8,352	4,176	4.36	
M92654	M92654 - BRADLEY CLINIC PRACTICE	8,150	35,555	17,777	4.36	10m in PCH2
Primary Care Home 2 – Wolverhampton Care Collaborative		**58,731**	**256,219**	**128,110**		
M92040	M92040 - MAYFIELD MEDICAL CENTRE	8,459	36,903	18,451	4.36	
M92001	M92001 - POPLARS MEDICAL CENTRE	3,553	15,502	7,751	4.36	
M92026	M92026 - DR BILAS - Ashmore Road	4,015	17,515	8,757	4.36	
M92043	M92043 - PENN SURGERY	5,701	24,873	12,437	4.36	
Y02636	Y02636 - PENNFIELDS MC INTRA HEALTH LIMITED	4,589	20,022	10,011	4.36	
Y02757	Y02757 - BILSTON URBAN VILLAGE MEDICAL CENTRE	6,607	28,823	14,411	4.36	
M92015	M92015 - IH MEDICAL (DR PAHWA)	2,542	11,088	5,544	4.36	
M92627	M92627 - DR SHARMA	3,595	15,684	7,842	4.36	
M92041	M92041 - PROBERT ROAD SURGERY	4,263	18,596	9,298	4.36	
M92014	M92014 - FOWLER	2,102	9,170	4,585	4.36	
M92022	M92022 - DR RAJCHOLAN & DR GEORGE	4,228	18,446	9,223	4.36	
M92004	M92004 - PRIMROSE LANE PRACTICE	3,420	14,918	7,459	4.36	
M92640	M92640 - THE SURGERY (Dr Whitehouse)	2,426	10,585	5,293	4.36	
M92024	M92024 - PARKFIELD MEDICAL CENTRE	14,192	61,916	30,958	4.36	
M92008	M92008 - CASTLECROFT MEDICAL PRACTICE	13,136	57,309	28,655	4.36	
M92010	M92010 - LOWER GREEN HC- TETTENHALL	13,015	56,780	28,390	4.36	
Medical Chambers – Unity		**95,844**	**418,130**	**209,065**		
M92006	M92006 - COALWAY ROAD MEDICAL PRACTICE	5,247	22,890	11,445	4.36	3m not aligned to any group
		5,247	**22,890**	**11,445**		
Y02735	Y02735 - ETTINGSHALL MEDICAL CENTRE	4,603	20,081	10,041	4.36	
M92028	M92028 - THORNLEY STREET MEDICAL CENTRE	9,550	41,662	20,831	4.36	
M92007	M92007 - LEA ROAD MEDICAL PRACTICE	7,033	30,683	15,341	4.36	
M92011	M92011 - PENN MANOR MEDICAL PRACTICE	11,767	51,333	25,667	4.36	
M92002	M92002 - THE GROUP PRACTICE ALFRED SQUIRE ROAD	9,740	42,492	21,246	4.36	
M92006	M92006 - COALWAY ROAD MEDICAL PRACTICE	5,247	22,890	11,445	4.36	9m payment made to VI
M92654	M92654 - BRADLEY CLINIC PRACTICE	8,150	35,555	17,777	4.36	2m VI
M92042	M92042 - TETTENHALL ROAD MEDICAL PRACTICE- TAYL	3,614	15,767	7,883	4.36	
M92044	M92044 - DRS DE ROSA & WILLIAMS	4,593	20,035	10,018	4.36	
Vertical Integration – Royal Wolverhampton Trust		**64,296**	**280,498**	**140,249**		
	Total	295,695	1,290,000	645,000		

6. Seven Core Requirements of Extended Access

6.1 Timing (and the booking process)

The data reviewed, and information given during presentations from providers, confirm that the CCG has commissioned the appropriate timings required. Patients can book and cancel appointments via their own practice with plans to extend this to other methods. Figure 2 shows the relevant details for the service.

FIG 2

Group	Requirements	Day							
	Weighted List size	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Unity	**95,844**								
Apts Availible	**192 per week**								
Times	**48 hours**	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	8am- 2pm	6.5 h	**31.5**
Location		Pennfields Health Centre							
model		1x gp	1x gp	1x gp	1x gp	1x gp	1 x gp, 3 x additional clinical staff (18h)		
PCH1	**71,577**								
Apts Availible	**143 per week**								
Times	**35**	6.30pm to 8.00pm	6.30pm to 8.00pm				8.00am to 2.00pm		
Location		East Park	Whitmore Reans				Newbridge Surgery or Church Street Surgery on alternate weeks		
model		Dr Majid 1.5 hours + HCA 1.5h	2x Dr 1.5 hours (3h)	1.5	1.5	1.5	2 Doctors and 1 Nurse for 6 hours each = 18 hours	8h	**24**
PCH2	**66,881**								
Apts Availible	**134**								
Times	**29**	6:30pm to 8pm			6.30pm to 8pm		8.00am to 12.15pm		
Location		Health and Beyond (All Saints Surgery)			Health and Beyond (The Grove)		Cannock Road Surgery	Ashfield Road	
model		1 gp x 1.5 hours	1.5	1.5	2 gp x 1.5 hours	1.5	16.5 hours using 4 clinicians offering 4.25 hours each	5 H	**19.5**
VI	**56,146**								
Apts Availible	**112**								
Times	**18.7 hours**	1.5	1.5	1.5	1.5	1.5	12	10	**29.5**
Location		Lea Road	Penn Manor	Ettingshall	Alfred Squire	Coalway road	West Park	West Park	
model		1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	2 gp x 6 hours= 12	2 gp x 5 hours= 10	

6.2 Capacity

Based on the "Capacity" core requirement of GP Access, the CCG must offer an additional 30 mins of consultation capacity per 1000 population and steadily work towards offering 45 mins per 1000 population.

In order to manage the workload effectively practices are encouraged to work at scale within their practice group to share their resources. Figure 3 give an example from Primary Care Home 1 – Total Health on the capacity provision for 2018/19;

FIG 3

Q1	Q2	Q3	Q4
20 mins/1000 patients	**20 mins/1000 patients**	**30 mins/1000 patients**	**30 mins/1000 patients**
23.5 hours	**23.5 hours**	**35.25 hours**	**35.25 hours**

The CCG were able to demonstrate clearly that they have achieved the core criteria of 30 mins additional consultation capacity per 1000 population per week needed in line with this core requirement. An example of a rotating hub rota is as per Fig 4.

FIG 4

WOLVERHAMPTON TOTAL HEALTH - EXTENDED HOURS PROVISION								
Day	Date	Practice	Opening Hours	Doctor Hours	ANP	Nurse Hours	HCA	Total Number of Hours
MONDAY	1.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	2.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	3.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	4.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	5.10.18	Fordhouses	6.30pm-8pm	1.5				1.5
SATURDAY	6.10.18	Church St	8am-2pm	12		5		17
SATURDAY	6.10.18	Fordhouses	flu clinic 10am-3pm	5				5
SUNDAY	7.10.18	WR	9.00am-1.30pm	4.5				4.5
MONDAY	8.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	9.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	10.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	11.10.18	East Park	6.30pm-8pm	0		0		0
FRIDAY	12.10.18	WR	6.30pm-8pm	1.5		1.5		3
SATURDAY	13.10.18	Newbridge	8am-2pm	12		6	6	24
SUNDAY	14.10.18	WR	9.00am-1.30pm	4.5				4.5
MONDAY	15.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	16.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	17.10.18	Duncan St	6.30pm-8pm	1.5	1.5			3
THURSDAY	18.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	19.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
SATURDAY	20.10.18	Church St	8am-2pm	12		5		17
SUNDAY	21.10.18	East Park	9am-1.30pm	4.5			4.5	9
MONDAY	22.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	23.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	24.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	25.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	26.10.18	Newbridge	6.30pm-8pm	1.5				1.5
SATURDAY	27.10.18	Newbridge	8am-2pm	12		0	0	12
SUNDAY	28.10.18	East Park	9am-1.30pm	4.5			0	4.5

6.3 Measurement

The National tool was not available during the time of assurance visit. Therefore, this section was deemed to be out of scope. However, it must be noted that CCG, and its provider have adopted an internal approach until the National tool is available which provides data as in figures 5 to 7 below;

Hub Monitoring

FIG 5

Appendix B

Improving Access Hub Monitoring

Date of session: 21 Sept 2018

		total	Patient Registered Practice: SPHC	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame	Group actice Pmame
Availability	Appts available through 111	0	0										
	Appts pre-booked through practice	8	8										
	Appts Available to walk ins	0	0										
	Total number of appts available	8	8										
Take – up of appts	Appointments booked by 111 directly	0	0										
	Appointments booked by practice directly	8	8										
	Appointments utilized by walk-ins	0	0										
	Appointments utilized by other GPs	0	0										
	Total Appts where a patient was seen	7	7										
	% take up of practice appts	100%	100%										
Clinic Type	GP F-2-F	8	8										
	Nurse F-2-F	0	0										
	Clinical Pharmacist	0	0										
	GP telephone	0	0										
	Other	0	0										
Did Not Attend (DNA)	GP F-2-F	1	1										
	Nurse F-2-F	0	0										
	Clinical Pharmacist	0	0										
	GP telephone	0	0										
	Other	0	0										
	TOTAL												

FIG 6

	Cannock Road Medical Practice		Patient registered practice								
Date of session	29.9.18	TOTAL	Ashfield	Bradley	CR	HCB	Showell	Presbury	Woden	Hill Street	Unkown
Availibility	Appointments available through 111										
	Appointments pre-bookable through practice										
	Appointments availible to walk ins										
	Total number of appointments available	52									
Take up of appointments	appointments booked by 111 directly.										
	appointments booked by practice directly.	50									
	Appointments utilised by walk ins										
	Appointmets utilised from other areas (please state in										
	Total appointments where a patient was seen.	49									
	percentage take up of practice appointments	96%									
Clinic Type	GP f-2-f	17	1		9			6			1
	Nurse f-2-f	15			14			1			
	HCA	17			16						
	GP (telephone)										
	DM Specialist	0									
Did Not Attend (DNA)	GP f-2-f										
	Nurse f-2-f	1			1						
	HCA										
	GP (telephone)										
	DM Specialist										
	TOTAL	50									

FIG 7

SUNDAY APPS		GP APPOINTMENTS					
		GP Face to Face					
DATE	SURGERY	Total number of GP appointments available	How many are set up as pre-bookable	How many are set up to release on the day	Booked	Utilisation	DNA
2.9.18	East Park	18	10	8	16	88.89%	0
9.9.18	WR	18	15	3	8	44.44%	2
16.9.18	East Park	18	11	7	14	77.78%	0
23.9.18	WR	18	15	3	14	77.78%	3
30.9.18	East Park	18	11	7	16	88.89%	6
7.10.18	WR	18	12	3	17	94.44%	3
14.10.18	WR	18	12	3	16	88.89%	0
21.10.18	East Park	18	11	10	15	83.33%	1
28.10.18	East Park	18	11	10	17	94.44%	0

6.4 Advertising and Ease

The CCG has a communications plan produced with the aim of increasing awareness of extended access into primary care and to encourage uptake of extended hours appointments in general practice. The key messages were identified and the use of various methods as per below have been implemented;

- Posters
- Leaflets
- Bus Campaign
- Social Media- Facebook, linked in and Twitter feed
- Online ad messenger campaign
- Radio
- Newspapers
- Practice receptionists are trained and able to direct patients to the service.

Promotional material is displayed in GP Practices, community venues, e.g. libraries, supermarkets, local football club, and recruitment fairs.

Figures 8 and 9 show promotional materials used by the CCG to advertise the service.

FIG 8

IMPORTANT PATIENT INFORMATION

Did you know your practice is part of the **Unity** group?

This means you can access appointments at the weekends, week day evenings and Bank holidays.

The Unity hub is based at:

Pennfields Health Centre
Upper Zoar Street
Pennfields
Wolverhampton
WV3 0JH

For on the day bookings when your surgery is closed.

Telephone 01902 446688

To pre book appointments at the Unity hub please speak to your own practice

You may be offered an appointment with a practice nurse, clinical pharmacist, advanced nurse practitioner or a doctor.

The receptionist will book you in with the most appropriate clinician to deal with your problem.

Please Note: Service provided for and on behalf of following practices:

Bilston Urban Village Medical Centre, Dr Sharma (The Bilston Family Practice), Dr Bilas, The Surgery (Dr Whitehouse), Probert Road Surgery, Penn Surgery , Dr Fowler, Primrose Lane Surgery, Poplars Medical Practice, IH Medical , Dr Rajcholan & Dr George, Mayfield Medical Centre, Pennfields Medical Centre , Parkfield Medical Centre, Tettenhall Medical Practice, Castlecroft Medical Practice

FIG 9

Wolverhampton Care Collaborative

Do you need an appointment? If so, you can access evening or weekend appointments at the following surgeries:

Monday 6.30 pm to 8.00 pm at
Caerleon Surgery, Dover Street, Bilston, WV14 6AL. Telephone: 01902 493426

Tuesday 6.30 pm to 8.00 pm at:
MGS, Low Hill Medical Centre, 191 First Avenue, Wolverhampton, WV10 9SX. Telephone no: 01902 728861

Wednesday 6.30 pm to 8.00 pm at:
Showell Park Health Centre, Fifth Avenue, Low Hill, Wolverhampton, WV10 9ST. Telephone no: 01902 446711

Thursday 6.30 pm to 8.00 pm at:
Grove Medical Centre, 175 Steelhouse Lane, Wolverhampton, WV2 2AU. Telephone no: 01902 455771

Friday 6.30 pm to 8.00 pm at:
Showell Park Health Centre, Fifth Avenue, Low Hill, Wolverhampton, WV10 9ST. Telephone no: 01902 446711

Saturday 08.00 am to 12.00 noon at:
Cannock Road Medical Practice, 60-62 Cannock Road, Wolverhampton, WV10 8PJ. Telephone no: 01902 739973.

Sunday 08.00 am to 12.15 pm at:
Caerleon Surgery, Dover Street, Bilston, WV14 6AL. Telephone: 01902 493426

This service is available to patients registered at the surgeries listed below

Grove Medical Centre All Saints and Rosevillas Caerleon Medical Practice	Medical Group Services (Low Hill Medical Centre)
Bradley Medical Centre	Cannock Road Medical Practice
Grove Medical Centre	Hill Street Surgery
Prestbury Medical Practice	Showell Park Health Centre
Woden Road Surgery	Ashfield Road Surgery

To make an appointment call the numbers above or NHS 111. This is not a walk-in service, you MUST book an appointment

During the GPFV Team pre-audit on a total of 29 (out of 42) practices had advertised the service clearly on their own website which equates to 69%. The CCG is partially compliant with the core requirements due to having other advertising methods in place. It is a requirement for all practice websites to be compliant with advertising extended access.

The CCG have been working with practices to ensure this information is available on websites, however as the CCG has no direct influence over practice websites this has had limited success. When enforcing this requirement practices have found it difficult to comply due to internal issues.

In order to support this, the CCG has invested in online promotion of the service. Both the ad messenger campaign and the social media posts direct patients to a designated page on the CCG website; the page is averaging 5,000 hits per month. The ad messenger campaign, which is a 140 character ticker tape which appears when browsing, has resulted in over 400,000 impressions

6.5 Digital

The service has electronic read/write access to patients' notes so the GP or nurse can understand the patient's medical background, which helps with assessment and treatment. Data sharing agreements and relevant governance arrangements are in place between practices, to enable this to happen.

The notes are updated by the GP / healthcare professional so the patient's own GP is able to access details of the appointment. As Emis Remote provides read/write access this provides increased assurance that the patient's record is kept up to date and live. It is also possible to send a 'task' to the patient's own practice with the consultation details and any follow-up required.

The CCG has rolled out Wi-Fi across the 42 GP Practices and branch surgeries by April 2018. As the extended access hubs are in GP practices Wi-Fi is available to this cohort of patients too.

Two-way text messaging is in place to remind patients of appointments and gives the ability to cancel thereby improving the DNA rate.

The CCG Provider are trialling other digital strategies such as video consultation, and online triage, both of which are currently being piloted in selected practices across the City. There is currently a procurement in progress to enable these schemes to be rolled out further which is due to conclude January 2019.

The CCG is also to be a test site for the national app, however other Patient apps which to link to Patient Online are also in progress of being considered. Another area being explored is Online Triage where the patient logs into the GP system and is asked a series of questions which lead to a disposition and creates a consultation form into Emis which goes into the GP Workflow list for any required follow-up action.

It is clear that the CCG and the provider have digital strategies and are progressing towards compliance with the core criteria.

6.6 Inequalities

This core requirement addresses the potential inequalities in patients' experience of accessing general practice and should be identified via the use of local evidence.

The CCG has undertaken a full EIA that covers its Extended Access service and the providers are required to submit a monitoring report which will include equality monitoring data of all the patients who are accessing the service. This data will be monitored on a regular basis to assure the commissioner that the service is being accessed by all protected groups. Any issues highlighted by this process will be escalated and development plans will be put in place. This criteria is compliant.

6.7 Effective access to wider whole system services

There is technical ability for NHS 111 to book into three of the hubs, one has completed the necessary documentation and a pilot is due to commence at one of the hubs, and the other two are in the process of completing the necessary documents. The remaining hub has technical difficulties due to the way the hub is set up and at present there is not a workaround available to resolves this. It is evident that the CCG is working towards compliance for this criteria and will become compliant when direct booking by NHS111 is in place.

There is a long term plan to integrate urgent care services, walk-in centres and extended access to provide a seamless service to patients from 2020.

6.8 Leadership and Governance

As part of setting up the service, and the on-going monitoring of service, the CCG has met the Governance requirements of delivering a robust service. The CCG has a named senior lead and strong clinical leads with a clear structure of how the service is monitored.

The operational aspects of extended access are managed through regular contract meetings with the providers and overseen by the Primary Care Milestone Review Board. The CCG Primary Care Strategy Committee maintains an oversight of the service.

7. Summary of Performance

Wolverhampton CCG utilised transformation funding to support early adoption of extended access. This preparatory work ensured that relevant governance and protocols were in place for the contract year 2018/19, resulting in practice groups being ready to deliver, and were able to increase capacity at a pace. The CCG have used their extended access fund to engage with their GP Providers and direct award contracts that align with the infrastructures that are already in place within the CCG. They have gained clinical engagement with local GPs and practice staff who in turn have engaged with the process and participate in the supporting the Extended Access Programme. The discussions for the assurance were clear and informative and provided assurance that the CCG have actively implemented and progressed the Extended Access Service and also sought to overcome any obstacles.

The Extended Access service was evaluated in this assurance visit against the 7 core criteria of extended access. As discussed at the start of this report, the "Measurement" criterion was deemed 'out of scope' as the National tool was not available at the time of the visit. Although the tool the CCG / Providers have created can provide the information required at present.

The CCG met 3 of the remaining 6 criteria; Timing and the booking Process, Capacity, and Inequalities. The other 3 criteria; Advertising, Digital, and Access to wider services are partially compliant.

The evidence, presentations, plans and discussions held satisfied the GPFV team that the CCG were committed to delivering the service as per the core criteria or have plans in place to do so. It is expected the CCG will achieve full compliance.

The next section of this report will discuss the key recommendations for the CCG.

8. Recommendations

8.1 Website Advertising

The CCG must ensure that all Practice websites are compliant and show how patients can access Extended Access Services. Screenshots of practice websites are to be forwarded to the GPFV team to provide evidence of compliance. This criteria has to be met by 31st March 2019.

8.2 Access to Wider Services

It is acknowledged that the CCG has a plan to trial direct booking for NHS111 for its Extended Access Service. It is recommended that the GPFV team is notified when this is fully live to record in the assurance evidence log to achieve compliance with this criteria. It is also recommended that the CCG also notify the GPFV team of any wider service development plans which could also support the CCG to become fully compliant. Whilst the deadline in the NHS Long Term Plan for this is March 2020, there is an aspiration from the National Team to achieve as soon as possible.

8.3 Digital Strategy

It is acknowledged that the CCG has digital transformation plans in development and it is recommended that this continues to keep Extended Access and supporting technology as part of the agenda.

It is recommended that the GPFV team is notified when developments, such as those listed earlier in the report, are progressed to record this in the assurance evidence log to support the CCG becoming compliant with this criteria.

8.4 Future Commissioning

Future commissioning activities should look at:

- Increasing capacity to 45 minutes per 1000 population:

Currently, the service is achieving the required 30 mins of additional consultation capacity per 1000 population per week. It is acknowledged that CCG is reviewing capacity work towards the target of 45 mins per 1000 population, and plans to have a 45 min service in place from 1st April 2019. There is currently no national timeframe for achieving this but it is an aspiration within GPFV.

9. Improving the assurance process

Prior to this visit it had already been identified that the assurance visit could be undertaken on one day rather than the two which were originally planned at the start of the process which reduced the time commitment for the CCG.

Following the visit the CCG will be asked to give some feedback to review the overall process in order that lesson can be learnt for future assurance visits. The key areas that should be replicated in future visits should include:

- Discussions with CCG and NHS England staff
- Meetings with local providers, hubs, and practice managers

Going forward the NECS GPFV team will review this assurance process to include lessons learnt in future visits.

The CCG suggested having patient representative at the visit, to support this assurance process.

10. Acknowledgements

As recognised throughout this report the CCG has been very transparent and supportive during the assurance process. Additionally to this the Providers spoken to as part of the visit has also been open regarding the service and engaged in the process. The input from all concerned should be commended, and used as the benchmark for future assurance visits across the region.

In particular a special thank you should go to the following people;

Sarah Southall

Jo Reynolds

Lucy Sherlock

Liz Green

Dr Kamran Ahmed

Jackie Smith

Laura Harper

Charlotte Hill

Access Assurance Visit- Recommendations Action Plan
updated 13/02/2019 V1.3

	Recommendation		Actions Required	Responsibility	Deadline	Possible Issues
1	**Website Advertising** The CCG must ensure that all Practice websites are compliant and show how patients can access Extended Access Services.	1.1	Identify which practices that are not compliant; supply with guidance	JR	1st Feb 2018	
		1.2	Screenshots of practice websites are to be forwarded to the GPFV team to provide evidence of compliance.	Group Mgrs/ JR	Mar-19	practices unable to ammend website therefore not compliant
		1.3	individual practices that remain non compliant be receive instructions in writing and a deadline by which their website must be compliant	Group Mgrs/ JR	1st march	
		1.4	In the event of a practice being non compliant, explore contact mechanisms to enforce	GS	Feb-19	
		1.5	contractual sanctions will be enforced where required		Mar-19	
		1.6	Continue with communication plan for access	JR	Mar-20	
2	**Access to Wider Services** direct booking for NHS111 for its Extended Access Service	2.1	liase with the regional lead to identify any issues in implementation	LS	Feb-19	compatability issues with clinical system/ emis remote
		2.2	protocols agreed for safe and consistant use		Apr-19	
		2.3	Roll out plan agreed with IM&T & shared with practices ,		Apr-19	
		2.4	support practice groups to implement solution	LS	May-19	
		2.5	notify the GPFV team when fully live to record in the assurance evidence log to achieve compliance with this criteria	LS	Mar-20	
		2.6	notify the GPFV team of any wider service development plans which could also support the CCG to become fully compliant	LS	Feb-20	
		2.7	monitor usage of apointments via this solution	LS	Mar-20	
3	**Digital Strategy**	3.1	two way text messaging to continue to be monitored and available to practices and at hub level	SC	Jul-19	interoporability
		3.2	video consultation roll out	SC	Jul-19	
		3.3	online triage roll out	SC	Jul-19	
		3.4	National App	SC	Jul-19	issues with roll out
		3.5	other apps for smart devices	SC	Jul-19	
		3.6	inclusion of services in the fuller GP Online Services Engagement Plan	SC	Feb-19	
		3.7	inclusion in the workplan for digital workstream	SC	Apr-19	
		3.8	monitoring of IT solutions	SC/JR	ongoing	low usage of the solutions unable to monitor effectively because of software
		3.9	GPFV team is notified when developments are progressed to record this in the assurance evidence log to support the CCG becoming compliant with this criteria	JR	Jul-19	
4	**Future Commissioning** Increasing capacity to 45 minutes per 1000 population	4.1	specification to be approved by PCCC	JR	Feb-19	
			Practice groups to submit delivery plans	JR	Mar-19	practice groups unable/ unwilling to provide access
			activty to rise from 30 mins to 45	JR	Apr-19	

			moitoring of activity on a monthly basis	JR	Apr-19	

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
March 2019

TITLE OF REPORT:	Primary Care Networks
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Steven Marshall, Director of Strategy & Transformation
PURPOSE OF REPORT:	To confirm to the committee that the CCG is actively engaging with Group Leads and member practices to ensure Primary Care Networks are established within the city in line with national timescales.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• Guidance was issued summer 2018 regarding the formation of primary care networks & more recently additional guidance published as part of the NHS Long Term Plan and Planning Guidance have given greater clarity regarding the expectations of primary care networks. • Practices within the CCGs membership are all aligned to a practice grouping (model of care). Each practice grouping has is maturing in provision of services at scale through funding available for extended access & transformation funding. • A new DES will be introduced in 2019/20 designed to further develop at scale working & will be complimented by NHS Guidance confirming what Primary Care Networks will comprise of & be required to deliver.
RECOMMENDATION:	The committee should note the content within the report and attachments & confirm if they have any queries regarding the approach that has been taken. The committee will receive further details on Primary Care Networks once applications have been submitted & considered by the CCG Primary Care Team in May 2019.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission

1. BACKGROUND AND CURRENT SITUATION

The premise for primary care networks builds on current primary care with a greater emphasis on pro-active, personalised co-ordinated care. . Primary care networks are groups of practices working together, pro-actively caring for the people they serve. Based on GP registered lists, they serve communities of ca. 30-50,000 patients – an optimal size for integrated, locality based working. Core to a network is collaboration and integration, tailoring access to services for communities. By 2020 there will be a network investment and impact fund in place enabling networks to demonstrate the impact new ways of working are having in meeting the care needs of their population.

2. PRIMARY CARE NETWORKS

2.1 Practices will be required to work more formally together. There are already 3 limited companies in Wolverhampton as well as a small cohort of practices who are vertically integrated with Royal Wolverhampton Trust. Building on existing models of care, practices are intended to become more resilient; have a wider team of staff shared across the network which is intended to improve work life balance for GPs and also benefit the practice(s) in being more effective in meeting the holistic needs of their patients and populations.

Networks of practices will have a stronger prevention and population focus whilst also having a stronger voice in service redesign, reaching beyond traditional general practice as their pool of staff and skill mix strengthens. The majority of care will remain with general practice, although some additional services will not be viable for one/every practice and do notneed to be delivered in hospital

2.2 Multi-service delivery at community level will require not only a shared workforce but also an increased skill mix. To enable this a series of new roles will be introduced in networks. Funding will flow through the network for the following roles:-

2019 1 Clinical Pharmacist & 1 Social Prescriber per network
2020 1 First Contact Physio(s) & 2 Physicians Associate(s) per network
2021 1 Community Paramedic per network
2022 All roles increasing by 2024 typical network will comprise of:-
- 3 Social Prescribers*
- 3 First Contact Practitioners 2 Physicians Associates*
- 1 Clinical Pharmacist*

2.3 This funding will flow (to each network) once they have confirmed in the Network Agreement how funding should be paid. Other transformational work attached to the GPFV will continue alongside, led by the CCG/STP. In summary the funding profile from 2019 is listed below:-

- £1.50 per patient funded by CCG (Network DES & additional ring fenced ££ (NHSE) for PCNs
- 70% NHSE/30% PCNs funding for new roles

- BUT 100% funding for Social Prescribers (NHSE)
- Clinical Director 1 day per week (based on 40k network population)

Additionally at practice level there will be an uplift in the global sum (2019/20) as part of a 5 year deal designed to be a major pillar to kick start implementation of the NHS long term plan.

2.4 Leadership within each network will be a critical factor - - aClinical Director will be nominated from within the network by GPs and funded by the Network DES.

2.5 PCN Requirements & Services will be defined in the Network DES (due to be published later in March). Each network will be required to complete a short submission to their CCG confirming the following details:-

- Names & codes for each practice within the network
- Network list size
- Map marking the network area
- Names & details of the nominated provider to receive funding
- Named Clinical Director
- Initial work Agreement signed by each practice

The initial work agreement will outline ***decisions*** the network has made about how they will ***work together***, which practice ***does what***, how ***funding*** will be ***allocated*** between practices, how the ***new workforce will be shared (including who employs them). The network agreement*** can be amended over time i.e. new workforce/services as they become available.

Later in 2019 all networks will be required to confirm how Care Homes will be supported within the geography of their network area including medication reviews, improving personalisation, anticipatory care and CVD. This provision will be linked to the expanding workforce that will begin to be realised later in 2019.

2.6 Changes to the extended hours access DES that is currently delivered through ***practice level*** sign up will move to the ***network*** which will be responsible for equivalent coverage for 100% of its population, in addition to services currently ***provided by hubs/PCNs.*** Funding will continue at ***£6.00 pp*** delivered via the network from 2020/21.

2.7 Since the introduction of the Primary Care Networks Reference Guide in August 2018, Group Managers have undertaken outline self-assessments in conjunction with their respective Group Lead/Group Board(s) to determine how their working relationship and at scale provision is developing. The self-assessment process confirmed that each practice group was partially achieving Step 2 of the foundations for transformation. The final version of this guidance is due to be published in March along with the Network DES.

The Network Agreement will require each network to confirm how they will be fully compliant with level 2 by March 2020 and this will be detailed within the Network Agreement due to be submitted to the CCG in May 2019.

2.8 In order for primary care networks to be adequately supported with sufficient community nursing skills and specialist knowledge, demand for community nursing service provision will be informed by population health needs for each network, taking account of the greatest prevalence in each network and also within each respective locality. This assessment is currently taking place and will inform a series of revisions to the Community Nursing Services Specification (commissioned from Royal Wolverhampton Trust).

2.9 There are a number of milestones that have been mentioned within the body of this report, for each of reference Appendix 1 is a copy of the Outline Milestone Plan 2019-2023 As further detail becomes available from NHS England the milestone plan will be refreshed including funding allocations for workforce etc.

3. CLINICAL VIEW

3.1. Group Leads have been actively involved in discussions with the CCG for some months, self-assessments against national guidance have been encouraged at group level & confirmation has been reached where each grouping has matured and where further action is required to meet the standards advocated.

4. PATIENT AND PUBLIC VIEW

4.1. Patient feedback is actively encouraged, collected & reported upon at group level for services provided at scale. The CCGs Commissioning Intentions have a supporting engagement plan that will be taking place at CCG and Group level to ensure patients & the public are aware of the national drive for Primary Care Networks.

5. KEY RISKS AND MITIGATIONS

5.1. Appendix 1 includes an outline critical path from March to May 2019 specific to Primary Care Networks. There is a risk that networks may not comprise immediate neighbouring practices which has the potential to impact on the alignment of Community nursing services. This will be mitigated through on-going dialogue with Group Leads and practices at Members' Meetings, Group Board Meetings & Group Leads' Meetings with the CCG.

6. IMPACT ASSESSMENT

6.1 Financial and Resource Implications

The CCGs financial plan recognises the requirement to fund the 2019/20 DES Funds are set aside in the LTFM for 2020/21 and provision has already been made as part of budget setting.

Further allocations for networks are yet to be confirmed & will be shared when the CCG has been informed.

6.2 Quality and Safety Implications

Active involvement has and will continue to take place with the Quality Team (Chief Nurse) to ensure patient safety, experience & clinical effectiveness are duly satisfied and developed further across the CCGs networks.

6.3 Equality Implications

An equality impact assessment has not been undertaken at this stage. It is envisaged that at the point of confirming how each group/network will function an overarching equality impact assessment will be undertaken and all necessary mitigations have been identified as per the protected characteristics & statutory duty.

6.4 Legal and Policy Implications

Further consideration will be given when network agreements are being developed over the coming months.

Name	Sarah Southall
Job Title	Head of Primary Care
Date	26 February 2019
Enclosures	Appendix 1 Outline Milestone Plan Draft Network Proposal Appendix 2 Draft Network Plan

SLS/PCCC-PCN/MAR19/V1.0

NHS
Wolverhampton
Clinical Commissioning Group

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	Dr Reehana	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Tony Gallagher	
Quality Implications discussed with Quality and Risk Team	Sally Roberts	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Steven Marshall	26.2.19

Primary Care Outline Milestone Plan 2019-2023

	2018/19		2019/20					2020/21		2021/22	2022/23
	Feb-19	Mar-19	Apr-19	May-19	Jul-19	Aug-19	2019	2020	2021	2022	2023
Key Deliverables		Access evenings & weekends 30 minutes per 1,000 patients	Access evenings & weekends 45 minutes per 1,000 patients / time for GPs to tackle killer conditions ie cancer, heart disease, obesity, diabetes, mental health, older people & care homes					Network Investment & Impact Fund Additional requirements for cancer care, inequalities & CVD	Extended Access DES (practice) will shift to networks		
		New PCN DES available from NHSE	PCNs £1.50 per patient Funding - Implementation of PCN DES →	PCNs confirm Clinical Director return fully completed Network Agreement	PCNs established backed by £1.8 billion (2019-2023) STPs ensure PCNs are provided with PC Data Analytics for population segmentation & risk stratification according to national dataset.		PCNs confirm how care homes will be supported in network area ie medication reviews, improve personalisation, anticipatory care & CVD linked to expanding workforce.	PCN DES additions	PCN DES additions	PCN DES additions	PCN DES additions
			QOF retire 175 points/28 indicators (low value) recycled & assigned to new Quality Improvement Domain (End of Life & Prescribing Safety). Personalised Care, practices to identify opportunistically preferred method of communication & personalise future contact (templates to follow)					QOF Further changes including heart failure, asthma, COPD & mental health*			
			GP Contract increase by 1.4% (2% Pay Uplift GPs & their employees/uplift for practices to develop networks/population increase/adjustment for indemnity backed scheme								
			Indemnity - NHS Resolution Clinical Negligence Scheme for General Practice →								
			Improved management of diabetes, blood pressure control & cervical screening *								
			Direct Booking NHS 111 to GP Surgeries (1 appointment per 3,000 patients per day from existing appointments)								
			Repeat prescribing electronic in all practices								
	STP Primary Care Strategy preparatory discussions		STP Primary Care Strategy Development		STP Primary Care Strategy approval via CCG Governance Process(es)	STP Primary Care Strategy finalised for submission to NHSE	Feedback from NHSE & final amendments	STP Primary Care Strategy Implementation & ring fenced funding			
	GPFV Transformation Programme 2016-21 Investment in training, leadership development, resilience, new roles etc including NHS Digital		Conuation of GPFV Transformation Programme 2016-21 & NHS Digital investment						Patient right to web & video consultations		
	PCN Brief/proposal discussed at Group Leads Meeting.	PCN Brief/proposal discussed at Primary Care Commissioning Committee	Workshop with member practices to explore the Network DES & preparation for submission (Members Meeting).	Review of PCN submissions (CCG)	Funding allocations confirmed & distributed to CCGs	Funds distributed to PCNs as per Network Submissions	Further allocations/development funding confirmed for CCG/STP including ring fenced ££.				

Last Updated: 26.2.19 SLS

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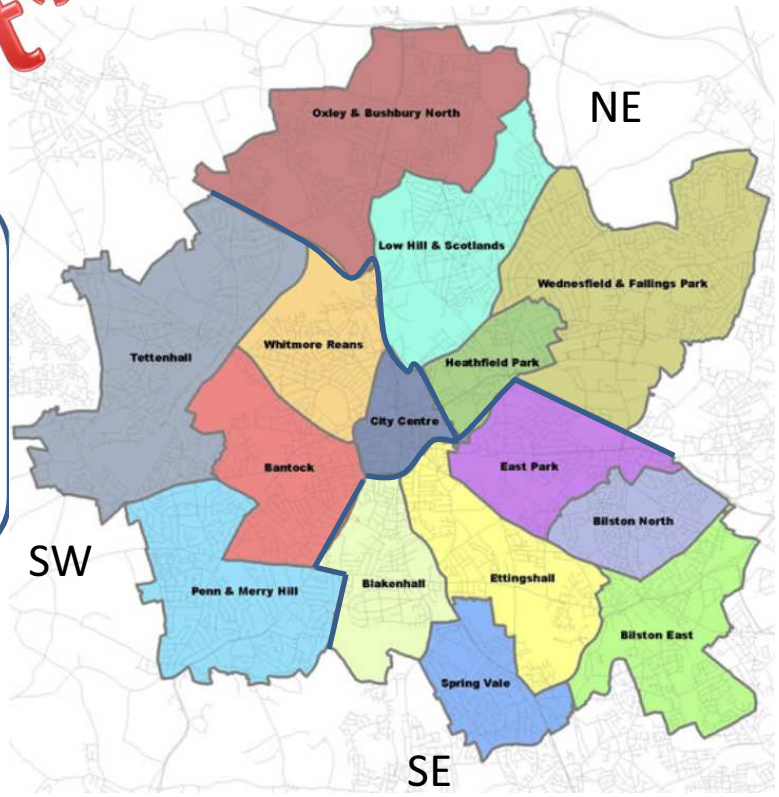
Potential Networks Based on Practice Groupings

draft



PCH1 & Unity SW Network (19,108 + 37,925=57,033)
Newbridge
Whitmore Reans
***
Penn Surgery
Pennfields Medical*
Dr Whitehouse
Lower Green
Castlecroft

VI SW Network (41,321)
Lea Road
West Park Surgery
Warstones (DeRosa)
Penn Manor
Coalway Road
Thornley Street

PCH1 NE Network (27,328 + 8,291=35,619)
Tudor Medical
Dr Kharwadkar
Keats Grove
(VI) Alfred Squire Medical

PCH2 NE Network (38,236)
Prestbury
Showell Park
Ashfield Road
Dr Libberton
Woden Road

Unity NE Network (19,639)
Dr Rajcholan, Dr Fowler
Dr Bilas
Primrose Lane
Probert Road
Poplars

PCH1 SE Network (18,911)
Dr Mudigonda
East Park Medical
Duncan Street

Unity SE Network (39,447)
Bilston Urban Village*
Dr Sharma
IH Medical
Mayfield Medical
Parkfields Medical

PCH2 SE Network (37,379)
Grove Medical
Dr Suryani
MGS
Ettingshall *

Primary Care Networks

There are 4 Practice Groups broken down into networks at locality level, colour coded above. Most groups span more than one locality. Practices from each network have been clustered into their respective localities in order for Community Services to be allocated & multi-disciplinary team meetings to be established.

Primary Care Home 1 – Wolverhampton Total Health (65,347)

Primary Care Home 2 – Wolverhampton Care Collaborative (75,615)

Unity (94,006)

VI – Vertically Integrated Practices within Royal Wolverhampton Trust (49,471)

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