

## Meeting of the Public Primary Care Commissioning Committee Tuesday 4<sup>th</sup> June 2019 15:30-16:30

PA025 Marston Room, Ground Floor, Technology Centre,  
Wolverhampton Science Park WV10 9RU

### A G E N D A

Item No.	Item	Lead	Page Nos
1	<b>Welcome and Introductions</b>	<b>Chair</b>	Verbal
2	<b>Apologies</b>	<b>Chair</b>	Verbal
3	<b>Declarations of Interest</b>	<b>Chair</b>	Verbal
4	<b>Minutes of previous meeting - 7th May 2019</b>	<b>All</b>	1 - 10
5	<b>Matters arising from previous minutes</b>	<b>Chair</b>	Verbal
6	<b>Committee Action Points</b>	<b>Chair</b>	11 - 12
7	<b>Primary Care Update Reports</b>		
7a	Primary Care Quality Report	A	<b>Liz Corrigan</b> 13 - 26
7b	Primary Care Operational Management Group Update	A	<b>Mike Hastings</b> 27 - 34
7c	Primary Care Contracting Update	A	<b>Gill Shelley</b> 35 - 40
7d	Primary Care GP Networks		<b>Sarah Southall</b> To Follow
7e	Primary Care Strategy (Wolverhampton)		<b>Sarah Southall</b> To Follow
7f	Primary Care Strategy (STP)		<b>Sarah Southall</b> To Follow
7g	Quarterly Primary Care Assurance Report		<b>Sarah Southall</b> To Follow
8	<b>Any Other Business</b>		
9	<b>Date of Next Meeting</b>  Tuesday 2 <sup>nd</sup> July 2019 14:00 PA125 Stephenson Room, 1 <sup>st</sup> Floor, Technology Centre, Wolverhampton Science Park WV10 9RU		

Key: D – Decision, A - Assurance, I - Information

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)**

**Tuesday 7 May 2019 at 2.00pm**

**PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU**

**MEMBERS ~**

**Wolverhampton CCG ~**

Name	Position	Present
Sue McKie	Chair (voting)	Yes
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes

**NHS England ~**

Bal Dhani	Contract Manager	No
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**Independent Patient Representatives ~**

Sarah Gaytten	Independent Patient Representative	No
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**Non-Voting Observers ~**

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	Yes
Jeff Blankley	Chair of Wolverhampton LPC	No

**In attendance ~**

Dr Helen Hibbs	Accountable Officer (WCCG)	No
Mike Hastings	Director of Operations (WCCG)	No
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Tony Gallagher	Director of Finance	Yes

## Welcome and Introductions

WPCC500 Ms McKie welcomed attendees to the meeting.

## Apologies

WPCC501 Apologies were submitted on behalf of Dr M Kainth, Dr D Bush, Jeff Blankley, Sarah Gaytten, Tracy Cresswell (Healthwatch), Mike Hastings, Sally Roberts and Helen Hibbs.

It was noted that Sarah Gaytten had given her intention to resign as patient representative. Sarah was thanked for her work as a patient representative.

## Declarations of Interest

WPCC502 Drs Reehana and Mehta declared that as a GP they had a standing interest in all the items relating to primary care.

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

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

## Minutes of the Meeting held on the 2<sup>nd</sup> April 2019

WPCC503 The minutes of the meeting held on 2 April 2019 were agreed as an accurate record.

**RESOLVED: That the above was noted.**

## Matters Arising from the Minutes

WPCC504 There were no matters arising from the minutes.

**RESOLVED: That the update was noted.**

## Committee Action Points

WPCC505 **Minute No: WPCC452 (Action 30) – Primary Care Strategy Update.** A verbal update was provided at today's meeting. Draft Strategy to be submitted to June 19 committee.

**Minute No: WPCC468 (Action 31) – Primary Care Networks.** A report was presented to committee. Agenda item 8a, minute no: WPCC510

**Minute No: WPCC491 (Action 32) – Primary Care Reports.** As the revised Friends and Family (FFT) data was emailed to members on 08/04/19, this action was closed.

**Minute No: WPCC496 (Action 33) – Primary Care Networks.** A report was presented to committee to sight them on the geographical options of Primary Care Networks (PCNs), agenda item 8a, minute no: WPCC510

**Minute No: WPCC497 (Action 34) – Audit Report & Action Plan.** Action closed as the patient list sizes will be presented to the Private Primary Care Commissioning committee on a quarterly basis going forward.

**Minute No: WPCC499 (Action 35) – NHS Benchmarking Network.** Report deferred until July meeting.

## Primary Care Quality Report

WPCC506 Ms Corrigan presented the report, providing an overview of activity in primary care. The following points were noted:-

- Work was beginning early to look at the Flu vaccine programme in light of last year's issues. Everyone had ordered flu vaccine early and there was plenty in the system to go around. The Local Medical Committee (LMC) had said the vaccines may be available from the end of September. Flu vaccine training was being arranged for the end of July for nurses and healthcare assistants.
- With regard to Quality matters, there had been a slow response from practices but was now up-to-date with new ones coming through and the previous problem resolved. One matter was outstanding, from an optician, which required an NHS number, but as opticians don't have access to NHS numbers it will be closed.
- Two Serious incidents were currently being reviewed by practices. One provided a root cause analysis (RCA) and although the other was a near miss, the practice also provided a RCA. These are on-going and will go to scrutiny before referral to the NHS England Performers Information Gathering Group (PIGG).
- Complaints: awaiting Q4 data due in June
- Started afresh with the Friends and Family Test (FFT). The uptake was much better than both the national and regional average at 1.8% - 2.3%. It can vary month to month but seems to be connected to SMS texts availability of system on the tablet. The Qualitative data is not available as NHS England does not collect it, however practices do collect it and they use it to try and make improvements discussing matters at Patient Participation Groups, displaying on surgery noticeboards and through comments sheets in practice.
- Ratings were slightly lower than the national average of people saying they would recommend their GP but this was possibly because the uptake in Wolverhampton is so much higher so it was felt this was a realistic reflection of what patients thoughts on the service actually were.
- CQC: Two practices require improvement and are both being managed locally. One has merged with another practice and one is being managed by the VI team with no reports of any problems or requests for support. Awaiting re-inspection and new report from CQC.
- Workforce development: Looking at developing something for healthcare staff who are resident in the UK and Black Country but not actually

working because they have come from overseas. Dr Reehana is involved looking at the GP side and Mrs Corrigan is working with the LMC. The Sustainability and Transformation Partnership (STP) are currently considering a practice nurse retention programme similar to the GP retention scheme. They are looking at induction and inceptorship, portfolio careers mentorship and retirement planning.

- Healthcare apprenticeships: Currently there are five people interested. They are either working in practice as new healthcare assistants or are staff working on reception who want to move across. Funding received from NHS England and expanding into nursing associate apprenticeship with three people already showing a tentative interest. Awaiting workforce numbers from NHS digital which are due next month.
- The 10 point plan around the practice nurse strategy that was presented to committee last month, is due to go to the clinical leads group next Thursday for approval at STP level and other CCGs are to take it through their own Primary Care Commissioning committees. Once approved will be able to plan the launch, hopefully for June time.
- The current Training Hub arrangements across the Black Country are under review. Health Education England (HEE) are leading the process and will seek approval from the STP on the preferred model for the future. The STP are keen to introduce a Training Academy and this is being explored by the Joint Commissioning Committee. Further meeting scheduled on 28 May where HEE are likely to share a Terms of Reference with a view to introducing a STP Training Hub Board. SS has suggested that this board and that required by NHS England for the GPFV are combined, a response is awaited. A local meeting among training hubs is also scheduled for 16th May.

**RESOLVED:**

- 1) That the update be noted.

**Primary Care Operational Management Group Update**

WPCC507 Committee agreed that the report was read and there were no specific comments other than a typo on front page, AMPS should read APMS.

**RESOLVED:**

- 1) That the update be noted.

**Primary Care Contracting Update**

WPCC508 Ms Shelley provided an update

The APMS contract transition, now in its second month with Health & Beyond, was going well and there was a meeting planned for next week to review status and identify action plans. The process had gone smoothly despite teething problems.

The Consultation on the closure of Tettenhall Medical Practice, Wood Road

branch commenced today.

**RESOLVED: That the update was noted.**

### **Primary Care Strategy Update**

WPCC509 Mr Marshall deferred the report to Mrs Southall to present.

Mrs Southall stated that the Primary Care strategy was to be fully reviewed although much of it would be predetermined by the NHS 10 year plan. The draft strategy would be shared with GP colleagues and other stakeholders initially for comment then presented to committee at the beginning of June.

An engagement event is planned in Wolverhampton for 23<sup>rd</sup> May to capture final input from patients and members of public in relation to the STP strategy but will focus on primary care at place-based level.

The chair suggested to be mindful of how the information is communicated in particular with the use of acronyms.

**RESOLVED: That the update was noted**

### **Primary Care GP Networks & DES (& Map)**

WPCC510 Mrs Southall circulated a map with a detailed report for committee to view.

Members meeting discussions had taken place on 3<sup>rd</sup> April, where practices and practice managers reviewed the different guidance in place to assist the practices in coming together as Primary Care Networks (PCNs).

The report included the presentation of what was covered which was very well received and fostered much debate and group discussion. It culminated in being able to identify some practices who were prepared to move to help the networks form more sensibly within their immediate geography.

Networks are now preparing in anticipation of the application deadline of 15<sup>th</sup> May 2019.

A situation report was submitted to NHS England on 30<sup>th</sup> April to confirm the network formations and numbers in order that they had a good understanding of what state each network was at with regard to the appointment of their clinical director.

A members meeting focused on a plethora of guidance with the most topical subject being the Direct Enhanced Service (DES) as this is where funding is coming from for network formation and importantly by 30<sup>th</sup> June each network is required to have a fully completed network agreement.

A CCG panel meeting on 16<sup>th</sup> May will consider each application and will confirm outcomes and notify partners. It was hoped that all applications would be approved.

NHS England will be holding a networks commissioner event on 17<sup>th</sup> May, which the Primary Care team will attend and CCGs will have to confirm network coverage by 21<sup>st</sup> May.

NHS England, CCGs and LMC will be required to resolve local disputes by early June and network DES will go live on 1<sup>st</sup> July.

New roles will be identified in the formation of the PCNs, for example, clinical pharmacists and social prescribers. Funding for social prescribers will be available from 1<sup>st</sup> July. Currently in the process of identifying what the preferred model for social prescribing link workers will be.

An engagement event for social prescribing is to be arranged with PCN leads and existing service providers to build on what is already in place and to complement the additional cohort of link workers, so as not to jeopardise the existing good work.

Group Leads and members have been actively involved in discussions and patients were advised about this particular area of development at the Patient Participation Group (PPG) chair's meeting back in March.

Risks identified of possible overlap between some of the groups as indicated by the map. The impact from a financial perspective is that the funding for the Direct Enhanced Service (DES) is expected to be funded by the CCG however this was known early on and so planned to make the money available to avoid cost pressure.

Quality & Safety have been actively involved in the discussions. No Quality Impact Assessment (QIA) has been undertaken pending the formalisation of the networks.

The map highlighted two potential networks and attempted to balance geographical factors with building on previous good working that has taken place across the city.

Discussion ensued about the different groups within the potential networks and the need for PCNS to have between 30,000 and 50,000 patients. Some of the existing groupings would need to divide in order to meet this requirement and the Vertical Integration (VI) Group configuration would therefore potentially result in a network with less than 30,000 patients. The committee was advised that groups in this position could be approved in exceptional circumstances, particularly if there was the potential for growth.

It was asked that should a group with significantly below numbers be approved, and there was no growth, what would be the likely impact. It was noted that community services would be serving a potentially smaller population but there was some mitigation in that there were practices nearby however, until the discussions with the Trust had taken place as to as to how they are going to organise community services, it was hard to say.

A question was raised as to whether the cost for the medical Director for each of the PCNs would come from CCG baseline budgets. It was



confirmed that it would be part funded by NHS England and the remainder through the network DES but this could be reduced if one network and two neighbourhoods had the same clinical director. The VI group were still considering whether to make an application for one network made up of 2 neighbourhoods or one network, if one network there would be two outlying practices or significant overlap.

The report provided assurance to the committee that the CCG is moving in the right direction and working toward the NHS England timelines. Once the panel meeting had taken place on 16<sup>th</sup> May, a further update would be provided to committee in June and the committee will be kept informed month on month on the pace of development.

The Committee was asked to confirm which network map they supported, they concurred that 6 Networks (VI comprising of 2 neighbourhoods) was their preferred option.

**RESOLVED: That the update was noted**

## **Spirometry Service**

WPCC511 Mrs Southall presented the report on behalf of Ms Morrissey. The report was compiled as a result of the suggestion to provide a Spirometry service at network level in the community.

Currently the service was purchased from Royal Wolverhampton Trust (RWT) and was a time-limited service commissioned on a 12-month basis.

The Association for Respiratory Technology and Physiology (ARTP) spirometry qualification is the recognised competency requirement for practitioners undertaking spirometry within the healthcare setting.

The Care Quality Commission (CQC) also expected practices to be able to demonstrate that staff performing the activity are duly competent in accordance with the CQC competency framework and that this should also be reflected in their CQC registration.

The recommendation was for Committee to consider the business case to provide a quality assured spirometry service through Primary Care networks (PCNs) as opposed to buying this service from the Trust.

The report had been presented to programme board on a couple of occasions, where amendments were suggested with a view for committee to make the decision to approve the provision for taking forward

The business case provided detail of the number of patients being cared for. The total number of patients referred into Royal Wolverhampton Trust up to 2<sup>nd</sup> November 2018 was 537 with a projected total by 31<sup>st</sup> March of 863. The report also provided anticipated numbers by practice group.

The committee were given 3 options to consider:

- Option 1 to stay the same with the service procured from Royal Wolverhampton Trust (RWT).
- Option 2 to develop a quality assured spirometry service within primary care giving PCNs the opportunity to own and deliver a developing service at scale for their practice and patient cohorts enabling them to develop the local workforce in line with the GP forward view.
- Option 3 to develop a quality assured spirometry service for individual GP practices. The concern with this last option would be that the throughput might not be significant at individual practice level for staff to maintain competencies. An email had been received from Dr Kainth to say that he agreed the service was needed in primary care but he did not think it needed to be a network function but as earlier this was discounted due to the heavy regulation and maintaining competencies

There were no significant risks but a number of benefits, not least that the cost of providing the service at network level would be almost halved at just over £100,000

A question was raised that if additional tests provided additional diagnosis would treatment costs subsequently increase. It was felt as the treatment for COPD mainly consisted of pulmonary rehabilitation such as stopping smoking and undertaking exercise, the cost of treatment was not particularly high but the avoidance of admissions would be significant. Three days in-patient can cost around £2500.

The recommendation for committee was for agreement to commit to the financial resource to enable care to be delivered closer to home.

It was acknowledged that training would need to take place as although some nurses were already competent others would need to be brought up to the same standard. The plan was that RWT would continue to provide the service in the first part of year with more activity in general practice from the second half of the year and with the full service being delivered from PCNs from April 2020.

The committee approved for the service to be taken forward at PCN level and for the financial resource to be committed.

**RESOLVED: That the update was noted**

### **Financial Position Q4 2018/19**

WPCC512 Mr Gallagher presented a report which detailed the financial outturn for 2018/19 which he advised was still subject to audit.

At section 3 it was stated that the delegated primary care underspend of £776,000 comprised mainly of premises £351,000; QOF non- achievement £74,000 and enhanced services delegated £111,000.

In meeting the underspend the CCG had made a provision around Showell

Park list sizes and a challenge around application in reduction of the Personal Medical Service (PMS) premium of around £400,000.

As a result of the underspend, consideration had been given to bringing forward 2019/20 developments but given the timing of the identification of the underspend this would have been challenging.

Going forward the aim was to identify how much of the underspend was recurrent in order to identify and make available a development pot for to pilot more schemes or to bring forward schemes.

It was recognised that Investment in Primary Care was required to bring about transformational change. The 2017/18 financial year was a learning exercise due to it being the first year of primary care delegation and the question for the CCG this year was should it set the budget at 100% or should it acknowledge that circa 95% will be achieved with the remainder being put into a development pot.

The finance director then talked through the detail in the body of the report raising significant points.

As prescribing was one of the key areas for Quality, Innovation, Productivity and Prevention (QIPP) it was felt important to note not only the savings on drug values but also on volume of drugs being prescribed and that reduction in numbers of drugs being prescribed helped to support the QIPP value reductions.

It was recognised that the report showed areas where investment in Primary Care had been made but for future reports it was felt it would be beneficial to include more granular analysis, , in regards to why investment was made and to view variances in particular areas and suggest areas for development of future schemes.

A question was raised as to how the underspend of £776,000 compared to the previous year. It was acknowledged that the underspend was a combination of the 2017/18 and 2018/19 financial years as 2017 was the first year of delegation. Now that 2 years' worth of information was available it would enable the CCG to determine how much flexibility there is for future developments or to bring projects forward.

A question was raised as to whether the budget for this financial year was planned to be spent recognising the increase in budget. It was felt that although great progress had been made in terms of plans, identification of the repeat underspend would need to take into account any potential slippage against those plans and whether there were any other plans.

It was agreed to plan expenditure profiles in the event of slippage against any schemes and if wanted them to come to committee to give notice and bring earlier rather than later.

**RESOLVED: That the update was noted**

**Any Other Business**

WPCC513      There was no further business.

**Date of Next Meeting**

WPCC514      **Tuesday 4<sup>th</sup> June at 2.00pm in PA025 Marston Room, Ground Floor,  
Technology Centre, University of Wolverhampton Science Park WV10  
9RU**

Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item Title	Item	By When	By Whom	Action Update
30	05 February 2019	WPCC452	Primary Care Strategy Update	Primary Care Strategy Update to be presented to the committee Apr 19 for consideration.	Jun-19	Steven Marshall	07/05/19: A verbal update was provided. The strategy is currently being reviewed and there will be a draft version available for the June committee meeting. 02/04/19: A verbal update was provided 26/03/19: Verbal update to be provided at the April meeting. Final Strategy to be presented in May.
31	05 March 2019	WPCC468	Primary Care Networks	An Update on the development of the Primary Care Networks be shared when further guidance is available	Jul-19	Sarah Southall	07/05/19: A report was presented to committee for decision on the preferred network option and to provide assurance that timescales for progress are being adhered to. Committee to be kept informed of progress month on month. 02/04/19: A report was presented to committee 26/03/19: Primary Care Networks report included in within the April agenda.
35	02 April 2019	WPCC499	NHS Benchmarking Network – Primary Care 2018	Report on NHS Benchmarking Network to be provided to next committee	Jul-19	Sarah Southall	07/05/19: Report deferred to July.

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**WOLVERHAMPTON CCG**
**PRIMARY CARE COMMISSIONING COMMITTEE**  
**4<sup>TH</sup> June 2019**

<b>TITLE OF REPORT:</b>	Primary Care Quality Report
<b>AUTHOR(s) OF REPORT:</b>	Liz Corrigan
<b>MANAGEMENT LEAD:</b>	Yvonne Higgins
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	Overview of Primary Care Activity
<b>RECOMMENDATION:</b>	Assurance only
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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	Comments	Highlights for April 2019	Mitigation for May 2019	Date of expected achievement of performance	RAG rating
<b>Serious Incidents</b>	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One serious incident is currently being reviewed by scrutiny group. A second near miss has been identified.	Near miss reported to PPIGG at NHSE – chair happy with response at practice and local level no further action required. RCA for serious incident currently being finalised for review at SISG and referral back to PPIGG	Expected completion by end of June 2019	1b
<b>Quality Matters</b> Page 14	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Currently up to date: <ul style="list-style-type: none"> <li>• 14 open</li> <li>• 4 of these are overdue</li> </ul>	Currently up to date: <ul style="list-style-type: none"> <li>• 12 open</li> <li>• 2 of these are new</li> </ul> Main themes are: <ul style="list-style-type: none"> <li>• IG breaches</li> <li>• Prescribing issues</li> <li>• Referral issues</li> </ul>	On-going process as new Quality Matters are identified	1a
<b>Escalation to NHSE</b>	Four incidents to be reviewed at PPIGG from Quality Matters	Awaiting Quality Matters responses and scrutiny of RCA to assess requirement to refer cases into PPIGG	Four incidents have received a response from the relevant practice which will be reviewed at PPIGG	Expected completion by end of June 2019	1b
<b>Infection Prevention</b>	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is	New IP audit cycle has not yet commenced; comparison with 2018/19 figures will be made this year. Flu planning group will meet to plan the 19/20 season and training is booked. Work on e-coli reduction	Monitoring of IP audits continues, monitoring of practice sepsis leads continues.	Expected completion by end of June 2019	1a





	being chased.	continues with IP, meds optimisation and continence teams. Training planned for November.			
<b>MHRA</b>	No issues at present.	Since 1 <sup>st</sup> April 2019: <ul style="list-style-type: none"> <li>• Field safety notices - 1</li> <li>• Drug alerts – 3</li> <li>• Device alerts - 0</li> </ul>	No further update	No further actions at present	1a
<b>Complaints</b>	No issues at present – quarterly report due July 2019	Awaiting Quarter 4 complaints report from NHSE	Awaiting Quarter 4 complaints report from NHSE	No further actions at present	1a
<b>FFT</b>	Quarterly full report due in July 2019 Practices who were unable to submit via CQRS or who had submitted but data was not showing on NHSE return have had their data added manually	In March 2019 <ul style="list-style-type: none"> <li>• 2 practices did not submit</li> <li>• 2 practices submitted fewer than 5 responses</li> </ul>	In April 2019 <ul style="list-style-type: none"> <li>• 2 practices did not submit (3 practices attempted to submit via CQRS but were unable to – this data was entered into the spreadsheet manually)</li> <li>• 2 practices submitted fewer than 5 responses</li> <li>• Uptake was 2.4% compared to 0.9% regionally and 0.7% nationally</li> </ul>	No further actions at present	1a
<b>NICE Assurance</b>	No actions at present – next NICE meeting in August 2019	NICE assurance meeting was held in March. 11 new guidelines were identified as relevant for primary care.	Nothing new to report	No further actions at present	1a
<b>Collaborative contracting visits</b>	11 practice visits are outstanding, this will be completed by late summer in line with recent audit.	27/40 67.5% practices have been visited in total (an average of one per month) since the programme started in October 2016.	Visit schedule has been reviewed and an action plan is being devised to ensure that all practices receive their visit in a timely manner.	Expected completion by end of September 2019	1b
<b>CQC</b>	No issues at present	One practice currently has a Requires Improvement rating and continues to be supported.	CQC inspections continue, two practices have requires improvement rating – one has merged with another practice and	This action is on-going CQC revise information as re-inspections occur.	1b



			one is being managed by RWT		
<b>Workforce Activity</b>	Awaiting NHS Digital workforce data release.	Retention programme information has been collated and work streams identified Apprenticeship programmes are established with HCAs in place and NAs expressing an interest. Work continues around recruitment of overseas professionals currently resident in UK	Retention programme will be launched in line with the GPN strategy documents and deliverables identified at this time	September 2019	1a
<b>Workforce Numbers</b>	Awaiting NHS Digital workforce data release.	No information is available about the date of release of workforce data – NHS Digital have advised they will inform us when it is available.	Still awaiting digital workforce data	Awaiting further information	
<b>Page 16 Training and Development</b>	None flagged at present	GPN strategy document approved by PCCC at Wolverhampton and Walsall STP. Spirometry training sent out for expressions of interest. Diabetes training programme under development with WDC.	GPN strategy approved at STP CLG group and by all other CCGs apart from Sandwell (delay due to PCN work) – launch to be arranged for summer 2019 Work continues with WDC around diabetes training Spirometry training dates agreed and expressions of interest gathered Training offered by continence team for HCAs and GPNs. Discussions have commenced around launch of the GPN strategy.	September 2019	1a
<b>Training Hub Update</b>	To continue monitoring, risk remains open.	Training Hub meeting held in late April to discuss role and function going forward. Plans to develop a	Discussions have commenced with Training Hubs in late May – potential hub and spoke model	This action is on-going and will be updated as new information is available.	2



		Training Academy for the Black Country discussed.	discussed. Development of primary care training academy planned model with a board in place to offer direction to the teams.		
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## 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.

### 1 PATIENT SAFETY

Measure	Trend	Assurance/Analysis
Serious Incidents 7	N/A – not enough data to display a graph/trend	<b>Incidents:</b> <ul style="list-style-type: none"> <li>1 Serious Incident currently being revised in primary care – for review at serious incident scrutiny group and referral into PPIGG on completion.</li> <li>1 near miss identified, reviewed at PPIGG – chair happy with action taken no further actions.</li> <li>All incidents are reviewed by serious incident scrutiny group</li> <li>Incidents are also reviewed by NHSE PPIGG group</li> </ul>



Page 18	<p><b>Quality Matters</b></p> <div style="text-align: center;"> <p><b>QM Themes 2019-20</b></p> <p>May</p> <p>■ IG Breach ■ Appointments ■ Referral issue ■ Prescribing ■ Interpreting issue ■ Clinical</p> </div> <table border="1"> <thead> <tr> <th>Monthly Variance</th> <th>April</th> <th>May</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>New issues</td> <td>4</td> <td>2</td> <td>24%</td> </tr> <tr> <td>Open issues</td> <td>6</td> <td>9</td> <td>60%</td> </tr> <tr> <td>Overdue issues</td> <td>4</td> <td>0</td> <td>16%</td> </tr> <tr> <td>Closed issues</td> <td>0</td> <td>2</td> <td>8%</td> </tr> </tbody> </table>	Monthly Variance	April	May	Percentage	New issues	4	2	24%	Open issues	6	9	60%	Overdue issues	4	0	16%	Closed issues	0	2	8%	<ul style="list-style-type: none"> <li>• There are currently 12 open Quality Matters (QM)</li> <li>• Nine are currently in progress</li> <li>• Three are awaiting a response to practice comments from the acute trust</li> <li>• Four will be referred into PPIGG</li> </ul>
	Monthly Variance	April	May	Percentage																		
New issues	4	2	24%																			
Open issues	6	9	60%																			
Overdue issues	4	0	16%																			
Closed issues	0	2	8%																			
<p><b>Escalation to NHS England</b></p>	<p>No data at present</p>	<ul style="list-style-type: none"> <li>• One incident reported to PPIGG in May – near miss relating to vaccine incident.</li> <li>• Three further incidents to be reported following Quality Matters review.</li> </ul>																				

## 2. INFECTION PREVENTION

Measure	Trend	Assurance/Analysis
IP Audits	No data at present – awaiting new audit cycle	<ul style="list-style-type: none"> <li>• <b>IP Audit Ratings:</b> Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%</li> <li>• The cycle for 2019/2020 has yet to start, further update at next</li> </ul>



		<ul style="list-style-type: none"> <li>month's meeting.</li> <li>Work will continue with RWT IP team.</li> </ul>
<b>MRSA Bacteraemia</b>	N/A	<ul style="list-style-type: none"> <li>No CCG cases noted</li> <li>No areas of concern to report.</li> </ul>
<b>Influenza vaccination programme</b>	No data at present	<ul style="list-style-type: none"> <li>Flu planning group to re-convene in May 2019.</li> <li>Training is booked from Black Country Training Hub in July 2019 with further sessions across the region in August and September.</li> <li>Flu vaccine ordering information requested from practices, some orders are low compared to cohort – to address via flu planning group</li> <li>To discuss vaccine ordering at flu planning group</li> </ul>
<b>Sepsis</b>	No data at present	<ul style="list-style-type: none"> <li>No areas of concern to report.</li> <li>Additional work has been 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.</li> <li>Practice nurse and GP representation is now available in the e-coli steering group.</li> <li>Training for practice nurses is being planned for November 2019.</li> </ul>

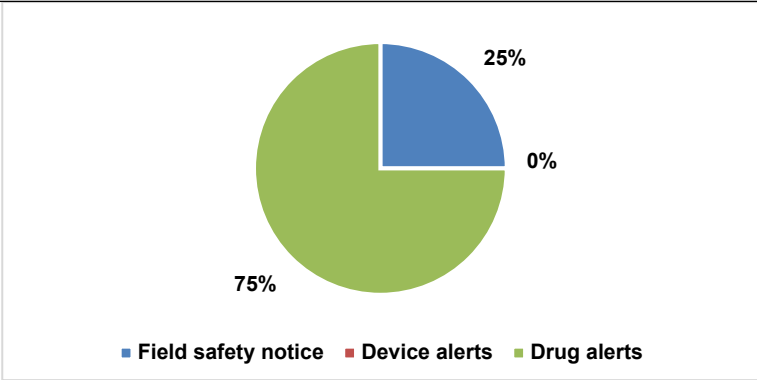
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### 3. MHRA Alerts

Measure	Trend	Assurance/Analysis
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**MHRA Alerts**



No concerns to report at present

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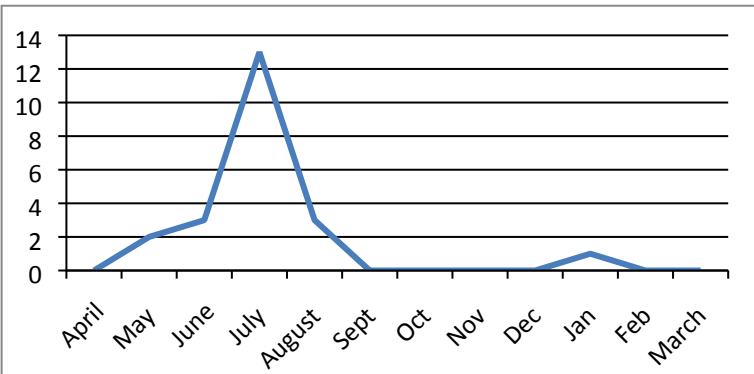
	April	May	Total	Percentage
Field safety notice	4	2	6	46%
Device alerts	0	2	2	15%
Drug alerts	4	1	5	38%
			13	

**4. PATIENT EXPERIENCE**

Measure	Trend	Assurance/Analysis
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Primary Care Commissioning Committee



<p><b>Complaints</b></p>		<p><b>Complaints Numbers and Themes:</b> Awaiting Q4 data.</p>																																								
<p><b>Friends and Family Test</b></p> <p>Page 21</p>	<table border="1"> <thead> <tr> <th>Percentage</th> <th>February</th> <th>March</th> <th>West Midlands</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Total number of practices</td> <td>40</td> <td>40</td> <td>2066</td> <td>7001</td> </tr> <tr> <td>Practices responded</td> <td>92.5%</td> <td>92.5%</td> <td>64.8%</td> <td>63.4%</td> </tr> <tr> <td>No submission</td> <td>7.5%</td> <td>7.5%</td> <td>35.2%</td> <td>36.6%</td> </tr> <tr> <td>Zero submission (zero value submitted)</td> <td>2.5%</td> <td>0.0%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Suppressed data (1-4 responses submitted)</td> <td>7.5%</td> <td>5.0%</td> <td>6.4%</td> <td>7.8%</td> </tr> <tr> <td>Total number with no data (no/zero submission and suppressed data)</td> <td>17.5%</td> <td>12.5%</td> <td>41.6%</td> <td>44.4%</td> </tr> <tr> <td>Response rate</td> <td>1.8%</td> <td>2.4%</td> <td>0.8%</td> <td>0.6%</td> </tr> </tbody> </table>	Percentage	February	March	West Midlands	England	Total number of practices	40	40	2066	7001	Practices responded	92.5%	92.5%	64.8%	63.4%	No submission	7.5%	7.5%	35.2%	36.6%	Zero submission (zero value submitted)	2.5%	0.0%	N/A	N/A	Suppressed data (1-4 responses submitted)	7.5%	5.0%	6.4%	7.8%	Total number with no data (no/zero submission and suppressed data)	17.5%	12.5%	41.6%	44.4%	Response rate	1.8%	2.4%	0.8%	0.6%	<ul style="list-style-type: none"> <li>• Uptake significantly higher than regional and national uptake.</li> <li>• Total non-responders 5 practices (no data, zero data or suppressed data) – higher than regional and national average.</li> <li>• Uptake is reviewed on a monthly basis by the Quality Team and Primary Care Contract Manager.</li> <li>• For highest and lowest uptake the locality managers have been advised and the practices have been asked what it is that they have been doing to perform so well or plan to do to increase uptake.</li> </ul>
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	<table border="1"> <tr> <td>Key (compared to WM)</td> <td></td> </tr> <tr> <td>Lower performance</td> <td style="background-color: red;"></td> </tr> <tr> <td>Higher performance</td> <td style="background-color: green;"></td> </tr> <tr> <td>Same performance</td> <td style="background-color: blue;"></td> </tr> </table>	Key (compared to WM)		Lower performance		Higher performance		Same performance		
Key (compared to WM)										
Lower performance										
Higher performance										
Same performance										

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**CLINICAL EFFECTIVENESS**

**NICE Assurance – Updated Quarterly (next due August 2019)**

**6. REGULATORY ACTIVITY**

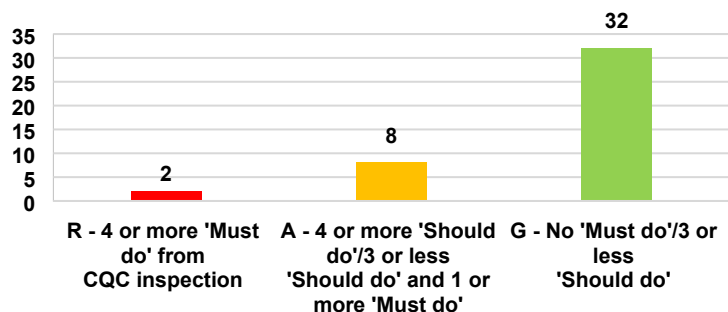
Measure	Trend	Assurance/Analysis
<b>Collaborative Contracting visits</b>	<p>■ Practices visits completed ■ Practices visits booked ■ Outstanding visits</p>	<p>11 practices are still outstanding – this will be completed by late summer 2019 in line with a recent audit – Quality and Primary Care teams will liaise over visit schedule.</p> <p>Themes from visits identified are:</p> <ul style="list-style-type: none"> <li>• Policies needing updating or amending e.g. version control, update date or author</li> <li>• Missing policies.</li> <li>• Mandatory training gaps – particularly safeguarding training.</li> <li>• Missing certificates e.g. training and insurance – cover is available but the certificates are not.</li> </ul>



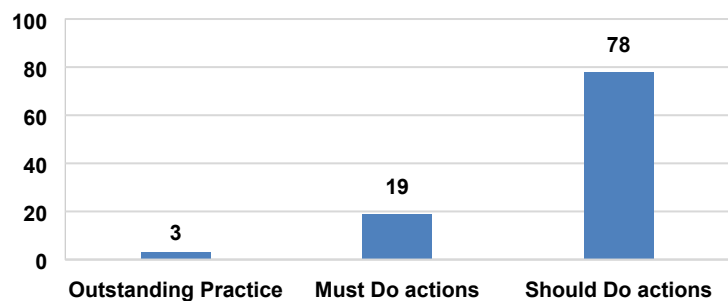


**CQC ratings**

**RAG Rating**



**CQC Actions Required**



CQC continue to liaise with CCG to support the inspection process. No concerns have been reported back to CCG this month. Outstanding actions are managed by inspectors via 3 monthly virtual or face to face review.

**Inspections by year:**

- 2015 – 3
- 2016 – 12
- 2017 – 14
- 2018 – 10
- 2019 – 3

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CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	People with long term conditions	Families, children and young people	Older people	Working age people (including those recently retired and students)	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable



Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	39	35	40	41	41	39	39	39	39	39	39	39
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
	42	42	42	42	42	42	42	42	42	42	42	42

## 7. WORKFORCE DEVELOPMENT

### 7.1. Workforce Activity

Measure	Assurance/Analysis
<b>Recruitment and retention</b>  Page 24	<ul style="list-style-type: none"> <li>GP International recruitment is currently on hold awaiting further decisions from HEE.</li> <li>A business case to support development of overseas health care staff resident in the Black Country not working in this area is under development by STP GP Forward View Lead</li> <li>GP retention programme up and running with support for GPs in the first five years, retirement support and portfolio careers.</li> <li>The practice nurse retention programme under development – for launch with GPN strategy.</li> <li>HCA apprenticeship programme has 2 staff who have commenced one practice who is interested in larger scale HCA training and the employment of business and administration apprentices. A further practices has expressed interest.</li> <li>NA apprenticeship programme details have been shared with practices with tentative interest from 3 so far – for further promotion this month.</li> <li>Work experience pilot – a new GP placement site is needed for 1<sup>st</sup> – 5<sup>th</sup> July 2019 due to original placement being no longer available</li> </ul>
<b>GPN 10 Point Action Plan</b>	<ul style="list-style-type: none"> <li>Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy has been approved at CCG Primary Care Commissioning Committee and at CLG - launch.</li> <li>Action 1: Work experience pilot has been set up between a local secondary school, CCG, Public Health, Pharmacy and GP practices. To finalise placements in June.</li> <li>Action 2, 4 and 10: Digital Clinical Supervision pilot, has now finished but the sessions are continuing in Wolverhampton face to face and via Skype.</li> <li>Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another one expressing an interest.</li> <li>Action 4: The GPN fast track programme has started with Wolverhampton nurses attending.</li> <li>Action 5: Further work is being developed to promote the Return to Practice programme.</li> <li>Action 7: Nurse Education forum continues on a monthly basis</li> <li>Action 9: The CCG will support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated.</li> <li>Action 9: HCA long term condition training sessions have been developed further in conjunction with the Training Hub.</li> </ul>



	<ul style="list-style-type: none"> <li>Action 9: HCA apprenticeships programme has commenced with two candidates starting in April and 4 further candidates identified.</li> <li>Action 10: The Nurse Retention plan has now been collated with work streams being planned.</li> </ul>
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## 7.2. Workforce Numbers

Measure	Trend	Assurance/Analysis
Workforce Numbers	No data at present – awaiting figures from NHS Digital	Figures taken from NHS Digital data are for September 2018 with the next update due imminently.

## 7.3. Training and Development

Measure	Assurance/Analysis
Nurse Training	<ul style="list-style-type: none"> <li>Practice Makes Perfect continues.</li> <li>Diabetes training is currently being developed in conjunction with Wolverhampton Diabetes Centre and Foot Health</li> <li>Flu training is booked for July 2019</li> <li>Apprenticeship programmes are up and running</li> <li>Spirometry training is arranged for June and September 2019</li> </ul>
Non-clinical staff	GPFV training continues around: Document management Practice manager support

## 7.4. Training and Development

Measure	Assurance/Analysis
Nurse Training	<ul style="list-style-type: none"> <li>Practice Makes Perfect continues.</li> <li>Diabetes training is currently being developed in conjunction with Wolverhampton Diabetes Centre and Foot Health – Diabetes week nurse education event booked for 13<sup>th</sup> June</li> <li>Sanofi held a Travel health event at the Science Park for Wolverhampton nurses in May</li> <li>Apprenticeship programmes are up and running</li> <li>Spirometry training is arranged for June and September 2019</li> <li>Continence training now available for all GPNs and HCAs</li> </ul>
Non-clinical staff	GPFV training continues around: <ul style="list-style-type: none"> <li>Document management</li> <li>Practice manager support</li> </ul>



## Training Hub update

	<b>Exceptions and assurance</b>
<b>Black Country Training Hub</b>	<ul style="list-style-type: none"> <li>• £22M investment each year for three years, although it's not clear when this funding will be available.</li> <li>• There is to be one 'lead' Training Hub per STP, with locality Hubs sitting underneath this in some areas if required. The lead Hub must have representation from all locality Hubs, as well as other partners from across health and community care sitting on its board.               <ul style="list-style-type: none"> <li>• Guidance will be issued re. staff infrastructure but it won't be prescriptive. It was suggested that there may be roughly one project manager, one administrator and one clinical educator per 300,000 of population.</li> </ul> </li> </ul>
<b>LWAB</b>  Page 26	<ul style="list-style-type: none"> <li>• GP training places oversubscribed in 2018 with 3,473 places taken up, and the pre-reg nursing placement target was exceeded nationally.</li> <li>• There have been 7 IGPR recruits in the West Midlands.</li> </ul> <p><u>Update from Community of Practice for Nursing Associates: General Practice: 15/04/2019</u></p> <ul style="list-style-type: none"> <li>• Cervical Screening Programme available to newly qualified NAs; awaiting clarity from PHE regarding the TDDI regulated list.</li> <li>• Trainee Nursing Associate standards have been approved; end point assessment units will be forthcoming.</li> <li>• Clinical Negligence Scheme for General Practice; includes students and trainees. <a href="#">The Scheme</a></li> <li>• Skills for Health have been commissioned to produce core competency framework for AGPN to be delivered next year; request to be made to expand for all nursing roles to include HCA, NA, GPN.</li> <li>• Wider discussions required by group to produce JDs for NAs.</li> <li>• Wolverhampton CCG to provide completed templates for HCA and NA Apprentices to ensure continuity in national profiles. (Completed)</li> </ul>



**WOLVERHAMPTON CCG**  
**PRIMARY CARE COMMISSIONING COMMITTEE**  
**4<sup>th</sup> June 2019**

<b>TITLE OF REPORT:</b>	Primary Care Operational Management Group Update
<b>AUTHOR(S) OF REPORT:</b>	Mike Hastings, Director of Operations
<b>MANAGEMENT LEAD:</b>	Mike Hastings, Director of Operations
<b>PURPOSE OF REPORT:</b>	To provide the Committee with an update on the Primary Care Operational Management Group.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The Lower Green GP Practice proposed branch closure at Wood Road is in mid-patient consultation</li> <li>• ETTF funded building work at Newbridge and East Park is going well and there are plans for national comms upon completion</li> <li>• The CCG is supporting NHSE with national Contract Variations</li> <li>• The NHSE Policy Guidance Manual has been updated and shared with the CCG</li> </ul>
<b>RECOMMENDATION:</b>	To provide the Committee with an update on the Primary Care Operational Management Group.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
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**  
**Friday 17<sup>th</sup> May 2019 at 1.00pm**  
**CCG Main Meeting Room, Wolverhampton Science Park, WV10 9RU**

**Present**

Mike Hastings	(MH)	WCCG Director of Operations (Chair)
Bal Dhami	(BD)	NHS England Senior Contracts Manager
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Jo Reynolds	(JR)	WCCG Primary Care Transformation Manager
Mandy Sarai	(MS)	WCCG Business Support Officer
Gill Shelley	(GS)	WCCG Primary Care Contracting Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager

Item		
<b>1.</b>	<b>Welcome and Introductions</b>	
<b>2.</b>	<b>Apologies</b> Apologies for absence were received from: Yvette Delany; Hemant Patel; Ramsey Singh; Sarah Southall; Dr S. Vij; Jeff Blankley and Liz Corrigan.	
<b>3.</b>	<b>Declarations of Interest</b> There were no declarations of interest.	
<b>4.</b>	<b>Primary Care Operational Management Group Minutes</b>	
<b>4.1</b>	<u>Minutes from Wednesday 12<sup>th</sup> April 2019</u> The minutes taken from the meeting on Wednesday 12 <sup>th</sup> April 2019 were signed off and recorded as an accurate record.	
<b>4.2</b>	<u>Action Log</u> Items on the action log were discussed.	
<b>5.</b>	<b>Notes of the Clinical Reference Group Meeting</b>	
<b>5.1</b>	<u>Clinical Reference Notes</u> The Clinical Reference Group did not take place last month.	
<b>6.</b>	<b>Risk Profile</b>	
<b>6.1</b>	<u>Risk Register</u>  <u>Wood Road</u> Risk has been reduced to risk rating 9 on the register. This risk may need	

	<p>escalating. The CSU Comms Team are leading the consultation process. This is being reported via GS/JW to the Primary Care Operational Management Group and Primary Care Committee.</p> <p><u>Unity Hub Business</u> Has been reduced to risk rating 6 on the Risk Register.</p> <p><u>Business Continuity</u> This risk has been updated and will possibly be closed in September.</p> <p><u>Property Services</u> Update is required from TK which is due to go to the Committee</p> <p><u>Patient Choices</u> – need to be reviewed with LH regarding the committee risk register.</p>	
7.	<p><b>Matters Arising</b> There were no matters arising.</p>	
8.  8.1        8.2	<p><u>Forward Plan for Practice System Migrations Mergers and Closures</u> Bilston Urban Village is due on the 12<sup>th</sup> June. Pennfields – 10<sup>th</sup> July.</p> <p><u>Estates Update/LEF</u> Newbridge ETTF development near completion. There will be some press coverage which will be led by NHSE, with CCG involvement.</p> <p>East Park has started external building work.</p> <p>Work on bookable space across Primary Care – this enables bookings for the community sector and voluntary services. This will be looked at being rolled out across Wolverhampton.</p> <p>Primary Care Estates Strategy has gone to the Primary Care Commissioning Committee for assurance.</p> <p>RLB business case for Bilston hub solution is complete and will be circulated to Stakeholders.</p> <p><u>Primary Care Networks (PCN)</u> Primary Care Network agreements have been submitted and discussed at a local level, with amendments fed back to network leads. Submissions utilised Shape tool to identify practices within networks, and their catchment areas. Resubmission is next week, with approval at STP level before submission on CQRS by 30th June. Clinical Directors have been identified for 5 out of the 6 networks, with VI in need of resubmission.</p> <p>A workshop has been held to scope the delivery of the social prescribing offer, utilising the resource available to PCNs. Funding will begin on 1st July, and salary costs can be claimed by the PCN following this. Additional costs around infrastructure need to be considered, potentially at STP level, so consistency can</p>	



	be applied.	
8.3	<p><u>Primary Care STP Update</u> STP work plan for workforce will be discussed at the task and finish group. The Primary Care Strategy is being drafted by leads across the STP with support from the CSU; this is due for submission June 2019.</p> <p>GP Retention schemes continue to receive interest, with active promotion taking place across the STP area.</p>	
8.4	<p><u>Care Quality Commission Update</u> No update provided.</p>	
8.5	<p><u>Public Health Update</u> No update provided.</p>	
8.6	<p><u>NHS E/I Midlands Update</u> <u>National Contract Variations</u> BD reported that a national variation was published by NHS England which required CCG commissioners to circulate these to all Providers holding a GMS/PMS or APMS Contracts. The national variation is an addendum to these Contracts and relates to changes that affect the Prescribing Regulations. BD confirmed that this variation had now been circulated to all Practices on behalf of Wolverhampton CCG.</p>	
8.7	<p><u>Policy and Guidance Manual (PGM)</u> This policy and guidance manual has been updated to reflect the changing landscape in primary care co-commissioning. This suite of policies should be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties. <b>Action: BD agreed to send a copy of the PGM to PCOG members</b></p>	BD
8.8	<p><u>Wolverhampton Local Medical Committee Update</u> Landscape in primary care co-commissioning, this suite of policies should be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties. <b>Action: BD agreed to circulate a copy of the PGM to Primary Care Operational Management Group.</b></p>	BD
8.9	<p><u>Wolverhampton Local Medical Committee Update</u> No updated provided.</p>	
8.10	<p><u>Pharmaceutical Involvement in Primary Care</u> No updated provided</p>	
9.	<b>Primary Care Quality Update</b>	
9.1	<p><u>Primary Care Quality Report</u> All attendees were asked to feedback any comments to LC regarding the Primary</p>	



	Care Quality Report.	
9.2	<u>Collaborative Working Model: Practice Issues and Communication Log</u> All attendees were asked to feedback any comments to LC.	
10. 10.1	<b>Primary Care Contracting</b> <u>Collaborative Contract Review Programme</u> Following a query raised at Audit and Governance Committee a plan is being developed to complete the 11 remaining contract review visits by the end of August 2019. It was noted that the 3 recently procured APMS contracts will not be reviewed as the new contracts will be included in the next waiver visits.  Dr Sharma's visit will take place in June.	
10.2	<u>Primary Care Contracting Update</u> The Primary Care Commissioning Committee that took place on the 7 <sup>th</sup> May 2019 gave approval for Dr Bilas to sub contract all clinical services to RWT. The practice will join the VI programme as from 3rd June 2019.  The patient and public consultation had commenced on 6 <sup>th</sup> May 2019 on the closure of Tettenhall Wood Surgery, a branch practice of Tettenhall Medical Centre.  Vocare – currently commissioned by the CCG to provide 12 sessions per year to each practice for Team W. This arrangement poses some risks such as; <ul style="list-style-type: none"> <li>• where does the governance lie</li> <li>• the practices could be considered to be in breach of their primary medical services contracts by this arrangement</li> </ul> Currently it is unknown how many practices use Vocare so a survey of practices is taking place. Once this is complete the risks can be looked at and further action can be taken if necessary.  The QOF PPV has now been completed. There were some queries from the initial visit to Tudor Road due to staff issues on the day but these have now been clarified.	
11. 11.1	<b>Discussion Items</b> <u>Improving the Interface between Primary &amp; Secondary Care – Clinicians – Toolkit 2018</u> Care query concern – not many coming through. From the workshop it was going to be replicated across the STP. So for this group not any concerns.	
12.	<b>Any other Business</b> GS and JR have had an introductory meeting with Mike Daly, from Primary Care Capital Horizons to discuss Oxley hub and potential GP partners and their requirements. A workshop with stakeholders is to be planned.	
13.	<b>Date and time of Next Meeting – Wednesday 12<sup>th</sup> June 2019 at 1.00-2.30pm in the Main Meeting Room</b>	



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## **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: 25.5.19**

**REPORT SIGN-OFF CHECKLIST**

<b>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.</b>	<b>Details/ Name</b>	<b>Date</b>
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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mike Hastings</b>	<b>24.5.19</b>



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**WOLVERHAMPTON CCG**
**Primary Care Commissioning Committee**  
**Tuesday June 4<sup>th</sup> 2019**

<b>TITLE OF REPORT:</b>	Primary Care Contracting: Update to Committee
<b>AUTHOR(s) OF REPORT:</b>	Gill Shelley
<b>MANAGEMENT LEAD:</b>	Vic Middlemiss
<b>PURPOSE OF REPORT:</b>	Information to committee
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Information</b>  <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC:</b>	This report is for <b>public</b> committee
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>To provide information and assurance to the primary care committee on primary medical services</li> </ul>
<b>RECOMMENDATION:</b>	That the committee note the information provided
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost

## **1. Quality and Outcome Framework (QOF) Post Payment Verification (PPV) for year 17/18**

Four practices, one from each practice group, was chosen at random by the LMC to undergo a PPV of QOF 17/18.

A template was devised with support from the 2 GP assessors with two disease areas chosen for review along with exception reporting and prevalence in general.

A visiting team comprising of a contract manager, GP assessor and IT support visited the practices during February and March 2018/19.

In three of the four practices there were no concerns/issues identified at the visit. Of the fourth practice there were staffing issues which were out of the practice control on the day of the visit resulting in the assessors not being able to find the information they required in the patients records regarding an area of exception reporting. However on a follow up visit the practice was able to provide the required evidence to the visiting team.

Overall this was a satisfactory process with no concerns or issues identified, well supported by the GP assessors and will be repeated for QOF 18/19 with the review of different disease areas.

## **2. Tettenhall Medical Centre: Consultation on closure of Branch Surgery, Tettenhall Wood Surgery**

The consultation commenced on May 6<sup>th</sup> 2019 and is being supported by the communications team of Arden and Gem CSU.

Letters were sent to every patient over the weekend prior to and week beginning May 6<sup>th</sup> 2019.

The practice has had 4 drop in sessions for patients and public with another planned for the end June 2019.

To date there has been a very high response to the online survey and 157 people attended the drop in sessions. The CCG has also responded to telephone calls and email correspondence.

There has also been some media interest which is being managed by the communications team.

**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

**7. 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:** 4/6/19

### REPORT SIGN-OFF CHECKLIST

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	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
Public/ Patient View	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
Finance Implications discussed with Finance Team	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
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Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	<b>4<sup>th</sup> June 2019</b>
<b>Signed off by Report Owner (Must be completed)</b>	<b>G Shelley</b>	<b>4<sup>th</sup> June 2019</b>



## 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. <u>Ensure on-going safety and performance in the system</u> 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. <u>Improve and develop primary care in Wolverhampton</u> – 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. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> 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. <u>Proactively drive our contribution to the Black Country STP</u> 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. <u>Greater integration of health and social care services across Wolverhampton</u> 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. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.



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