NHS
Wolverhampton
Clinical Commissioning Group

Primary Care Commissioning Committee (PUBLIC)

Tuesday 5th February 2019 at 2.00 pm
Stephenson Room - Wolverhampton Science Park

A G E N D A

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10	**Date of Next Meeting:-** Tuesday 5th March 2019 at 2.00pm PC108, 1st Floor, Creative Industries Centre, 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 4 December 2018 at 2.00pm
PA108, Creative Industries Building, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

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

NHS England ~

Bal Dhami	Contract Manager	No

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

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

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Ramsey Singh	IM&T Project Manager (Infrastructure) (WCCG)	Yes
Sam Squire	Student Nurse (WCCG/UoW)	Yes
Diane North	PMO Administrator (WCCG – minutes)	Yes
Janette Rawlinson	Chair of SWB PCCC – Lay Person	Yes

Welcome and Introductions

WPCC431 Ms McKie welcomed attendees to the meeting and introductions took place. Diane North was welcomed as the new PMO Administrator responsible for the administration of the meeting.

Apologies

WPCC432 Apologies were submitted on behalf of Ms H Hibbs, Ms S Roberts, Dr Kainth, Ms S Gaytten, Dr D Bush, Mr S Marshall and B Dhami.

Declarations of Interest

WPCC433 Dr Reehana declared that as a GP she 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 6 November 2018

WPCC434 The minutes from the meeting held on the 6 November 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC435 There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC436 **Minute Number WPCC411 – Healthwatch Wolverhampton: GP Communication Report**

Following a query at the previous meeting, it was clarified that 9 out of 506 (1.78%) patients surveyed has stated that they did not want to have communication from their Practice.

It was also noted that the recommendations in the report would be considered by the Primary Care Operations Management Group to inform a report from the Primary Care Team on the CCG's response to the Healthwatch Recommendations.

Primary Care Quality Report

WPCC437 Mrs Corrigan presented the monthly Primary Care Quality Report to the Committee and highlighted the following key points:

- Mrs Corrigan had shadowed the Infection Prevention (IP) nurses on a Practice visit. This had provided useful insights into the processes. There had been a query about whether the recommendations made following the visit were monitored. Mrs Corrigan advised that, other than for more significant recommendations (that were monitored by exception), an annual follow up was made.
- It was reported that the uptake of flu jabs was increasing week on week following the slow start. The issue of low stock had been resolved by rules around moving stock between Practices being relaxed. The Committee was assured that Practices were not moving vaccines themselves, rather the CCG and Public Health were coordinating the transfer of stock safely between Practices to maintain the cold chain. The Primary Care Flu group are planning to meet again in January 2019 to review this year's flu activity and in March 2019 to plan for next year.
- No new serious incidents had occurred and those being monitored had been resolved. There is one new performer issue, which will be reviewed by the NHS England Practice Performer Intelligence Gathering Group (PPIGG) in the coming week. No new complaints data had been received from NHS England.
- Friends and Family Test (FFT) uptake had seen the best results so far in September 2018 at 2.1% an increase of 0.7% since April for the population in Wolverhampton. It was noted that the comparative figures in the table did not add up to 100% as they were based on averages and therefore subject to rounding. Practices that had not submitted their data were being monitored in line with the FFT policy. In response to a query it was confirmed that some Practices have had issues submitting reports which is monitored on a monthly basis. Although the data shows high levels of "other" being recorded as a method of response, anecdotal evidence shows that these are, in fact, responses through check-in screens that Practices are unsure how to categorise.
- It was reported in reference to Workforce Development that work continues to promote student placements and apprenticeships and a new reporting tool would be used to present figures in a revised format from 2019 onwards.
- A Practice Nurse Strategy was being developed at STP level which focussed on retention in particular. It was clarified that the reference to first 5s' related to newly qualified GPs in their first five years of practice.
- It was reported that an issue with the Digital Clinical Supervision pilot usage of Skype was being resolved. Mr Hastings advised the CCG has worked with the IT Service provider to develop a policy for Skype and he can assist in resolving the issue if user names could be supplied.

RESOLVED: That the update was noted.

Primary Care Operational Management Group Update

WPCC438 Mr Hastings presented the Primary Care Operational Management Group Update, highlighting that matters discussed included: -

- An update on the transition work with MGS Medical Centre. This was winding down as the only issues outstanding related to transferring patient records, as Primary Care Support England (PCSE) were only able to process a limited amount at a time.
- Discussions continued around Primary Care Estates work in Bilston. A recent meeting with a number of practices and the Local Authority had been very positive. There are opportunities for improvements as a result of plans to build new houses in the Willenhall to Walsall corridor starting initially with 450 houses in Bilston and work has been undertaken to develop a feasibility study and options appraisal.
- An update on work to support the mergers of Health and Beyond Practices had been considered and discussed. Clinical system mergers had now taken place.

RESOLVED: That the update is noted.

Primary Care Contracting Update

WPCC439 Ms Shelley provided an update on primary care contracting to the committee

The report highlighted a number of variations to General Medical Services (GMS) contracts. This included various variations to contracts at Penn Manor Medical Centre, Woden Road Surgery, Bradley Medical, Church Street, Tettenhall Medical Practice, Warstones Medical Practice and Grove Medical (Health & Beyond). In response to a query, Ms Shelley confirmed that the contract changes at Woden Road would not cause an issue with clinical cover as the practice had recruited additional salaried GPs.

It was also reported that a Quality Outcomes Framework (QOF) Post Payment verification process, supported by NHS England, was due to take place at the end of February with practices being given two weeks' notice of the visit. A Practice from each model of care group has been chosen at random by the Local Medical Committee to participate.

RESOLVED: That the update was noted.

Enhanced Services (November 2018-March 2018)

WPCC439 Ms Southall presented the report on behalf of Ms Reynolds following a discussion at the previous meeting of the committee on time limited enhanced services designed to improve performance in meeting a number of NHS Constitutional Standards.

The Committee had agreed to approve the service specification in principle at its last meeting due to the need to commence the service, subject to circulation of

the full specification. Clinical input had been sought from the CCG Chair and Accountable Officer and further minor changes had been made to the specification and it was agreed that the final version would be shared.
It was noted that there was occasionally need for urgent decision making of this type by the Committee and there was a discussion about how to effectively progress this. It was agreed that the Primary Care Operational Management Group would develop a process that would ensure robust decision making, with appropriate clinical input into developing service specifications.

RESOLVED:

1) **That the final version of the Service Specification be circulated to Committee members.**
2) **A process for urgent approvals be developed by the Primary Care Operational Management Group.**
3) **That the update was noted.**

Unprocessed Files associated with Docman

WPCC440 Mr Singh presented the report, which provided an update on the impact of a national issue with the Docman Document Management system used by GP Practices.

It was highlighted that the issue, which had resulted in a large number of documents sent to practices by providers not being processed by the system. This had first come to light in August 2018 following a communication from NHS England and that, as directed by NHS Digital, individual CCGs have taken ownership of the local response. The CCG had worked with individual Practices to collate the information to understand the volume of affected documents and then put a plan in place to review them. It was agreed the CCG would financially support Practices to undertake the additional work involved. The majority of outstanding documents had now been reviewed, the vast majority had been duplicate copies of documents already in the system and to date no significant impact to patient care had come to light.

The report also gave details of work to identify possible contributing factors to the issue which had included:

- Inefficient knowledge and skills transfer to staff as the system had been installed a number of years ago. This meant alerts & error messages for unprocessed documents were not always picked up by users.
- The file path to unprocessed documents was long and difficult to locate and not advised to users on installation.
- A lack of communication from Docman who felt that the system was working as designed.
- The version of the Docman software used by the majority of practices is dependent on another piece of software to work effectively and Clinical correspondence had been received in incompatible files formats.
- The increased complexity of the health economy meant that new services and providers used the system.
- A number of PCs had been replaced in Primary Care through the CCG's hardware replacement programme. This had resulted in the loss of some local configuration settings.

Recommendations for work to respond to these issues included contacting service providers to remind them to send correspondence in compatible formats and to prioritise the rollout of the upgraded version of Docman. This is a 'hosted solution', that will ensure that responsibility for addressing issues with the processing of documents would fall to the supplier rather than individual practices. It was proposed to start this work in January 2019, completing by the end of March 2019.

During the discussion it was queried whether investing further in the system was a good idea, given the issues experienced. In response, the concerns were noted but it was highlighted that, as a health economy, there had been significant investment in the system which helped to ensure that document management in Primary Care and Acute Care would be as seamless as possible.

It was acknowledged that alternatives were available and that, although the upgraded Docman 10 was an improvement, there were still some issues in using it. It was noted that a new healthcare standard for document exchange was being developed which could impact on the use of Docman across the health economy. The Primary Care Operations Management Group was asked to review the potential to use alternative systems.

A question was raised about the total cost to the CCG of supporting practices to review and action the unprocessed documents. . It was reported that some claims were still being received and, once they were all received this would be reported to the committee.
Dr Reehana highlighted that the response to the issue by the CCG's Information Management and Technology and Primary Care Teams had been excellent and appreciated by practices.

RESOLVED:

1) **That the Primary Care Operations Management Group review whether alternatives to Docman could be utilised.**
2) **That, when confirmed, the total cost to the CCG of supporting practices to review documents be reported.**
3) **That the update be noted.**

Any Other Business

WPCC441 **Next Meeting**
It was agreed that due to the short timescale for submission of papers because of the Christmas and New Year holiday that the meeting of 8th January 2019 would be cancelled.

Date of Next Meeting

WPCC442 Tuesday 5 February 2019 at 2.00pm in the PA125 Stephenson Room, Technology Centre, Wolverhampton Science Park

Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item Title	Item	By When	By Whom	Action Update
24	**04.12.18**	**WPCC436**	**Healthwatch Wolverhampton GP Communication Report.**	To discuss the recommendations and report back on the CCG response.	**Feb-19**	**Sarah Southall**	
25	**04.12.18**	**WPCC439**	**Enhanced Services Nov-Mar**	That the final version of the Service Specification be circulated to Committee members.	**Feb-19**	**Sarah Southall**	09/01/19 Service specification circulated to committee members (DN)
26	**04.12.18**	**WPCC439**	**Enhanced Services Nov-Mar**	A process for urgent approvals be developed by the Primary Care Operational Management Group	**Feb-19**	**Mike Hastings**	
27	**04.12.18**	**WPCC440**	**Unprocessed Files associated with Docman 7**	That the Primary Care Operations Management Group review whether alternatives to Docman could be utilised	**Feb-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)
28	**04.12.18**	**WPCC440**	**Unprocessed Files associated with Docman 7**	That, when confirmed, the total cost to the CCG of supporting practices to review documents be reported.	**Feb-19**	**Ramsey Singh**	

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NHS
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Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE

5th February 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	

NHS
Wolverhampton
Clinical Commissioning Group

PRIMARY CARE QUALITY DASHBOARD

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

Issue	Concern	RAG rating
Infection Prevention	One IP audit were undertaken in January – the overall average rating is silver. Work has been undertaken to ensure that there is enough stock of flu vaccines across the city through redistribution. Work continues to drive the improvement in the management of sepsis in primary care. RAG rating reduced to green.	1a
MHRA	Since 1st April 2018 • 41 weekly field safety bulletins with all medical device information included. • 5 device alerts/recalls • 13 drug alerts/recalls	1a
Serious Incidents	One serious incident currently under investigation at the practice	1b
Quality Matters	Currently up to date: 4 open 3 overdue	1b
Escalation to NHSE	On-going process	1a
Complaints	One new complaint identified via PPIGG – raised to SI due to nature	1b
FFT	In December 2018 • 5practices did not submit • 2 submitted fewer than 5 responses (supressed data) • 1 submitted a zero response	1b
NICE Assurance	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
CQC	One practices 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	A spirometry training business case and Nursing Associate 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

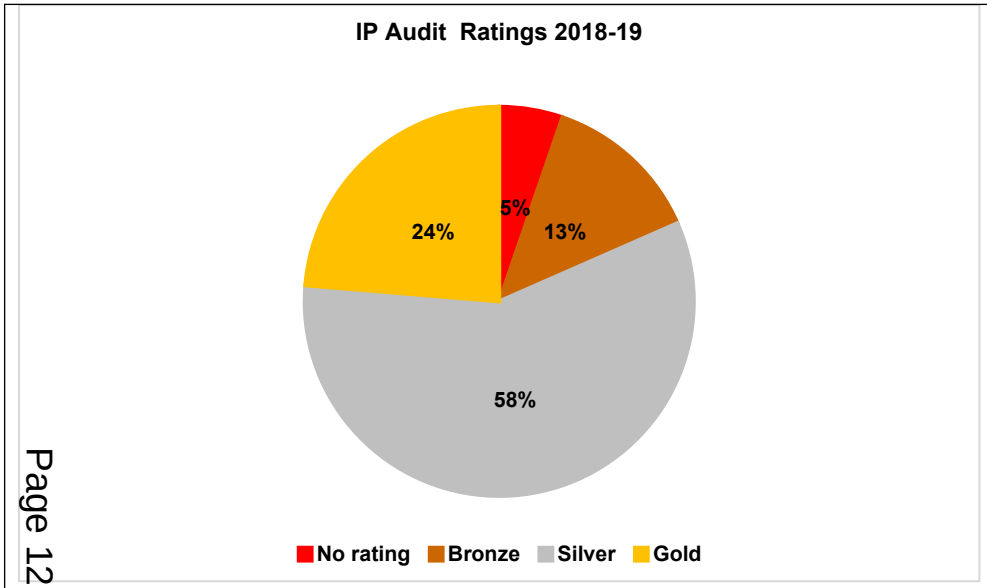
2.1. Infection Prevention

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
Ave Audit Scores		93%	86%	98%	93%	88%	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.

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

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

MRSA Bacteraemia:
None to report this month.

Influenza vaccination programme:

Figure 2: 2017/18 Influenza Vaccine Programme activity

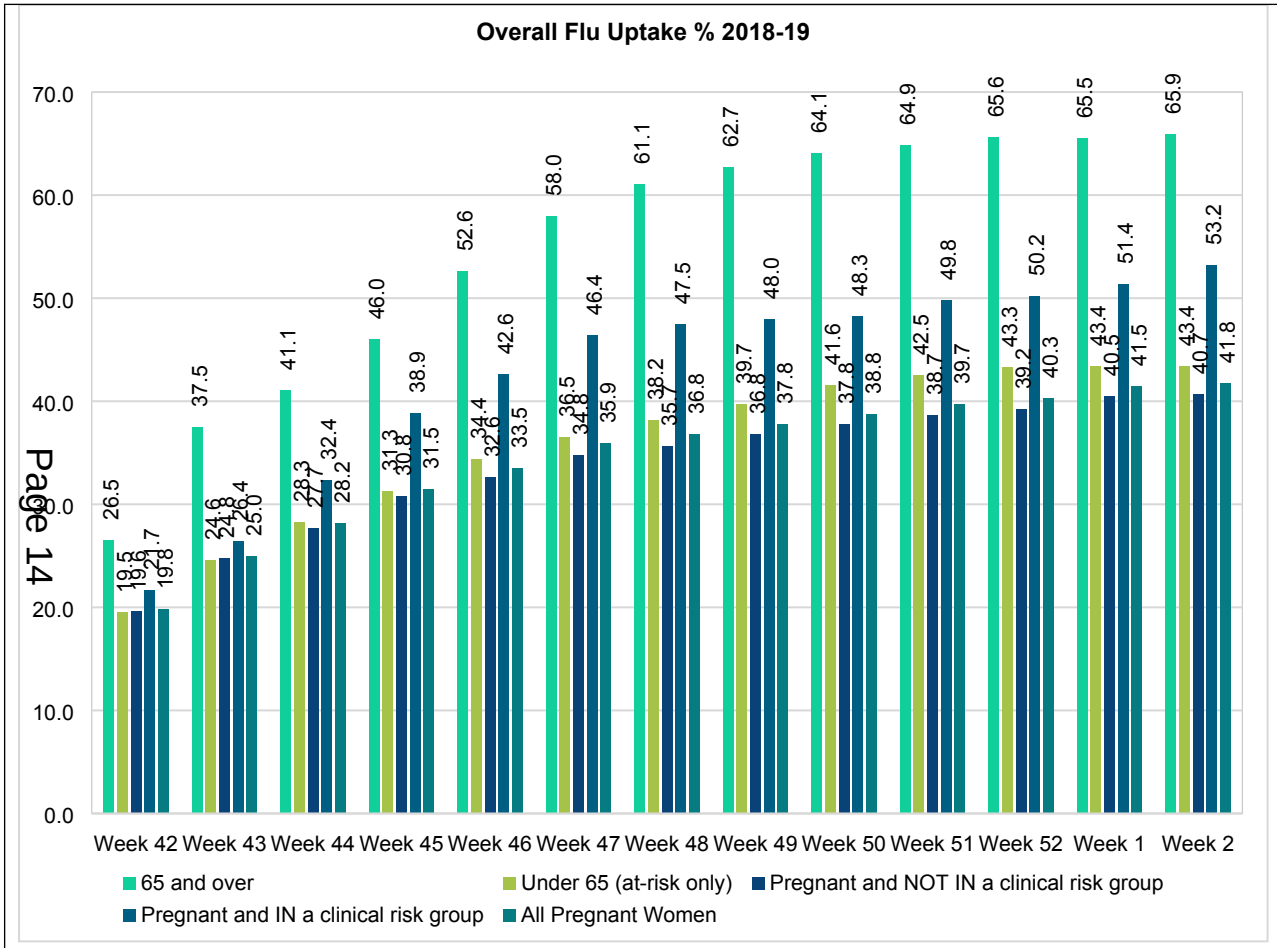
Overview of practice aTIV ordering:
All practices now have access to aTIV flu vaccine and there are spare stocks of both aTIV and QIV available. Practices continue to vaccinate and to prioritise those in care homes and with LTCs. NHSE continue to monitor CCG and PH activity and support around this. Guidance 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 by Public Health and NHSE figures are now available via Immform on a weekly basis – uptake is lower than

this time last year but continues to increase. 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 vaccine task group has met four times and met again in January to reflect on the 2018/19 season and prepare for 2019/20 season and continue to explore ways to increase uptake and ensure timely reporting. A further meeting will be held in March to reflect on the season and to anticipate NHSE reflection workshop/event possibly being held in February/March.

Flu vaccination uptake

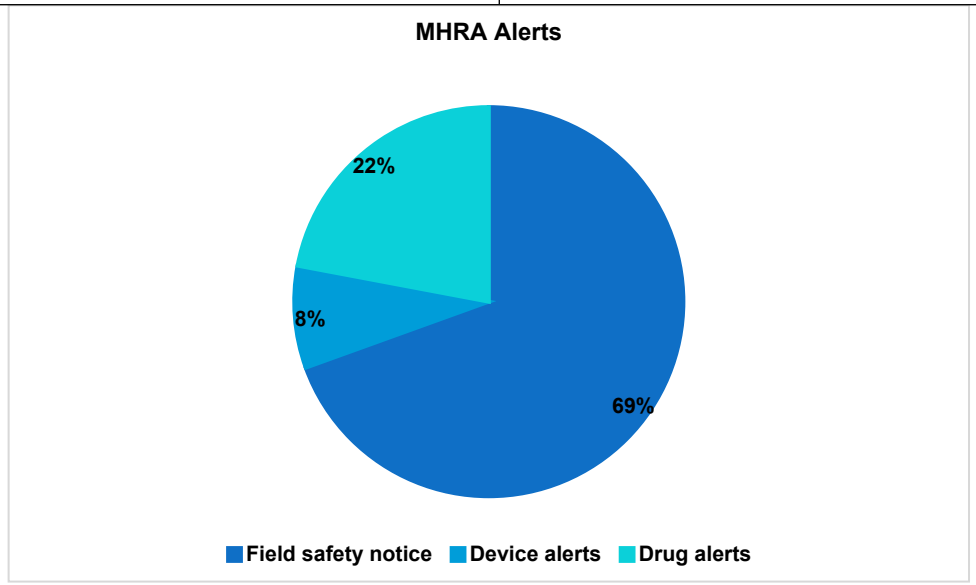


Please note there have been some issues with the electronic upload to Immform and data may not be completely accurate.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	41	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	13	



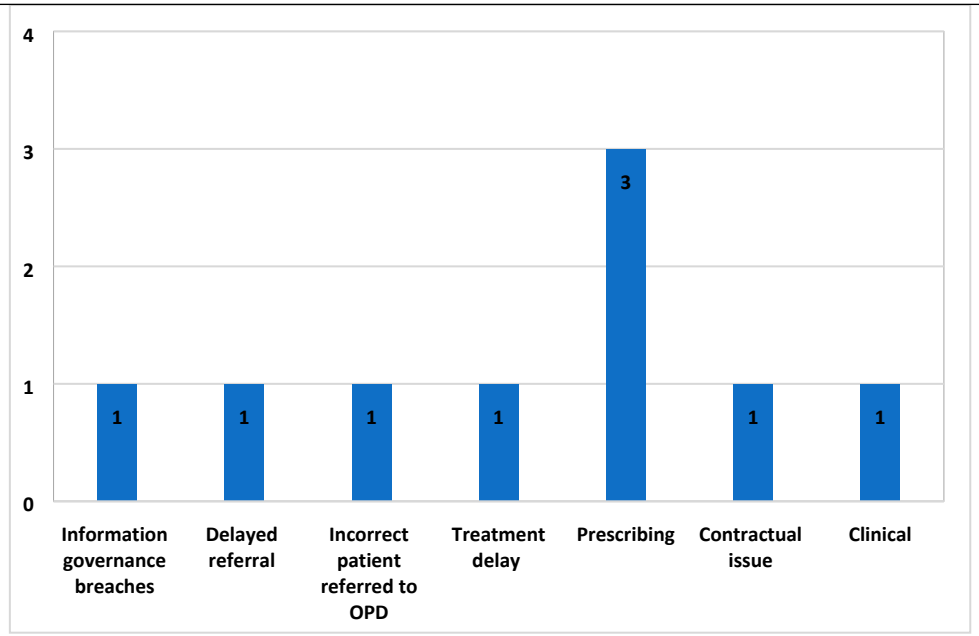
2.3. Serious Incidents

There is currently one serious incidents being investigated in primary care relating to sub-optimal 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	4	Overdue QMs are currently being reviewed one has been closed. There are currently 4 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	3	
Closed	9	
Quality Matters Themes:		



- Information governance breaches – incorrect blood forms given to patients
- Delayed home visit/referral onward for treatment
- Incorrect patient referred to OPD (2 patients with same name)
- Treatment delays
- Prescribing issues

Closed QMs:

- IG breach

2.4. Escalation to NHS England

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

Incidents submitted for review November 2018	Outcome from PPIGG
One complaint raised via NHSE reviewed at PPIGG on 10th January – raised to SI status do to its nature. Practice aware and asked to complete RCA.	Referred to PAG.
Exceptions and assurances:	
Nothing to report at present.	

3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Exceptions and assurances:
Num	2	2	3	13	3	0	0	0	0	1	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 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.											

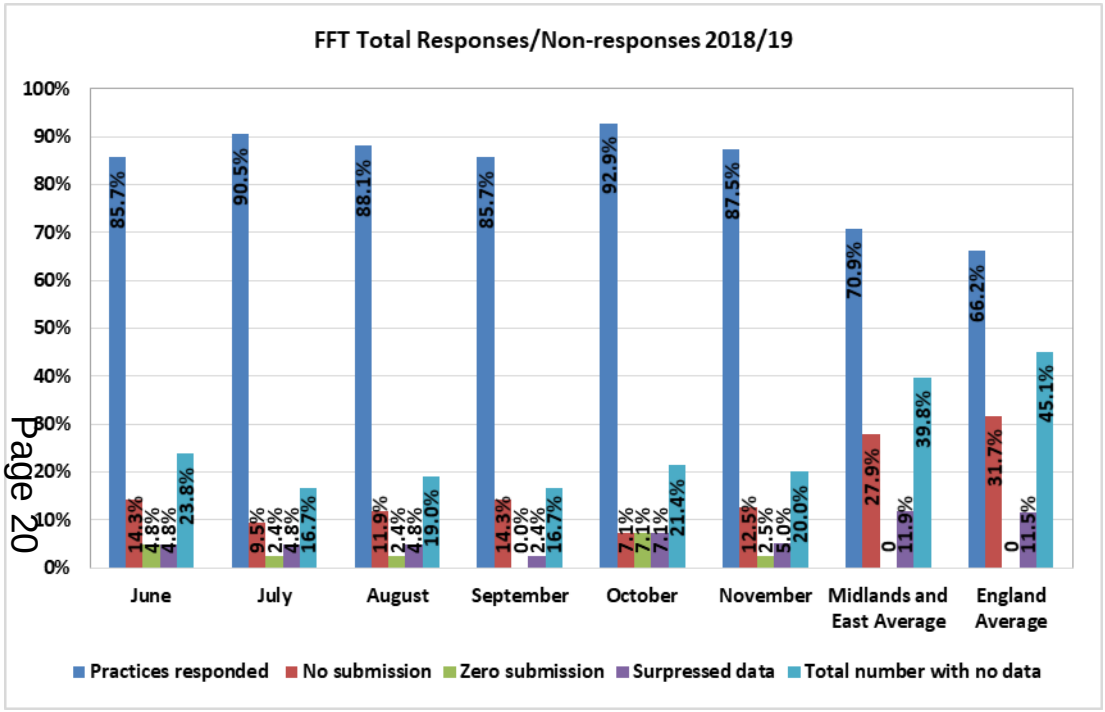
3.2. Friends and Family Test

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

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

Percentage	March	April	May	June	July	August	Sept	October	Nov	West Midlands	England
Total number of practices	42	42	42	42	42	42	42	42	40	2043	6908
Practices responded	95.2%	78.6%	81.0%	86.0%	90.5%	88.1%	85.7%	92.9%	87.5%	62.8%	63.3%
	40/42	33/42	34/42	36/42	38/42	37/42	36/42	39/42	35/40		
No submission	4.8%	21.4%	19.0%	14.3%	9.4%	11.9%	9.5%	7.1%	12.5%	37.2%	36.7%
	2/42	9/42	8/42	6/42	4/42	5/42	4/42	3/42	5/40		
Zero submission (zero value submitted)	2.4%	9.5%	2.4%	4.8%	2.4%	2.4%	4.8%	7.1%	2.5%	N/A	N/A
	1/42	4/42	1/42	2/42	1/42	1/42	2/42	3/42	1/40		
Suppressed data (1-4 responses submitted)	2.4%	4.8%	9.5%	4.8%	4.8%	4.8%	2.4%	7.1%	5.0%	9.4%	7.2%
	4/42	*15/42*	4/42	2/42	2/42	2/42	1/42	3/42	2/40		
Total number with no data	9.5%	33.3%	31.0%	23.8%	16.7%	19.0%	16.7%	21.4%	20.0%	46.7%	44.2%
	4/42	15/42	13/42	10/42	7/42	8/42	7/42	9/42	8/40		
Response rate	1.8%	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	2.2%	1.8%	0.6%	0.5%

Data Comparison	**Exceptions and assurances**



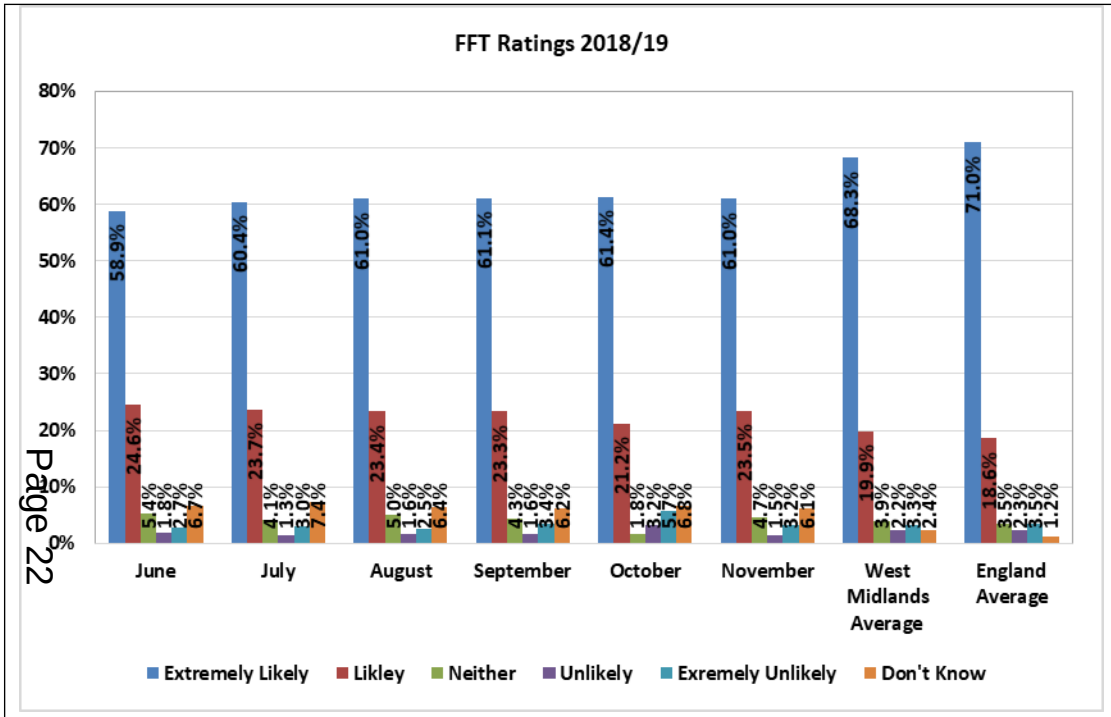
Submission rates were down slightly this this month, overall response rate was 1.8%, which still remains significantly better than both the regional and national averages.

Submissions are now being monitored as per FFT Policy and practices have been contacted where there are potential contract breaches for non-submission. 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.

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

	Ratings							
Percentage	**June**	**July**	**August**	**September**	**October**	**November**	**West Midlands Average**	**England Average**
Extremely Likely	58.9%	60.4%	61.0%	61.1%	61.4%	6.1%	68.3%	71.0%
Likely	24.6%	23.7%	23.4%	23.3%	21.2%	23.5%	19.9%	18.6%
Neither	5.4%	4.1%	5.0%	4.3%	1.8%	4.7%	3.9%	3.5%
Unlikely	1.8%	1.3%	1.6%	1.6%	3.2%	1.5%	2.2%	2.3%
Extremely Unlikely	2.7%	3.0%	2.5%	3.4%	5.7%	3.2%	3.3%	3.5%
Don't Know	6.7%	7.4%	6.4%	6.2%	6.8%	6.1%	2.4%	1.2%

Ratings Data Comparison	**Exceptions and assurance:**
	Overall 85% would recommend their practice, 5% would not with ratings similar to last month, and lower than regional and national (88% and 90% respectively would recommend and 6% would not recommend) averages. The response rate for Wolverhampton is significantly higher once more so the figures may reflect a more accurate response. This month 10.8% gave either a "don't know" or "neither" answer compared to 6.3% regionally nor 4.7% nationally this is the same as last month. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed. 9 practices had higher than average not recommended ratings which is lower than last month, and 8 practices lower than average would recommend ratings (with some correlation between the two but this varies on a monthly basis), this is the same as last month – these have been discussed with Locality Managers. Response numbers were low in some of these practices. Last month the extremely unlikely rating was unusually high,



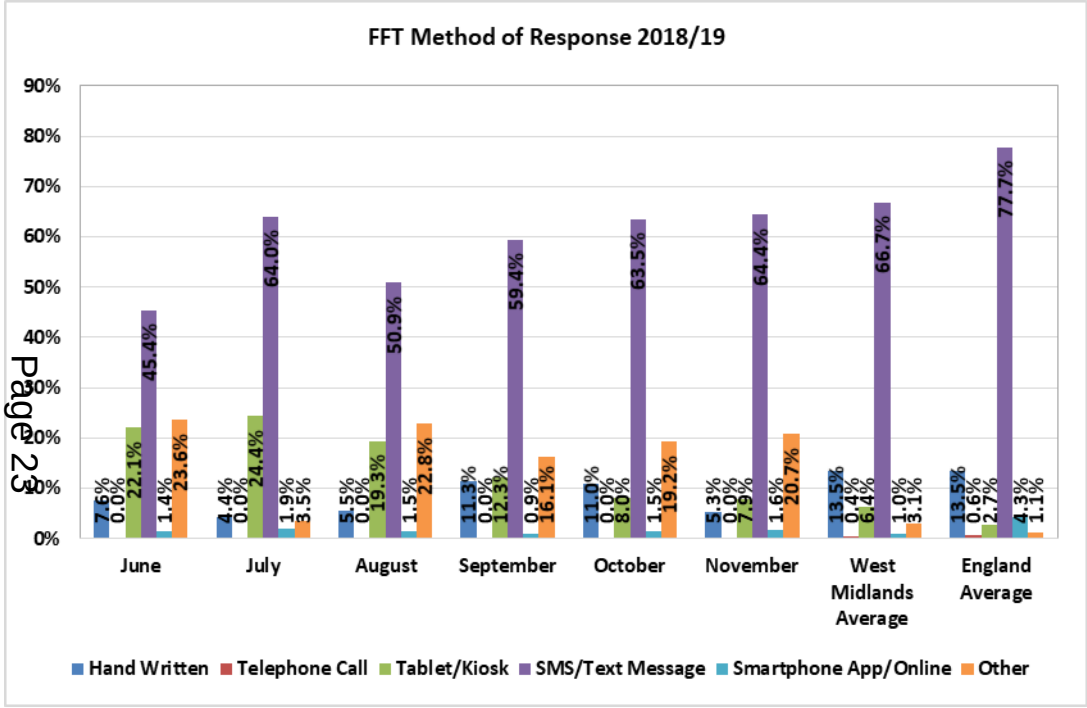
however this does appear to have been a one-off as the rating is month is average and anecdotally there are a number of theories that may explain this.

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	June	July	August	September	October	November	West Midlands Average	England Average
Hand Written	7.6%	4.4%	5.5%	11.3%	11.0%	5.3%	13.5%	13.5%
Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.6%
Tablet/Kiosk	22.1%	24.4%	19.3%	12.3%	8.0%	7.9%	6.4%	2.7%
SMS/Text Message	45.4%	64.0%	50.9%	59.4%	63.5%	64.4%	66.7%	77.7%
Smartphone App/Online	1.4%	1.9%	1.5%	0.9%	1.5%	1.6%	1.0%	4.3%

Other	23.6%	3.5%	22.8%	16.1%	19.2%	20.7%	3.1%	1.1%

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), with an increase in use of website/app 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). 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

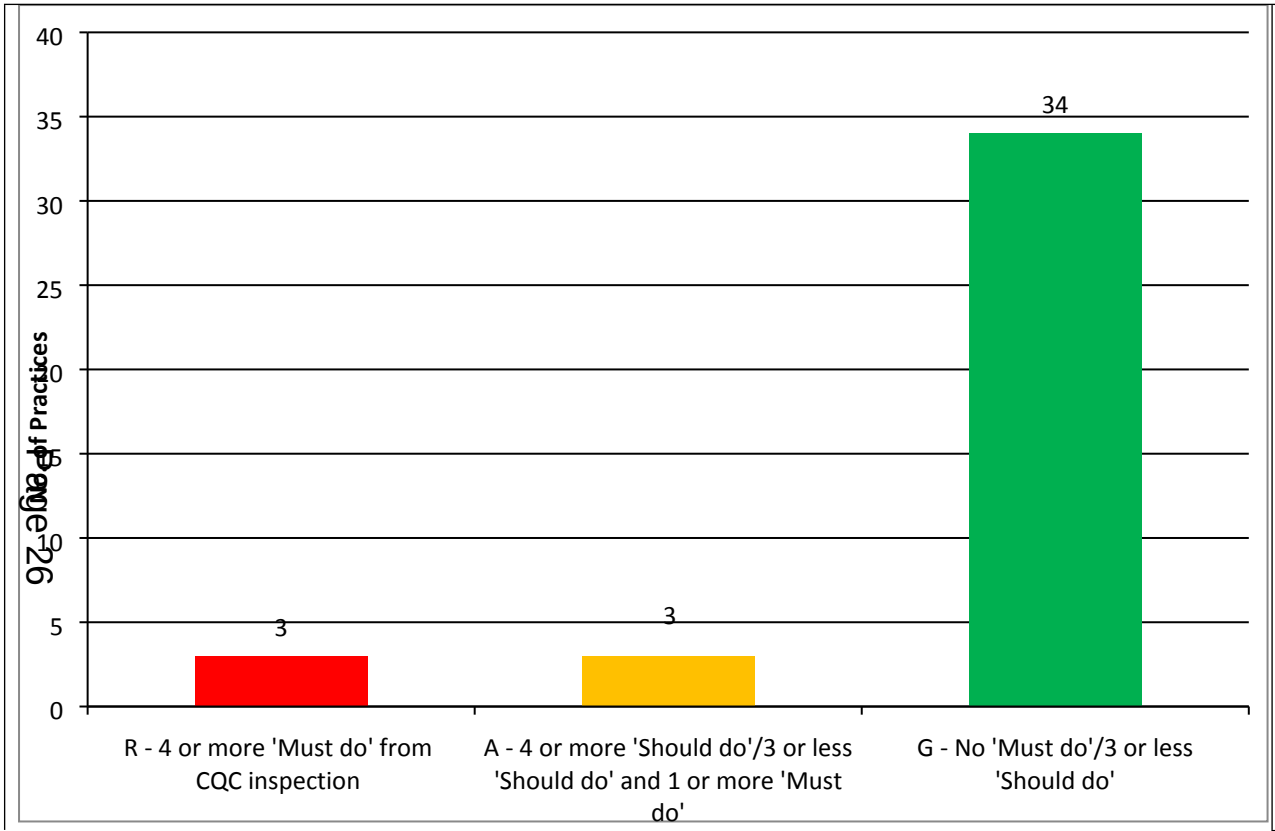
- ENT
- Opthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology

5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

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

CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	Families, children and young people	Older people	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable	People with long term conditions	Working age people (including those recently retired and students)
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	37	35	38	39	39	37	37	37	37	37	37	37
Requires Improvement	3	5	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
RAG Ratings – actions from CQC inspections:							**Exceptions and assurances**					



There 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) and are being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to both practice teams.

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

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

6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	The GP retention scheme programmes are now either being recruited to, or are out for expressions of interest. The practice nurse retention scheme is being developed the same vein as the GP programme – an event will be held in February and funding has been secured from NHSE for £32,500. A fast-track practice nurse induction programme has been developed across the Black Country which will get staff practice ready within 12 weeks, 4 nurses are booked on this programme. The Physicians Associate internship programme is due to commence with 3 practices	No exceptions noted.

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

Discussions are to be held with refugee and migrant project in Sandwell who have identified a number of individuals who are qualified health care professionals in their own country and who would like to be able to register in the UK.</td><td></td></tr>
<tr><td>Workforce Numbers</td><td>
<table>
<tr><th>Group</th><th>FTE</th><th>Variance last month</th></tr>
<tr><td>Advanced Nurse Practitioners</td><td>19.6</td><td>-0.2</td></tr>
<tr><td>Practice Nurse</td><td>51.2</td><td>+1.5</td></tr>
<tr><td>Health Care Assistants</td><td>25.8</td><td>+0.1</td></tr>
<tr><td>Registrars</td><td>6.6</td><td>-1.8</td></tr>
<tr><td>Locum GPs</td><td>2.5</td><td>-0.6</td></tr>
<tr><td>Salaried GPs</td><td>34.2</td><td>+0.8</td></tr>
<tr><td>GP partners</td><td>91.7</td><td>+4.1</td></tr>
<tr><td>Administration/Receptionists</td><td>274.5</td><td>+17.2</td></tr>
<tr><td>Practice Managers</td><td>54.1</td><td>+0.8</td></tr>
<tr><td>Apprentices</td><td>4.8</td><td>-1</td></tr>
</table>
</td><td>Figures taken from NHS Digital data – some practices have not agreed to share their information and there may be higher numbers of staff than shown here. Locality Managers are encouraging practices to tick the data sharing agreement to allow CCG to view data. 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.</td></tr>
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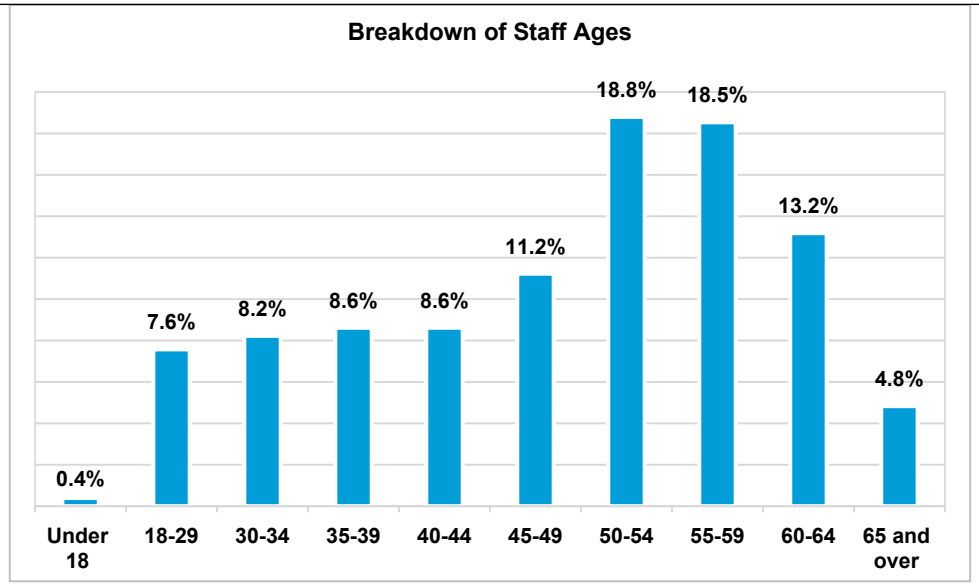
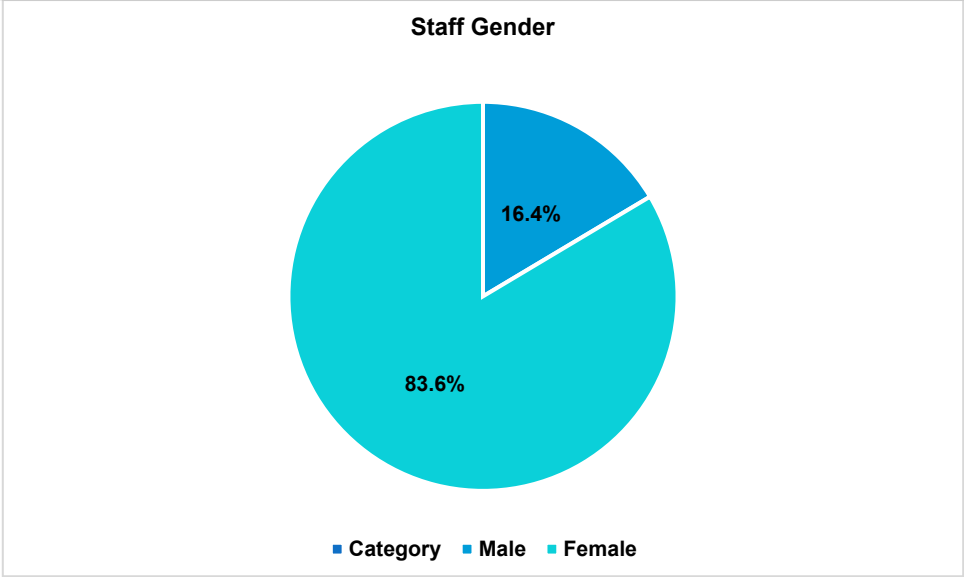

Breakdown of Staff Ages
0.4%
7.6%
8.2%
8.6%
8.6%
11.2%
18.8%
18.5%
13.2%
4.8%
Under 18
18-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65 and over

		
GPN 10 Point Action Plan	• Action 1, 2, 4, 5, 7, 8, 9 and 10: work on the GPN Strategy is continuing this is to be shared with Practice Nurse Forums. • 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 in the short-term. • 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. • Action 4: Work is being undertaken on fast-track induction for GPNs in conjunction with other CCGs and Training Hub this also forms part of the strategy and is due to commence in March with 4 nurses booked on.	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.

	• Action 5: Further work is being developed to promote the Return to Practice programme. • Action 7: Nurse education forum continues on a monthly basis - 2019 programme is currently being finalised with sepsis, lymphoedema and CVD sessions being held in the first quarter. 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 will be discussed further at Milestone Review Board. • Action 9: HCA long term condition training workshops continue. 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 • 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	• A business case for spirometry training in primary care is awaiting final approval. • A Nursing Associate Apprenticeship business case is awaiting some refinement and information about learning agreements. • HCA apprenticeship business case is awaiting final approval – this is an STP wide initiative • Wolverhampton CCG Clinical Supervision Digital Tool pilot has now commenced although there are some technical issues persisting. • Practice Makes Perfect continues on a monthly basis with the 2019 programme being finalised, a protocol for management of sessions has been developed and all are now accessed via Eventbrite, uptake has increased slightly. • Additional 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. • Fast-track GPN induction programme is due to start early in March 2019 led by	Business cases to be reviewed at Primary Care Commissioning Committee following revisions.

	Dudley with logistical support from the Training Hub – 4 new nurses are booked on this programme. • New NMC validated pre-registration nursing course is due to be launched in early February and representatives will attend this session. • Discussions were held with Wolverhampton College around HCA apprenticeship programmes and numeracy and literacy training.	
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.

6.3. 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. Further links with Wolverhampton University are being developed to promote health related courses in schools and colleges. Money for practice manager training has been identified and this is being managed by the hub in conjunction with CCGs and LMCs. Training Hubs were sent an email to scope expressions of interest around the Medical Assistant role however there has been some confusion as CCGs appear to have been leading on this.	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	The LWAB are currently developing their plan in line with the Long Term Plan, this will focus on roles, retention, leadership and technology. There will be a dedicated workforce information analyst in place across the STP who will focus on future needs and succession planning. Funds have been made available for leadership and HCA training. Next steps include attracting young people to roles and the stepping up programme for people from BME communities. Mental Health First Aid training is also a focus. New programmes of work will focus on large system wide projects e.g. Black Country Apprenticeship Hub.	

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
5th February 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:	• Mobilisation underway following completion of APMS procurement exercise • Cancer waits – feedback from practices being used to help identify where issues occur relating to referrals • A new role, Physician Associates are starting within Primary Care • The CCG is working closely with GPs in Bilston to provide an Estates solution, in collaboration with the Local Authority and RWT
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 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 4th January 2019 at 1pm
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
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Carol McNeil	(CM)	Assistant Contract Manager, NHS England
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

Apologies:

Marion Janavicius	(MJ)	WCCG Contracts Manager
Hemant Patel	(HP)	WCCG Head of Medicines Optimisation
Jo Reynolds	(JR)	WCCG Primary Care Development Manager
Jeff Blankley	(JB)	Chair of the Wolverhampton Local Pharmacy Committee
Yvette Delaney	(YD)	Inspector for Primary Medical Services Care Quality Commission (Central West)

Item		Action
1.	**Declarations of Interest** Dr Mehta declared his Conflict of Interest.	
2.	**Welcome & Introductions** The team introduced themselves.	
3.	**Notes and Action Log from the Last Meeting** The minutes from the meeting held on 7 December 2018 were signed off and recorded as an accurate record.	
4.	**Notes of the Clinical Reference Group** Main items for discussion were around Frailty Coordinator. The main two subjects are GUS, AF and costing around that. Jeff Love will be leading on this.	
5.	**Matters arising** <u>Breast Screening Clinic</u> It was noted that the patients who were classed as priority were those who had missed appointments. These patients have been	

	written to and invited to timely appointments. From the figures for Nov/Dec 57/73 did not attend. Out of those who attended 1% requires further assessment. Type 2 women – majority sent out 92% received no contact back from them asking for appointments. 101 have attended the screening. 17 did not attend 10 have declined 102 have attended Screening numbers have gone up. Further numbers for referrals. This could be due to national incident that took place in May time which could have raised awareness. There were some concerns raised about how the ladies are invited for their appointments and the protocol about follow-up and how we can assist with that. **Action for SB to work with Kate and Jason from RWT**	
6.	**Discussion Items/Assurance** <u>Review of Primary care matrix</u> Main areas of work are around APMS procurement exercise. Contracts been awarded and initial meeting took place before Christmas with the new provider. Mobilisation meetings have now been set up till March 2019. A Project Group has been put in place with current and new providers alongside CCG representatives. The Project Group will identify key themes i.e. Finance, IT etc. for each meeting. The meetings will take place on a weekly basis in January; the frequency will then be reviewed going forward. It was noted that this is a time critical piece of work which will require a high level of CCG input and monitoring alongside extensive resources from the current and new provider. It was noted that CCG Group Managers will help provide support during this process with the practices involved. There will be an implementation chart provided by JW following on from the meeting on Wednesday 9th January showing timeline of events. It was noted that the IT System merger and migration was still ongoing and that discussion will take place with the providers and IT colleagues to discuss options and the best solution going forward. RS will be attending the meetings next week. So that he is able to	

	contact EMIS to set up dates for the new provider. Mergers will not take place before new financial year. However the System Migration will need to be done first before the merger. Bilston Urban Village and Ettingshall become one contract from 1st March 2019. It is required that these two systems are merged from beginning of April. This needs to be discussed with provider colleagues to avoid disruption. **Action: RS will do the timelines and discuss with GS with all of the lead times with EMIS.** This has already been discussed with the provider regarding this being high on the risk register. Meeting with NHS England regarding the MOU arrangement with PCAST. It has been agreed that the current arrangements will continue to be in place for the next 12 months. There are several queries around MOU which the CCG are awaiting clarification on. However JW is looking to get this signed off by the end of February 2019. Review meeting has also been put in place for the changing situation with STP and to see if the MOU is still appropriate. There are no immediate plans for dental, optometry and pharmacy to be delegated to CCGs presently. Discussions took place about 12 month window yesterday Cancer peer review – is not on the matrix at the moment and will go through how information can be put on the matrix and how it needs to be reported here at PCOMG in a different way. JW said they can provide update at the next meeting in February. MH informed the Group that the cancer recovery plan has been really useful. Feedback from practices has been good. Peer review taken place affected some of the practices. It is important we understand what these issues are. There were visits and questionnaires. Some of the information on questionnaires will lead to visits. We know that there is Christmas effect on cancer referrals i.e. patients deferring treatment until New Year however the number has been up at 1700 during Oct/Nov. December's figures were below 1200. It is hoped that figures are back to normal to 1350 level Simon Grumett from RWT has made a video about how they are	

	working on together with the CCG on Cancer issues. Link will be on website. As well as the GP newsletter. <u>Forward plan for Practice Systems Migrations Mergers and Closures</u> Not aware of any other mergers at this time. <u>Estates Update/LEF</u> Proud lane solution was discussed. The dental space should have been occupied by refurbishment that Dr Sharma should have been moving in to. Due to practices having issues with PS this has not been possible. Going forward there might be increase in void spaces we will try and fill as such as we can. If anybody knows ways in which the space can be utilised better please discus in this group. A number of meetings have taken place with Bilston Prouds Lane. They have been presented with a few options and these have been discussed with GP's. They are working with an external company and also working with other hubs in the city. The next 18-24 months will be key for the CCG to try and prioritise. TK will try to summarise for next meeting. Strategic Business Outline Case is a high level case. Looking to Commissioning some further work to try and identify more specific work in Bilston. Utilisations required in the whole area. Trying to identify if there is a need for a single hub or a building That should feedback into the whole business case. We are working on this with the GPs in Bilston and will be led by them. Council are involved as well as the health and social aspect. The ETTF schemes at East park and Newbridge are going ahead. East park have few planning issues around garages and parking. Meeting with them this afternoon to see where they have got to. Alfred squire also have some issues around PS. <u>Primary Care Quality Update</u> GS has a list of Infection Prevention action plans and audits that Michael Kristy has sent to her. These have been put on a locality basis and sent to MH and TK. There have been comments made about wall damage, flooring, sinks, furniture and wipe-able boards and dirty utility. Majority of Practices that have had an audit raised concerns around wall	

	damage, blinds etc. These will be escalated via PS estates. Majority will say in their actions plans that these have been escalated. All practices to send us details of their escalations. These can then be collated and the CCG will have a record of these. Safer Sharps – Danielle Dain from IP will be providing a session at Thursday 10th January's Practice Makes Perfect. Most of the practices are using the safer sharps, however some were delayed because they had boxes of old stock. Some of the flu jabs did come with needles. IP were aware and gave go ahead to use these. After the flu season these will be gone. An exercise that will take place between Jan-April Awareness raising. Sam Williams will be holding a session on Sepsis also. The IPT team will be doing some audits on safer sharps in the practices. There had been an issue with drawing up needles and scalpels, Mike Christie IP nurse has now sent out ordering details and this should now be resolved. Action: JW to contact Geni at NHS England around when the next VI Assurance Meeting will be taking place. **Action PS to send the Risk spreadsheet to LC** Handwashing – Practices should be tackling themselves. This has not been put into the spreadsheet. LC to pull up the audits and speak with Charlotte Hill from VI. Flu – 0ver 65s flu vaccinations due -looking to redistribute to those practices that are running low. Weekly reports showing increase on week by week basis. This is due to delay in receiving the vaccinations. Couple of practices that Immform is not picking up their figures Parkfields and Dr Sharma's. NHSE are aware of the issues. Sepsis – There will be a session held at the next PMP in January. Also looking at offering some training via Team W. Quality matters –a few are overdue which are being chased. Not anything clinically significant. IG Breach – clinical issue reviews by PPIGG in December which related in delay. Patient should have been referred with queries. Confusion with diagnoses. However the GP response was thorough. No further action on this matter.	

Complaints data for quarter 2 majority are on- going themes. Staff attitude and prescribing and communication. Clinical treatment and mis-diagnoses. Majority were not being up held.

Friends &Family MJOG being used. Practices that didn't make submission we need to do something.

Action: MH to speak with DK. Visiting Dr Mudigonda re option around electronic submission.

Action plans have been agreed via LC in the past. So action to be taken if not received two or more.

LC to look at the FFT ratings data again next month to see if it balances out.

- Workforce Activity – Phys Associate internships due to commence and nursing associate internships ongoing piece of work for Task & Finish Group.
- LC has access to primary care work tool. Not all practices are signed up to return their information. This just gives an overview of numbers and age group.
- 10 point action plan – work with STP is being done. Work around Fast track induction to do be done in conjunction for Practice nurses. Retention programme being looked at for Practice Nurses Strategy. And continue to develop practice nurses.
- Training development Spirometry looked at. 20 hours for portfolio and time taken to do spirometry.
- PMP agenda up to May. Looking at doing the International Nursing day soon.
- Training hub – update. The procurement procedure has been put on hold for now. Risk has been reviewed around this. Also looking at their functions & KPIs - LC will keep the group updated.

<u>General Practice Forward View Update</u>

Quarter 3 reporting of the Assurance pack will be going to the MRB meeting in January and PCCC in February. This will confirm updates on the Primary Care Strategy Programme of work and GPFV programme of work including recruitment plans i.e. Physicians Associate Internship. There were some problems reported to the on call director on boxing day with calls to 111 & the

	accuracy of the DOS, CCG information had been submitted to NHS 111 but unfortunately the DOS hadn't been updated resulting in patients not being directed to Practice Hubs. Access returns continue to be submitted each month. Confirming number of appointments being offered. Have been green since the September. Working on plans to increase to 45 mins per 1,000 patients from 1st April as funding increases to £6 per head. MJOG two way texting is enabling lots of appointments cancelled/reallocated to other patients and not being wasted. Practice Manager Support Offer continues to be rolled out including coaching/mentoring training, Buddying among practice managers. Additional monies being released to LMCs to be spend by the end of March. SS has offered her support to ensure the funds are spent in line with NHS England's expectations, LMC welcomed this support. Other work taking place focusses on Primary Care Networks. Guidance came out in Aug last year. Have met with NHS England talked through the model in Wolverhampton & assessments against the guidance are concluding. Group Managers are maintaining close liaison with their Group Leads. Planning Guidance advocates that CCGs will continue to invest locally £1.50 per patient in aid of developing Primary Care Networks, SS confirmed funding had already been set aside & the service specification was under construction. SS will bring a Paper to milestone Review – this is also a strong focus at STP level. Further Resilience money has become available, bid has gone to NHS England for £18,000 to fund the introduction of GP Clinical Lead(s). This will complement the work of the ICA and the practice groups in peer review as a priority. The role is designed to work with the commissioning team and will interface with the practices/GPs, impact assessments being completed. National workforce reporting tool has a new module which will be releasing to practices. Reporting tool will be use for the CCG and STP. **Action: MH to talk to BI to do some modelling regarding access to referral activity** <u>Contract Visit Report</u> There are no outstanding actions plans. In the process of collating the Woden Road action plan but noted that there are very few actions mainly around missing information around training. This	

	was due to them being on annual leave. Collaborative Working Model: Practice Issues and Communication Log No issues Care Query Panel Numbers are fairly small. Clinical Complexity is being reviewed by GS. Toolkit came out from NHS England. Workshop end of January for STP to discuss work being done by the STP. RWT are good at investigating and coming back to the CCG. Majority of care queries are for RWT. Not getting many. One has not been finalised and 2 outstanding which are being investigated by RWT. Risks No new risks reported. GS has some assurance from Dr Vij surgery that they have salaried GP employed. With a view to the GP becoming a partner in the near future. So risk has been reduced to 9. They are struggling to recruit and they have a very good nursing team. They are working with a number of former locums. Risks relating to Docman and Unity Continuity are currently out for review. **Action: PS to speak with Vijay Patel to complete review for Docman.** SS highlighted that Risks regarding protective learning time and Team W will need to be raised over the next month. STP Primary Care update Supporting practices to recruit / advertise 3 physician associates. Parkfields, Whitmore Reans and VI practice (delay in confirming funding availability/which practice). PA will be employed by the recruiting practice. The internship is for an initial 12 month period with incentive payment(s) from Health Education England and the CCG. If the pilot is successful this may be rolled out across the STP. A mapping exercise is being undertaken to determine maturity of Primary Care Network(s). We are being scrutinised by NHS England on a monthly basis, an indicator on the STP dashboard that is currently red. Intensive support site – we are one of 7. All projects up and running (national & local) 4 local projects (portfolio careers &	

	retention of trainees are very popular, pre-retirement & mentoring are gaining momentum). Monthly project team meetings & scrutiny from NHS England being maintained, overall the programme is progressing well and gaining momentum, viewed positively at national level with lots of enquiries for interested CCGs/STPs elsewhere in the country. Resilience Bid for £28k has been submitted to bring forward the work planned to transfer the principle of retention and apply to practice nursing, this will compliment the implementation of the STPs strategy. Dr Lal has sadly passed away. He was very popular within the community. This practice has recently merged with Health & Beyond. Details of the funeral – 3.15pm Friday 11 January Bushbury cremation, Gill Shelley & Liz Green attending on behalf of the CCG. Memorial service likely to take place in the Bradley area at a later date so residents can express their condolences. <u>Enhanced Services PPV</u> Post Payment Verification (PPV) to be undertaken to ensure practices are being paid appropriately for the work they have done. This PPV exercise will be for claims made 2017/18 Marion Janavicius has provided spreadsheets of the practice claims for ear syringing, simple and complex dressings. These figures have been normalised into claims per 1000 patients to ensure equity across the practices. All those with 20% claims above the CCG average have been identified resulting in For Complex dressings – 7 practices For simple dressings – 8 practices For ear syringing – 6 practices This will require 18 PPV visits although some practices duplicate across 2 or 3 of the areas resulting in 15 visits overall. The number of visits and visiting plan needs to be discussed as this work really needs to be completed by end March. The results will be reported to this group committee and PCCC when the work has been completed.	
7.	**CQC: Primary Care Update** No Issues	
8.	**Primary Care Commissioning/Contracting Update** Practice Mergers: The planned mergers for Grove Medical Centre, Church Street Surgery and Bradley Medical Centre have gone well. The practice team have worked to ensure the process has gone as	

	smoothly as possible. QOF PPV - Four practices have been chosen on a random basis – one from each practice group. A letter will go out to all practice next week informing them of the process. Practices chosen will be notified at the end of January. The inspection will look at 2 specific disease registers along with exception reporting and disease prevalence. Some work is being undertaken looking at the costings and timing of providing enhanced services in conjunction with Dr Saini, Sally Roberts and Finance. A further meeting is scheduled for later this month. Minor Surgery LES – NHS E are removing the Minor Surgery DES which will be replaced with the LES. The specification is the same except the LES gives the options for the service to be provided by a HUB or for practices to provide on behalf of other practices.	
9.	**Public Health: Primary Care** Health care is still performing really well.	
10	**NHS England**	
11	**LMC Update**	
12.	**Pharmaceutical Involvement in Primary Care** None	
13.	**AOB** None	
14.	**Date and Time of Next Meeting:** Friday 6th February 2019 at 2.30pm. Main Meeting Room, Wolverhampton Science Park, WV10 9RU	

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**	**28.1.19**

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
Tuesday 5th February 2019

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	☐ **For Information Only**
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	• To provide udate 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. QOF Post Payment Verification

This process will take place during February. Practices selected will be notified 2 weeks in advance of the proposed visit.

2. Enhanced services Post payment verification for claims 2017/18

To ensure practices are being paid appropriately for work undertaken it is necessary to undertake a PPV process where there appears to be anomalies in the claims that practices are making for certain enhanced services.

On review of the enhanced service claims it appears that the majority of discrepancies in claims are with Ear Syringing and Wound Care (simple and complex) which are both in the Basket Services components of the Enhanced Services Contracts.

The service specifications (appendix 1 & 2) are very clear in what should be provided and to which patients but it appears from the claims data we have that there could be practices making claims incorrectly.

To ensure a fair process the following will be taken in to account

- Practice claims Per 1000 patients
- average CCG claims
- Those practices with 20% claims above CCG average will be targeted for review visits.

The process will be undertaken during February and March 2019 with practice visits undertaken in February and financial reconciliation throughout March if approved by PCCC

3. PRACTICE MERGERS

The mergers of Church Street Medical Centre and Bradley Medical Centre took place through November. Thanks to the hard work of the staff the mergers have gone very smoothly.

4. MOBILISATION/EXIT APMS CONTRACTS

The process of mobilisation of the new provider for both contracts and exit of the incumbent providers has commenced. A project group is in place to oversee the process and Weekly update/ meetings are being held to monitor the progress.

5. CLINICAL VIEW

Not applicable

6. PATIENT AND PUBLIC VIEW

Not applicable

7. KEY RISKS AND MITIGATIONS

Not applicable

8. 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: **February 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**	**5/2/19**

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 (Public)
February 2019

TITLE OF REPORT:	Quarterly Primary Care Assurance Report
AUTHOR(s) OF REPORT:	Jo Reynolds
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To provide an overview of the activity taking place from the work programmes within the GPFV and Primary Care Strategy
ACTION REQUIRED:	☐ **Information** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• Overall the programme is almost fully delivered and likely to close at the end of quarter 4 with outstanding items being carried forward to a new combined programme of work for 2019 and beyond that will be reflective of the latest planning guidance.
RECOMMENDATION:	• To receive and consider the content of this report
BOARD ASSURANCE FRAMEWORK:	1. Improving the quality and safety of the services we commission. 2. Reducing Health Inequalities in Wolverhampton. 3. System effectiveness delivered within our financial envelope : The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

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NHS
Wolverhampton
Clinical Commissioning Group

Report of Primary Care Commissioning Committee:

Assurance Report Quarter 3 2018/19

Contents

1. Work Programme(s) Overview
   - Primary Care Strategy
   - GPFV

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

3. Enhanced Services
   - QOF+
   - Improving Access
   - Transformation Fund
   - Basket Service- LES, COPD/ Asthma
   - EOL
   - PITs
   - Mjog

Work Programme(s) Overview

- Primary Care Strategy
- GPFV

Primary Care Strategy – Progress

Practices as Providers

- Frailty pathway pilot concluded; evaluation complete and project extended until March 2019
- Home Visiting Service launched
- Mental Health pathways redesign in discussion
- Enhanced Health in Care Homes business case is being developed
- Progress has been made on MDT models; 2 are now live with development work on-going
- Primary Care Networks discussions and scoping
- Targeted peer review outcomes presented to T&F group

Workforce

- Data from NHS Digital has been refreshed and reviewed
- Care Navigation Cohort 2 launched and training of staff offered
- Continuous updating and promotion via online resources e.g. website, linkedin
- STP Practice nurse strategy is out for consultation
- 10 point action plan ongoing, with information on local training opportunities promoted
- PA Internship agreed & advert out in January (3No)
- 4 Post CCT Fellows recruited & employment hosted at RWT

Estates

- Refresh of estates is taking place at a STP black country level
- East Park and Newbridge building work is ongoing
- Negotiations for Dr Whitehouse to remain in the building have occured

General Practice as Commissioners

- Primary Care commissioning intentions has been circulated to practices & engagement plan drafted
- Data from commissioned services reviewed on-going basis
- Transformation plans from groups have been submitted and reviewed (Q2 reports) performing well
- Access utilisation continues to improve; 7 day service in place throughout Christmas period
- Transformation fund hubs (working at scale) are up and running

IM&T

- 3 practice merger is complete
- Work on shared clinical record is logged as a risk; issues with engagement from RWT
- Promotion of patient online happening across the city at various events and signage
- Procurement of licences enabling the roll out of online triage and consultation is underway and will conclude in January 19
- Go live for paper switch off was successful
- DOCMAN issues identified and are now concluded
- EMIS user group held to support practices and hub working

Contracting

- PPV has been scoped for enhanced service (basket)
- Evaluation and review of specifications (extended services) is on-going, revised costing template prepared
- Practice visit process for contract monitoring purposes has been reviewed and agreed
- APMS procurement has taken place and award notice placed. Mobilisation period is underway
- Basket Service Specification revised (wound care) discussions with trust commenced

Work Programme Overview – GPFV

GPFV Programme of Work Q3 2018/19						
CURRENT						
Chapter	**Total Number of Projects**	**Not Started**	**Achieved & Closed**	**In Progress within Timescale**	**Overdue and/or behind schedule**	
1 Investment	7	0	6	1	0	
2 Workforce	27	1	12	14	0	Closed 2.26 In Progress 2.23
3 Workload	25	2	16	7	0	Closed 3.5 3.10 3.11 & 3.22
4 Infra-structure	21	1	13	2	5	Overdue 4.3/4.9/4.13/4.14/4.15 Closed 4.1 4.11 & 4.17
5 Care Redesign	5	0	3	2	0	Closed 5.5
Total(s)	**85**	**4**	**50**	**26**	**5**	

GPFV – Progress

- During quarter 3 the programme has continued to progress with a range of movement and changes in status as confirmed in the table below. The number of projects closed in the reporting period has risen from 41 to 50 and the number of projects in progress reduced from 39 to 26. There are however 5 projects that are now overdue these are attached to the infra-structure chapter as stated below and are attributable to premises cost directions not yet being available (NHS England) Applications & Digital Self Care as well as Online Consultation.

- Projects from chapters 2, 3, 4 & 5 have been closed.

- Overdue items pertaining to information technology have been risk assessed and included within the meeting papers for with details of mitigation and suggested actions.

- Overall the programme is almost fully delivered and likely to close at the end of quarter 4 with outstanding items being carried forward to a new combined programme of work for 2019 and beyond that will be reflective of the latest planning guidance.

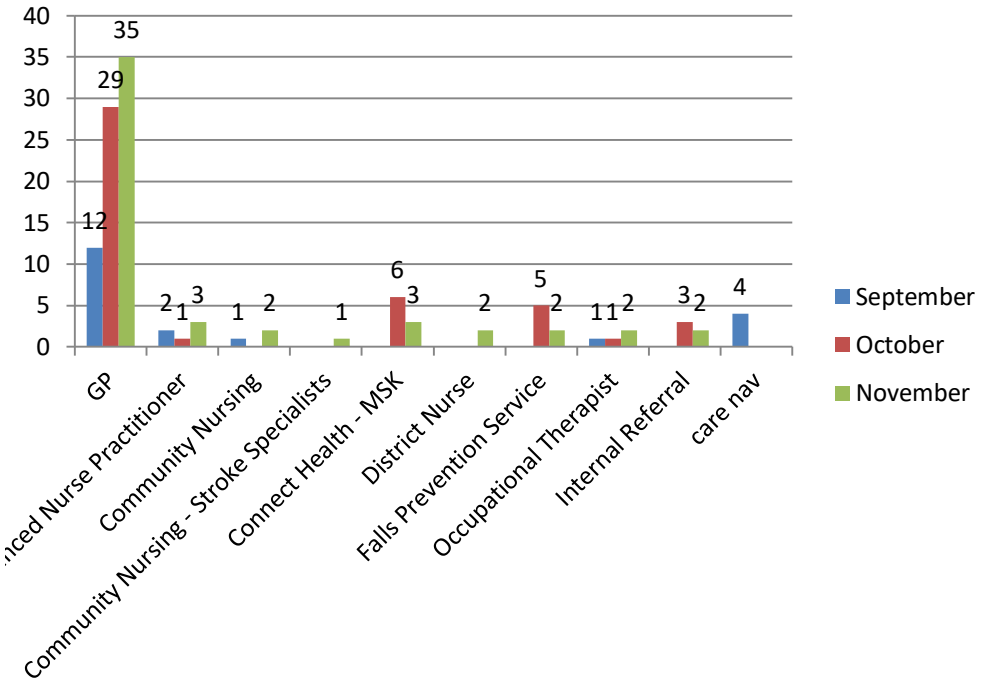
- Further information on achievements and priorities can be found in the GPFV self assessment

Commissioned Services

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

Social Prescribing

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



- The project was awarded DOH funding in October, enabling the team to expand. Capacity is now at 80 referrals a month, so promotional work is taking place to raise the number received.
- Each patient receives on average 7 hours of support.
- The highest prevalence of presenting issues continues to be social isolation and mild anxiety/depression.
- An evaluation of the Social Prescribing Project is taking place

Primary Care Counselling

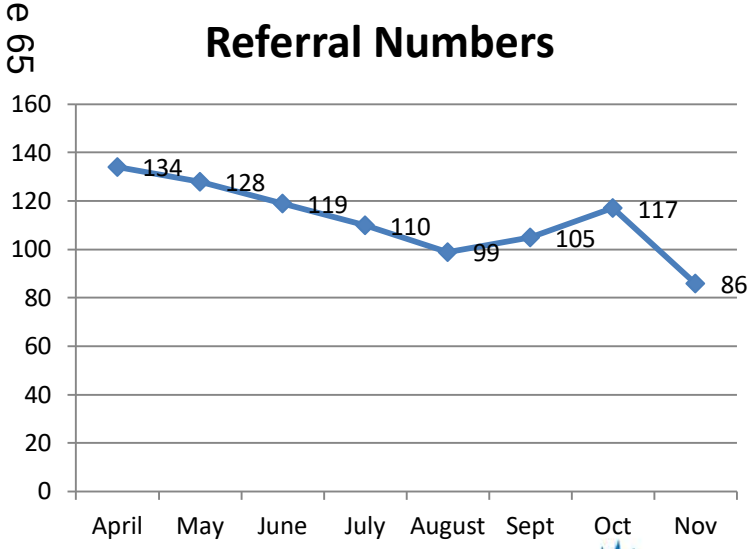
Relate are commissioned to provide 85 hours of counselling per week and a total of 4250 per year

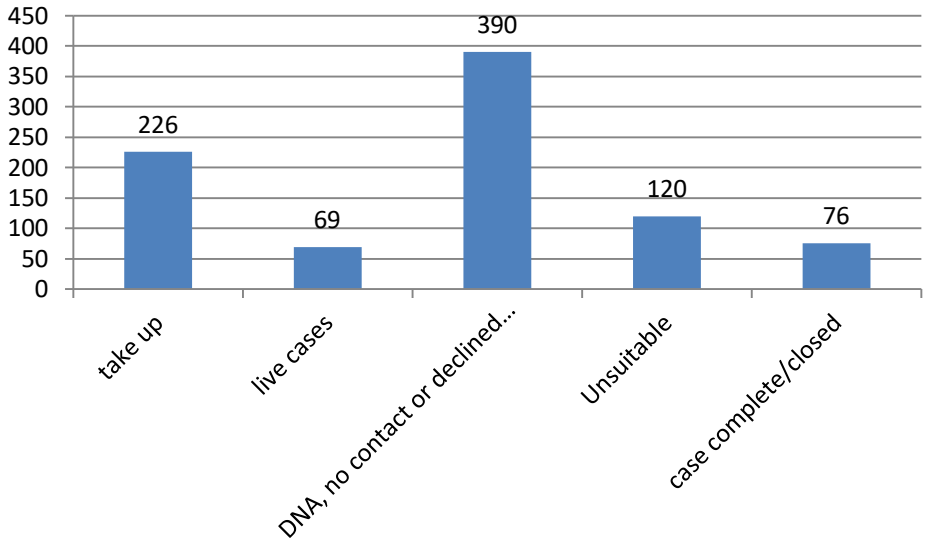
Monitoring this period indicates that demand for the service is decreasing, however this is not a concern as the service has been over subscribed since its launch. There has been a slight decline in the take up of the service by patients, this is being explored further by the provider.

The number of unsuitable referrals in this period has declined, and there is increased partnership working between the provider and Healthy Minds to improve the patient journey.

Local defined outcomes

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



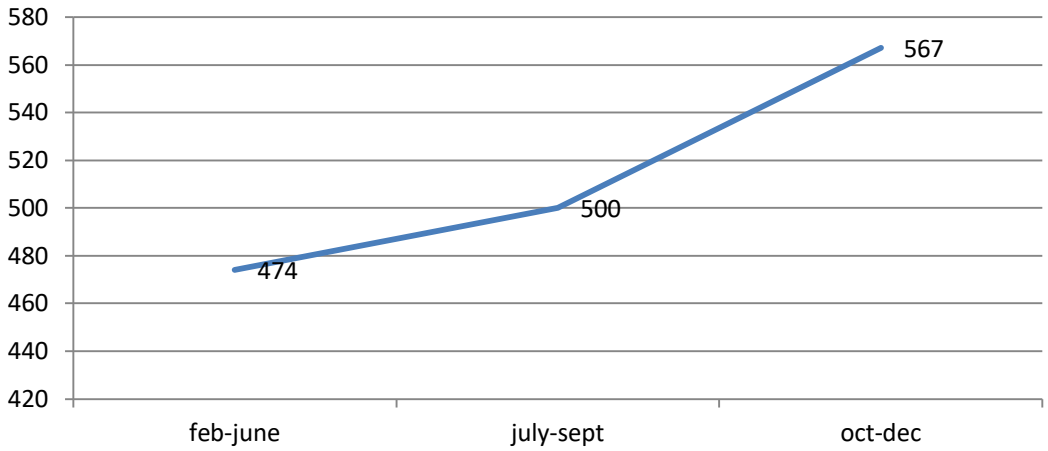


The Sound Doctor

Month	Number of views
Sept 17	187
Oct	248
Nov	380
Dec	454
Jan 18	462
Feb	476
Mar	480
Apr	488
May	489
June	501
July	633
FIGURES AFTER TEXTING INTRODUCED	
August	3359
September	2371
October	3861
November	2395
Total for 1st August to 31st October	9791

- Numbers viewing the resources have steadily increased month on month
- This material contains six conditions to date – diabetes, COPD, dementia, back pain, weight management surgery and heart conditions. There currently is a library of around 300 films continues to grow and includes a number of animations.
- Numbers viewing the resources have steadily increased month on month
- A n evaluation of the service has taken place. The findings indicate that the majority of the patients using the videos have accessed the videos multiple times, to aide their understanding of the content and the condition they were viewing. This helped them to have a better understanding of the condition, reducing the amount of time needed within practice to either support this learning or due to complications.
- The majority of respondents agreed or strongly agreed that their understanding and confidence in dealing with their condition had been improved due to accessing the content of the videos.
- There were also a high proportion of respondents that felt they had visited the GP practice less than before. An even split of respondents felt they had visited hospital about the same or less often. None of the respondents to either question felt there had been an increase in attendance at either provision.
- Comments and feedback are all positive, with themes including how helpful they found the information, how easy it was to access and understand, and the changes they have made because of the information.
- Responses from this method mirrored those of the first survey; that the experience of the videos was a positive one. 78% of responses found the information useful, with 79% felt that they would recommend the films.

Care Navigation



Care Navigation was launched in February 2018

All practices have used the template to record navigation of patients

- So far, there has been **1541 navigations** recorded on the clinical template
- Phase 1 navigation points have seen an increase in self referrals to their services, which can be due to care navigation.
- Phase 2 has been launched and both practices and navigation points report an increase in numbers being navigated

Choose and Book Advice and Guidance

Clinical Specialty	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	total
Dietetics	1	0	0	0	0	0	0	0	0	1
Elderly Care	1	0	0	1	0	0	0	0	0	2
Endocrine/ Diabetes	2	0	3	0	10	3	0	0	4	22
General Surgery	1	2	0	1	0	0	0	0	0	4
Gynaecology	5	2	3	7	2	3	0	0	6	28
Haematology	9	8	10	6	8	6	0	0	0	47
Neurology	1	3	0	3	1	1	0	0	1	10
Orthopaedics	1	0	0	0	2	0	0	0	0	3
Paediatrics	1	1	5	1	7	1	0	0	4	20
Plastic Surgery	0	0	0	0	0	0	0	0	1	1
Respiratory	2	2	0	5	1	1	0	1	3	15
Urology	4	2	2	3	4	3	0	0	6	24
Total	**28**	**20**	**23**	**27**	**35**	**18**	**0**	**1**	**25**	177

- The facility is available in the following specialties at RWT, utilisation is better than the same period in the previous year although not at the level expected following relaunch.
- There was a significant drop in referrals during October and November; however numbers have returned to previous levels during December
- Advice and Guidance will be part of the revised Peer Review Specification for 2019/20
- A review of the specialties is planned to identify most effective use of this resource in collaboration with Peer Review. This data will influence how the scheme is measured when counted referrals that have been averted.
- Group Leads/Group Managers will be required to closely monitor utilisation & understand why practices aren't using & encourage them to do so.

Online Consultation/ Triage

Video Consultations
Lower Green/Grove – not currently using Video Consultations
IH Medical - 1 patient since being installed
Online Triage
Tudor MC – 1 form submitted July, September and 2 forms submitted November 2018

Progress

- Fast followers session held, 12 practices identified
- Procurement process underway to purchase licences; due to award end of Jan 2019
- Online services communication plan is in place, with various events and promotional activities taking place
- There are reporting issues that are being worked through with the current provider

Next Steps

- Work with clinicians to develop skills in online consultation
- Targeted promotion within pilot practices with patients
- Agree Online Services Engagement Plan
- Progress work with fast followers once procurement process is concluded
- Solution to reporting to be found
- Risk to be updated to reflect mitigating actions/controls to underpin successful rollout

Workflow Optimisation

Progress

- Training has taken place; all practices have either attended or have been contacted by the provider
- Feedback from practices is positive, with a number already implementing the processes
- Clinical Audit commenced via GPs from each practice to verify learning of non clinical personnel

Next Steps

- Work with practices to implement learning as a phased approach
- Review findings from clinical audit & respond to gaps in assurance where necessary
- Review success of intervention via online portal

GP Home Visiting Service Pilot Project

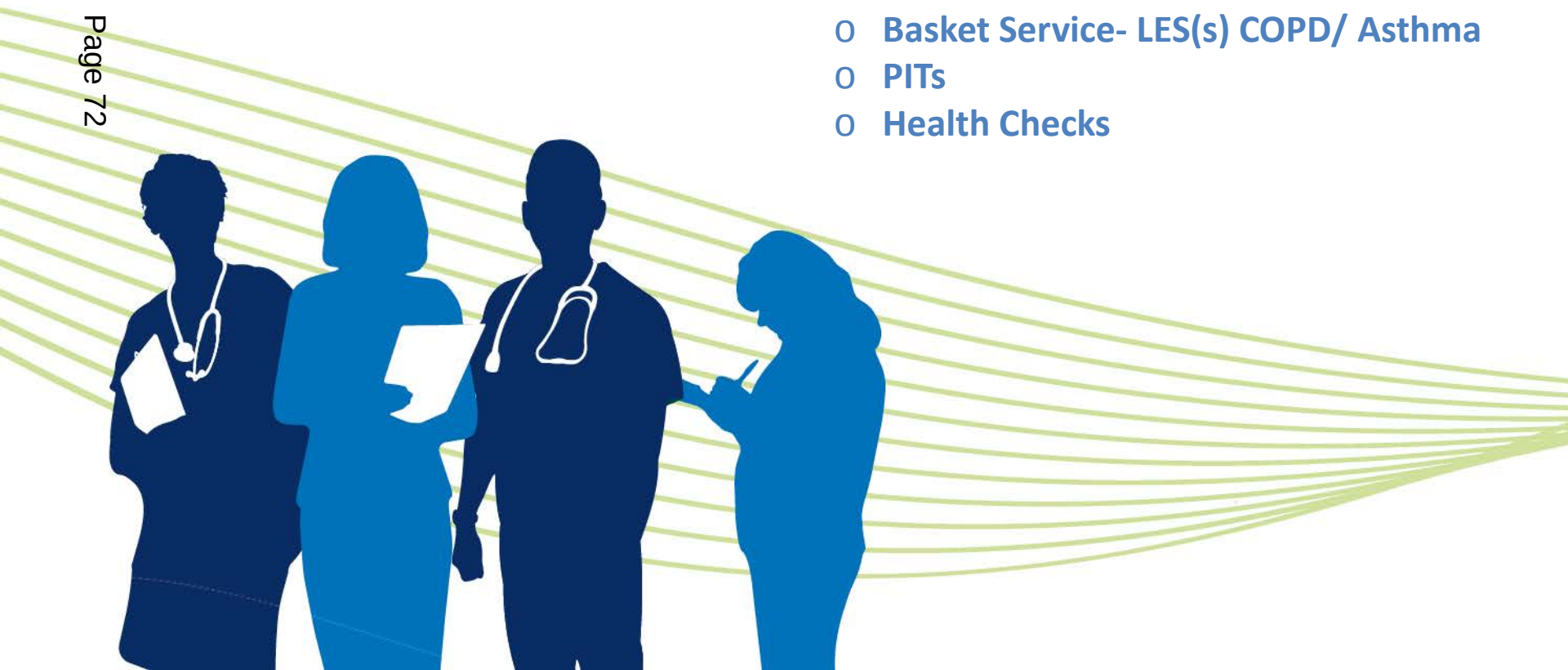
Practices Taking Part

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

- Project has commenced in November 2018 and practices are accessing the additional allocated appointments.
- Early indications confirm that the service is releasing time for GPs to manage competing demands within their practice(s)
- Patient/carer feedback will be an important factor in the evaluation due to commence in March 2019

Enhanced Services

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



QOF+

- 100% of practices have signed up
- Scheme was launched in June 2018
- Template for Diabetes has been live since November 2018; all templates protocols and pop ups that are required are now installed
- NDPP referral process commenced November 2018 - communicated to practices
- FAQ document continues to be maintained and shared with practices
- Evidence to practice activity confirmed work taking place across majority of indicators
- Members Meeting discussion dedicated to QOF+ - learning / feedback fed into QOF+ Development Group
- Searches for year end reconciliation have been set up
- QOF+ development meetings are in place and are currently identifying the content and development requirements for 2019/20
- Additional investment for 2019/20 has been agreed during budget setting (c£2m scheme value 2019/20)

Improving Access- Group Performance

utilisation per group per day

day of the week	VI			Unity			PCH1			PCH2			TOTAL		
	Available	utilisation	percentage	Available	utilisation	percentage	Available	utilisation	percentage	Available	utilisation	percentage	Available	utilisation	percentage
Monday	490	455	**93%**	204	165	**81%**	165	145	**88%**	83	67	**81%**	942	832	**88%**
Tuesday	546	484	**89%**	130	121	**93%**	150	137	**91%**	196	170	**87%**	1022	912	**89%**
Wednesday	496	439	**89%**	200	156	**78%**	169	154	**91%**	88	73	**83%**	953	822	**86%**
Thursday	417	366	**88%**	120	96	**80%**	126	100	**79%**	71	58	**82%**	734	620	**84%**
Friday	328	305	**93%**	120	113	**94%**	121	73	**60%**	78	78	**100%**	647	569	**88%**
Saturday	1844	1688	**92%**	880	697	**79%**	651	590	**91%**	721	680	**94%**	4096	3655	**89%**
Sunday	1161	871	**75%**	353	250	**71%**	314	241	**77%**	460	343	**75%**	2288	1705	**75%**
													10682	**9115**	**85%**

- 10682 additional appointments were available over this quarter. 9115 patients attended, resulting in a 85% utilisation rate

Improving Access- Utilisation

OCT TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	40	37	5	80%
2	59	54	13	69%
3	44	43	4	89%
4	44	42	3	89%
5	28	28	3	89%
6	283	262	27	83%
7	117	93	13	68%
8	43	35	6	67%
9	57	55	9	81%
10	38	34	1	87%
11	31	28	5	74%
12	30	28	2	87%
13	296	270	20	84%
14	127	84	12	57%
15	43	42	6	84%
16	56	47	8	70%
17	47	45	2	91%
18	43	33	0	77%
19	45	40	3	82%
20	259	229	31	76%
21	125	94	11	66%
22	42	41	2	93%
23	53	48	4	83%
24	46	38	4	74%
25	37	24	2	59%
26	27	22	1	78%
27	223	188	19	76%
28	124	93	8	69%
29	39	35	4	79%
30	56	55	5	89%
31	28	28	1	96%

NOV TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	41	28	5	56%
2	33	29	1	85%
3	272	238	16	82%
4	124	90	11	64%
5	41	41	2	95%
6	56	46	11	63%
7	42	41	5	86%
8	39	36	1	90%
9	42	42	1	98%
10	228	216	15	88%
11	124	96	14	66%
12	44	42	5	84%
13	43	43	4	91%
14	39	37	3	87%
15	43	41	2	91%
16	22	21	2	86%
17	234	207	28	76%
18	125	113	15	78%
19	43	40	3	86%
20	39	36	6	77%
21	45	40	3	82%
22	40	28	3	63%
23	22	22	0	100%
24	214	176	10	78%
25	133	86	12	56%
26	43	42	2	93%
27	53	49	7	79%
28	45	44	5	87%
29	41	40	2	93%
30	35	34	4	86%

DEC TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	213	195	28	78%
2	134	97	19	58%
3	43	67	9	135%
4	55	53	6	85%
5	46	33	3	65%
6	40	34	1	83%
7	41	40	8	78%
8	232	208	20	81%
9	119	104	18	72%
10	40	37	2	88%
11	57	52	4	84%
12	46	44	1	93%
13	44	34	3	70%
14	40	40	4	90%
15	224	201	43	71%
16	145	113	14	68%
17	43	40	2	88%
18	57	49	4	79%
19	46	42	9	72%
20	43	38	4	79%
21	38	26	3	61%
22	216	180	20	74%
23	149	110	15	64%
24	79	40	4	46%
25	60	28	1	45%
26	145	78	8	48%
27	26	18	2	62%
28	39	37	4	85%
29	215	175	16	74%
30	135	88	15	54%
31	65	40	3	57%

Transformation Fund

- Working at Scale-

PCH1 are performing Healthchecks at scale

PCH2 offer Diabetes services at scale

Unity are performing Healthchecks at scale

VI are performing Healthchecks at scale

Other areas are being scoped for suitability by each group.

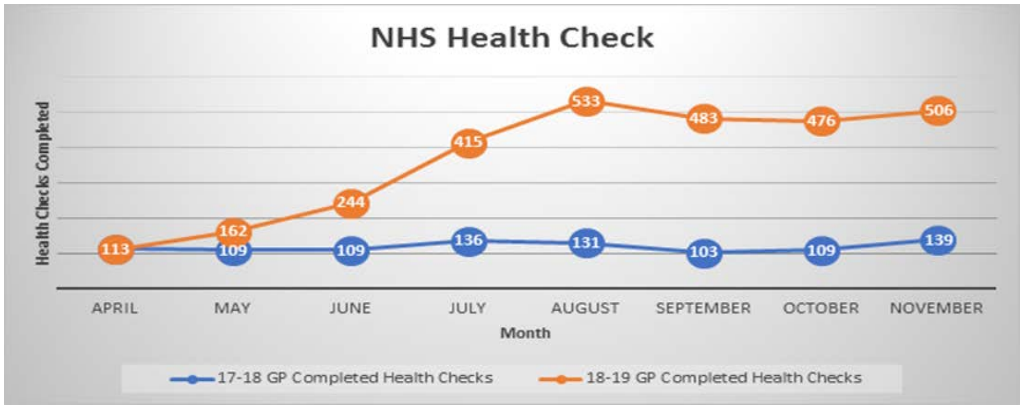
Updated Delivery Plans and assurance reports are due for Q3 at the end of January

Primary Care Basket Services

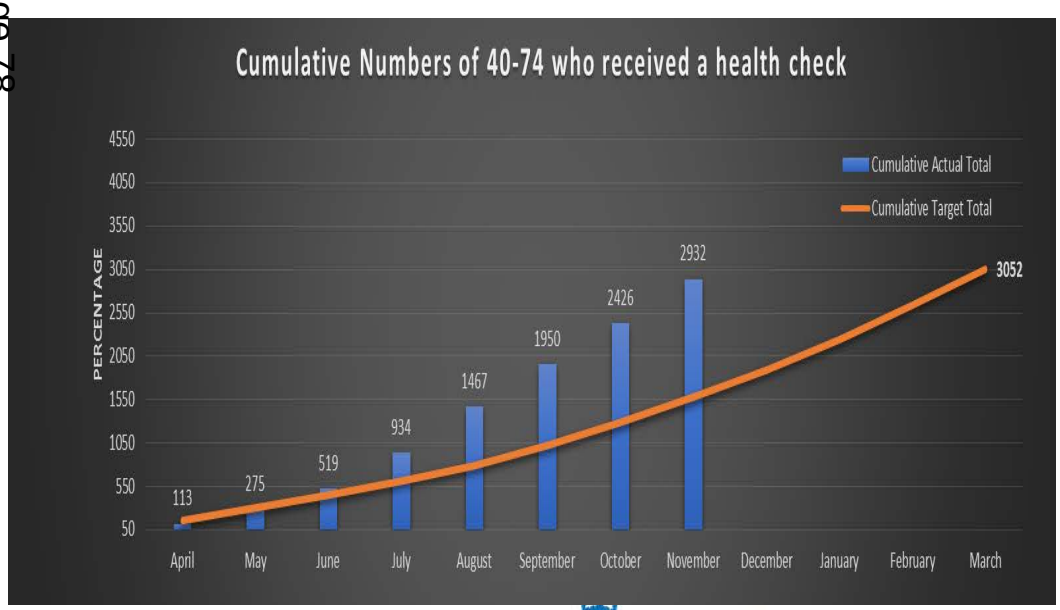
Procedure	Year to date
Suture/Clip/Staple Removal	1082
Pre-Op Check	65
Dressing Changes - post secondary care treatment - COMPLEX	1169
Dressing Changes - post secondary care treatment - SIMPLE	4175
12 lead ECG's as part of pre-op or at request of secondary care	125
Ear Syringes as part of audiology prep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

Wound Care Service Specification has been revised to combine all wound care activities in line with Practice Nurse Strategy & revisions to Wound Care Service (Community Services)

Health Checks

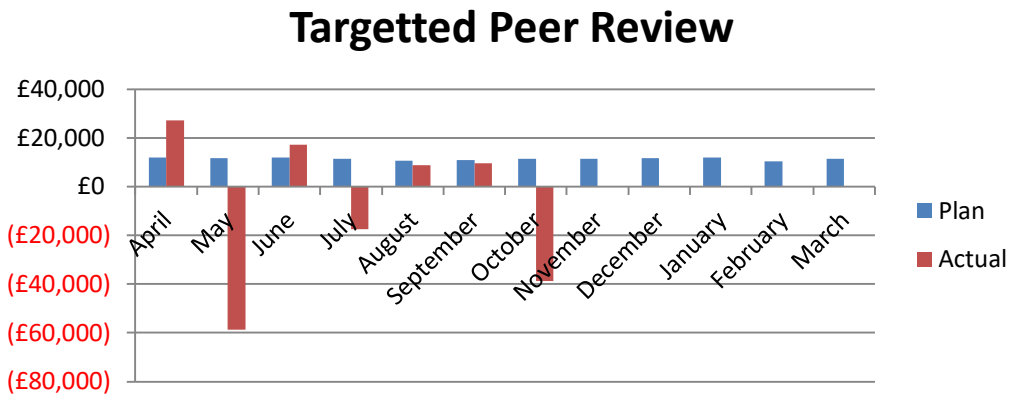


November 2018 data: **683** invited, **506** completed, **74%** uptake. Despite being flu vaccination season and the practices having to deal with winter pressures etc. in November NHS health checks have continued to increase. **2932** NHS health checks have been completed since 01/04/18 and up to 01/12/18



949 were completed in the same period in the previous year (by primary care) and **1161** (by primary care) in the full year of 17/18

Peer Review



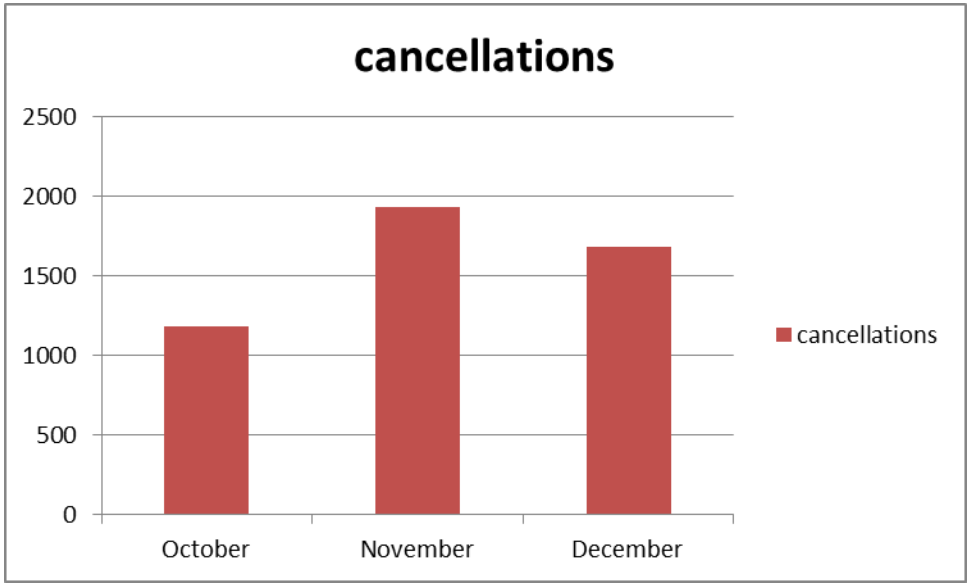
- As demonstrated in the graph above, savings are evident but these are much less than expected, this is likely to be due to the slow start that occurred when practices were reluctant to engage earlier in the year. As meetings have become more established GPs have begun to positively engage and value Peer Review Meetings.
  However, when reviewing if there is any correlation between the specialisms that have been subject to peer review and savings made there is evidence to suggest that there is a positive relationship in specialisms such as urology & gynaecology, this may be coincidental.
- In order to mitigate the current position, a series of remedial actions have been identified in an attempt to influence the realisation of savings in more specialisms by the end of the financial year.
- The new specification will focus on roles of those referring within general practice as the skill mix is changing and referrals are being made by other members of the team eg clinical pharmacist, advanced nurse practitioner etc. This will expose whether or not supervision within the practice(s) is suitable and help to emphasise where improvement may be required. Data will continue to focus on high referrer(s) with low conversion ie discharge at first out patient appointment.
- There is an opportunity to incorporate the 2019/20 specification as a quality requirement within the QOF+ scheme, this will be explored at the QOF+ Development Group Meeting in December so that peer review is a fundamental requirement for practice quality payment(s) to be made.

Mjog

	reminders sent	cancellations	FFT	Campaign messages sent
October	42188	1184	9790	28287
November	65701	1935	17087	58522
December	47343	1682	12801	20217
total this quarter	155232	4801	39678	107026

4801 appointments have been reallocated due to cancellations through text message; this is consistent with quarter 2 figures.

- Participation in FFT is continuing to be higher than previously recorded due to text messaging
- Practices have increased the number of campaign messages that are sent out, encouraging patients to self care
- Risk of increased expenditure when used for campaigns ie flu



Conclusion

- Work Programmes
- Commissioned Services
- Enhanced Services

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee
5th February 2019

TITLE OF REPORT:	Financial Position as at Month 9, December 2018
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 9, December 2018
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• M9 assumed breakeven • Financial metrics being met • Additional allocations
RECOMMENDATION:	The Committee note the content of the report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services, ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place.
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton</u> – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way

	local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this. <u>Support the delivery of the new models of care that support care closer to home and improve management of Long Term Conditions</u> by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

1. Delegated Primary Care

Delegated Primary Care Allocation for 2018/19 as at month 9 is £36.571m. The forecast outturn is £36.571 delivering a breakeven position.

The CCG planning metrics for 2018/19 are as follows;

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

2. Allocations

- The CCG at month 7 has received an allocation of £304k from NHSE to fund an uplift in the Global sum payment for GMS, APMS and PMS Contract.

3. M09 Forecast position

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	16,732	16,967	235	22,309	22,309	0		0	0
General Practice PMS	1,437	1,130	(307)	1,916	1,916	0		0	0
Other List Based Services APMS incl	1,825	2,137	312	2,433	2,433	0		0	0
Premises	2,113	1,849	(264)	2,817	2,817	0		0	0
Premises Other	71	48	(23)	94	94	0		0	0
Enhanced services Delegated	665	560	(106)	887	887	0		0	0
QOF	2,851	2,768	(83)	3,802	3,802	0		0	0
Other GP Services	1,324	1,969	646	1,765	1,765	0		0	0
Delegated Contingency reserve	137	0	(137)	183	183	0		0	0
Delegated Primary Care 1% reserve	274	0	(274)	366	366	0		0	0
Total	**27,428**	**27,428**	**(0)**	**36,571**	**36,571**	**0**		**0**	**0**

A full forecast review has been carried out in month 7 which includes the following updates:

- Global Sum has been updated based on Q3 list sizes 2018/19
- Out of Hours has been updated based on Q3 list sizes 2018/19
- QOF Forecasts have been revised using 2017/18 outturn
- Violent Patients Forecasts are based on 2017/18 outturn and sign up
- Minor Surgery Forecasts are based on 2017/18 outturn and sign up
- Extended Hours Forecasts are based on 2017/18 outturn and sign up
- Learning Disability Forecasts are based on 2017/18 outturn and sign up
- Premises Forecast is based on information provided by premises team
- Review of Locum reimbursements (maternity/paternity etc.) is based on approved applications to date.
- CQC Fees has been updated based on 2017/18 outturn plus 20% increase notified by central team.

The Primary Care Team receive monthly updates by practice, for referrals, First Outpatients and conversion to treatment. All is provided by specialty. They utilise this data to identify potential

outliers and to share good practice.This data is available at CCG level, Practice grouping level, Practice level and also available at GP level if required. In addition a Primary Care dashboard is in development which will assist in their further in depth analaysis.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund (£366k) and a 0.5% contingency (£183k) in line with the 18/19 planning metrics.
- In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in-year non-recurrently to help and support the delegated services. This is still available at Month 9 and will be utilised for QOF plus .
- The 0.5% contingency is still available at Month 9 and will be utilised for the DOCMAN project (£80k) and to cover practice configuration.

5. PMS premium reserves

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

Year	£000
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

6. Other Primary Care

- Other Primary Care relates to schemes that the CCG commission locally. The CCG is reporting a breakeven position as at M09 18/19. Plans are in place to ensure the full budget is utilised and any re-investments are returned to CCG commissioned primary care. The CCG is assuming practices complete the activity and make the necessary payment claims. Some of the key schemes to note are Social Prescribing, Quick Start Resilience, HCA development and ASC meetings.

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
Other Primary Care	859	859	(0)	1,145	1,145	0		0	0
Total	**859**	**859**	**(0)**	**1,145**	**1,145**	**0**		**0**	**0**

7. GP FV

GPFV schemes are funded from national monies provided from NHSE to deliver schemes in line with GP Forward View and comprise of:

- Access
- Admin & Clerical
- Online Consultation

As at M09, the position is reported as breakeven year to date and forecast outturn.

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
GP Forward View	1,045	1,045	0	1,393	1,393	0		0	0
Total	**1,045**	**1,045**	**0**	**1,393**	**1,393**	**0**		**0**	**0**

- Plans are in place to ensure the Admin and Clerical and the Online consultation payments are made by 31st March 19
- Access Scheme is paid by the CCG directly to the practice's in line with the Service Specification

8. Extended Enhanced Service

- The table below is showing a break even position for the year to date and FOT for basket services. Practices submit a monthly claim form and payments are made accordingly.The CCG is assuming a continuation of current level of claims in derving a FOT. These services relate to Minor Injury, High Risk Drugs, Simple and complex dressing, Testosterone, Denosumab, Ear Syringing, Suture Clip Removals etc.
- Variations in claims and between practices form part of the management of the Local Enhanced Services budget by the Primary Care team.

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
Local Enhanced Services	619	619	0	825	825	0		0	0
Total	**619**	**619**	**0**	**825**	**825**	**0**		**0**	**0**

9. Transformation Fund

- The transformation fund is funded by the CCG based on a two year scheme, the CCG is now in the second year of the scheme. The funds can be accessed by the practices as long as they achieve 10 high impact actions. The CCG has made the first payment and the second payment will be made in January 19. The CCG is working hard with Practices to ensure the funding is spent.
- For 17/18 a benefit of £57k has been released into the position as this relates to practices which were not aligned to any grouping and did not complete actvity.

10. Prescribing

The Prescribing FOT is currently reporting an overspend £421k (based on 7 months actual data), of which majority relates to NCSO (no cheaper stock obtainable) and Cat M (annual price increase with effect from 1st Aug 18). Such pressures are national issues and the CCG is seeking clarity from NHSE regarding whether these pressures are recurrent.

The table below provides, for information, the drug item volumes and cost for the 12 months of 2017/18 and months 1 to 7 of 2018/19:

Drugs Volume	April	May	June	July	August	September	October	November	December	January	February	March
2017/18	437,361	478,614	477,699	468,043	463,317	479,940	497,784	497,785	472,139	487,166	438,264	465,453
2018/19	451,918	475,010	467,442	-	-	-	-					
Volume % Change	3.33%	-0.75%	-2.15%	-100.00%	-100.00%	-100.00%	-100.00%					

Drugs Value £'000	April	May	June	July	August	September	October	November	December	January	February	March
2017/18	3,555	3,877	4,037	3,954	3,863	3,878	3,971	3,960	3,791	3,518	3,402	3,651
2018/19	3,460	3,701	3,648	3,629	3,833	3,520	3,773	-	-	-	-	-
Value % Change	-2.70%	-4.53%	-9.62%	-8.21%	-0.79%	-9.23%	-4.99%					

11. Conclusion

The CCG is monitoring the financial position of the GP Services budget and will report any variance accordingly on a quarterly basis, including the use of reserves and contingency funding. The position of the delegated budgets has to be seen within the context of the CCG financial position and resources should be committed during the financial year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

- Note the contents of this report.

Name: Sunita Chhokar
Job Title: Senior Finance Manager
Date: 15/01/19

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	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	**Sunita Chhokar**	**15/01/19**
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	**Lesley Sawrey**	**17/01/19**

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
December 2018

TITLE OF REPORT:	Minor Surgery Local Enhanced service
AUTHOR(s) OF REPORT:	Lucy Sherlock
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	To get approval to switch the current national Minor surgery Directed Enhanced Service to Local enhanced service.
ACTION REQUIRED:	☒ **Decision** ☐ **Assurance**
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Changing from a DES to a LES will allow the practice groups to offer the service and claim payments at group level. • Currently practices can only claim for their own patients on CQRS making offering this service at scale under DES arrangements with hubs not feasible. The CCG already has mechanism for paying for services at group level so conversion to a LES enables this. • The service specification is in line with the national specification in terms of aims, monitoring and finance.
RECOMMENDATION:	To transfer the current national Directed Enhanced Service specification to a Local Enhanced Service one to allow better access for patients.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Patients will be able to access this service in a primary care setting where they may not have been able to previously.
2. Reducing Health Inequalities in	A&B - Allowing hubs to offer this service means where the patient's own surgery does not, means the patient can still access the service in a primary care setting where the gp has full access to the patients clinical record and easier access back in to the service if there are

Wolverhampton	post procedure complications.
3. System effectiveness delivered within our financial envelope	The payments for the scheme under a LES will be the same as a LES.

1. BACKGROUND AND CURRENT SITUATION

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in general practice premises have high levels of patient satisfaction and are highly cost-effective.

The specification for the Minor Surgery DES does not include provision of additional minor surgery services (cryotherapy, curettage or cauterisation) and practices should ensure that these services continue to be provided as part of their core GMS, PMS or APMS contract.

2. CLINICAL VIEW

This service is currently already being provided at practice level and the clinical competencies are clearly set out in the specification and have not changed. The change to a local enhanced service has already been agreed by the clinical reference group.

3. IMPACT ASSESSMENT

The finance/payment for this service has been kept to the same level as the national specification and in line with the CCG payment template.

Quality and Safety Implications

3.1. There are no new requirements to those wishing to continue or begin offering this service as the clinical competencies', eligibility to provide the service and monitoring remain as per the national specification.

Equality Implications

3.2. The new service specification allows practice hubs to offer the service to a wider patient population than the current specification.

Name: Lucy Sherlock
Job Title: Group Manager
Date: 30.11.18

ATTACHED:
(Attached items:) Minor Surgery Service Specification

RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)

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

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.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Minor Surgery Local Enhanced Service
Commissioner Lead	
Provider Lead	GP practices/ Practice groups
Period	
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in general practice premises have high levels of patient satisfaction and are highly cost-effective.

The purpose of this agreement is to set out an Enhanced Service for Minor Surgery to be carried out in GP practices. The agreement is in respect of the period 1st April 2019 to 31st March 2020, but may be extended subject to the agreement of both parties and may be subject to review in line with national guidance.

The specification for the Minor Surgery Enhanced Service does not include provision of additional minor surgery services (cryotherapy, curettage or cauterisation) and practices should ensure that these services continue to be provided as part of their core GMS, PMS or APMS contract.

Delivery of this Enhanced Service at Practice Group Level

The General Practice 5 Year Forward View is a national response to the challenges that are faced in General Practice. The NHS needs to transform how care is delivered due to demographic changes increasing demand for healthcare services, and the available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of working that help GPs and primary care become sustainable in the longer term.

The General Practice Forward View provides the support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

This service specification promotes the delivery of clinical services through a new way of working, at practice group level.

Practices are expected to work at scale in their relative practice groups in the delivery of this

Enhanced service. Practices will be required to confirm in the sign up process for this Enhanced service that they will deliver Minor surgery interventions to patients registered with other practices within their practice group.

Practices that are taking referrals from other practices will need to record the details of the procedure and other relevant information and must send a full clinical report including any follow up requirements back to the patient's home practice for inclusion in the patient's record.

It is recommended that practices identify specific sessions within which to undertake the Minor Surgery Enhanced service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

This enhanced service specification is aimed at delivering the following outcomes:

- For patients to be able to access a minor surgery procedure within a GP surgery
- For simple procedures to be delivered as part of a consultation
- For patients to be booked to receive a minor surgery procedure at a future date and time convenient to them

3. Scope

3.1 Aims and objectives of service

The aim of this agreement is to ensure that practices have the opportunity to provide a wider range of minor surgery procedures within a primary care setting.

This Enhanced Service sets out the process for practices to:

• Undertake minor surgical procedures for patients registered with their practice, or those registered with another practice in their New Models of Care Practice Group

• Monitor minor surgical activity

Cryotherapy, curettage and cauterisation will continue to be provided by practices as an Additional Service and are therefore outside the scope of this Enhanced Service.

Practices wishing to opt-out of providing these treatments either temporarily or permanently should notify the CCG.

The procedures within the scope of this Enhanced service are:

Injections (muscles, tendons and joints)

This includes injections for the management of the following presenting conditions/ symptoms:

- Capsulitis
- Bursitis
- Entheosopathies / Tendinitis
- Tenosynovitis
- Compression
- **Osteoarthritis**
- **Carpal Tunnel Syndrome**
- **Tennis Elbow**

Invasive procedures, including incisions and excisions

- Pigmented and vascular legions where histology is required (excluding suspected melanomas)
- Lesions with atypical behaviour such as bleed or change in colour, where histology is required. These might include, for example, papilloma, dermatofibroma or seborrhoeic keratosis.
- Lesions that are symptomatic and/or have been inflamed on more than one occasion at the time of consultation
- Epidermoid cysts ithat are symptomatic and/or have been inflamed on more than one occasion at the time of consultation
- Keratoacanthoma
- Toes with chronic or recurrent in-growing nails or nail deformity requiring surgical removal of part or all of the nail along with nail bed ablation where appropriate.
- Surgical drainage of abscesses and haematomas where this is deemed best treatment
- Removal of foreign bodies only where local anaesthetic and incision is required as part of procedure
- low-risk Basel Cell Carcinomas (BCCs), as defined in current Nice Guidance on Cancer Services1. For BCCs which do not meet the low-risk criteria or where there is any diagnostic doubt a referral should be made as per NICE guidelines .

- **Injections of varicose veins and piles**

Joint aspiration will not be funded under this agreement as there is a lack of evidence of joint aspiration alone as a treatment.

3.2 Service description/care pathway

The procedures will be carried out in practices

3.3 Population covered

This service specification covers all patients registered with a practice within the same Practice Group as the practice holding the contract for Minor Surgery.

3.4 Any acceptance and exclusion criteria and thresholds

All providers holding a GMS, PMS or APMS contract with NHS England are entitled to provide services under this agreement, as long as they meet all of the eligibility criteria. Once this agreement has been signed, it will become an extension to the main contract for primary medical services held.

Providers of this service must be able to evidence compliance with the requirements (relevant to their service) of the Code of Practice for Infection Prevention and Control as part of the Health and Social Care Act 2008 and CQC registration standards.

A practice may be accepted for the provision of this enhanced service if it has a partner or employee who has the necessary skills and experience to carry out the procedures outlined in section 4 on page 3.

Clinicians providing this Enhanced Service will have had sufficient surgical training either by previous experience in general surgery or through a relevant post-graduate qualification, for example:

- Certificate of Competence in Minor Surgery from a Vocational Training Scheme
- Higher degree or diploma in a surgical specialty
- Evidence of completion of an approved course of training in minor surgery

All clinicians taking part in minor surgery should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Clinicians carrying out minor surgery should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

There is considerable guidance available on techniques and facilities for conducting minor surgery in general practice.

In assessing suitability for the provision of this Enhanced service, practices should pay particular attention to the following:

• **Satisfactory facilities to deliver Minor surgery**
– The Commissioner must be satisfied that the practice has such facilities as are necessary to enable them to provide minor surgery services properly. Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation. National guidance on premises standards has been issued1.

• **Nursing support** –
registered nurses can provide care and support to patients undergoing minor surgery. Nurses assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

• **Sterilisation and infection control** –
although general practitioner minor surgery has a low incidence of complications, it is important that the practice operates to the highest possible standards. In view of this, equipment used to perform procedures under this Enhanced service must be:

- sterile packs from the local SSD
- single use disposable sterile instruments

Practices should note that local decontamination of sterile instruments is no longer permitted in General Practice

Practices must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste

Consent –
in each case the patient must be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record

1http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604

Pathology –
all tissue removed by minor surgery should be routinely sent for histological examination.

Audit - full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. The Practices should regularly audit and peer

review minor surgery work. Possible topics for audit include:

i. clinical outcomes
ii. rates of infection
iii. unexpected or incomplete excision of lesions which following histological examination are found to be malignant

• **Patient monitoring** –
the practice must ensure that details of the patient's monitoring as part of the ES is included in his or her lifelong record.

Where NHS England believes a clinician carrying out minor surgery is not complying with the terms of this agreement, and then NHS England will issue a remedial notice in accordance to the procedure laid out in the Regulations.

In exceptional circumstances where compliance is not achieved by the issuing of a remedial notice, this agreement will be terminated with immediate effect.

Payments

Under the agreement, NHS Wolverhampton CCG will pay practices based on actual procedures performed and not per injection, incision or excision undertaken during the minor surgery consultation into the same joint/area required, e.g. for a lignocaine and steroid injection into the same area only one payment of £43.36 will be claimable.

Treatments under this ES are priced according to the complexity of procedure, involvement of other staff and use of specialised equipment. Payment is also inclusive of any dressings and any post procedure follow up that may be required.

Pricing for this service is based on the directions of the Department of Health and are:

- £43.36 for injections (muscles, tendons, joints)
- £43.36 Injections of varicose veins and piles
- £86.72 for incisions and excisions

On completion of the minor surgery service, practices are required to complete the Minor Surgery claim form and return to the CCG on a quarterly basis.

Claims should be submitted to: WOLCCG.ContractWolvesCCG@nhs.net

Delivery of this Enhanced Service at Practice Group Level

The General Practice 5 Year Forward View is a national response to the challenges that are faced in General Practice. The NHS needs to transform how care is delivered due to demographic changes increasing demand for healthcare services, and the available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of working that help GPs and primary care become sustainable in the longer term.

The General Practice Forward View provides the support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

This service specification promotes the delivery of clinical services through a new way of working, at practice group level.

Practices are expected to work at scale in their relative practice groups in the delivery of this Enhanced service. Practices will be required to confirm in the sign up process for this Enhanced service that they will deliver Minor surgery interventions to patients registered with other practices within their practice group.

The practice delivering the intervention will receive the remuneration for the intervention as per the tariffs detailed within the specification.

3.5 Interdependence with other services/providers

Royal Wolverhampton NHS Trust:
Some invasive minor surgery procedures will be carried out in secondary care.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

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

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Exclusions

There are certain surgical procedures that carry a higher risk and that also may require further training, skills and competency to be carried out safely in primary care.

Exclusion	Rationale

These procedures should not be carried out in primary care and are **not** covered under this agreement:

High risk basal cell carcinomas (BCC)	Higher level of training/competency required. Routine referral to secondary care.
Low risk basal cell carcinomas (BCCs) not categorised below	Higher level of training/competency required (NICE Guidance 2010) Refer to primary care provider accredited to do procedure list will be provided by NHS England
Low risk BCCs above the clavicle, larger than 1 cm or recurrent	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients under 24 years of age	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients who are immunosuppressed	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients with Gorlin's syndrome	Higher level of training/competency required. Routine referral to secondary care
Malignant melanoma (MM) or query MM, squamous cell carcinoma or query (SCC)	Higher level of training/competency required Refer to secondary care via 2 week cancer referral
Excisions of moles, cysts, lipomas, neuromas, and papilomas of the head that are 1" in diameter and above	Higher level of training/competency required Is this written in twice
Excisions of moles, cysts, lipomas, neuromas, and papilomas of the neck that are 1" in diameter and above	Higher level of training/competency required
Endometrial biopsies	Higher level of training/competency required

Treatments, which are primarily or cosmetic purposes, other than in exceptional circumstances, are considered a low priority. Therefore, treatments for cosmetic purposes that do not result from trauma or burns or those that do not form part of the clinical management of a disease (e.g. cancer) will not be funded under this agreement.

An indicative list of the types of conditions, which would **not** normally be funded as an enhanced service (or a secondary care service other than in exceptional

Exclusion	**Rationale**
Skin tags	Provided as part of **Additional Service** (Cryotherapy, curettage and cauterisation)
Wart	Provided as part of **Additional Service** (Cryotherapy, curettage and cauterisation)
Seborrhoeic keratosis	Provided as part of **Additional Service** (Cryotherapy, curettage and cauterisation)
Spider naevus	Cosmetic
Verucca	Provided as part of **Additional Service** (Cryotherapy, curettage and cauterisation)
Scar	Cosmetic
Xanthamata	Cosmetic
Paronychia	Too minor

circumstances is detailed below:

Exceptional clinical circumstances would include:

- Current or recurrent infections necessitating incision or excision (at clinician's discretion)
- Suspicion of malignancy (at clinician's discretion)
- Functional impairment due to the lesion, including pain (at clinician's discretion)
- Significant psychological distress (approved by NHS England under its Service Restriction Policy)

Injections

This service specification aims to reward practices for more complex treatment required by injection and does not include:

- Routine vaccinations and immunisations.
- Contraceptive injections.
- Neuroleptic injections e.g. Haldol Decanoate
- Sustanon or kenalog injection

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
February 2019

TITLE OF REPORT:	Pharmacy First Scheme for all patients
AUTHOR(s) OF REPORT:	Hemant Patel/Sarah Southall
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	To report on progress to the Committee
ACTION REQUIRED:	☒ **Decision** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	• Since the agreement by the CCG to undertake the commissioning of the Pharmacy First – Minor ailment scheme for all age groups the service has been administered and managed by the Midlands and Lancs CSU on behalf of the CCG. • The Pharmacy First Service went live on 1st June 2018. • To date 59 of the 66 pharmacies in the area have signed up to offer the service. • Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysis the routine data from each Minor Ailment Service community pharmacy consultation during this period.
RECOMMENDATION:	Primary Care Commissioning Committee to note the progress made to date on the Pharmacy First Scheme and to confirm continuation of this scheme for 2019/20.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	Continuation of existing service

2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton. Withdrawal of this service would put increased demand on GP practices
3. System effectiveness delivered within our financial envelope	The service makes best use of community pharmacist's skills and helps develop and maintain a modern up skilled workforce across Wolverhampton.

1. BACKGROUND AND CURRENT SITUATION

1.1. The NHS is under increased pressure to meet the demands of an ageing population whilst faced with the challenges of making efficiency savings. General Practice and Urgent Care services are required to assess and change their service delivery models in order to face the rising demand for their services.
The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in an area in the form of Sustainability and Transformation Partnerships or Accountable Care Systems are an effective method of doing so. Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. In addition, the NHS England Call to Action programme has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice.

1.2. Reports suggest that 20% of GP consultations can be dealt with by self-care and support from community pharmacy. By encouraging the management of minor ailments to move from general practice to community pharmacy, the Minor Ailment Service can provide a better financial model service as well as providing GPs an increased capacity to manage more complex and urgent care needs.

1.3. In areas of high deprivation (the Black Country STP are within the 20% most deprived districts nationally), Pharmacy First schemes that allow access to a limited range of NHS- funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Accident and Emergency.

1.4. Many pharmacies are now open long hours with a few open 100 hours a week with a qualified pharmacist on hand to advice on minor illnesses, medication queries and other problems.

1.5. Community pharmacy can support self-care for long term conditions, coughs and colds and other complaints and support better health through provision of healthy lifestyle advice. Many Wolverhampton pharmacies are now designated as healthy living pharmacies.

1.6. Over the last 10 years local GP practices have worked closely with community pharmacies to encourage patients to self-treat ailments, rather than going to their general practitioner particularly when it comes to asking for antibiotics which will be ineffective for symptoms of viral infections.

1.7. Community pharmacy teams have resources in place to help them provide messages to patients on self-care about the normal self-limited duration of ailments and the red flags (warning symptoms) where patients are referred to their GP.

1.8. The Guidance on conditions for which over the counter items should not be prescribed in primary care by NHS England was produced in partnership with NHS Clinical Commissioners to produce a nationally co-ordinated approach to tackle the extreme pressures faced by General Practice due to minor ailments.
In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy. By reducing the spend on treating conditions that are self-limiting or lend themselves to self-care, more money is available to spend on high priority areas that have a greater impact for patients.
The cost to the NHS for many of the items used to treat minor conditions is often higher than the OTC price as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost is more than £35 when you include GP consultation and administration costs.

1.9 In addition a Pharmacy First Scheme will help ease pressure on limited appointments available within GP practice. With patients having much quicker access to their treatment whilst also making appointments available for patients with more chronic needs.

1.10 In Wolverhampton a minor ailment service (Pharmacy First Scheme) has been commissioned for over 10 years. Across the STP Pharmacy first schemes have been in place for a similar length of time.

1.11 The service was commissioned locally from MLCSU. The MLCSU has facilitated the scheme on behalf of the CCG commissioners (collaborative between Dudley, SWB and Wolverhampton CCG) during 2018/19. The Black Country STP Minor Ailments Service allows patients exempt from paying prescription charges and are registered with a participating GP in Sandwell & West Birmingham, Dudley, Walsall or Wolverhampton to be signposted to the Minor Ailments Service and, where appropriate be supplied with medicines, without the need to attend their General Practice for an appointment, The service charge covers:-

- Procurement, contract and implementation of PharmOutcomes® IT Software System
- Service design, development and management
- Payments Management function
- Reporting Function
- Helpdesk Function

The service is available for the following Minor Ailments and depend on the patient age; acute cough, acute fever, acute headache, acute bacterial conjunctivitis, athletes foot, bites and stings, cold sores, cold and flu, constipation, cystitis, diarrhoea, dry skin (simple eczema), dermatitis/allergic type rashes, earache, earwax, hay fever, heartburn/indigestion, haemorrhoids, infant decongestant, mouth ulcers and teething, nappy rash, oral thrush, scabies, sore throat, sprains and strains, sunburn, threadworm, vaginal thrush, warts and verruca's. Management of these conditions is set out in treatment protocols within the service specification.

1.12 The Pharmacy First Scheme went live on 1st June 2018 and to date 59 of the 66 pharmacies in Wolverhampton have signed up to offer the service.

1.13 Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysis the routine data from each Minor Ailment Service community pharmacy consultation during this period (see Appendix 1). The evaluation of the scheme demonstrates the STP Minor Ailment Service is a viable NHS service to manage minor ailment conditions, and with appropriate controls represents better value for money compared to other more expensive NHS environments, including GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services.

For each of the 1,252 consultations which took place, service users were asked what they would have done if the service was not in place. The responses

combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

• 84.7% (1,061) would have gone to the GP
• 6% (76) would have gone to the walk-in centre
• 8.9% (113) would have either purchased a medicine or gone without any treatment
• 0.2% (2) would have attended A&E

Return on Investment (ROI) is around 5:1. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

2 CLINICAL VIEW

2.9 Dr Reehana the Interim Deputy Chair of the CCG is the clinical champion for this service.

3 PATIENT AND PUBLIC VIEW

3.1 This is a service the patients and public support.

4 KEY RISKS AND MITIGATIONS

4.9 Financial risks – if the service proves to be very popular the financial implication could be higher than originally anticipated.

5 IMPACT ASSESSMENT

Financial and Resource Implications

5.9 Community Pharmacies were remunerated at £5 per consultation, so that 1,252 consultations cost the CCG commissioner £6,260. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £3,082.45. The total cost of the STP MAS service to the CCG commissioners in total is therefore £9,342.45.

5.10 According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20.

5.11 1,139 from 1,252 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have

resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 1139 *£58.20 i.e. £66,289.60.

5.12 1,139 consultations would've taken on average 9.22 minutes per appointment in General Practice or 175 hours which across the eligible GP practices is a GP time saving of just over 4.3 hours each.

5.13 Return on Investment (ROI) is around 5:1. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

Quality and Safety Implications

5.14 None

Equality Implications

5.15 None.

Legal and Policy Implications

5.16 None.

Other Implications

5.17 None

Name: Hemant Patel
Job Title: Head of Medicines Optimisation
Date: 29th January 2019

ATTACHED:

Attached items: Appendix 1 - Black Country STP Minor Ailments Service Evaluation Report For the period: 1st June 2018 - 30th November 2018

STP MAS evaluation report 18 STP FINAL.p

RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)

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	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.)	Sarah Southall	**29.01.2019**
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Hemant Patel	**29.01.2019**

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NHS
Midlands and Lancashire
Commissioning Support Unit

Black Country STP Minor Ailments Service Evaluation Report

For the period: 1st June 2018- 30th November 2018

Prepared by:

Gurjinder Samra (Midlands and Lancashire CSU)

Daya Singh (Midlands and Lancashire CSU)

With contributions from:

Jag Sangha (Dudley CCG)

Hema Patel (Walsall CCG)

1. Executive Summary

The NHS is under increasing pressure to meet the demands of an ageing population, whilst faced with the challenges of making efficiency savings. General Practice (GP) and urgent care services are required to assess and change their service delivery models in order to face the rising demand for their services.

The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in the form of Sustainability and Transformation Partnerships (STPs) or Accountable Care Systems (ACSs) are an effective means of doing so. Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. The *NHS England Call to Action programme* identified a key role for community pharmacy in the transformational agenda to improve access to general practice and urgent and emergency care.

The Black Country STP Minor Ailments Service (MAS) was commissioned on the 1st June 2018 to bring a consistent and cohesive Minor Ailments Service across the footprint. The service follows on from the NHS England Pharmacy First Service for Under 16s (commissioned during 2015-2018) and the Wolverhampton and Dudley CCG led Pharmacy First Service for Over 16s (commissioned during 2017-2018). There is currently a total of 173 pharmacies actively delivering the STP Minor Ailments Service across Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG.

Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysing the consultation data from each Minor Ailment Service community pharmacy during this period. The outcomes from the 6-month evaluation across Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG were:

- A total of 9,485 consultations took place.
- 91.6% (8,685) of all community pharmacy MAS consultations were shown to have shifted workload from General Practice to community pharmacy.
- 91.6% of MAS consultations have been able to successfully reduce GP workload and providing a better health care model in terms of utilisation of skill set and cost management, as the cost impact of community pharmacy is significantly lower than a GP appointment.
- 3.8% (364) of all MAS consultations were shown to have shifted workload from Urgent Care to community pharmacy.

The outcomes from the 6-month evaluation across Walsall CCG were:

- A total of 913 consultations took place
- 95.4% (871) of all community pharmacy MAS consultations were shown to have shifted workload from General Practice to community pharmacy
- 95.4% of MAS consultations were successful in reducing GP workload and providing a better health care model in terms of utilisation of skill set and cost management as the cost impact of community pharmacy is significantly lower than a GP appointment
- 3.4% (31) of all MAS consultations were shown to have shifted workload from Urgent Care to community pharmacy

The Minor Ailment Service is important to achieve a behavioural change in self-care amongst the population. Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage increasing demand conditions such as coughs and colds, could help bring down the many of GP consultations each year for minor ailments. Promoting the concept of self-care and increasing awareness that there are alternatives to making GP appointments, or attendance at Out of Hours or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS. Good engagement with General Practices can result in more service users accessing the service, further liberating GP and Urgent Care capacity.

The MAS service has been able to successfully engage with key stakeholders such as the Local Pharmaceutical Committee and local GPs. Each CCG has been able to advertise the MAS service via its communication channels, which has seen an increase in the number of patients using the service. There is further potential to refine and enhance the service in terms of the number of providers and participating General Practices across CCG areas. Following the publication of the *NHS England Guidance for OTC medicines not to be routinely prescribed in primary care* a further consultation with stakeholders is planned to refine both the conditions and treatments covered by this service to ensure cost-effective use of NHS resources.

In the first six months, the STP Minor Ailment Service has delivered consultations which have been cost-effective and embraced by many patients. The evaluation of the scheme demonstrates the service is a viable option to manage minor ailment conditions. With appropriate controls, this service represents better value for money compared to other more expensive NHS environments such as GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services. The impact of community pharmacy on easing the workload on General Practice and other acute NHS services has been recognised in several publications from NHS England whilst the British Medical Association has also recognised the potential of community pharmacy in their publication *Quality first: managing workload to deliver safe patient care*.

The recommendation to the CCG commissioners, considering the findings of the evaluation, is to approve continued commissioning of the Minor Ailment Service into the 19/20 financial year.

2. Introduction

The NHS is facing increasing pressures on its GP and urgent care services. An increasing ageing population and the challenges of making efficiency savings across the NHS means services must fundamentally change to meet this increasing demand and strengthen access to high quality GP services. Alternative service delivery models must be sought for the way in which healthcare services are delivered. Aiming to ensure the most relevant health service is available to meet patient demand in accordance with the complexity of health need.

The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in the form of STPs or ACSs are an effective method of doing so.

Within the constraints of the requirement to deliver financial balance across the NHS, the main current national service improvement priorities for the NHS are:

- Improving A&E performance.
- Strengthening access to high quality GP services and primary care.
- Improvements in cancer services and mental health

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&E or minor injuries-type visits. Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have their needs addressed in other parts of the urgent care system. They turn to A&E because it seems like the best or only option.

An aspect of this increasing demand is Minor ailments. MAS services are commissioned to promote self-care via a consultation with the pharmacist. Community pharmacies are best placed to support the management of self-care for minor conditions. A significant percentage of consultations within general practice are for minor ailments which can be treated by community pharmacy.

Much of the UK population experiences symptoms of minor ailments every day. A large majority take responsibility for dealing with their symptoms by self-care and self-medication. In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for treating conditions that are self-limiting or symptoms that lend themselves to self-care. NHS England as a result have produced guidance supporting self-management/self-care to give patients the independent or in partnership with the healthcare system to recognise and managing their own health.

Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. In addition, the *NHS England Call to Action programme* has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice. NHS England has outlined community pharmacy as an integral partner in multiple documents, including the *Urgent and Emergency Care System* *and the* *Transforming Urgent and Emergency Care Services in England Community Pharmacy – Helping Provide Better Quality* and *Resilient Urgent Care*. The British Medical Association via their *Quality first: managing workload to deliver safe patient care* has also reflected on this point and these documents have proposed solutions for commissioners to help support over stretched General Practices via commissioning Services such as Minor Ailments Service.

By encouraging the management of minor ailments to move from general practice to community pharmacy, the Minor Ailment Service can provide a better financial model service as well as providing GPs an increased capacity to manage more complex and urgent care needs

The *Guidance on conditions for which over the counter items should not be prescribed in primary care* by NHS England was produced in partnership with NHS Clinical Commissioners to produce a nationally co-ordinated approach to tackle the extreme pressures faced by General Practice due to minor ailments.

In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy. By reducing the spend on treating conditions that are self-limiting or lend themselves to self-care, more money is available to spend on high priority areas that have a greater impact for patients. The cost to the NHS for many of the items used to treat minor conditions is often higher than the OTC price as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost is more than £35 when you include GP consultation and administration costs. The OTC ban, which NHS England says will save the NHS around £136m a year.

Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage increasingly common conditions such as coughs and colds could help bring down the millions of GP consultations each year for minor ailments. Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at Out of Hours or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

Removing medications for certain conditions from routine prescription releases money to treat conditions such as heart disease and diabetes and helps maintain financial balance in the health economy. Medications no longer routinely prescribed are for conditions that:

- may be self-limiting, so they do not need treatment as they will get better of their own accord, or
- are suitable for self-care, so that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

3. Black Country STP Minor Ailments Service

The Black Country STP Minor Ailments Service was commissioned on the 1st June 2018 to bring an equitable and cohesive Minor Ailments Service across the STP footprint. The service follows on from the NHS England Pharmacy First Service for Under 16s (commissioned during 2015-2018) and the Wolverhampton and Dudley CCG led Pharmacy First Service for Over 16s (commissioned during 2017-2018). The Black Country STP recognises the significant deprivation in their population as one of the three critical gaps that requires bridging. Each of the areas within the Black Country STP are within the 20% most deprived districts nationally. Patients in deprived areas may prefer to access free medication for common minor ailments over the counter from the pharmacy at no charge rather than attending a GP appointment.

The Black Country STP Minor Ailments Service allows patients exempt from paying prescription charges who are registered with a participating GP in Sandwell & West Birmingham, Dudley, Walsall or Wolverhampton to be signposted to the Minor Ailments Service and, where appropriate be supplied with medicines, without the need to attend their General Practice for an appointment (the Walsall CCG MAS is facilitated by the CCG directly and not through MLCSU).

The Black Country STP Minor Ailments Service aims to improve primary care capacity by reducing medical practice workload related to minor ailments and to allow GPs to focus on more complex and urgent medical conditions. The Service provides a more appropriate alternative to the use of general practice or other healthcare providers (e.g. A&E, Out of Hours Urgent Care) for minor ailments. It improves primary care capacity by reducing GP Practice workload related to minor ailments and to ease pressures on their local A&E department and primary care urgent services. The service helps to promote the role and greater contribution of community pharmacies in primary health care to help patients deal with coughs, colds and other minor ailments without the need for a GP appointment or emergency care visit.

The service is aimed at patients who use GP or out of hours services when they have a minor ailment rather than self-care or purchasing medicines over-the-counter (OTC). It is hoped that this service will change patient behaviours, educating and assisting patients in how to access self-care and the appropriate use of healthcare services, promoting and empowering patients to self-care when suffering from a minor ailment. This is through the provision of advice, printed information and, where necessary, the supply of medication from a defined formulary by the pharmacist. With increased waiting times for GP appointments, the Minor Ailments Service helps to provide a readily available information point (with treatment if deemed appropriate) for several conditions. The Service is offered as a quicker alternative for patients. However, patients are at liberty to refuse the service and continue to access healthcare in the same way as they have done previously.

Patients attending the pharmacy who are not exempt from prescription charges can access free advice under the community pharmacy essential service - self-care and can be offered the purchase of a medicine. The cost of all medicines for conditions included within the Minor Ailments Service is less than the current prescription charge.

The service is only available for the following Minor Ailments and depend on the patient age; ***acute cough, acute fever, acute headache, acute bacterial conjunctivitis, athletes foot, bites and stings, cold sores, cold and flu, constipation, cystitis, diarrhoea, dry skin***

***(simple eczema), dermatitis/allergic type rashes, earache, earwax, hay fever, heartburn/indigestion, haemorrhoids, infant decongestant, mouth ulcers and teething, nappy rash, oral thrush, scabies, sore throat, sprains and strains, sunburn, threadworm, vaginal thrush, warts and verruca's*.** Management of these conditions is set out in treatment protocols within the service specification. All consultation information is captured on PharmOutcomes® which generates claims details for payment in addition to providing data about the Service itself. Patients sign a consent form on registration to the Service to permit their information to be shared for the purposes of managing the Service. PharmOutcomes® is a system software solution implemented in community pharmacies to facilitate the Service. Midlands and Lancashire Commissioning Support Unit was enlisted to help provide business support; managing payment schedules to providers, setting up and accrediting providers on the platform, design of the electronic service template and undertaking the requisite data collation to inform regular analysis and reporting.

These conditions can be treated using medication listed in the STP MAS formulary below:

Paracetamol 120mg/5ml s/f suspension (100ml pack)
Paracetamol 250mg/5ml s/f suspension (100ml pack)
Simple Linctus paediatric s/f (200ml pack)
Ibuprofen 100mg/5ml s/f suspension
Chlorphenamine syrup s/f 2mg/5ml
Simple Linctus BP s/f (200mls)
Mebendazole 100mg tablet
Cetirizine 10mg tablets
Chloramphenicol 0.5% eye drops
Lactulose solution
Sodium cromoglicate 2% eye drops 5ml
(Opticrom Aqueous 2% eye drops 5ml)
Dioralyte sachets
Clotrimazole 2% cream
Zeroderm (500gpack)
Normal Saline Nose Drops 0.9% (10ml pack)
Pholcodine 5mg/5ml linctus s/f (200ml pack)
Gaviscon advance liquid
Anbesol Teething Gel
Chlorphenamine 4mg tablets
Olive Oil Ear Drops (10ml pack) For Ear Wax
Difflam throat spray
Clotrimazole 500mg pessary
Clotrimazole 1% cream

Ibuprofen 10% gel
Zerobase (500g pack)
Hydrocortisone 1% cream
Ibuprofen 200mg tablets
Salactol Topical Paint (10ml pack)
Aciclovir 5% cream
Miconazole Oral gel 2% (15g)
Calamine cream (aqueous)
Paracetamol 500mg tablets (32)
Beclometasone 50mcg nasal spray
Permethrin 5% Dermal Cream (30g pack)
Fluconazole 150mg capsule
Crotamiton 10% cream
Ranitidine 75mg (12)
Bonjela gel
Senna 7.5mg tablets (20)
Cetirizine liquid
Anusol Ointment
Loratadine 5mg/5ml syrup
Conotrane 100g cream
Pseudoephedrine linctus 30mg/5ml 100ml
Anusol Plus HC ointment
Chlorhexidine 0.2% mouthwash
Loratadine 10mg tablets
Gaviscon advance tablets
Zeroderm (125g pack)
Mepyramine maleate 2% cream 20g (Anthisan)
Ispaghula 3.5g sachets
Xylometazoline 0.1% Nasal Spray (10ml)
Menthol and Eucalyptus inhalation (100ml)
Anusol Plus HC suppositories
Anusol suppositories
Glycerol suppositories
Sodium Citrate sachets (6)
Potassium Citrate sachets (6)

Pharmacists can supply any brand of product (unless specified above) if the active ingredients are the same and pack size is at least the size specified above (i.e. larger packs can be supplied). The products supplied must not be Prescription Only Medicine packs and each product must be supplied with a corresponding Patient Information Leaflet. Community Pharmacy Providers are reimbursed at £5 per consultation with drug costs reimbursed at pre-agreed set rates.

There are 288 community pharmacies eligible to serve patients across the Black Country STP. These pharmacies are based in residential neighbourhoods, high street locations and supermarkets. They pharmacies have a range of opening hours including weekends and during extended opening hours. These pharmacies are comprised of independents and multiple chains such as Boots, Lloyds, Murrays, Asda to name a few. The pharmacy must be located within one of the participating CCG areas and must comply with all the requirements of the NHS Community Pharmacy Contractual Framework. There must be suitable access to a confidential patient consultation room on site to undertake a private consultation (should this be requested by a patient). The service must be available at the pharmacy throughout the whole core and supplementary opening hours. An individual patient can access the Service up to six times per calendar year.

4. Evaluations & Findings

The purpose of this evaluation is to determine the merits of commissioning a Minor Ailments Service beyond 31st March 2019. This evaluation covers the period of 1st June 2018 to 30th November 2018 for minor ailments consultations in the Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG areas. This evaluation seeks to address whether this community pharmacy Minor Ailments Service helps to liberate capacity and reduce workload within General Practice and other primary care settings.

A total of 135 Pharmacies are actively delivering the STP minor ailments Service across Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG. For the Walsall CCG minor ailments Service an additional 38 providers are delivering the service

Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG jointly commissioned MLCSU to facilitate the STP Minor ailments Service on their behalf from the 1st June 2018 to 31st March 2019. This report contains analysis of these three CCG areas combined and later individually in Appendices 1 – 3. Walsall CCG have submitted data for inclusion in this report and this can be seen in appendix 4.

All data inputted on to PharmOutcomes® was evaluated from 1st June 2018 to 30th November 2018.

STP Minor Ailments Service Overview

Overall findings across the Dudley CCG, Sandwell & West Birmingham CCG, and Wolverhampton CCG areas over the initial six-month period can be seen below.

1.1 135 active community pharmacies conducted a total of 9,485 community pharmacy Minor Ailment Service consultations (288 pharmacies are accredited to deliver the service). This highlights on average, each active pharmacy conducted 70 consultations. Patients using this service were registered at 187 GP practices, with each practice on average having 69 consultations undertaken for its patients. Almost all (99.6%) consultations resulted in a medicines supply being made. Figure 1 shows the proportion of service users accessing the Service by CCG area

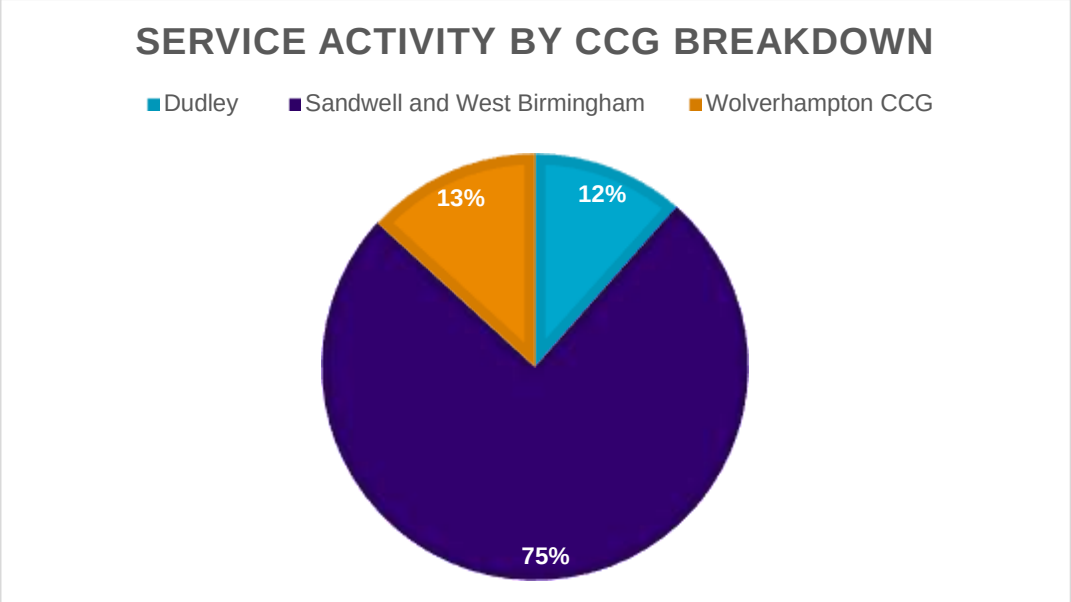

Figure 1: Community Pharmacy Minor Ailment Service activity by CCG

1.2 Figure 2 shows analysis of consultations by gender across the three CCGs. There is a fair split between males 45% (4,299) and females 55% (5,186) accessing the service.

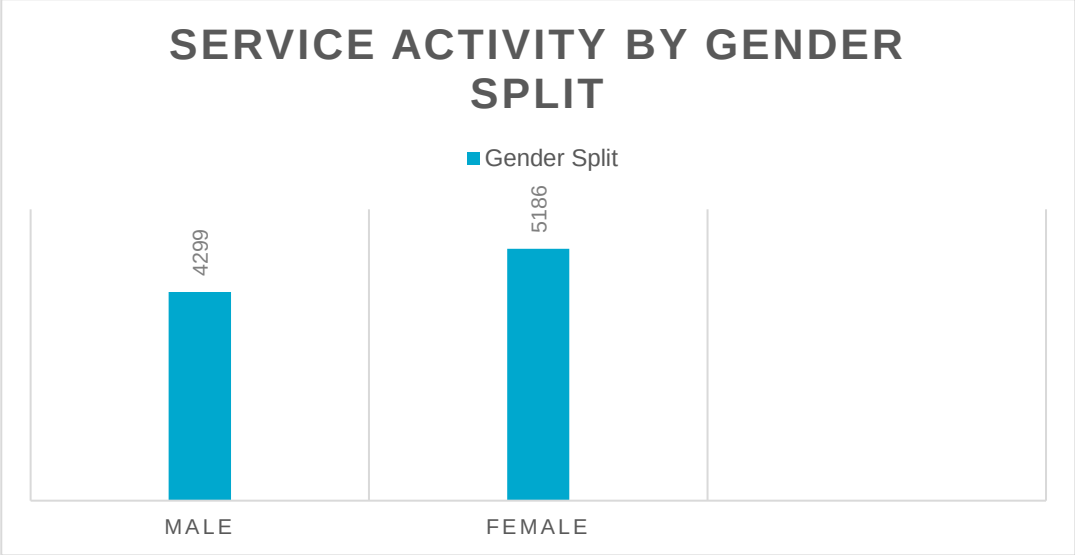

Figure 2: Minor Ailment Service activity by service user gender

1.3 The service was accessed across a range of ages, as highlighted in Figure 3. 60% of consultations were accessed by service users aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. 15% of service users were aged 60 or above.

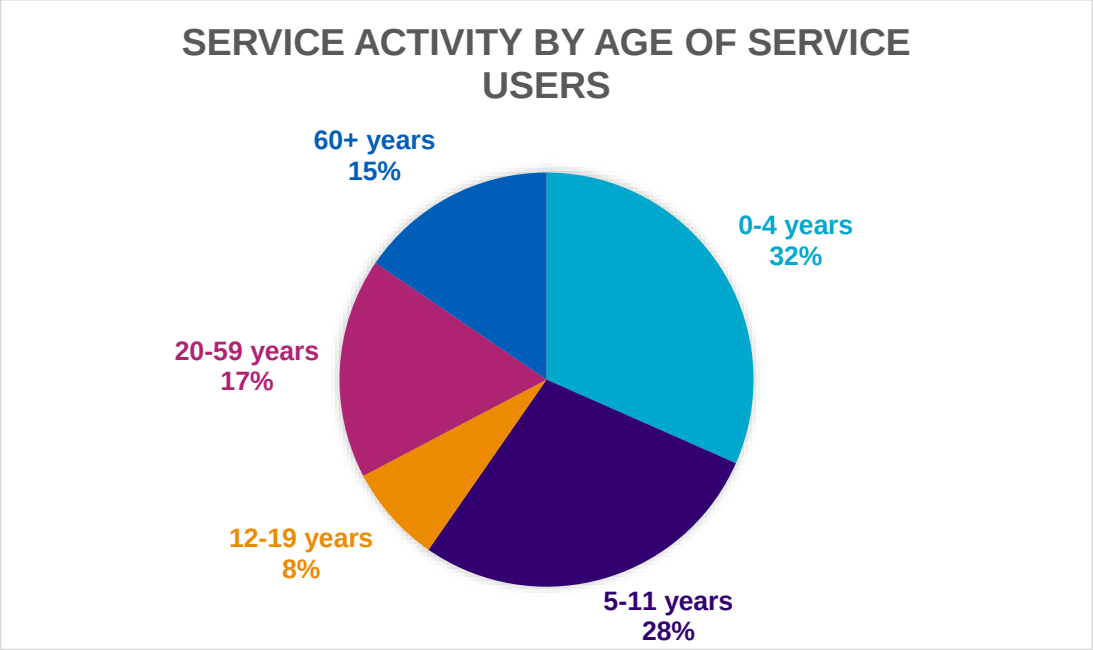

Figure 3: Minor Ailment Service activity by service user age

1.4 The service can be accessed up to 6 times a year. Figure 4 shows 84% of service users accessed the service only once during the initial six-month period. 12% of service users accessed the service twice, whilst 3% of service users accessed the service three times.

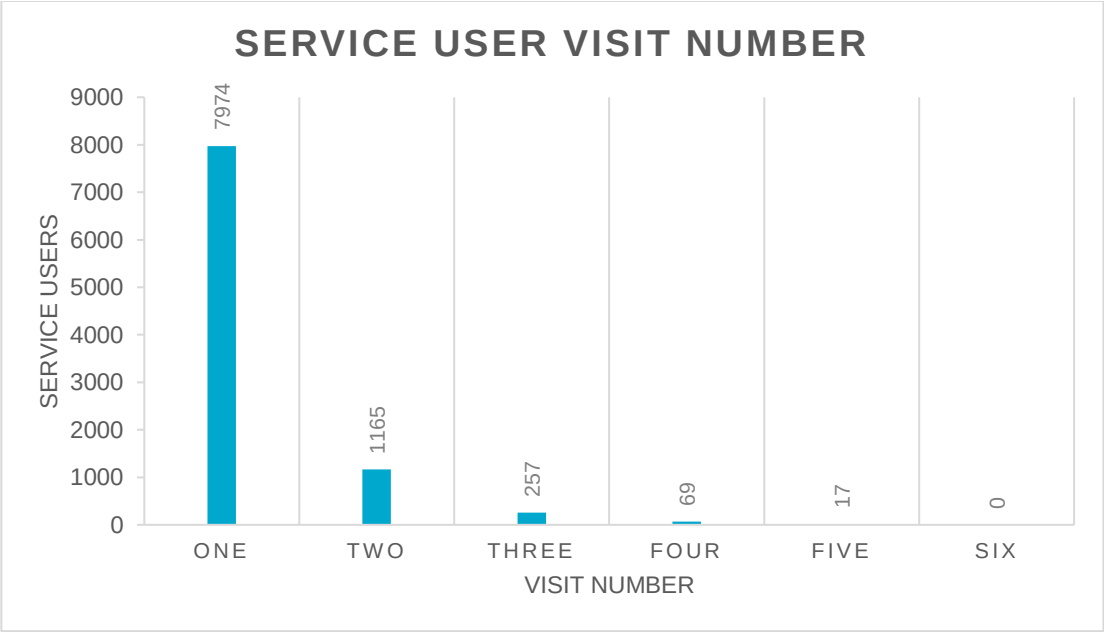

Figure 4: Minor Ailment Service activity by service user visit number

1.5 Figure 5 shows 94% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 3% of consultations took place on the weekend.

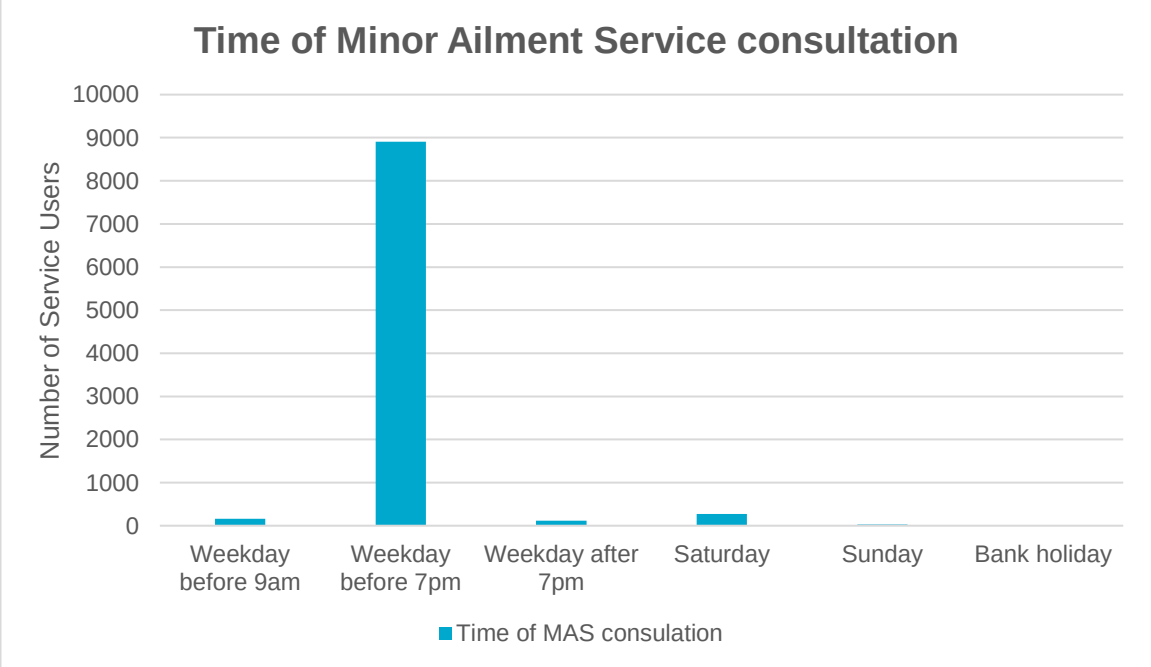

Figure 5: Analysis of time of Minor Ailment Service consultation

1.6 Figure 6 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in service users accessing the service in comparison to the June and July.

Month of consultations	Number of interactions	%
June	1019	11
July	1245	13
August	1130	12
September	1597	17
October	2307	24
November	2187	23

Figure 6: Analysis of time of Minor Ailment Service consultation by month

1.7 Under the service, users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of patients presenting with either one or two symptoms was 58% and 42% respectively. Figure 7 shows acute fever was the most common presenting symptom.

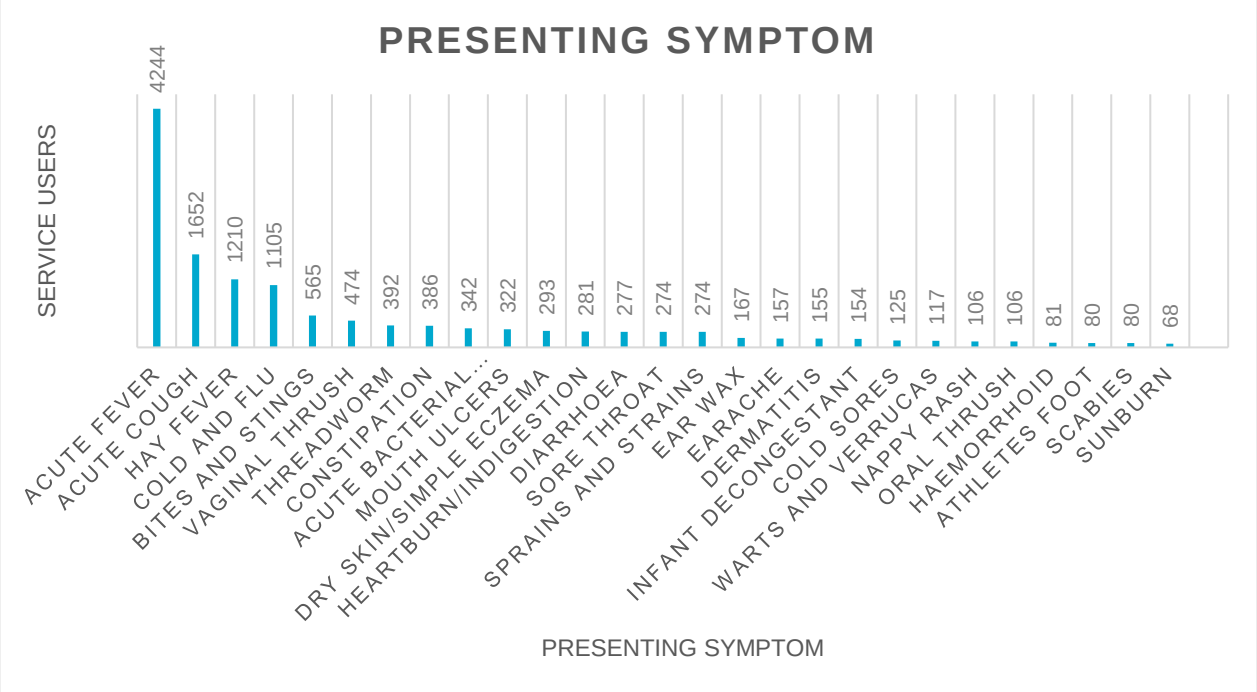

Figure 7: Minor Ailment Service activity by presenting symptoms

1.8 Figure 8 highlights service user exemption status.

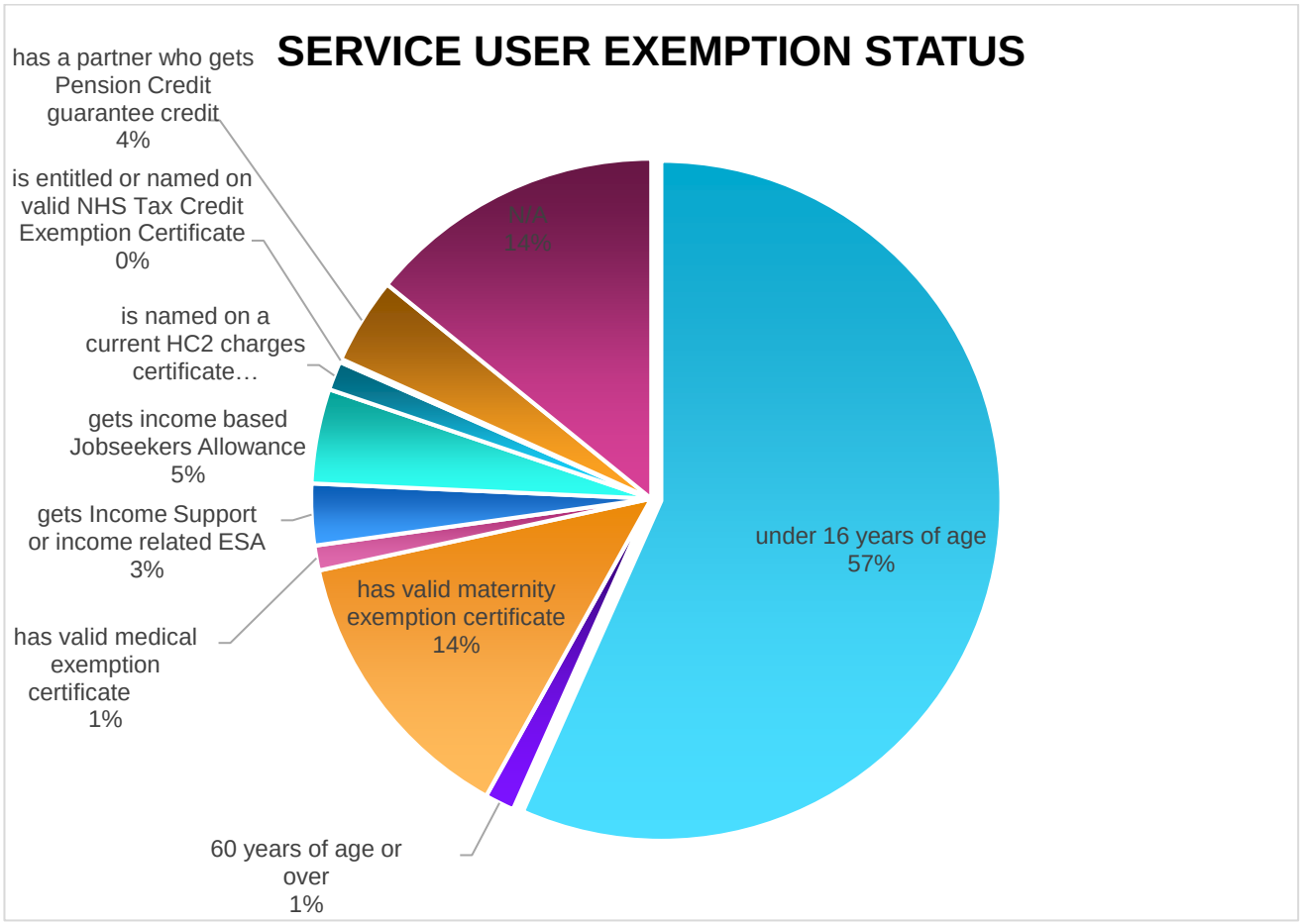

Figure 8: Minor Ailment Service activity by service user exemption status

1.9 Figure 9 illustrates the top 30 medications supplied to service users under the Minor Ailments Service. A range of medications for various indications were supplied. 20% (2,592) of the medications supplied were for paracetamol 120mg/5ml s/f solution, followed by 8% (1,296) of paracetamol 250mg/5ml s/f solution.

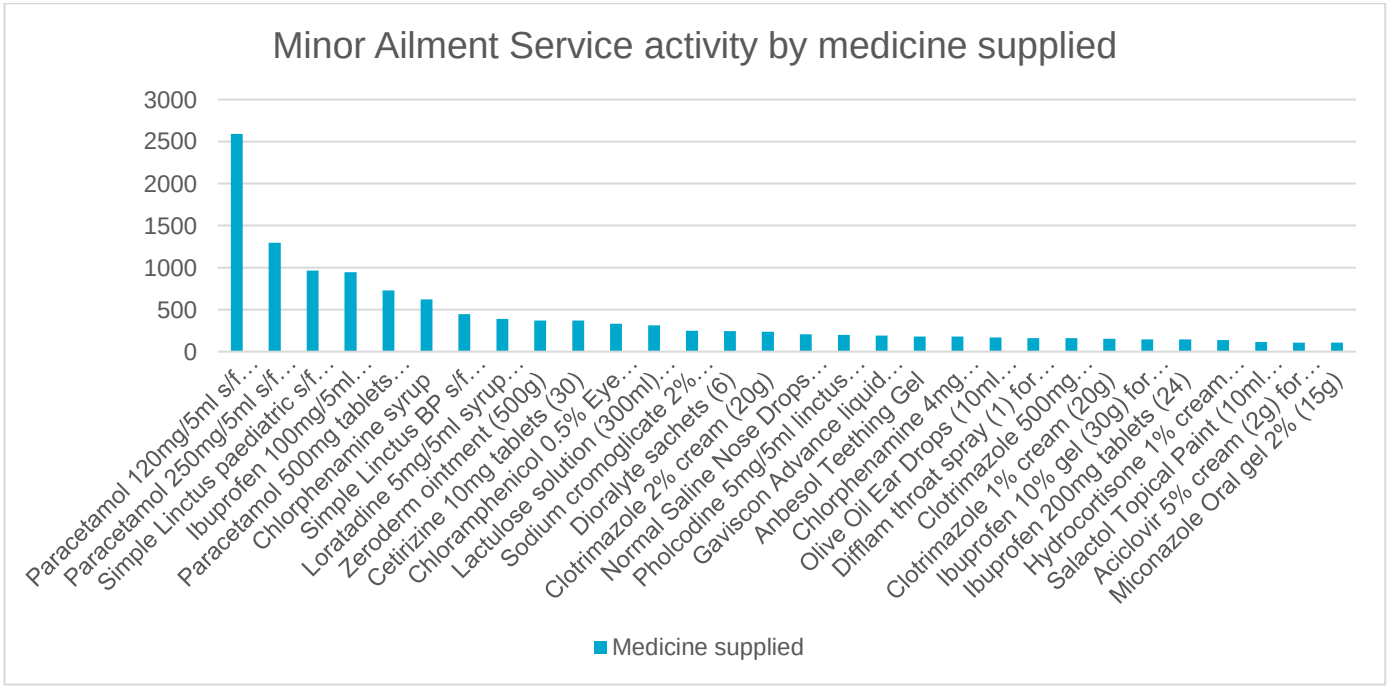

Figure 9: Minor Ailment Service activity by medicine supplied

1.10 For each of the 9,485 consultations undertaken, patients were asked what they would have done if the service was not in place. Figure 10 highlights that 95.5% of all service users accessing the Minor Ailments Service would have sought a more expensive healthcare environment if the service were not in place.

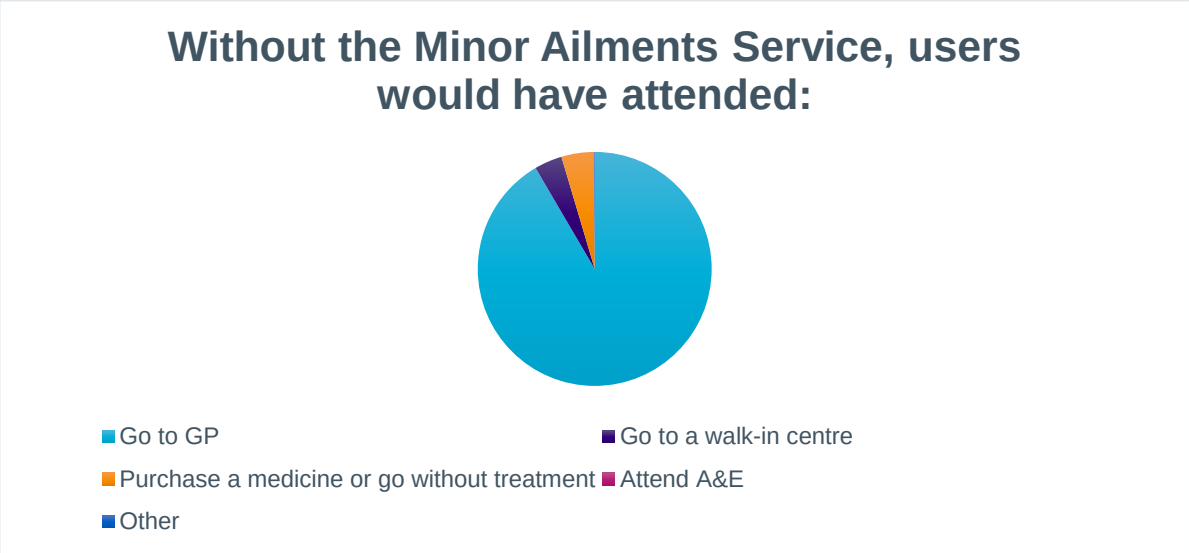

Figure 10: Minor Ailment Service audit

6. Conclusion and Recommendations

In the first six months, the STP Minor Ailment Service has delivered cost-effective consultations. The service has been embraced by many patients with most patients accessing the service belonging to the under 12's and over 60's demographic.

Figure 1 shows however there is significant variation in terms of service activity when analysed via CCG. SWB CCG has approximately seven times as many consultations (7150) compared to Wolverhampton CCG (1,252) and Dudley CCG (1095). In comparison to Walsall CCG (913) there are approximately eight times as many consultations.

- SWB CCG consultations have been undertaken from 64 active providers from 98 that are accredited to offer the service. 76% of all consultations were offered from 20 pharmacies.
- Wolverhampton CCG consultations have been undertaken from 35 active providers from 61 that are accredited to offer the service. 91% of all consultations were offered from 20 pharmacies.
- Dudley CCG consultations have been undertaken from 17 active providers from 33 that are accredited to offer the service. 94% of all consultations were offered from 20 pharmacies.
- Walsall CCG consultations have been undertaken from 38 active providers from 46 that are accredited to offer the service. Individual pharmacy data was not available for the purposes of this report.

Individual Pharmacy consultation data is regularly monitored. Approximately 50% of all accredited pharmacies in Wolverhampton and Dudley are actively engaged with the service and this can be increased further.

Where service activity highlights any outliers i.e. those with significantly higher than average numbers of consultations, these are followed up and investigated to ensure service robustness and resilience. The strategy includes requesting SOPs and face to face discussions around service activity where necessary.

Evaluation of medicines provided under the scheme highlights paracetamol suspension for acute fever is the most accessed medication under this service.

The evaluation of the scheme demonstrates the STP Minor Ailment Service is a viable NHS service to manage minor ailment conditions, and with appropriate controls represents better value for money compared to other more expensive NHS environments, including GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services.

Figure 9 indicates that 95.5% of community pharmacy Minor Ailment Service consultations liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 9,445 consultations cost the CCG commissioner £47,225. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £25,516.05. The total cost of the STP MAS service to the CCG commissioners in total is therefore £72,741.05.

According to the *unit costs of Health and Social Care 2017 document*; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Almost all (99.6%) of service consultations resulted in a supply being made.

Figure 9 shows 8,685 consultations were undertaken where patients would have gone to a GP had this STP service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 8,685 *£58.20 i.e. £505,467. 8,685 consultations would've taken on average 9.22 minutes per appointment in General Practice or 1,335 hours which across the 188 eligible GP practices is a GP time saving of just over 7 hours each.

The recommendation to the CCG commissioners, considering the findings of the evaluation, is to approve continued commissioning of the Minor Ailment Service into the 19/20 financial year.

Return on Investment (ROI) is around 6:1. This is based on inputs of £14,850 (MLCSU service cost) and £72,741.05 (service consultation and drug costs) vs the expected cost of £505,467 had the STP MAS service been unavailable.

Limitations

Other studies have looked at the impact of minor ailment services on general practice prescribing for minor ailments and the number of re-consultation rates. It is not possible to evaluate this with current available data; however, the potential use of practice data could be explored for future evaluation of the service.

The GP time released was based on the patients specifying where they would have gone; this may differ from where they may have gone had the service not been in place. The patient opinion data was collected by the pharmacists providing the service which may have biased the results due to the patient not wanting to offend the pharmacist.

Recommendations

- Encourage increased engagement and liaison and communication between general practice and pharmacies to improve joint understanding, resolve issues and increase uptake
- Further work to increase understanding, promotion and engagement, plus build relationships between pharmacy and practice staff is needed to increase uptake.
- Develop effective strategies to shift demand for minor ailment management away from general practices to the community pharmacy setting. By reducing the time spent by GPs on managing minor ailments, it would enable them to focus on more complex cases and could reduce patient waiting times.
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that the Minor Ailments Service is embedded into their triage systems and patient pathways
- Review list of conditions and formulary with the Minor Ailments project group and if agreed devise a further business case to expand the service to include further conditions
- Promote increased recording of patient access to Minor Ailments on the GP electronic health record.

Appendices

Appendix One (Dudley CCG)

Across Dudley CCG, 1,095 consultations took place for patients registered to Dudley CCG GP Practices. Consultations were split evenly between males 47% and females 53%.

1.1 The service was accessed across a range of ages, as highlighted in figure 1. The data shows that approximately 56% of the service users were accessed by those aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. 19% of service users were aged 60 or above with approximately 39% of these service users aged 75 and above.

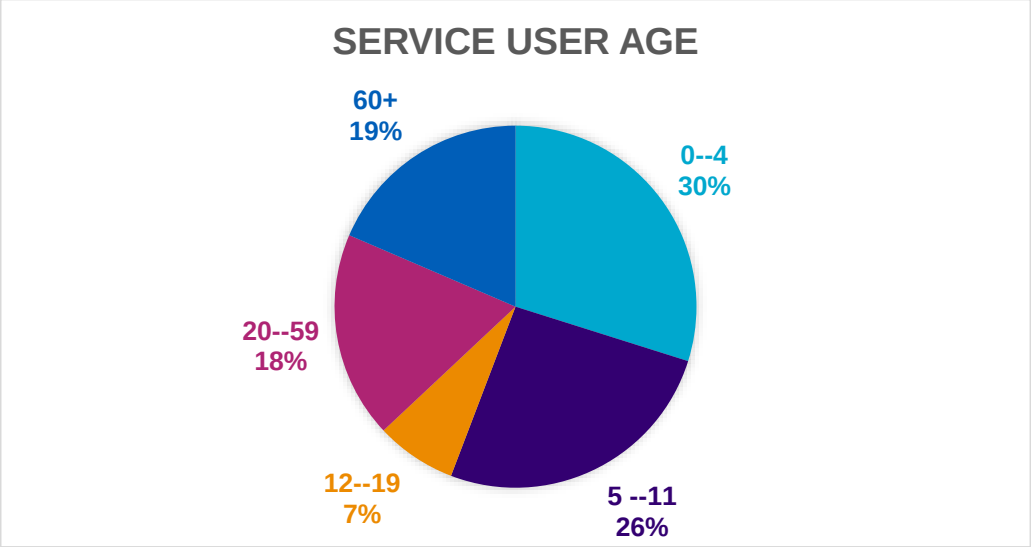

Figure 1: Minor Ailment Service activity by service user age

1.2 The Service can be accessed up to 6 times a year. Figure 2 shows 88% of service users accessed the service once during the initial six-month period. 10% of service users accessed the service twice whilst 1% of service users accessed the service three times.

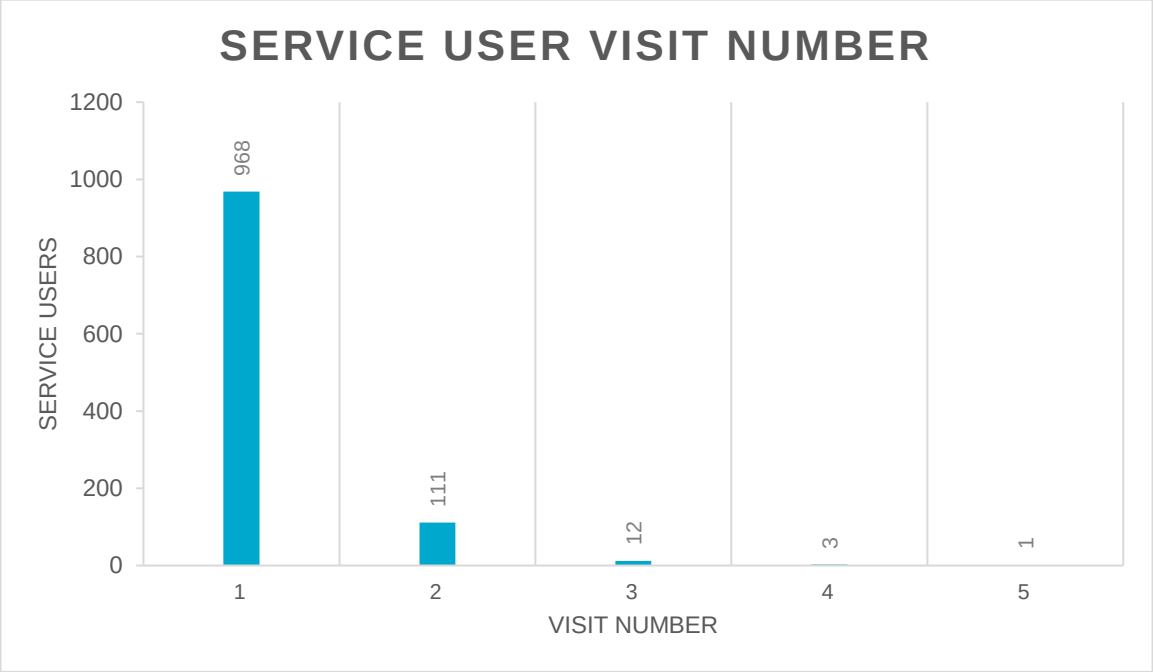

Figure 2: Minor Ailment Service activity by service user visit number

1.3 Figure 3 shows 90% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

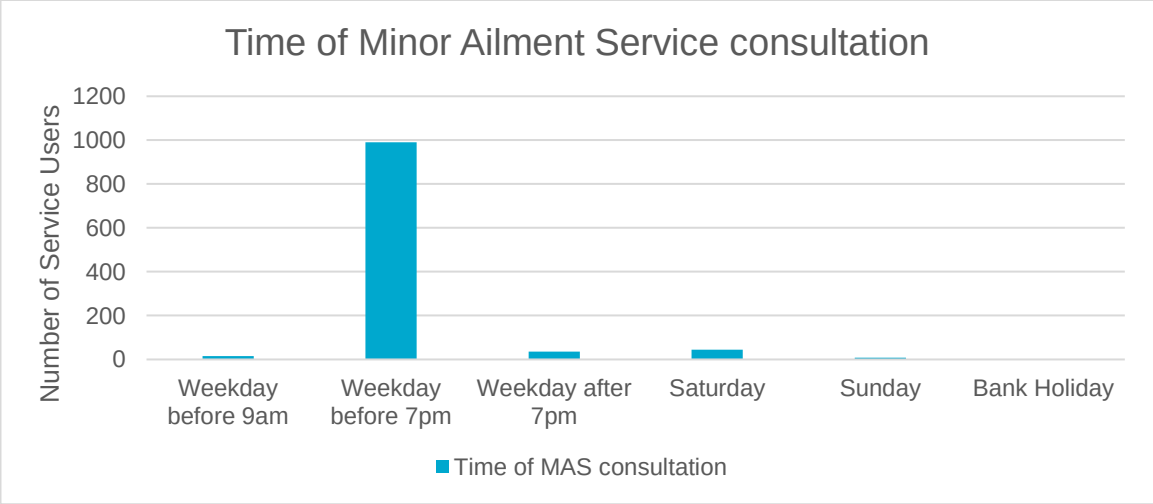

Figure 3: Analysis of time of Minor Ailment Service consultation

1.4 Figure 4 illustrates a gradual increase in activity from June to November. The winter months of October and November showed significant increase in the number of interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	134	12
July	140	13
August	160	15
September	193	17
October	236	22
November	232	21

Figure 4: Analysis of time of Minor Ailment Service consultation by month

1.5 Service users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of users presenting with either one or two symptoms was 73% and 27% respectively. Figure 5 shows acute fever was the most common presenting symptom.

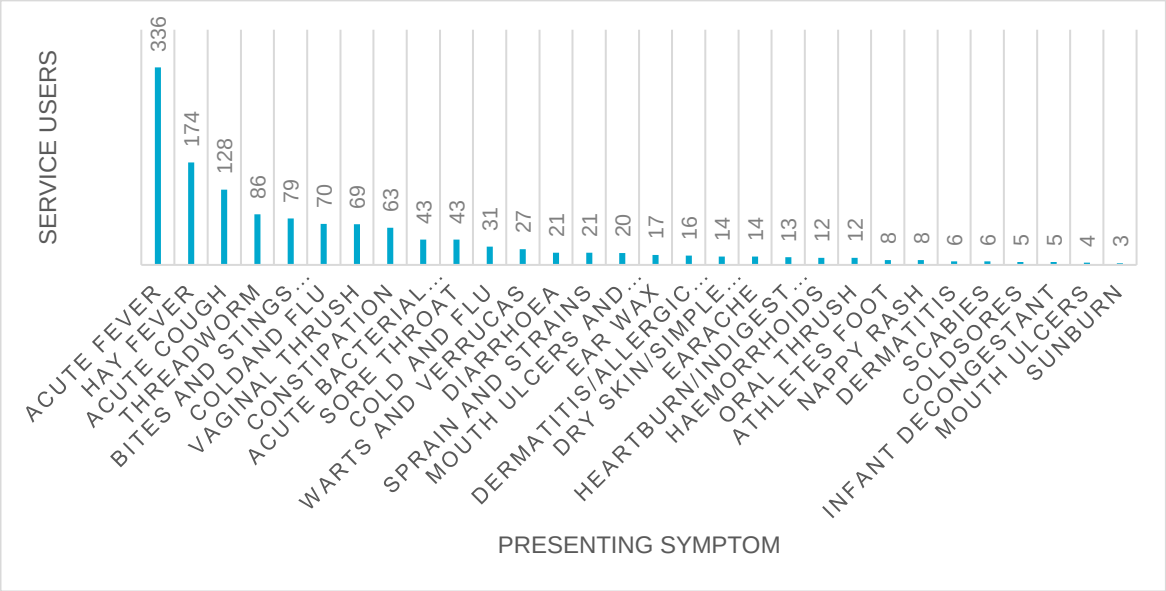

Figure 5: Minor Ailment Service activity by presenting symptom

1.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

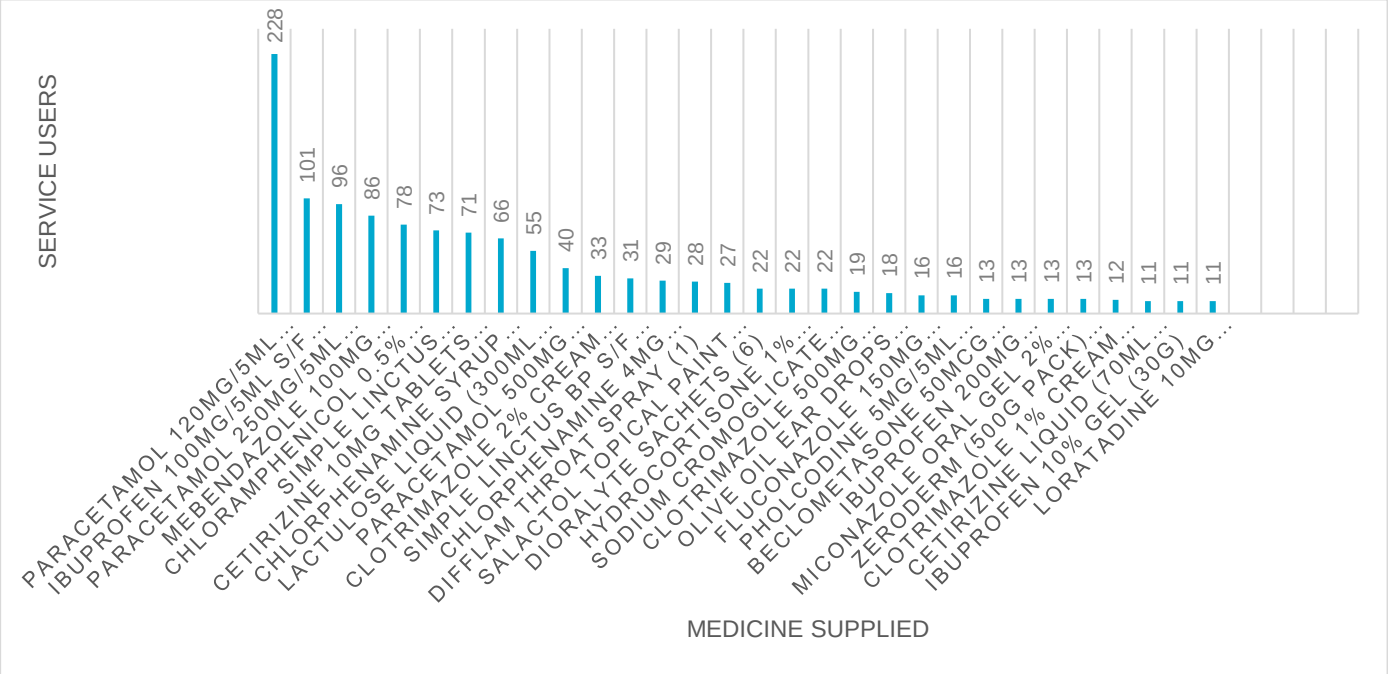

Figure 6: Minor Ailment Service activity by medicine Supplied

1.7 For each of the 1,095 consultations which took place, users were asked what they would have done if the service was not in place as shown in figure 7. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to this service.

- 74% (814) would have gone to the GP
- 2% (24) would have gone to the walk-in centre
- 23% (256) would have either purchased a medicine or gone without any treatment
- 0.09% (1) would have accessed an A&E

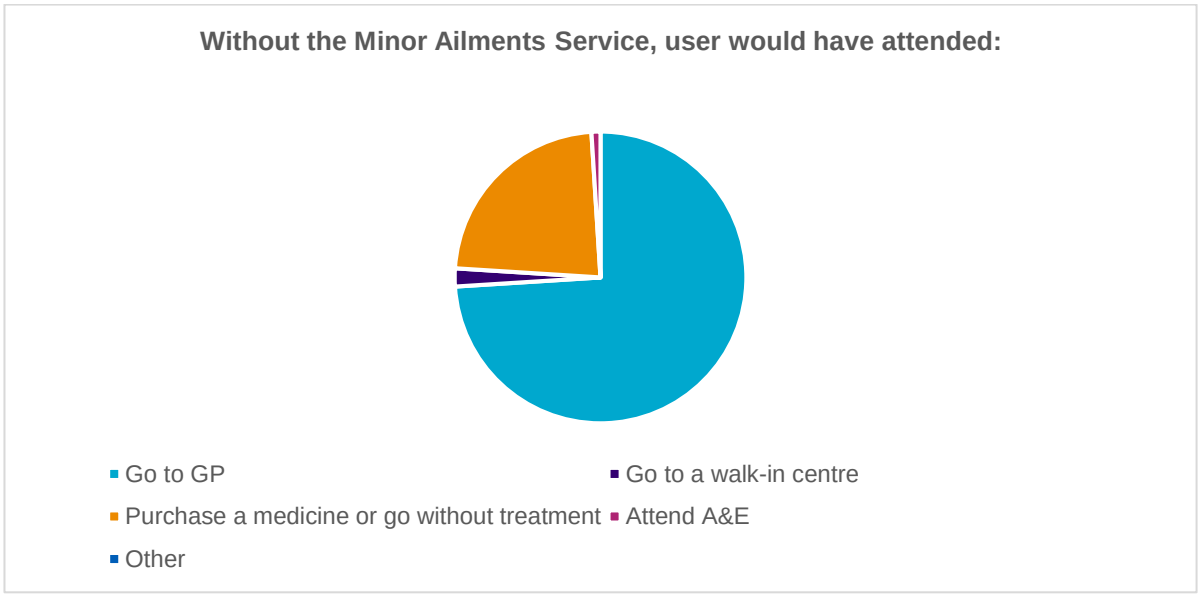

Figure 7: Minor Ailment Service audit

Figure 7 indicates that 77% of community pharmacy Minor Ailment Service consultations in Dudley CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 1095 consultations cost the CCG commissioner £5,475. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £2,771.35. The total cost of the STP MAS service to the CCG commissioners in total is therefore £8,246.35.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 814 from 1,095 consultations were undertaken, where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 814 *£58.20 i.e. £47,374.80.

814 consultations would've taken on average 9.22 minutes per appointment in General Practice or 125 hours which across the eligible GP practices is a GP time saving of just over 2.6 hours each.

Return on Investment (ROI) is around **4:1**. This is based on inputs of £4,950 (MLCSU service cost) and £8,246.35 (service consultation and drug costs) vs the expected cost of £47,374.80 had the STP MAS service been unavailable.

The table below shows in which pharmacy locations and how frequently patients registered to Dudley CCG GPs are accessing the MAS service:

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
DY1	DY3 2DA	1
	B68 8JB	2
	B70 9QL	2
	DY1 1RN	3
	DY1 2BY	68
	DY1 2ER	7
	DY1 2TY	4
	DY1 4EH	23
	DY2 9PY	2
	DY3 2DA	5
	DY3 2PG	1
	DY4 7EW	1
	DY5 3EE	2
	WV14 9DD	8
DY2	B63 3UD	2
	B64 6HF	13
	B64 6HN	1
	B64 6HP	1

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
DY5	DY5 1RG	2
	DY5 3JR	10
	DY6 8AW	1
	DY8 4BS	2
	B63 1AU	2
	B64 7HG	1
	B68 9DU	1
	B70 9QL	1
	DY1 2BY	2
	DY1 2ER	2
	DY1 4EH	1
	DY2 9PY	1
	DY3 2PG	1
	DY5 2AA	2
	DY5 3AP	13
	DY5 3DL	11
	DY5 3EE	33
	DY5 4ED	2

	B64 6JD	6
	B64 7HG	16
	B65 0BA	1
	B69 1RZ	70
	B69 2JQ	1
	B69 4SN	1
	B70 6JX	2
	DY1 1RN	6
	DY1 2BY	20
	DY1 2ER	10
	DY1 4RP	1
	DY2 8TH	50
	DY2 9PY	50
	DY5 3EE	4
DY3	B63 1AU	1
	B70 9QL	2
	DY1 2BY	14
	DY1 2ER	1
	DY1 2TY	6
	DY1 4RP	1
	DY3 2DA	16
	DY3 2PG	11
DY4	B21 9RY	3
	B68 8JB	5
	B68 9EX	2
	B69 1RZ	14
	B70 6JX	4
	B70 7RW	13
	B70 8PA	1
	B70 9QL	64
	DY1 2BY	1
	DY1 4EH	1
	DY1 4RP	1
	DY4 7EW	24
	DY4 7PE	116
	DY4 8PX	2
	DY4 8RP	24
	WS10 9PR	1
	WS5 4LB	2
	WV14 9DD	7
	WV2 3AH	4
	WV4 6ED	1
	DY4 0SN	7

	DY6 8pf	3
	DY9 8LF	2
	DY9 8LQ	1
DY6	DY6 9HS	2
	DY8 4BS	1
	DY1 2ER	1
	DY6 7SH	4
	DY6 8pf	2
	DY6 9JS	1
DY8	B63 4WD	1
	DY8 4BS	27
	B63 1AU	1
	B63 3UD	1
	B69 1RZ	1
	DY5 3AP	1
	DY5 3EE	3
	DY6 7SH	1
	DY6 9JS	1
DY9	DY5 3JR	3
	DY9 8LN	1
	B63 1AU	2
	B63 3UD	1
	B68 9EX	1
	DY9 8JX	2
	DY9 8LF	92
	DY9 8LQ	7
	DY9 9DS	6
	WV10 8EB	1
DY12	DY1 2BY	1

Appendix Two (Sandwell & West Birmingham CCG)

Across Sandwell & West Birmingham CCG, 7,130 community pharmacy Minor Ailment Service consultations took place for patients registered to Sandwell & West Birmingham CCG GP Practices. The consultations were split evenly between males 45% and females 55%

2.1 The service was accessed across a range of ages, as highlighted in Figure 1. The data shows that approximately 61% of the service users were accessed by those aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. There was 16% of service users aged 60 or above accessing the service with approximately 40% of these service users aged 75 and above.

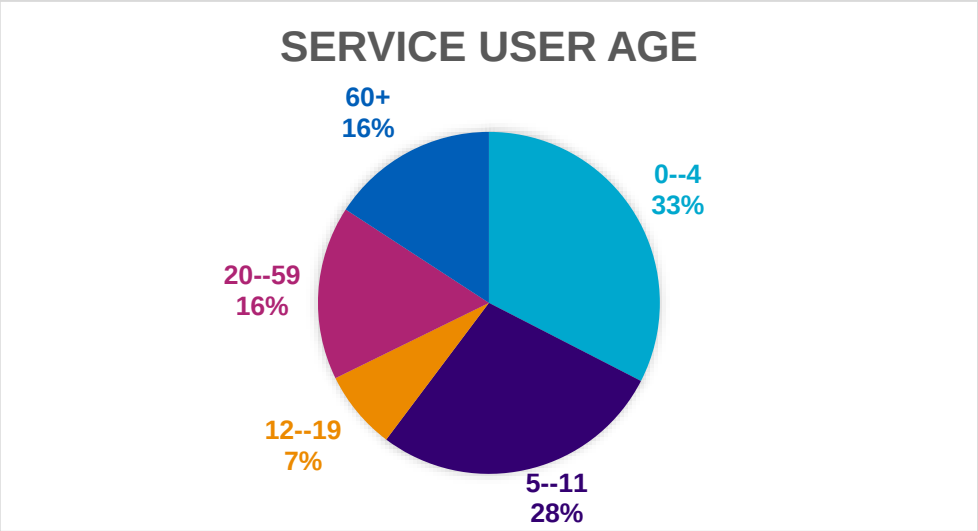

Figure 1: Minor Ailment Service activity by service user age

2.2 The service can be accessed up to 6 times a year. Figure 2 shows that 84% have accessed the service once during the initial six-month period. 13% of service users accessed the service twice whilst 3% of service users accessed the service three times.

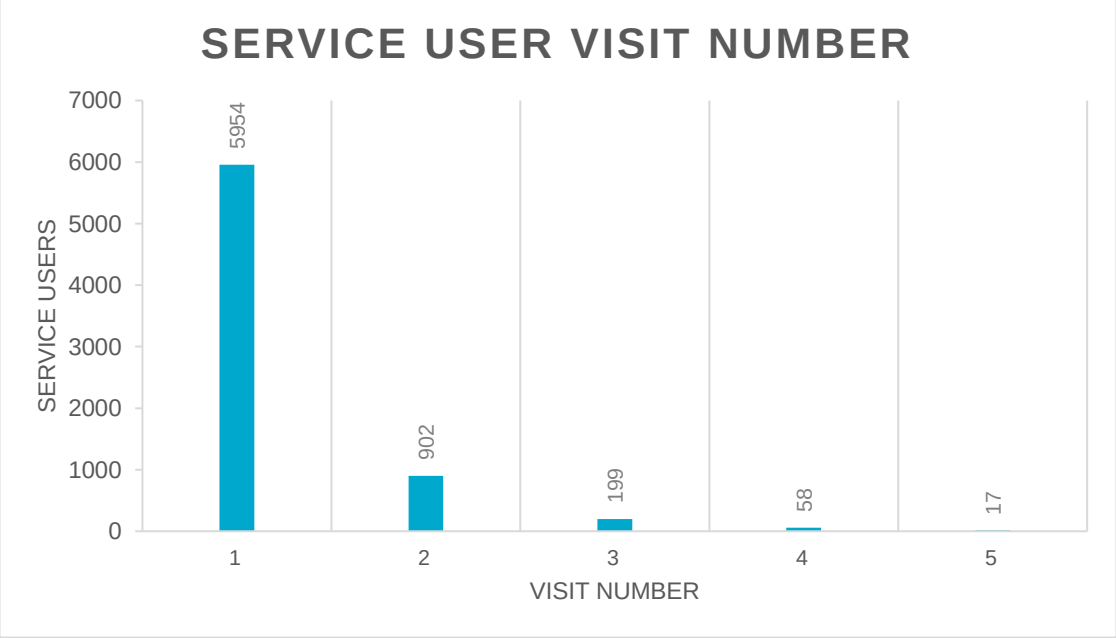

Figure 2: Minor Ailment Service activity by service user visit number

2.3 Users accessed the service across a range of days and times throughout the week, highlighting the accessibility of community pharmacy. Figure 3 shows 95% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

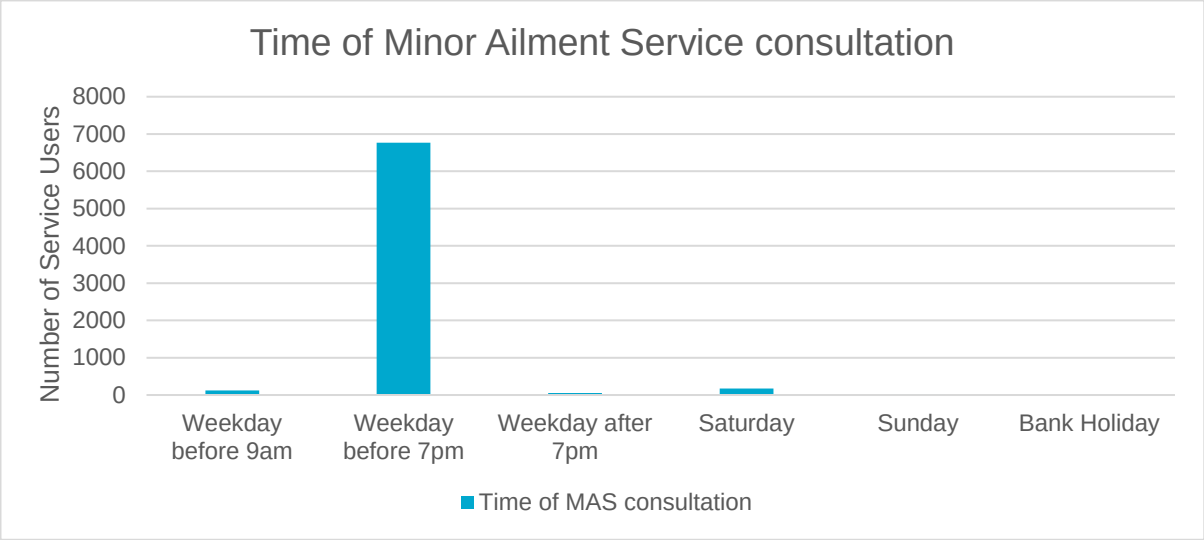

Figure 3: Analysis of time of Minor Ailment Service consultation

2.4 Figure 4 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	**Number of interactions**	**%**
June	730	10
July	901	13
August	*843*	*12*
September	1239	17
October	1815	25
November	1602	23

Figure 4: Analysis of time of Minor Ailment Service consultation by month

2.5 Under the service, users can access treatment for up to two presenting symptoms per consultation. The percentage of service users presenting with either one or two symptoms was 52% and 48% respectively. Figure 5 shows acute fever was the most common presenting symptom

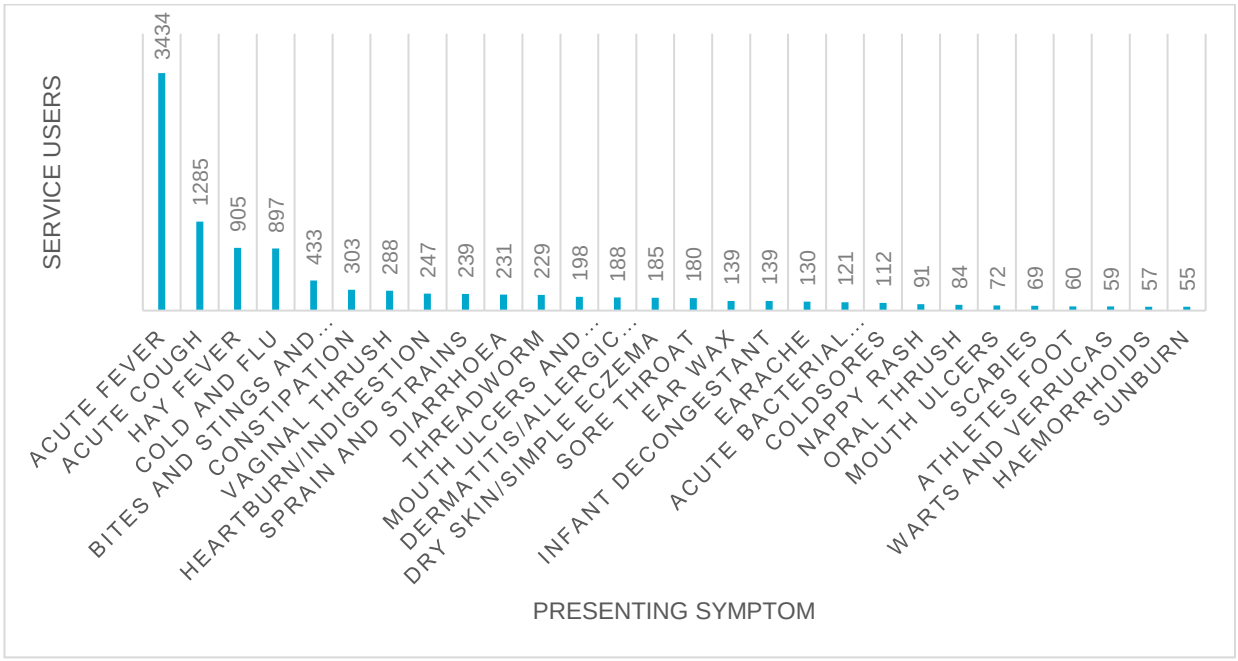

Figure 5: Minor Ailment Service activity by presenting symptom

2.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

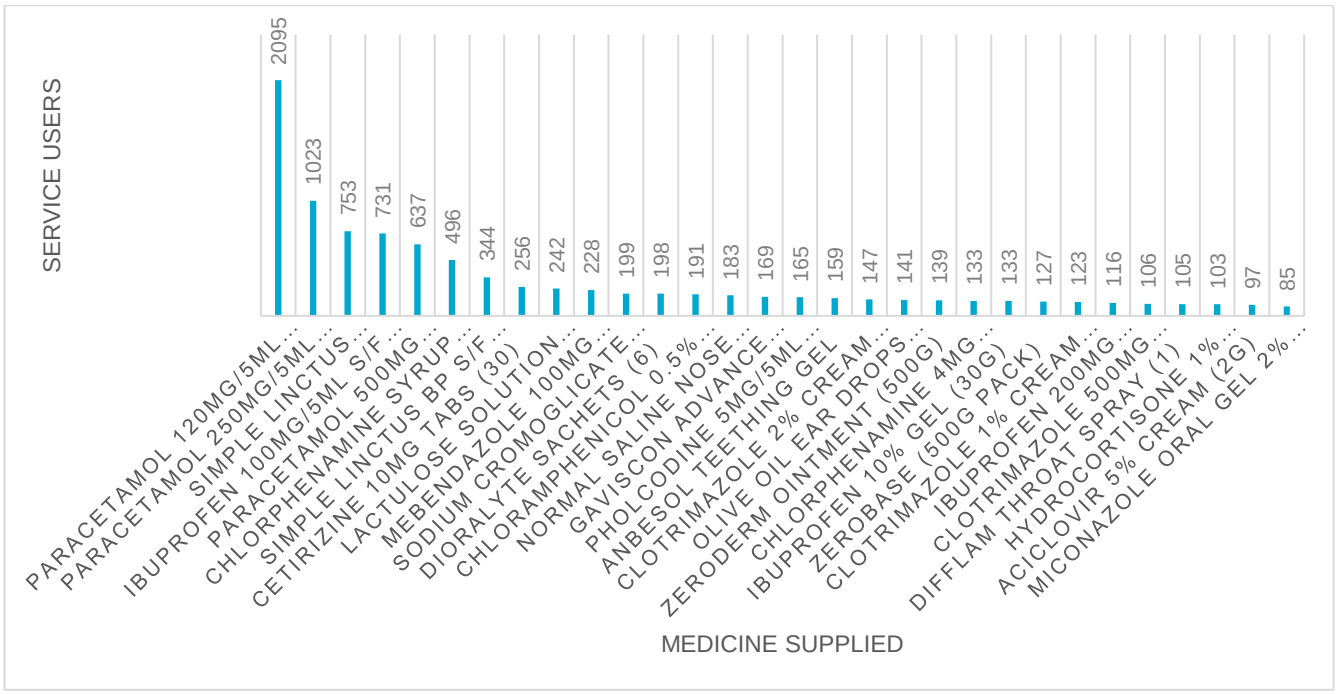

Figure 6: Minor Ailment Service activity by medicine supplied

2.7 For each of the 7,130 consultations which took place, users were asked what they would have done if the service was not in place. The responses combined illustrate that service users would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 95.4% (6,803) would have gone to the GP
- 3.7% (264) would have gone to the walk-in centre
- 0.7% (52) would have either purchased a medicine or gone without any treatment
- 0.04% (3) than 1% would have accessed the A&E
- 0.1% (8) other reason

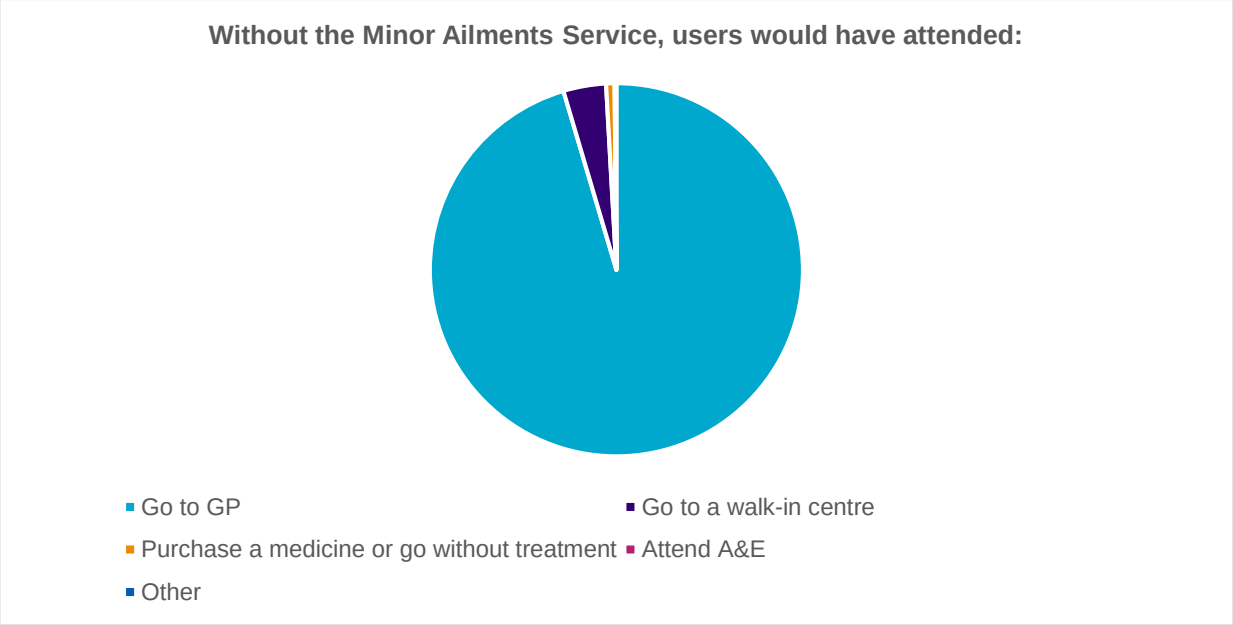

Figure 7: Minor Ailment Service audit

Figure 7 indicates that 99% of community pharmacy Minor Ailment Service consultations in SWB CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 7,130 consultations cost the CCG commissioner £35,650. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £19,643.59. The total cost of the STP MAS service to the CCG commissioners in total is therefore £55,293.59.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 6,803 from 7,130 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 6803 *£58.20 i.e. £395,934.60

6,803 consultations would've taken on average 9.22 minutes per appointment in General Practice or 1045 hours which across the eligible GP practices is a GP time saving of just over 10 hours each.

Return on Investment (ROI) is around **7:1**. This is based on inputs of £4,950 (MLCSU service cost) and £55,293.59 (service consultation and drug costs) vs the expected cost of £395,934.60 had the STP MAS service been unavailable.

The table below shows in which pharmacy locations and how frequently patients registered to Sandwell & West Birmingham CCG GPs, are accessing the MAS service:

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
B10	B12 8AN	2
	B13 9AG	1
	B6 5UP	13
B11	B12 8AN	52
	B13 9AG	23
	B62 8AF	1
B12	B12 8AN	14
	B13 9AG	49
B13	B12 8AN	15
	B13 9AG	76
B14	B12 8AN	1
B15	B21 9PP	1
	B66 4DH	2
B16	B18 4BA	3
	B18 4HJ	7
	B18 7BA	5
	B21 9PP	1
	B21 9RY	3
	B66 3PZ	1

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
	B64 6JD	39
	B64 7HG	46
	B65 0BA	5
	B69 1RZ	1
	DY2 9PY	2
	DY9 9DS	2
	B68 0LS	2
B65	B62 8AF	5
	B63 3UD	3
	B64 6HF	1
	B64 6JD	12
	B65 0BA	56
	B65 0HF	1
	B68 8LY	5
	B68 9DU	5
	B69 1RZ	16
	B69 4SN	5
	B70 7RW	2
	B70 9QL	2

	B70 7RW	2
	B6 5UP	3
B17	B18 4BA	3
	B21 9PP	2
	B66 3PZ	3
	B66 4DH	10
	B66 4QJ	1
	B69 4DE	1
	B6 5UP	2
B18	B66 1QZ	1
	B21 9SN	3
	B18 4BA	2
	B18 4HJ	4
	B18 7BA	9
	B21 9LR	7
	B21 9PP	1
	B21 9RY	26
	B66 4DH	5
	B70 9QL	1
	B6 5UP	6
B19	B18 4HJ	1
	B21 9RY	5
	B7 5DT	1
	B68 0LS	2
	B6 5UP	28
B20	B21 9SN	3
	B18 4HJ	1
	B20 2JU	71
	B21 9LR	5
	B21 9PP	40
	B21 9RY	32
	B42 1BT	2
	B69 4DE	2
	B7 5DT	5
	B70 9QL	1
	B6 5UP	22
	B43 7HB	1
B21	B21 9SN	12
	B18 4BA	3
	B20 2JU	3
	B21 9LR	69
	B21 9PP	173
	B21 9RY	201
	B66 2DD	2
	B70 6JX	1
	B70 7RW	4
	B70 9QL	3
	B6 5UP	6

	DY1 2BY	1
	DY2 9PY	1
	B68 0LS	23
B66	B66 1QZ	98
	B18 4BA	1
	B18 4HJ	3
	B21 9LR	1
	B21 9PP	3
	B21 9RY	1
	B66 2DD	130
	B66 3EN	2
	B66 3PZ	108
	B66 4BH	1
	B66 4DH	6
	B66 4PB.	3
	B66 4QJ	1
	B67 7RA	2
	B68 8JB	9
	B68 8LY	1
	B69 4DE	2
	B7 5DT	1
	B70 6JX	3
	B70 7RW	4
	B70 9QL	9
	B66 3NL	7
	B68 0LS	1
B67	B66 1QZ	39
	B21 9SN	1
	B66 2DD	1
	B66 3EN	3
	B66 3PZ	34
	B66 4BH	6
	B66 4DH	15
	B66 4ES	1
	B66 4PB.	2
	B66 4QJ	3
	B67 7RA	11
	B68 8JB	14
	B68 9DU	17
	B68 9EX	6
	B69 2JQ	1
	B69 4SN	3
	B70 6JX	1
	B70 7RW	2
	B70 9QL	8
	DY2 8TH	1
	WV2 1DR	1
	B66 3NL	49

B23	B6 5UP	66
B24	B6 5UP	21
B26	B13 9AG	1
	B6 5UP	2
B27	B13 9AG	2
B28	B12 8AN	1
	B13 9AG	2
B29	B18 4BA	1
	B66 4BH	1
	B6 5UP	1
B31	B66 4BH	1
	B6 5UP	2
B32	B13 9AG	1
	B21 9RY	1
	B66 4DH	2
	B68 9DU	2
	B68 0LS	2
	B6 5UP	2
B33	B21 9LR	1
	B6 5UP	4
B36	B6 5UP	3
B42	B18 4HJ	1
	B20 2JU	6
	B21 9PP	3
	B21 9RY	1
	B42 1BT	90
	B70 9QL	2
	B6 5UP	13
	B43 7HB	4
	B42 1EZ	5
B43	B20 2JU	2
	B21 9PP	5
	B21 9RY	1
	B42 1BT	24
	B42 1TQ	5
	B70 0RT	1
	B70 6JX	1
	B70 7RW	3
	B70 9QL	13
	WS5 4LB	1
	B6 5UP	6
	B43 7HB	27
	B42 1EZ	1
B44	B42 1BT	7
	B6 5UP	14
	B43 7HB	7
B46	B6 5UP	1
	B43 7HB	1

	B68 0LS	1
B68	B66 1QZ	9
	B62 8PY	1
	B65 0BA	2
	B66 2DD	1
	B66 3EN	1
	B66 3PZ	3
	B66 4DH	5
	B66 4PB.	2
	B68 0BZ	2
	B68 8JB	275
	B68 8LY	1
	B68 9DU	120
	B68 9EX	46
	B69 4DE	3
	B69 4SN	36
	B70 7RW	3
	B70 9QL	1
	DY2 9PY	1
	DY9 8LF	1
	B66 3NL	2
	B68 0LS	113
B69	B66 1QZ	21
	B20 2JU	2
	B64 6JD	1
	B64 7HG	1
	B65 0BA	5
	B66 3PZ	2
	B68 8JB	36
	B68 8LY	1
	B68 9DU	4
	B69 1RZ	193
	B69 4DE	16
	B69 4SN	71
	B70 6JX	3
	B70 7AR	1
	B70 7RW	4
	B70 8PA	1
	B70 9QL	10
	DY2 8TH	1
	DY4 7PE	1
	B68 0LS	44
B7	B7 5DT	21
	B6 5UP	29
B70	B66 1QZ	5
	B21 9RY	2
	B66 2DD	1
	B66 3PZ	2

B5	B6 5UP	1
B59	B69 1RZ	3
B6	B42 1BT	2
	B7 5DT	1
	B6 5UP	448
B60	B69 1RZ	1
B62	B62 8AF	9
	B62 8PY	2
	B62 9AA	3
	B63 1AU	3
	B63 3AW	5
	B63 3UD	2
	B64 6JD	1
	B64 7HG	1
	B65 0BA	6
	B65 0HF	2
	B66 4DH	1
	B68 9DU	2
	B68 9EX	1
	B68 0LS	8
	B43 7HB	1
B63	B63 4WD	1
	DY8 4BS	2
	B62 8AF	4
	B62 8PY	1
	B63 1AU	58
	B63 3AW	21
	B63 3UD	189
	B64 6JD	1
	B64 7HG	12
	B65 0BA	1
	B65 0HF	1
	DY2 9PY	2
	DY9 9DS	5
B64	B62 8AF	2
	B62 8PY	1
	B63 1AU	2
	B63 3AW	1
	B63 3UD	3
	B64 6AG	3
	B64 6HF	15
	B64 6HN	3
	B64 6HP	2

	B68 8JB	1
	B69 4SN	4
	B70 0HN	9
	B70 0RT	6
	B70 6JX	92
	B70 6NZ	1
	B70 7AR	11
	B70 7RW	463
	B70 8PA	30
	B70 9QL	869
	B71 1AW	5
	DY4 7EW	5
	DY4 7PE	2
	B6 5UP	1
	B43 7HB	1
B71	B66 1QZ	1
	B21 9RY	1
	B66 2DD	8
	B66 4DH	3
	B68 8JB	4
	B70 0HN	4
	B70 0RT	5
	B70 6JX	8
	B70 6NZ	1
	B70 7AR	2
	B70 7RW	108
	B70 8PA	2
	B70 9QL	663
	B71 1AW	57
	B71 3HP	3
	B71 3HR	2
	WS10 7DF	3
	WS5 4LB	11
	B68 0LS	2
	B6 5UP	2
B73	B70 7RW	2
B74	B21 9PP	1
	B70 7RW	1
	B43 7HB	1
B75	B6 5UP	2
B76	B6 5UP	5
B8	B6 5UP	10
B80	B70 7RW	2
B9	B13 9AG	1
	B6 5UP	3

Appendix Three (Wolverhampton CCG)

Across Wolverhampton CCG, 1,252 community pharmacy MAS consultations took place for patients registered to Wolverhampton CCG GP Practices. The consultations were split between males 43% (544) and females 53% (708)

3.1 The service was accessed across a range of ages, as highlighted in Figure 1. The data shows that approximately 59% were accessed by those aged 11 or below with a fair split between the age groups of 0 - 4 and 5 - 11-year olds. 11% of service users were aged 60 or above with approximately 36% of these service users aged 75 and above.

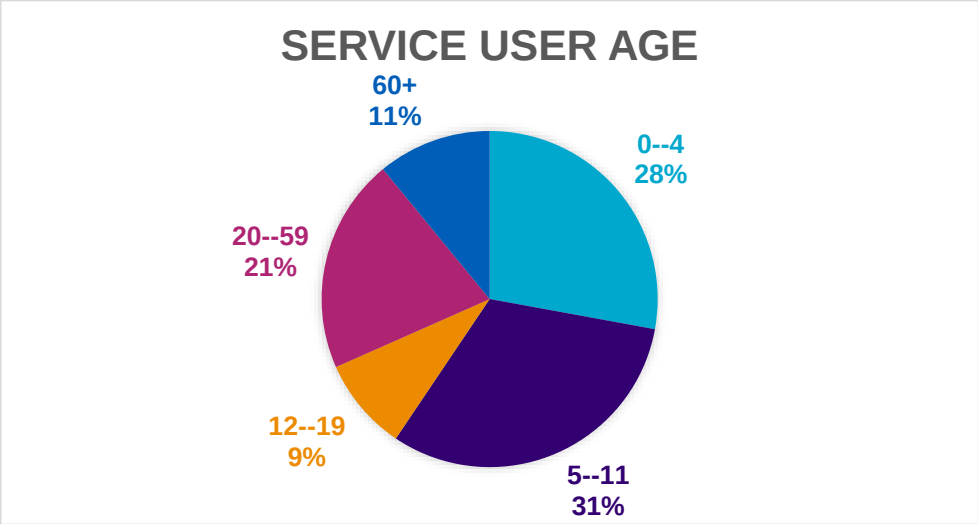

Figure 1: Minor Ailment Service activity by service user age

3.2 The service can be accessed up to 6 times a year. Figure 2 shows 83% of service users accessed the service once during the initial six-month period. 12% of service users accessed the service twice whilst 4% of service users accessed the service three times.

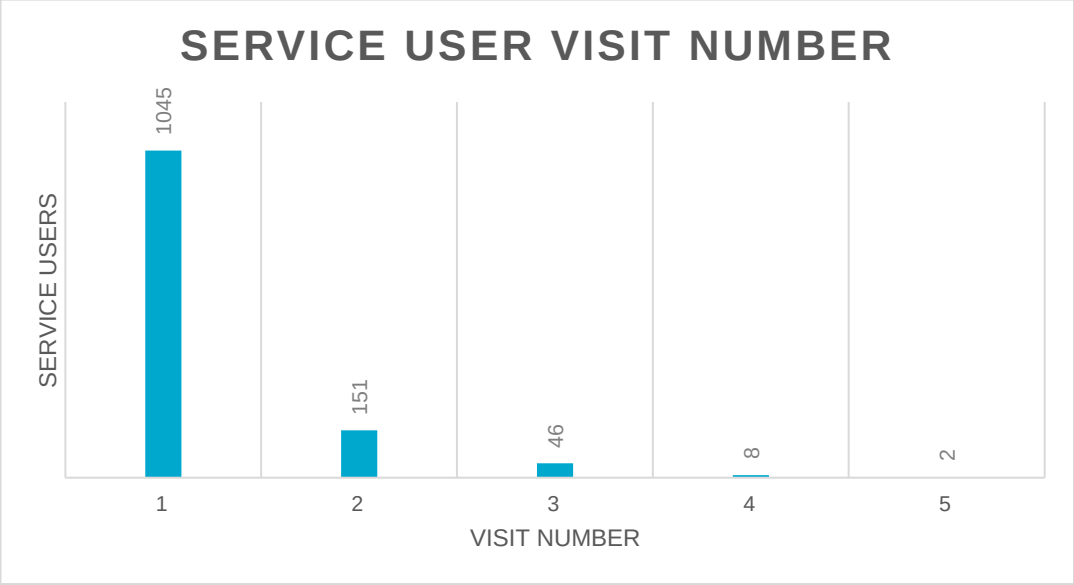

Figure 2: Minor Ailment Service activity by service user visit number

3.3 Patients accessed the service across a range of days and times throughout the week, highlighting the accessibility of community pharmacy. Figure 3 shows 92% of patients accessed the Service during the weekday before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

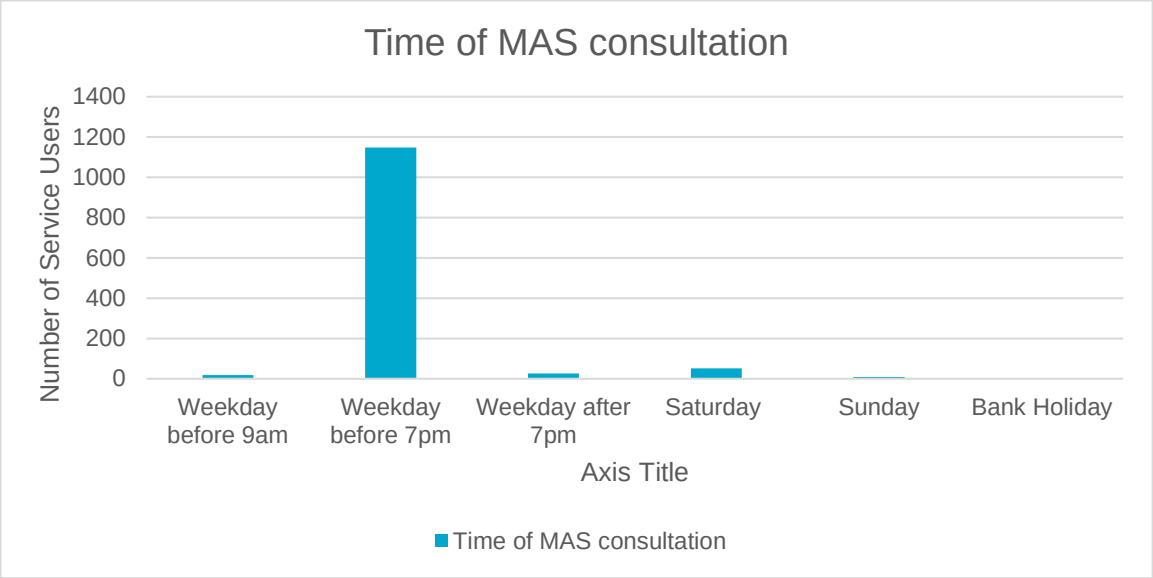

Figure 3: Analysis of time of MAS consultation

3.4 Figure 4 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	155	12
July	204	16
August	127	10
September	164	13
October	251	20
November	351	28

Figure 4: Analysis of time of MAS consultation by month

3.5 Under the service, users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of patients presenting with either one or two symptoms was 74% and 26% respectively. Figure 5 shows acute fever was the most common presenting symptom

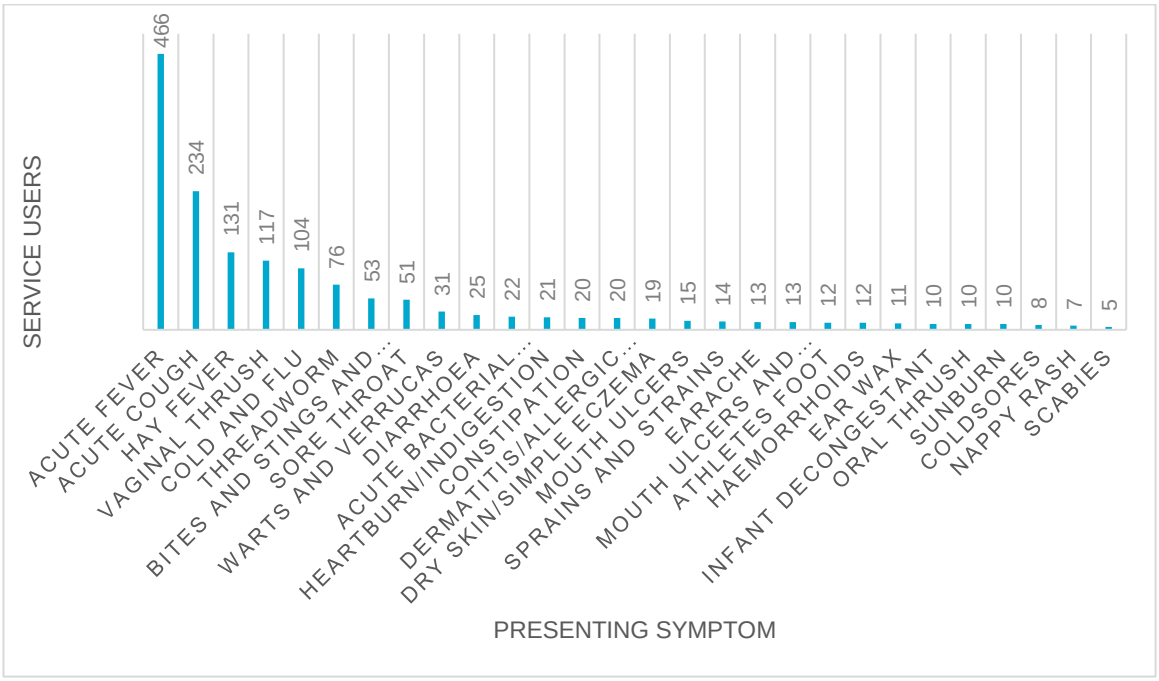

Figure 5: MAS activity by Presenting symptom

3.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

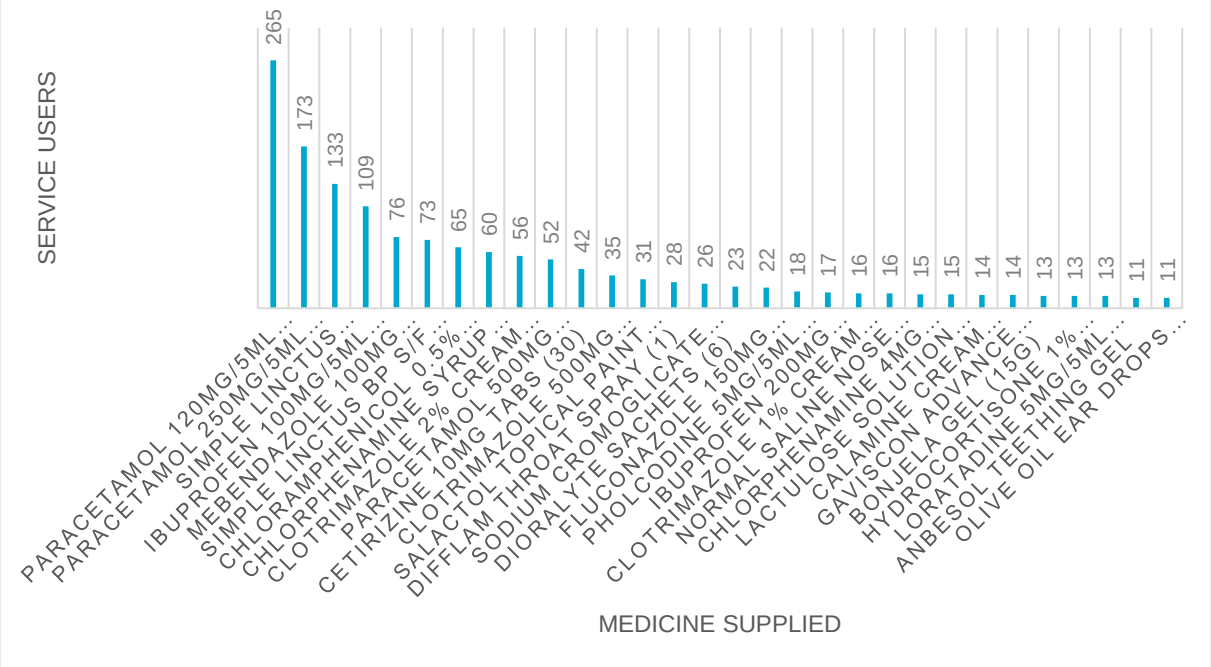

Figure 6: MAS activity by Medicine Supplied

3.7 For each of the 1,252 consultations which took place, service users were asked what they would have done if the service was not in place as shown in Figure 7. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 84.7% (1,061) would have gone to the GP
- 6% (76) would have gone to the walk-in centre
- 8.9% (113) would have either purchased a medicine or gone without any treatment
- 0.2% (2) would have attended A&E

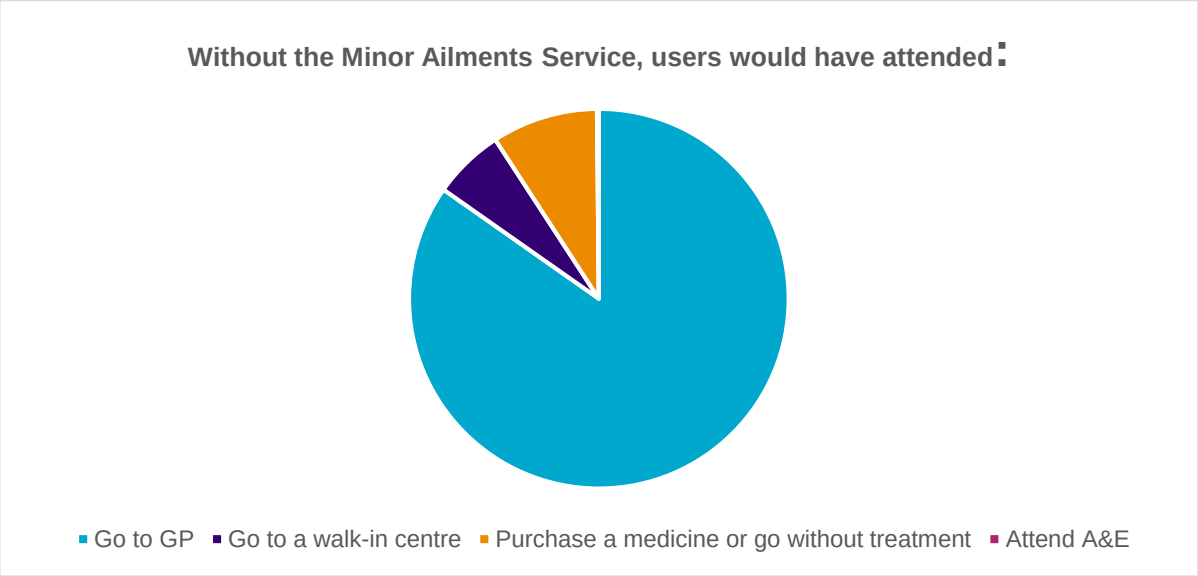

Figure 7: Minor Ailment Service Audit

Figure 7 indicates that 99% of community pharmacy Minor Ailment Service consultations in Wolverhampton CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 1,252 consultations cost the CCG commissioner £6,260. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £3,082.45. The total cost of the STP MAS service to the CCG commissioners in total is therefore £9,342.45.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 1,139 from 1,252 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 1139 *£58.20 i.e. £66,289.60.

1,139 consultations would've taken on average 9.22 minutes per appointment in General Practice or 175 hours which across the eligible GP practices is a GP time saving of just over 4.3 hours each.

Return on Investment (ROI) is around **5:1**. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

Patient Postcode	Pharmacy Location	Frequency
WV1	WN11 1UP	2
	WV1 2GZ	17
	WV1 2NE	68
	WV1 4RH	43
	WV10 9BA	1
	WV10 9QY	1
	WV2 1DR	1
	WV2 2LR	6
	WV4 6ED	4
WV10	B70 7RW	1
	WV1 2NE	3
	WV1 4RH	17
	WV10 6AN	46
	WV10 6QG	66
	WV10 8EB	21
	WV10 9BA	15
	WV10 9QY	22
	WV10 9UJ	22
	WV14 0RY	2
	WV2 3AH	1
	WV2 3DH	1
	WV6 8AF	1
	WV6 8QQ	7
WV11	WV1 4RH	1
	WV10 9BA	1
	WV10 9QY	3
	WV11 1SZ	1
	WV11 2JW	40
	WV11 3NE	7
	WV4 6ED	4
	WV6 8EJ	1
WV12	WV11 3NE	1
	WV2 2LR	1
WV13	WV1 2GZ	7
	WV14 0AX	2
WV14	DY1 2BY	1
	DY4 7EW	1
	WV1 2NE	7
	WV1 4RH	6
	WV10 0EZ	19
	WV11 3NE	1
	WV14 0AX	44
	WV14 0DR	1
	WV14 8DD	4
	WV14 8TH	8
	WV14 9DD	162
	WV14 9XW	25

Patient Postcode	Pharmacy Location	Frequency
WV17	WV14 9XW	1
WV2	WV1 2GZ	1
	WV1 2NE	2
	WV1 4RH	3
	WV14 0AX	3
	WV2 1DR	103
	WV2 2LR	30
	WV2 3AH	66
	WV2 3DH	5
	WV2 3JY	11
	WV4 6ED	37
WV3	B70 9QL	16
	WV1 4RH	6
	WV10 6AN	1
	WV2 3AH	7
	WV2 3DH	3
	WV4 4AA	3
	WV4 4LP	4
	WV4 5QF	4
	WV4 6ED	7
	WV6 8AF	2
	WV6 8EJ	1
	WV3 7AH	17
WV4	DY1 4RP	1
	WV1 4RH	2
	WV10 0EZ	1
	WV14 9DD	6
	WV14 9XW	2
	WV2 1DR	9
	WV2 3AH	23
	WV2 3DH	6
	WV2 3JY	15
	WV4 4AA	5
	WV4 4LP	23
	WV4 5QF	13
	WV4 6ED	51
	WV6 9LL	1
	WV3 7AH	1
WV5	WV10 9BA	3
	WV4 6ED	1
WV6	B70 6JX	1
	WV1 4RH	140
	WV10 6AN	1
	WV10 9QY	2
	WV14 0RY	9
	WV2 1DR	1
	WV4 4LP	1

	WV2 2LR	5
	WV2 3AH	1
	WV4 6ED	20

	WV4 6ED	6
	WV6 8AF	1
	WV6 8QQ	4
	WV6 9LL	3
	B68 0LS	1
WV8	WV4 6ED	1
WV9	WV10 6QG	3
	WV9 5NJ	4

Appendix Four (Walsall CCG)

Across Walsall CCG, 913 consultations took place for patients registered to Walsall CCG GP Practices.

4.1 Users accessed the service across a range of days and times throughout the week. Figure 1 shows 95% of patients accessed the service during the weekdays, predominately during GP opening hours. 5% of consultations took place on the weekend.

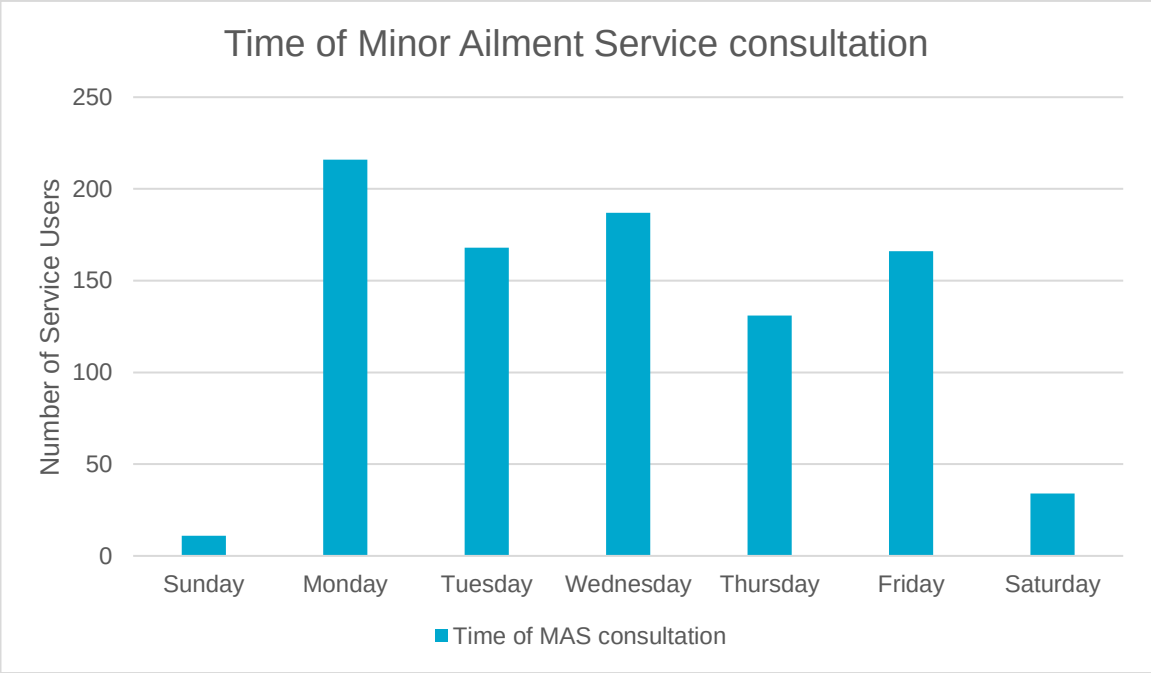

Figure 1: Analysis of time of Minor Ailment Service consultation

4.2 Figure 2 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	92	10
July	138	15
August	75	*8*
September	158	17
October	220	24
November	230	25

Figure 2: Analysis of time of Minor Ailment Service consultation by month

4.3 Under the service, users can access treatment for up to two presenting symptoms per consultation. The percentage of patients presenting with either one or two symptoms was 72% and 28% respectively. Figure 3 shows acute fever was the most common presenting symptom.

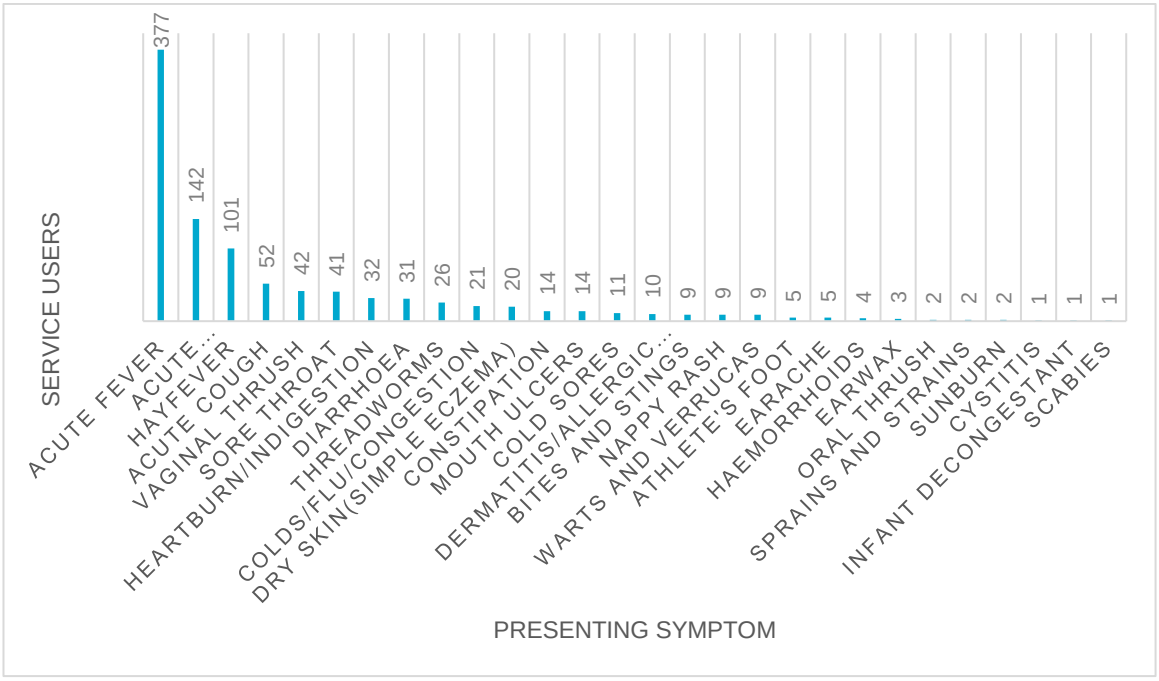

Figure 3: Minor Ailment Service activity by presenting symptom

4.4 Figure 4 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied. 24% (278) of the medications supplied were for paracetamol 120mg/5ml oral suspension, followed by 11% (125) for Calpol six plus 250mg/5ml oral suspension.

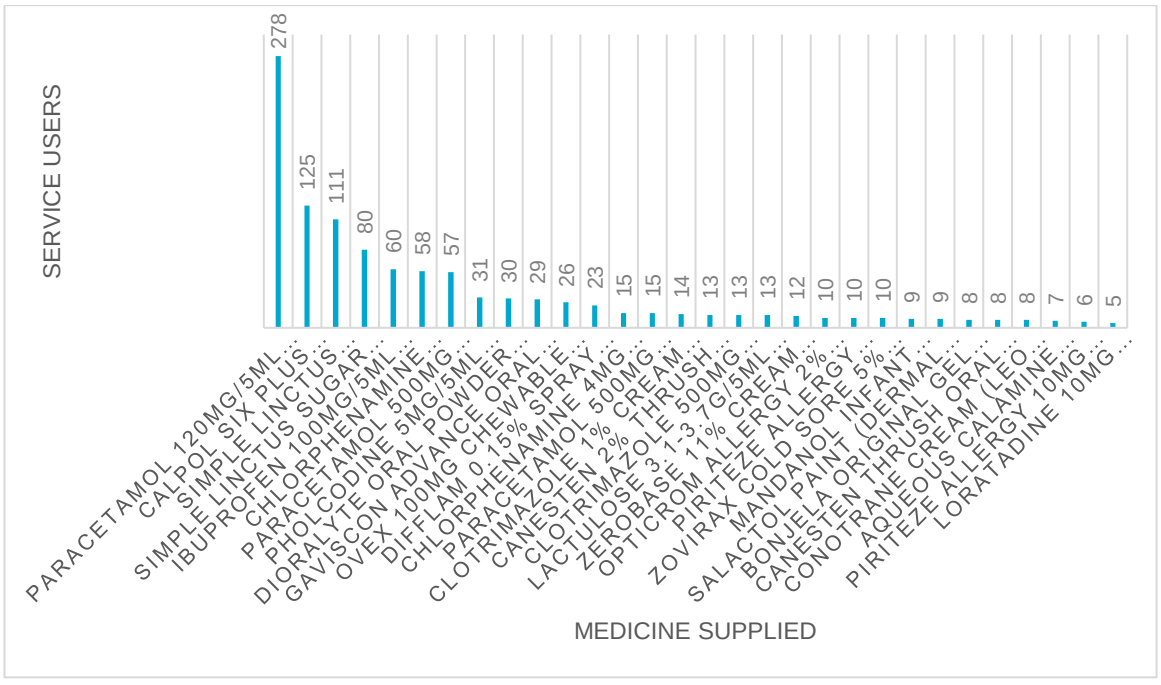

Figure 4: Minor Ailment Service activity by medicine supplied

4.5 For each of the 913 consultations which took place, patients were asked what they would have done if the service was not in place. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 95.4% would have gone to the GP
- 3.4% would have gone to the walk-in centre
- Less than 1% would have accessed the A&E

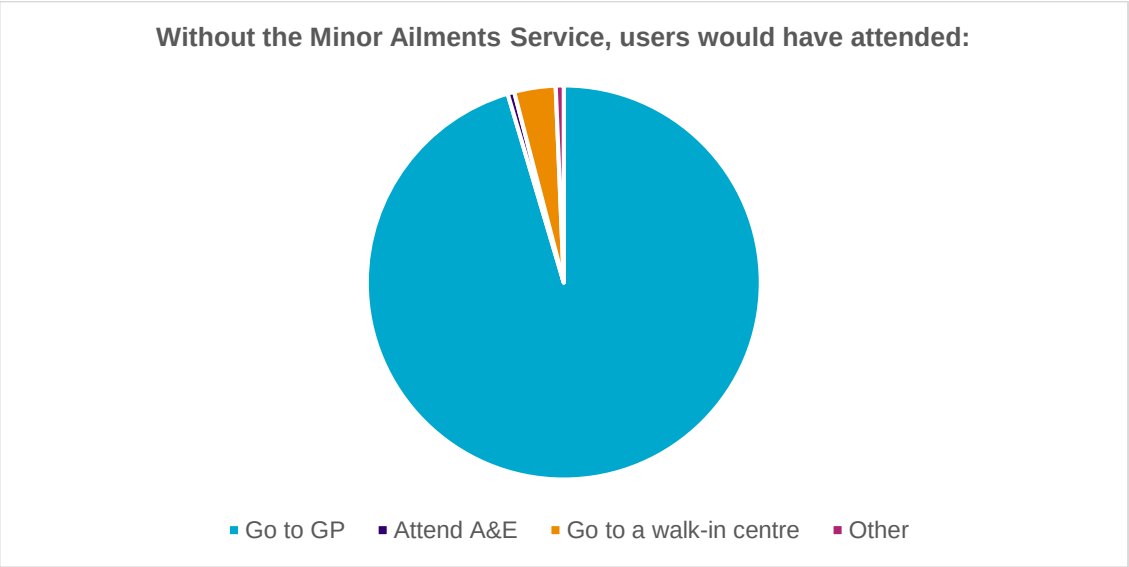

Figure 5: Minor Ailment Service audit

Figure 5 indicates that almost 99% of community pharmacy Minor Ailment Service consultations in Walsall CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 913 consultations cost the CCG commissioner £4,565. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £2,103.76. The total cost of the STP MAS service to the CCG commissioners in total is therefore £6,668.76.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 871 from 913 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 871 *£58.20 i.e. £50,692

871 consultations would've taken on average 9.22 minutes per appointment in General Practice or 134 hours which across the eligible GP practices is a GP time saving of just over 2.27 hours each.

Return on Investment (ROI) is around **8:1**. This is based on inputs of £6,668.76 (service consultation and drug costs) vs the expected cost of £50,692 had the STP MAS service been unavailable.

*Data around patient postcode and pharmacy locations accessed was unavailable for the purposes of this report.

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