

Meeting of the Public Primary Care Commissioning Committee
Tuesday 4th February 2020 - 2.00pm

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

A G E N D A

1.	Welcome and Introductions		Chair	Verbal	
2.	Apologies		Chair	Verbal	
3.	Declarations of Interest		Chair	Verbal	
4.	Minutes of Previous Meeting – 3rd December 2019		All	Enc 4	p1-10
5.	Matters Arising From Previous Minutes		Chair	Verbal	
6.	Committee Action Points		Chair	Enc 6	p11-12
7.	Primary Care Update Reports				
7 a	Primary Care Quality Report	A	Mavis Foya	Enc 7 a	p13-30
7 b	Q3 Finance Report Oct-Dec 2019	A	Tony Gallagher	Enc 7 b	p31-38
7 c	Primary Care Operational Management Group Update	A	Mike Hastings	Verbal	
7 d	STP GPFV Programme Board Update	A	Sarah Southall	Enc 7 d	p39-68
7 e	Primary Care Contracting Update Appendix 1 – Patient List Sizes	A	Gill Shelley	Enc 7 e	p69-76
7 f	Digital First Service Specification – approved via email	A	Sarah Southall	Enc 7 f	p77-92
8.	Any Other Business				
Date of Next Meeting:					
Tuesday 3rd March 2020, PA125 Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park WV10 9RU					

Key: A – Assurance D-Decision

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 3 December 2019 at 2.00pm**

**PC108 Conference Room, Creative Industries Centre,
Wolverhampton Science Park**

MEMBERS ~

Wolverhampton CCG ~

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

NHS England ~

Bal Dhami	Senior Contracts Manager – Primary Care, NHSE	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
Dr Ankush Mittal	Consultant in Public Health	Yes
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chief Officer of Wolverhampton LPC	Yes

In attendance ~

Tony Gallagher	Director of Finance	Yes
Liz Corrigan	Primary Care Quality Assurance Co-ordinator	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Admin	Yes
Amy Flood	Student Nurse (Observer)	Yes

Welcome and Introductions	
WPCC622	Mr L Trigg welcomed attendees to the meeting and introductions took place. There was one member of the public present at the meeting.
Apologies	
WPCC623	Apologies were received from Ms S McKie, Dr D Bush, Dr M Kainth and Mr P McKenzie
Declarations of Interest	
WPCC624	<p>Dr S Reehana declared that as a GP she had a standing interest in all the items relating to primary care.</p> <p>As this declaration did not constitute a conflict of interest, Dr S Reehana remained in the meeting whilst these items were discussed.</p>
Minutes of the Meeting held on the 5th November 2019	
WPCC625	<p>The minutes of the previous Primary Care Commissioning Committee (Extraordinary meeting) held on 5th November 2019 were approved as an accurate record.</p> <p>RESOLVED: That the above was noted.</p>
Matters Arising from previous minutes	
WPCC626	<p>There were no matters arising from the minutes.</p> <p>RESOLVED: That the update was noted.</p>
Committee Action Points	
WPCC627	<p>Action 39 (Minute No: WPCC481) Tettenhall Medical Practice – Wood Road Branch closure Following the public meeting of 5th November this issue was now resolved. The Practice had reviewed their original application and submitted an application to reduce the number of sessions from 7 to 4 per week rather than close altogether.</p> <p>Action 40 (Minute No: WPCC540) Quality Assured Spirometry Business Case There is a Spirometry report due for Feb 2020. A verbal update will be provided today as part of the Milestone Review Board report agenda item 7e.</p> <p>Action 42 (Minute No: WPCC554) Social Prescribing further level of detail</p>

	<p>On agenda, item 7f. Action closed</p> <p>Action 43 (Minute No: WPCC554) Social Prescribing update on embedded staff On agenda, item 7f. Action closed</p> <p>Action 45 (Minute No: WPCC556) STP GP Forward View Programme Board On agenda, item 7d. Action closed.</p> <p>Action 46 (Minute No: WPCC605) FFT Activity Report & Revised FFT figures to be circulated Revised Friends and Family Test circulated. Practices with poor FFT update had been contacted. Issues were mainly transient with no further action required. Action closed.</p> <p>Action 47 (Minute No: WPCC607) An update on the implementation of the New Communications & Engagement Strategy. A report is pending submission prior to Mar 2020</p> <p>RESOLVED: That the above is noted</p>
Primary Care Update Reports	
WPCC628	<p>Quarterly Finance Report Q2 Jul-Sept 2019</p> <p>Mr T Gallagher provided a summary of the finance report for the period ending Sept 2019.</p> <p>As previously requested by the committee, areas of expenditure specifically relating to Primary Care had been determined and were displayed on page 3 of the report.</p> <p>The delegated commissioning element of primary care was forecast to breakeven this year.</p> <p>Wolverhampton CCG is the host for the GP Forward View allocation, so some of the £4.7m spending shown relates to the Walsall, Sandwell and Dudley CCGs. At least £1.2m will be spent by these other CCGs under the hosting arrangement and will be indicated in future reports.</p> <p>An overspend of £487,000 was forecast which was largely attributable to prescribing and NHS 111 services.</p> <p>An amount of £1m was identified for Primary Care development. Due to the proximity of the year-end it may not be possible to identify schemes to the full amount.</p> <p>There was discussion as to whether any underspend within the £1m could be rolled forward to the next financial year.</p>

	<p>The report also analysed prescribing in relation to both drug volumes and cost, which showed positive results for June and July.</p> <p>RESOLVED: That the update is noted.</p>
WPCC629	<p>Primary Care Quality Report</p> <p>Mrs L Corrigan presented her report summarising the following key points:</p> <p>There were no new serious incidents. A previous incident relating to a fridge had since been closed</p> <p>Mrs Corrigan recognised that content in the background of the report for Quality Matters did not reflect the narrative. This was due to due to some late additions. The report would be amended and re-circulated. Nothing had been reported to NHS England for two months but there were a couple of issues pending.</p> <p>Mrs Corrigan advised she would be going on secondment from next month and that Mrs D Bowden would be providing updates on Quality Matters going forward.</p> <p>Infection prevention audits continued and practices were doing well with average ratings up slightly on last year.</p> <p>The Quality team were working closely with Public Health on the Flu vaccine programme. The uptake was slightly down on last year, which had been expected because of the slight delay in vaccines being delivered. All practices now had access to the vaccines. The over 65s update at the beginning of November was 51.5 % and for under 65s 18.5%. Uptake for the over 65s was up on last year. Information on the school's programme would be available from Public Health shortly. Mr H Patel would be picking up the flu programme work.</p> <p>It was reported that the MMR vaccination programme uptake is slightly down on both the rest of the region and nationally but was being picked up at the collaborative contracting visits. Mr M Boyce and Ms D Bowden will cover contract visits.</p> <p>Work with practices to ensure the return of their Friends and Family Test information continues. This month only three Practices did not respond and each had a valid reason. Wolverhampton remains the best in England at average 2.2% returns.</p> <p>It was noted that both the GP and Practice Nurse workforce retention programmes were now up and running. The plan was to develop GP Nurse champions to support others who are considering, for example, a change in career or are newly qualified or considering retirement. Mrs Corrigan advised that her new role was as the Black Country GPN Professional Lead and she was excited to be co-ordinating this. The Healthcare Assistant apprenticeship programme was also in progress. Work continued around non-clinical staff, physicians associates and clinical</p>

	<p>pharmacists to ensure the PCNs had a spread of staff to meet the needs of patients</p> <p>The committee was informed that the STP had recently been successful in obtaining a bid to provide places for newly qualified nurses for within the PCNs. The nurses would attend the Fundamentals of Practice Nurse programme at Birmingham City University and there were 10 places. Work was being done with Birmingham and Wolverhampton universities to identify potential candidates. Primary Care Networks are able to submit an expression of interest for hosting one of the nurses.</p> <p>Dr S Reehana asked why had Birmingham City University been selected and not Wolverhampton. Ms Corrigan advised it was to do with the date of the course. Wolverhampton's course starts in January and they weren't able to put an extra course on due to short notice. It was also not possible to get the candidates through the process in time to start in January.</p> <p>Dr S Reehana asked if both IG breaches were new for November. Mrs L Corrigan advised it was overall but that she had noticed that the breaches were to do with blood forms again. Targeted work had been undertaken with Practices and there were plans to issues comms shortly to all.</p> <p>RESOLVED: That the update was noted.</p>
WPCC630	<p>Primary Care Operational Management Group Update</p> <p>Mrs S Southall advised that she had chaired the meeting and there were no major issues reported. The minutes had been circulated with a number of actions.</p> <p>Committee were happy to defer the item until the next meeting.</p> <p>RESOLVED: That the above is noted.</p>
WPCC631	<p>STP Primary Care Programme Board Actions & Decisions</p> <p>Mrs S Southall provided an overview of the discussions that took place at the STP Primary Care Programme Board.</p> <p>She explained there were a series of updates as referenced in the reports in relation to technology in GP practices and feedback from visits to voluntary training schemes.</p> <p>The Board had considered an options paper presenting opportunities to support the Locum workforce and concluded that it was not the preferred route to take and wished to take a different route and would be meeting with Clinical Directors to identify what offer can be put together for support and retention of locum GPs in the Black Country.</p> <p>Funding proposals were considered and approved by the Board for a GP mid-career scheme due to commence in March 2020, which affords GPs the opportunity to be part of a network and take part in a learning</p>

development programme. A scheme was also approved for welcoming back GPs into General Practice and a legacy scheme to help retain skills, knowledge and experience. Funding for training hubs, reception and clerical training was also approved.

A separate report was considered in relation to online consultations and Digital First. Wolverhampton was quite advanced in their rollout that has since been concluded. A further piece of work to explore the feasibility of a future potential solution for the Black Country i.e. an identity for all online consultations and systems is currently being explored by the Local Digital Rollout Group.

The Board received an update on the PCN development and the opportunity to share approaches taken to social prescribing and the leadership development programmes. Highlight from the NHS England and Board assurance report were given.

The items presenting the greatest risk were Online Consultations primarily in relation to the GP at Hand, although the scale of the problem has been less than expected. There was also risk around 111 direct booking as there had been a delay, in relation to the work that NHS Digital were expected to undertake on our behalf which was unfortunately compromising achievement of the national target however since that meeting things were now back on track.

Mr S Marshall questioned the economic viability of each of the local areas adopting a different system for online consultations. Mrs S Southall explained that the NHS Futures platform expected that each of the CCGs would re-procure separately therefore not putting all eggs in one basket. Mrs Southall advised that whatever system was chosen there would be an application (App) developed to sit in front of the system to ensure that the Black Country identity was consistent.

Dr S Reehana asked in relation to workforce if the impact of pensions tax on GPs had been considered as hospital consultants and GP partners looked to cut the number of sessions they provided. Mrs S Southall advised that this was a nationally recognised issue and there were numbers of GPs cutting sessions or retiring who had not been replaced along with Clinical Directors who had been removed from the equation due to providing 2 sessions p/w in their new roles. Attempts were being made to encourage new GPs into both salaried and partnership roles however, the issue around the numbers of sessions provided would remain because whoever is earning would be subject to the same pension tax. There was some taper for hospital consultants but it did not provide much assurance and the flexibility around opening longer hours could be seriously impacted.

Ms S Roberts felt the issue needed to be raised to the Sustainability and Transformation Board also to understand the impact to gain some clarity on the issue.

It was felt that rather than surgeries doing longer and longer hours they

	<p>needed to bring in more GPs to cover the sessions and there were plenty of Locums available however it was recognised that they too would be subject to the same tax.</p> <p>RESOLVED: That the above is noted.</p>
WPCC632	<p>Milestone Review Board (Q2 2019/20) Report</p> <p>Mrs S Southall advised that the Milestone Review Board met in October and the report provided a summary of that meeting along with a copy of the Assurance pack shared at the meeting.</p> <p>The Board gave recognition to the progress that had been made in relation to the work programme and a communications and engagement plan that had been requested. Approval was given to address some of the gaps in public knowledge and to ensure that practices were actively publicising the new roles to patients and giving them the opportunity of making appointments with them and the promotion of online services.</p> <p>There was an exception report in relation to the digital workstream that had since been rectified. The concerns were largely associated with 111 direct booking which had entered a pilot phase with an on-boarding phase for practices to be able to offer appointments from January 2020. The exception remains for branch practices unfortunately as they have no functionality for direct 111 bookings.</p> <p>The Primary Care Strategy and associated implementation plan was also accepted as agreed by this committee in October.</p> <p>The Primary Care Network Development Proposals were discussed at length and were obtained based on the self-assessments that Practices in the networks had undertaken collectively. This was included as an appendix.</p> <p>The meeting largely focused on the assurance pack with a number of actions in relation to the Primary Care counselling service, Sound Doctor, the GP Home Visiting service, Care navigation and Choose and Book advice and guidance were raised.</p> <p>RESOLVED: That the above was noted.</p>
WPCC634	<p>Social Prescribing Update</p> <p>Mrs S Southall presented the report to update the committee on the progress of the Social Prescribing service and the new roles that Primary Care Networks were able to recruit to.</p> <p>Social Prescribing Link workers are funded as part of the role reimbursement scheme. All six Primary Care Networks now had an allocated Link Worker based within practices to provide a social prescribing service at neighbourhood level.</p>

	<p>The agreed model had been signed off by each of the Clinical Directors and was based on the offer that the Wolverhampton Voluntary Sector Council (who already host the service in Wolverhampton) had put to them.</p> <p>Each PCN has had a Link Worker in post since October 19. There are now 11 Link Workers in place across the CCG which enables an extra 120 referrals per month to be taken across the 6 PCNs.</p> <p>The summary guide indicates that Social Prescribing Link workers should be receiving at least 250 referrals per year, which was expected to incrementally rise from January next year. There were 104 referrals in October with 66 from Primary Care as other professionals can refer into the service.</p> <p>Promotion of availability of the service within the PCNs is actively taking place and Link Workers are holding events and forming clubs based on needs identified including a Brunch club, Film Group, Walk in the Park, Craft Group and Anxiety Management course.</p> <p>Dr A Mittal questioned the demand and supply of the service saying that if 250 referrals per year were received across 11 PCNs it equated to just shy of 3000 capacity per year and asked how far off this it was currently. It was expressed that there was a little way still to go hence work with PCNs to ensure workers are embedded and recognised and that there is a capacity and demand model and managed centrally through the Voluntary Sector Council. There is a meeting planned with the Clinical Directors and the service providers in January to ensure this is working well as these referrals are tied in to other national targets associated with personal care planning however Wolverhampton is a little further ahead than other CCGs.</p> <p>Mr S Marshall felt that once referral rates stabilised they could assume that this would be the maximum demand and a review of service capacity could then be undertaken with a view to maybe re-purposing the roles if service outweighed demand.</p> <p>RESOLVED: That the above is noted.</p>
WPCC635	<p>Primary Care Contracting Update</p> <p>Ms Shelley presented the report. No requests for GMS contract variations between 1st August and 30th November had been received.</p> <p>An internal audit on effectiveness on commissioning and procurement of Primary Medical Services was attached as an appendix. The review identified one medium and one low risk recommendation.</p> <p>The medium risk was around the ability to get a service in place quickly if there is a problem with a practice with work being undertaken at STP level to put a process in place across all 4 CCGs. There is currently a process in the NHS England policy book, which would be followed if needed. If a caretaker was needed the CCG did not have to go out to market and could choose a provider and put them in straight away.</p>

	<p>The low risk was about the outdated procurement policy, which is now in the process of being reviewed and updated.</p> <p>The Practice merger of Parkfields Medical Centre and Grove Medical Centre which took place over 23rd-25th November had gone smoothly from a clinical systems merger perspective and planned to meet with the new providers early January to go through any troubleshooting.</p> <p>A contract monitoring review was undertaken at MGS Medical Practice in early November, which proved successful. When the previous contract review was undertaken in Sept 17, there had been 34 actions to complete. Following the current visit, only 3 minor actions were outstanding with a real improvement noticed in the quality of policies and the practice leaflet. The Quality team plan to ask the Practice if any of the work can be shared as an example of good practice across the city.</p> <p>The committee was asked to recognise the improvements the contractors had made at the Practice since the contract was terminated with RWT and an alliance formed with Our Health Partnership (OHP) in October 2018. It was reported that Dr Allen will no longer be on the contract and that a doctor from OHP will be added shortly. The practice has a Care Quality Commission (CQC) visit on 13th December 2019.</p> <p>Patient List Sizes were appended.</p> <p>RESOLVED: That the above is noted.</p>
Any Other Business	
WPCC636	<p>Agenda Item 7h Enhanced Services Post Payment Verification 2017/18 was moved from the public to the private agenda</p> <p>Mrs L Corrigan advised this would be her last meeting for a while due to her secondment and that Ms Mavis Foya would be delivering the reports on her behalf. Mrs Corrigan was thanked by Committee for her hard work and wished well for her secondment.</p>
Details of Next Meeting	
WPCC637	Tuesday 4th February 2020 PA125 Stephenson Room, 1 st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU

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Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item Title	Item	By When	By Whom	Action Update
40	02 July 2019	WPCC540	Quality Assured Spirometry Business Case	An update on Spirometry service implementation to be provided to the Oct/Nov committee (dependant on if meetings go forward bi-monthly)	Feb-20	Claire Morrissey	<p>01/10/19: A two month extension had been requested and the update to Service Implementation will now be presented in December 2019. Ms Southall confirmed that implementation had taken place in September with a follow up session planned for Dec 2019.</p> <p>18/11/19: Lead requested report be deferred to Feb 2020 meeting. SS to provide a verbal update as part of the Milestone Review Report on agenda 3rd Dec in lieu of report to Board in Feb 2020.</p> <p>03/12/19: SS provided a verbal update as part of minute number WPCC632 Milestone Review Report today pending update report in Feb 2020.</p>
47	01 October 2019	WPCC607	An update on the implementation of the New Communications & Engagement Strategy	An update on the implementation & progress of the new Strategy to be presented to committee in Mar 2020.	Mar-20	Mike Hastings	<p>01/10/2019: Report due Mar 2020</p>

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WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4th February 2020

TITLE OF REPORT:	Primary Care Quality Report
AUTHOR(s) OF REPORT:	Mavis Foya
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:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
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	

1. BACKGROUND AND CURRENT SITUATION

PRIMARY CARE QUALITY DASHBOARD

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

Issue	Comments	Highlights for December 2019	Mitigation for January 2020	Date of expected achievement of performance	RAG rating
<u>Serious Incidents</u>	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One practice has recently had a vaccine fridge failure – being managed at practice level	Still awaiting review by the West Midlands Screening and Immunisation Team	29 th February 2020	1b
<u>Quality Matters</u>	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	12 open Quality Matters 3 QM is overdue 0 QM closed	9 open Quality Matters 1 QM is overdue 1 QM closed	29 th February 2020	1b
<u>Escalation to NHSE</u>	Two incidents are currently being reviewed at PPIGG from Quality Matters and we are awaiting feedback from NHSE	PPIGG referrals awaiting further information	Still awaiting feedback from PPIGG on 2 outstanding matters	29 th February 2020	1b
<u>Infection Prevention</u>	IP audit cycle has recommenced for 2019/20	Average IP rating 95% Audits continue Plans to support IP improvements in practice being scoped	<ul style="list-style-type: none"> Average rating in November remains at 95% compared to 94% in 2018/19 IP scheduled visits have been highlighted in the IP Section below. 	On going	1a
<u>Flu Programme</u>	Flu planning meetings have recommenced for 2019/20 flu season	Current adult uptake for week 49 (w/c 9 th December 2019): 64.3% Over 65s 33.6% Under 65s at risk 32.6% Pregnant women	Current uptake for week 02 (2019/2020) 66.7% - Over 65s 38.6% - under 65s at risk 33.6% - All 2 year olds 37.7% - All 3 year olds 37.7% - Pregnant women	31 st March 2020	2



<u>Vaccination Programme</u>	Vaccination programmes continue to be monitored	Work continues as previously	Work continues as previously	On-going	1a
<u>ECOLI</u>	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.	Work continues as previously	Focus spotlight on Ecoli to be included within next month's report.	On-going	1a
<u>MHRA</u>	No issues at present.	No issues at present	No issues at the present moment.	None at present	1a
<u>Complaints</u>	No issues at present – quarterly report due July 2019	No new complaint data at present	No new complaints received at present	On going	1a
<u>UFT</u>	For highest and lowest uptake the locality managers have been contacted. Issues were discussed in PCCC meeting and these were found to be mainly transient with no further action required.	In November 2019 (October data): <ul style="list-style-type: none"> 8 practices did not submit Uptake was 1.9% compared with 1.1% regionally and 0.8% nationally 	In December 2019 (November 2019 Data) <ul style="list-style-type: none"> 6 practices did not submit Uptake was 2% compared with 1% regionally and 0.9% nationally 	On-going	1a
<u>NICE Assurance</u>	No actions at present	New NICE guidance available	No new guidelines available at present	None at present	1a
<u>Collaborative contracting visits</u>	All practices now complete new cycle to commence in November 2019	Two visits undertaken Three further visits booked up to March 2020	Scheduled visit to Fordhouses Medical Centre was undertaken on the 7 th January 2020.	On going	1a
<u>CQC</u>	Monitoring of practices and support continues.	Two practices now have requires improvement ratings and support	Two practices now have requires improvement ratings and support	On going	1b



		continues Annual reviews and inspections continue	continues Annual reviews and inspections continue		
Workforce Activity	Work continues to promote primary care as a desirable place to work and to promote current programmes	GP and GPN retention work continues at STP level	GP and GPN retention work continues at STP level	On-going	1a
Workforce Numbers	Awaiting NHS Digital workforce data release.	Data available via new workforce dashboard tool	Data available via new workforce dashboard tool	On-going	1a
Training and Development	None flagged at present	GPN Speciality Training programme bid successful at STP level – 10 places available across patch	GPN Speciality Training programme bid successful at STP level – 10 places available across patch	On-going	1a
Training Hub/HEE/HEI Update	To continue monitoring, risk reduced and closed.	No further updates	No further updates	On-going	1a

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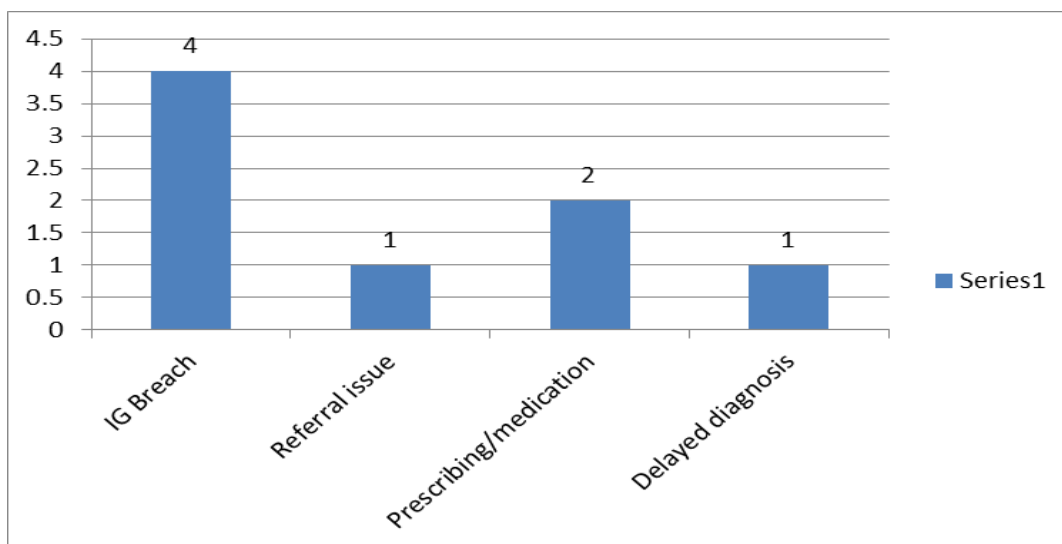
2. PRIMARY CARE QUALITY REPORT

2.1. PATIENT SAFETY

Measure	Trend	Assurance/Analysis
Serious Incidents	<p>N/A – not enough data to display a graph/trend</p> <p>There has been one serious incident so far this year – unexpected death that was investigated by NHSE and closed. A second vaccine fridge incident has been identified recently – this does not meet the threshold and will be managed by West Midlands Screening and Immunisation Team</p> <p>Still awaiting the West Midlands Screening and Immunisation Team feedback.</p>	<p>Incidents:</p> <ul style="list-style-type: none"> All incidents are reviewed by serious incident scrutiny group Incidents are also reviewed by NHSE PPIGG group A fridge failure has been noted by one of the practices – they have been advised re: reporting to NHSE and completing a Datix report – RCA to follow. Still awaiting review by the West Midlands Screening and Immunisation Team.



Quality Matters



- There are currentl 9 open Quality Matters (QM)
- 1 closed in January
- 1 open QMs is overdue

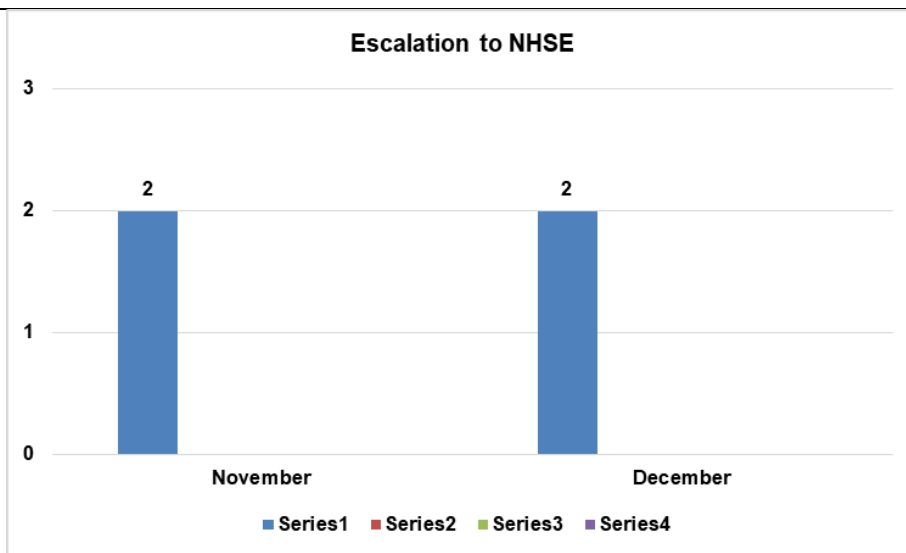
QM is monitored daily by quality team and discussions are held with contracting and governance when required.

Monthly Variance	November	December	January	Percentage
New issues	10	0	3	34%
Open issues	1	12	5	66%
Overdue issues	2	3	1	14%
Closed issues	7	0	1	26%

Escalation to NHS England

Two incidents continue to be outstanding as we are waiting for feedback from NHSE PPIGG.





2.2. INFECTION PREVENTION

Measure	Trend	Assurance/Analysis
IP Audits	<p>New audit cycle commenced – please see attached IP audit report with proposed dates and current audit status/comparison with 2018/19 (Appendix 1) – please note red cells in column E relate to blank values.</p> <p>Main issues identified relate to:</p> <ul style="list-style-type: none"> Refurbishment needed Sinks need replacing Blinds need replacing PPE should be wall mounted 	<ul style="list-style-type: none"> IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%. Work will continue with RWT IP team around assurances. Plans to support practices to make improvements around IP are being scoped by CCG Average rating in November remains at 95% compared to 94% in 2018/19



	<ul style="list-style-type: none"> • Carpets in situ need removing • Equipment e.g. couches and fabric chairs need replacing • Mandatory training needs to be up to date • Cleaning audits should be available • Toilets need refurbishing • Replacing wooden skirting boards • General de-cluttering 	
MRSA Bacteraemia	Two community cases identified up to November 2018 but no indication of origin e.g. GP, in data.	<ul style="list-style-type: none"> • One more community case have been identified since the last report making it two cases and origin not yet known.
Influenza vaccination programme	<p>The delay in QIV (under 65) flu vaccine is not as marked as previously thought but risk identified and recorded on register</p> <p>Delays in ordering of nasal live vaccine for children identified nationally and is now on risk register – ordering has reopened now.</p> <p>Local plans around marketing, delivery and monitoring of vaccinations in collaboration with Public Health and GP/pharmacy partners now underway. Website available and Flu Fighters marketing materials</p> <p>Current uptake for week 02 (2019/2020)</p> <p>66.7% - Over 65s</p> <p>38.6% - under 65s at risk</p> <p>33.6% - All 2 year olds</p> <p>37.7% - All 3 year olds</p> <p>37.7% - Pregnant women</p> <p>Numbers continue to be low however caution has been exercised as there has been a likely lag in data being fed back and it may be attributed to issues with vaccine supply until mid-October.</p> <p>Anecdotally practices are reporting that they have had problems with supply of vaccines for under 65s and children aged 2 and 3 and had to cancel clinics or turn people away.</p>	<ul style="list-style-type: none"> • Flu planning group met on 7th January • WM teleconference held on 23rd January • Flu Fighters comics have been shared across the Black Country and distributed to schools and 2-3 year olds, copies also shared with RWT paediatric department • Monthly uptake dashboard has been provided to practices and an overview to CCGs/PH by NHSE, first data set available being monitored by Flu Group and Public Health • Work continues to promote uptake across the system



Vaccination programme	<p>MMR uptake continues to be monitored Uptake 2018/19 – remains at 62.9% receiving 2 doses</p> <p>Work to be undertaken around pertussis uptake in pregnant women working with Public Health Uptake 2018/19 – remains at 66.4% however this may be an underestimated related to data transfer</p>	<ul style="list-style-type: none"> To continue to work with PH around uptake. To feedback and receive data from regional screening and immunisation board. MMR uptake added to collaborative contracting template NHSE have put a specification in place to aid practices identification and vaccination of at risk groups and DNAs
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2.2. MHRA Alerts

Page 20

Measure	Trend	Assurance/Analysis										
MHRA Alerts	<div><p>MHRA Alerts</p><table><thead><tr><th></th><th>Dec</th><th>Jan</th><th>Total</th><th>Percentage</th></tr></thead><tbody><tr><td>Field safety notice</td><td>7</td><td>0</td><td>42</td><td>58%</td></tr></tbody></table></div>		Dec	Jan	Total	Percentage	Field safety notice	7	0	42	58%	No concerns to report at present
	Dec	Jan	Total	Percentage								
Field safety notice	7	0	42	58%								



		Device alerts	0	2	4	6%		
		Drug alerts	2	1	26	36%		
					72			

2.3. PATIENT EXPERIENCE

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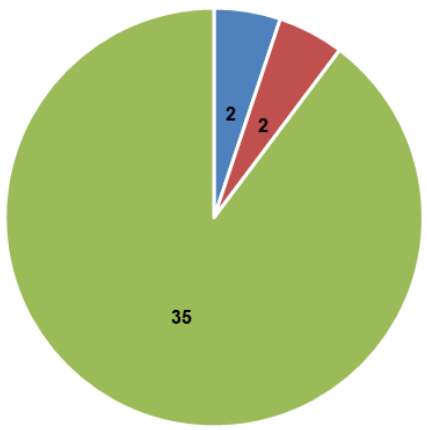
Measure	Trend					Assurance/Analysis																																																																	
Complaints						No new complaints data available at present – awaiting Q3 data from NHS England.																																																																	
Friends and Family Test	<table><tr><th>Percentage</th><th>October</th><th>November</th><th>West Midlands</th><th>England</th></tr><tr><td>Total number of practices</td><td>40</td><td>40</td><td>1334</td><td>6187</td></tr><tr><td>Practices responded</td><td>80%</td><td>85%</td><td>66%</td><td>37%</td></tr><tr><td></td><td>32</td><td>34</td><td>882</td><td>4163</td></tr><tr><td>No submission</td><td>20%</td><td>15%</td><td>19%</td><td>32%</td></tr><tr><td></td><td>8</td><td>6</td><td>452</td><td>2024</td></tr><tr><td>Zero submission (zero value submitted)</td><td>0.0%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td></td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Suppressed data (1-4 responses submitted)</td><td>0.0%</td><td>2.5%</td><td>7%</td><td>6.8%</td></tr><tr><td></td><td>0</td><td>1</td><td>106</td><td>425</td></tr><tr><td>Total number with no data (no submission, zero submission and suppressed data)</td><td>20%</td><td>17.5%</td><td>41%</td><td>39%</td></tr><tr><td></td><td>8</td><td>7</td><td>558</td><td>2449</td></tr><tr><td>Response rate</td><td>1.9%</td><td>2.0%</td><td>1.0%</td><td>0.9%</td></tr></table>					Percentage	October	November	West Midlands	England	Total number of practices	40	40	1334	6187	Practices responded	80%	85%	66%	37%		32	34	882	4163	No submission	20%	15%	19%	32%		8	6	452	2024	Zero submission (zero value submitted)	0.0%	0.0%	0.0%	0.0%		0	0	0	0	Suppressed data (1-4 responses submitted)	0.0%	2.5%	7%	6.8%		0	1	106	425	Total number with no data (no submission, zero submission and suppressed data)	20%	17.5%	41%	39%		8	7	558	2449	Response rate	1.9%	2.0%	1.0%	0.9%	<ul style="list-style-type: none">• Total non-responders 6 practices (no data) – still significantly lower than national average but this month the regional average was 2% again higher than national or regional averages. All practices who did not submit have been contacted.• Uptake is reviewed on a monthly basis by the Quality Team and Primary Care Contract Manager.• For highest and lowest uptake the locality managers have been contacted. Issues discussed in PCCC meeting and these were found to be mainly transient with no further action required.
Percentage	October	November	West Midlands	England																																																																			
Total number of practices	40	40	1334	6187																																																																			
Practices responded	80%	85%	66%	37%																																																																			
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2.4. CLINICAL EFFECTIVENESS

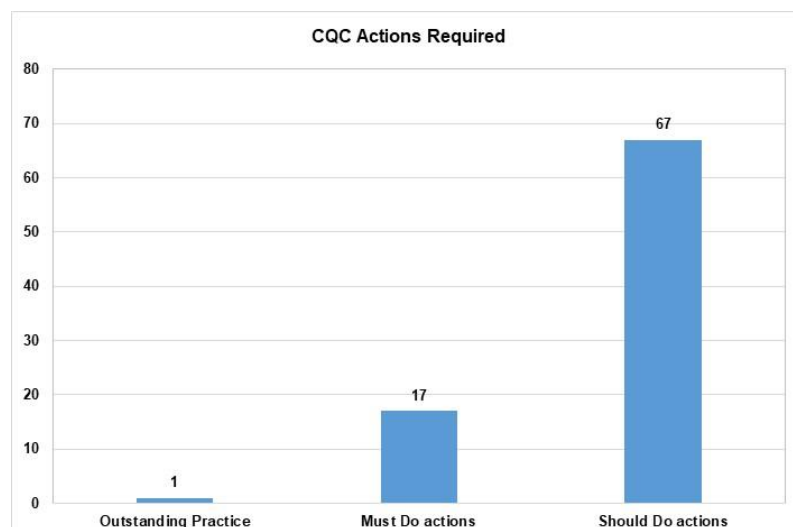
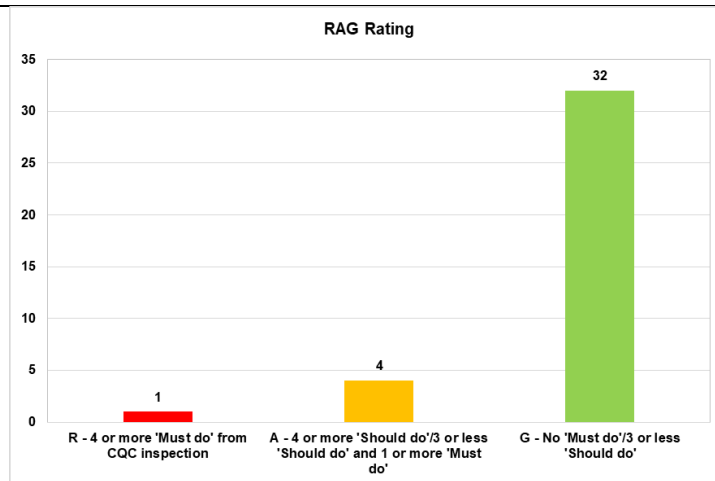
NICE Assurance – Updated Quarterly

No new assurance to be discussed

Measure	Trend	Assurance/Analysis
Collaborative Contracting visits	 <p>■ Practices visits completed ■ Practices visits booked ■ Outstanding visits</p>	<p>Visit scheduled for Fordhouses Medical Centre was undertaken on 7th January 2020. .</p> <p>Slightly amended template including a section on celebrating good practice and sharing examples of good documentation was introduced. Flu activity and MMR uptake are now included.</p> <p>Scheduled Visits: Fordhouses Medical Centre – January 2020</p> <p>Action plans are in place</p> <p>Booked Visits: Dr Bilas Surgery – February 2020 Penn Manor Surgery – March 2020</p>



CQC ratings



CQC continue to liaise with CCG to support the inspection process. One practice for Wolverhampton have a requires improvement rating assurances have been provided by this site. The practice is being supported by CCG team and contract review visits will be undertaken where appropriate to bolster the process.

Outstanding actions are managed by inspectors via 3 monthly virtual or face to face review.

Annual reviews and inspections continue several full inspections are due because of previous RI rating or contract changes.

Inspections by year:

2014 – 2
2015 – 2
2016 – 13
2017 – 13
2018 – 9
2019 – 5

Several practices are due an inspection due to changes in provider and next inspections have been shared with CCG for discussion. Telephone follow ups currently being undertaken by Yvette Delaney



CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	People with long term conditions	Families, children and young people	Older people	Working age people (including those recently retired and students)	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	39	34	41	42	42	39	40	40	40	40	40	40
Requires Improvement	3	8	1	0	0	2	2	2	2	2	2	2
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
	42	42	42	42	42	42	42	42	42	42	42	42

2.5. WORKFORCE DEVELOPMENT

2.5.1. Workforce Activity

Measure	Assurance/Analysis
Recruitment and retention	<ul style="list-style-type: none"> GP retention programme continues – mentorship, first fives, pre-retirement and portfolio careers work streams underway, mid-career has commenced The practice nurse retention programme has commenced. Liz Corrigan, Paul Aldridge and Alyson Hall spoke at a national event STP team are now taking part in a national retention pilot. GPN Professional lead, GPN Champions and GPN Peer Mentors have been recruited GPN Speciality Training bid has been won – recruitment is underway HCA apprenticeship programme is due a re-launch to include primary care specific skills
GPN 10 Point Action Plan	<ul style="list-style-type: none"> Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy now forms part of STP Primary Care Strategy. Action 1: Work experience pilot ran between 1st and 5th July with Public Health, CCG and Pharmacies. Good feedback from all parties,

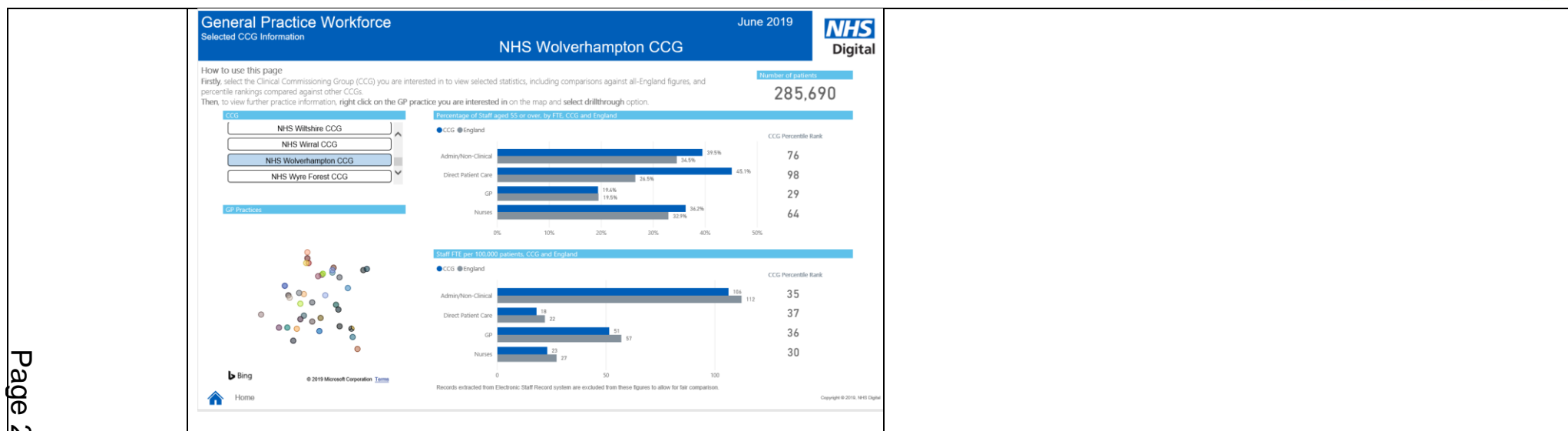


- evaluated and shared with partners.
- Action 2, 4 and 10: Digital Clinical Supervision pilot, has now finished but the sessions are continuing in Wolverhampton face to face and via Skype with technical problems persisting.
- Action 4: GPN Strategy supports GPN involvement in PCN boards at strategic level - to be rolled out as part of retention plan.
- Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another one expressing an interest, but there is some movement of mentors due to job changes.
- Action 4: The GPN fast track programme completed with Wolverhampton nurses attending – nurses are also undertaking Fundamentals of General Practice Nursing with several additional candidates for January at Wolverhampton.
- Action 5: Further work is being developed to promote the Return to Practice programme via Futureproof.
- Action 7: Nurse Education forum continues on a monthly basis with plans to develop this further next year to include HCAs. Planned sessions include Frailty and hydration, COPD and pain management, wound care.
- Action 9: The CCG can support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated - no candidates at present this is to be relaunched.
- Action 9: HCA apprenticeships programme has commenced as part of a pipeline programme recruitment continues.
- Action 10: The Nurse Retention plan has now been collated with work streams being planned as part of the GPN Strategy – working group now in place
- All Actions - GPN Strategy Launch took place on 3rd October at Himley Hall in Dudley evaluation complete
- All actions: Training Hub Coordinator now in place.

2.5.2. Workforce Numbers

Measure	Trend	Assurance/Analysis
Workforce Numbers		<p>Figures taken from NHS Digital data are for September 2019 with the next update due in December. Local figures are monitored via dashboard</p> <p>In the Black Country there are currently 776 FTE GPs, 403 FTE GPNs, 196 FTE HCAs, 2 FTE Nursing Associates and 1701 FTE non-clinical staff</p>





2.5.3. Training and Development

Measure	Assurance/Analysis
GP	<ul style="list-style-type: none"> GP retention programme continues with a focus on mid-career GPs and GP mentorship Portfolio careers programme has commenced with interest in a variety of specialities identified Work continues with First Fives GPs to support their career development and encourage them to consider staying the Black Country Work is planned to identify and support locum GPs into permanent roles
Nurse/HCA/Nursing Associate	<ul style="list-style-type: none"> CCG GPN Leads meeting hosted by Wolverhampton CCG with rolling chair (currently with Worcestershire CCG) next meeting due in January with agenda including NHSE update and Group Consultations Practice Makes Perfect continues with 2020 agenda being set – this is now being managed by Nancy Szilvasi Apprenticeship programmes are up and running with induction in March 2020; pipeline programme for HCAs top-up is being finalised by Dudley Training Hub Spirometry training due to conclude in February with 15 candidates Funding for all GPN retention programmes identified and work has commenced – GPN Professional Lead and GPN Champions and Peer



	Mentors in post <ul style="list-style-type: none"> Funding for NMP and HCA training identified expressions of interest underway Black Country STP has successfully won a bid to host 10 newly qualified GPNs and support them through the GPN Fundamentals programme at BCU, two Wolverhampton PCNs are taking part Work with the NHSE retention team continues, plan to be in place by the end of February
Other professionals	<ul style="list-style-type: none"> Pharmacist networks under development. Two Physicians Associates are now in post with two more to follow and PA ambassador supporting staff Two potential Nursing Associate Apprentice candidate identified – discussions with practice to follow for September start
Non-clinical staff	<ul style="list-style-type: none"> GPFV training continues as per schedule Care navigation training continues Personalised care training being rolled out by STP team Practice resilience support is available at STP level PMs have requested their own forum be developed this is to be developed Work continues across the STP to ensure equality of opportunity for development – non-clinical apprenticeships being discussed

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5.4. Partnership Update

	Exceptions and assurance
Black Country Training Hub	<ul style="list-style-type: none"> Sandwell TH now providing cover for Wolverhampton and Walsall CCGs with two project managers in post – support is being provided by GPN Professional Lead Training Hubs actively working with PCNs to identify workforce and training needs From April 2020 the Training Hub will work as one and focus on developing as part of the Training Academy
LWAB/HEE	<ul style="list-style-type: none"> LWAB money – 25% ring fenced for primary care Work around population health management commenced with links with PHE Capacity of new roles being explored especially paramedics re: potential issues with WMAS capacity Levy sharing options for apprenticeships being explored
Higher/Further Education	<ul style="list-style-type: none"> Fundamentals starting in January in Wolverhampton two candidates so far with additional places held at present – update to follow Additional places for fundamentals to support GPN Speciality Training will be hosted by BCU Work around myth busting for student placements being undertaken in collaboration with Pre-registration Adult Nursing Students



	<ul style="list-style-type: none"> • Work continues with Wolverhampton University to develop a programme of work to support mid-career GPNs and GPs to develop their skills • GPN Champions will commence a leadership course commissioned from the RCN in February.
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3. CLINICAL VIEW

N/A

4. PATIENT AND PUBLIC VIEW

N/A

5. KEY RISKS AND MITIGATIONS

All risks addressed through Quality and Safety, Primary Care and Workforce Risk registers.

6. IMPACT ASSESSMENT

6.1. *Financial and Resource Implications*

N/A

6.2. *Quality and Safety Implications*

Report is also delivered to Quality and Safety Committee – quality implications are addressed via this group.

6.3. *Equality Implications*

N/A



6.4. Legal and Policy Implications

N/A

6.5. Other Implications

N/A

Name: Liz Corrigan

Job Title: Primary Care Quality Assurance Coordinator

Date: 25/11/2019

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)	Yvonne Higgins	27/01/2020



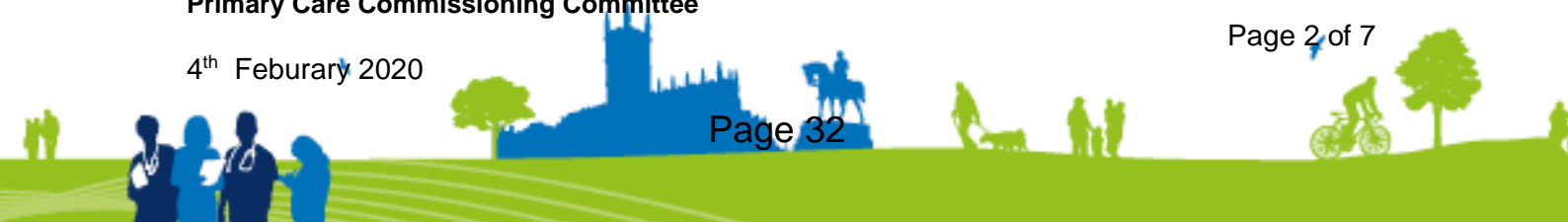


WOLVERHAMPTON CCG
Public Primary Care Commissioning Committee
4th February 2020

TITLE OF REPORT:	Primary Care- Financial Position as at Month 9, December 2019
AUTHOR(s) OF REPORT:	Sunita Chhokar - Senior Finance Manager Jonathan Mason, Senior Finance Manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position Month 9, December 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> Financial metrics being met Additional allocations Development budget is not being utilised
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



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



Performance against budget

This report outlines the overall financial position within Primary Care. The report covers both Delegated Primary Care budgets related to core GMS/PMS and APMS Contracts and other Primary Care related expenditure such as locally commissioned schemes, GP IT, GP Forward View and Primary Care Prescribing.

As at Month 9 the CCG has a year to date underspend of £100k and a forecast outturn underspend of £3k. The following table analyses this position in detail:

	Budget YTD	Actual YTD	YTD Variance	Annual Budget	FOT	FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
General Practice GMS	16,832	16,832	0	22,443	22,443	0
General Practice PMS	1,089	1,089	(0)	1,452	1,452	0
Other List Based Services APMS incl	2,058	2,058	(0)	2,744	2,744	0
Premises	1,804	1,804	0	2,406	2,406	0
Premises Other	43	43	0	58	58	0
Enhanced services Delegated	1,439	1,439	0	1,918	1,918	0
QOF	2,754	2,754	0	3,672	3,672	0
Other GP Services	2,160	2,589	429	2,880	2,880	0
Delegated Contingency reserve 0.5%	143	0	(143)	191	191	0
Delegated Primary Care 1% reserve	286	0	(286)	381	381	0
Sub total Delegated Commissioning	28,609	28,609	0	38,145	38,145	0
Locally Commissioned Services	655	591	(63)	873	784	(89)
GP Transformation Fund	331	331	0	441	441	0
	985	922	(63)	1,314	1,225	(89)
GP Forward View						
<u>Allocated to date</u>						
Reception & Clerical Training	185	185	0	246	246	0
Online consultation software	59	59	0	79	79	0
Access	1,308	1,308	0	1,744	1,744	0
Practice Resilience	56	56	0	74	74	0
GP Retention	211	211	0	281	281	0
Primary care Networks	316	316	0	421	421	0
Training Hubs	190	190	0	253	253	0
Fellowships - Core offer	170	170	0	227	227	0
Fellowship - Aspring Leaders	218	218	0	291	291	0
International Recruitment	5	5	0	6	6	0
	2,717	2,717	0	3,622	3,622	0
Primary Care Commissioning						
Commissioning Schemes	1,500	1,209	(291)	2,000	1,709	(291)
GP IM&T	626	626	(0)	835	835	0
NHS 111	673	707	35	897	971	74
Out of Hours- Vocare Northern Doctors	1,929	1,929	0	2,572	2,572	0
Prescribing Incentive Scheme	338	287	(50)	450	400	(50)
Prescribing	35,245	35,515	269	46,993	47,346	353
	40,310	40,273	(37)	53,747	53,832	86
Subtotal Primary Care Commissioning	44,012	43,912	(100)	58,683	58,679	(3)
TOTAL FORECAST 2019-20	72,621	72,520	(100)	96,828	96,824	(3)

Primary Care Commissioning Committee

4th February 2020

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Delegated Primary Care

Delegated Primary Care allocations for 2019/20 as at M9 are £38.145m. The forecast outturn is £38.145m delivering a breakeven position.

The CCG planning metrics for 2019/20 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.

The 0.5% contingency and 1% reserves are showing an underspend year to date with expenditure being fully utilised on “other GP Services” line. In line with NHSE planning metrics no expenditure should be shown on the 0.5% contingency and 1% reserves but recorded against the appropriate lines.

The CCG has created a Development budget of £1m in 1920 from the following lines within the contract:

1920		
		£1m development pot- SC
GMS Contract	Annual Budget	Suggestion
Global Sum	22,520,536	
QOF	3,228,368	(100,000.00)
LES	1,680,316	(200,000.00)
Premises	2,289,995	
Other	2,909,302	(515,000.00)
APMS		
Global Sum	2,813,611	(30,000.00)
QOF	232,007	(25,000.00)
LES	112,960	
Premises	328,791	
Other	14,922	
PMS		
Global Sum	1,451,756	(80,000.00)
QOF	211,661	
LES	102,724	
Premises	119,717	
Other	128,334	(50,000.00)
	38,145,000	(1,000,000)

The above table indicates too much budget has been traditionally allocated to individual lines. By establishing a Development budget the CCG can focus on developing new schemes, pilots and

Primary Care Commissioning Committee

4th February 2020

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moving at pace with new ways of working. As yet no schemes have so far been identified to utilise the £1m development budget.

Locally Commissioned Services

The table above shows a year to date underspend of £63k and a FOT underspend £89k. Practices submit a monthly claim form and payments are made accordingly. The CCG is assuming a continuation of the current level of claims in delivering a FOT. The current position indicates that claims are lower than the expected activity level. A final reconciliation will be completed once March claims have been processed. These services relate to Minor Injury, High Risk Drugs, Simple and Complex dressings, Testosterone, Denosumab, Ear Syringing, Suture Clip Removals etc.

GP Transformation Fund

The transformation fund is funded by the CCG based on practices joining a network. The practice is paid £1.50 based on weighted list size. This is a monthly payment made to the network. The CCG anticipates the FOT will be breakeven.

GPFV

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

- Reception & Clerical
- Online Consultation
- Access
- Practice Resilience
- GP Retention
- Primary Care Networks
- Training Hubs
- Fellowships - Core offer
- Fellowship - Aspiring Leaders
- International Recruitment

Since the last finance report (quarter 2) further allocations have been distributed to other CCGs within the Black Country STP in line with overall plans, totalling £1.165m.

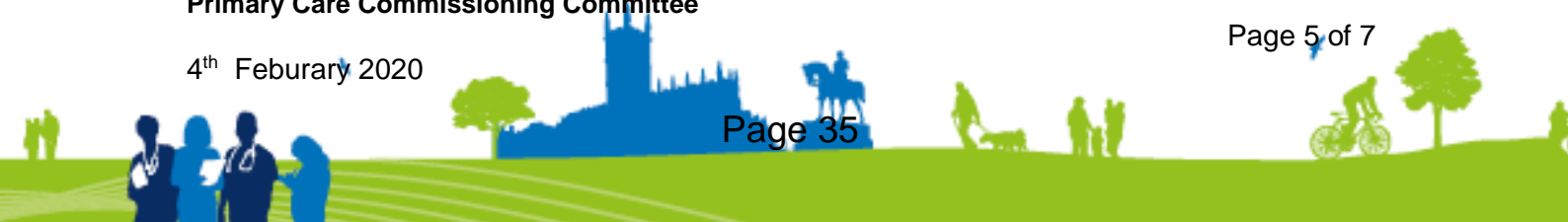
As at M9, the position is reported as breakeven. Plans have now been signed off by the STP Board in terms of how the money will be spent. Depending on the scheme some further allocations will be transferred to other CCGs within the STP and in some cases invoices will be sent to Wolverhampton CCG in line with STP board agreement.

GP Access is a CCG scheme which is paid directly to the practice's in line with the Service Specification.

Primary Care Commissioning Committee

4th February 2020

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Primary Care Commissioning

Commissioning Schemes

The CCG is expecting the FOT to show an underspend of £291k due to the underachievement of 2018/19 QOF+ of £140k. The balance of £150k is due to anticipated 2018/19 activity due to be paid for in 2019/20 not taking place.

NHS 111

The CCG is expecting the FOT to over spend by £74k due to transition from the current provider, Care UK to WMAS on 5th November 2019. The programme forecast has been updated to reflect the changes.

Prescribing Incentive

As per the quarter 2 report a benefit from the previous year of £50k has been received due to expenditure not being incurred by the practice

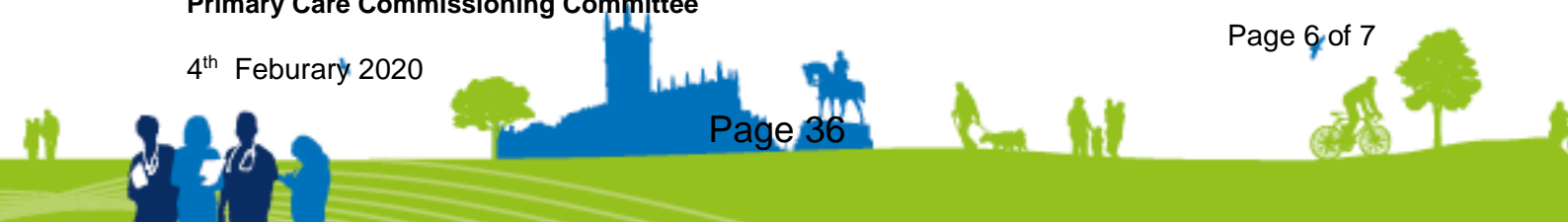
Prescribing

GP Prescribing is currently reporting an overspend of £269k for the year to date and a forecast overspend of £353k based upon 7 months data. This includes an assessment of the impact of new information being made available in regard to e.g. the Cat M price increase with effect from 1st August and the latest information in respect of NCSO.

The tables below provides, for information, the drug item volumes and value for the 12 months of 2018/19 and month 7 of 2019/20:

Drugs Volume	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	437,361	478,614	477,699	468,043	463,317	479,940	497,784	497,785	472,139	487,166	435,162	463,833
2019/20	456,948	502,088	459,137	468,823	505,130	469,972	500,588					
Volume % Change	4.48%	4.90%	-3.89%	0.17%	9.02%	-2.08%	0.56%					

Drugs Value	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	3,501,986	3,751,089	3,648,409	3,628,971	3,832,570	3,519,622	3,747,521	3,636,772	3,538,689	3,709,440	3,313,291	3,610,758
2019/20	3,548,555	3,919,257	3,620,060	3,695,526	4,041,065	3,726,661	3,780,851					
Value % Change	1.33%	4.48%	-0.78%	1.83%	5.44%	5.88%	0.89%					



Conclusion/ Recommendations

The Committee is asked to:

- Note the contents of this report in particular the position in respect of the £1m Development Budget.

Name: Sunita Chhokar, Jonathan Mason

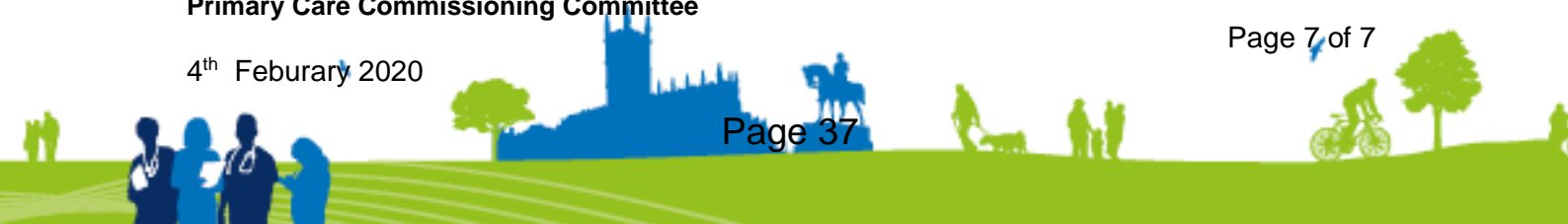
Job Title: Senior Finance Manager

Date: 14/01/20

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	14/01/20
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	



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WOLVERHAMPTON CCG
Primary Care Commissioning Committee
February 2020

TITLE OF REPORT:	STP Primary Care Programme Board Actions & Decisions
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care (Wolves) and STP GPFV Programme Director
PURPOSE OF REPORT:	To share with the committee the outcome of discussions held in December 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • The board considered a briefing note regarding the future intentions for training hubs, noting the significant change in delivery model and maturity expectations expected to be in place by April 2020. The board were supportive of all recommendations and since the meeting Dr R Kalia has been identified as the GP Clinical Lead providing support to this project. • A further update was considered following NHS E/I Midlands Board Meeting announcing the availability of 5 national specifications and a short consultation period. The consultation has since closed with significant response from general practice, NHS E/I have advised that the specifications will be subject to revision particularly timescales and the number of specifications is likely to be reduced. However, a formal communication regarding the outcome of the consultation is yet to be received, this is likely to arrive in February. • The highlight report spanning all workforce retention schemes was considered and Board noted that the STP had been successful in securing Group Consultation Training for 4 practices (one from Wolverhampton) and funding for 10 General Practice Nurses had also been successful. A copy of the highlight report can be found in Appendix 2 providing further detail. • Engagement in schemes particularly for GPs and Practice Nurses was also considered. A copy of Wolverhampton activity is provided in Appendix 3 and demonstrates the extent of funding and support that has been accessed to date from practices/PCNs. • A further update from each area was provided to confirm progress being made with PCN Development Plans (see Appendix 4). Wolverhampton PCNs continue to be in the midst of delivery as per plans approved by Milestone Review Board in October 2019. • An Analytics Workshop had taken place in November to consider population health data flows to PCNs and whilst Wolverhampton has an established referral/activity dashboard further improvements are being made to include Public Health data and work of the STP Data Analytics Work Stream.

RECOMMENDATION:	<ol style="list-style-type: none"> 1. The committee note the discussions that took place at the meeting held in December and progress being made to improve workforce retention. 2. Consider the enclosures attached and raise any queries they may have regarding the programme.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<ol style="list-style-type: none"> 1 Improving the quality and safety of services we commission. 2 Reducing health inequalities in Wolverhampton. 3 System effectiveness delivered within our financial envelope.

Enclosures:

Appendix 1	Primary Care Programme Board Actions & Decision Notes (December 2019)
Appendix 2	Workforce Retention Highlight Report
Appendix 3	Scheme Performance
Appendix 4	PCN Development Update (December 2019)

SLS/STP-GPFV-BRD-DEC19/PCC-ASSURANCE/FEB20



Black Country and West Birmingham Sustainability and Transformation Partnership (STP)

Primary Care Programme Board Actions and Decision Notes from 18/12/19

Attendees	Sarah Southall (Chair), Paul Aldridge, Joe Taylor, Stephen Cook, Jo Reynolds, Nasir Asghar, Anand Rische, Ranjit Sondhi, Carla Evans, Zishan Yousef, Liz Corrigan, Timothy Horsburgh, Simon Butler, Rajiv Kalia, Donna MacArthur, Charlotte Armstrong (Actions)
Apologies	Paul Maubach, Sally Roberts, Salma Reehana, Ruth Tapparo, Katharine King, Dan King, Della Burgess, Mike Hastings, Leon Mallett, Matt Hartland

Agenda Item	Action/Decision	Action Owner
Declarations of Interest	<ul style="list-style-type: none"> • Dr Rajiv Kalia declared an interest due to his role as a GP. • Dr Zishan Yousef declared an interest due to his role as a GP. • Dr Anand Rische declared an interest due to his role as a GP. • Dr Nasir Asghar declared an interest due to his role as a GP. <p>There was no mitigation required.</p>	
Review of notes of previous meeting	<p>The action notes were agreed as an accurate record of the meeting. All actions had been completed or were on the agenda.</p> <p>SS confirmed that she had spoken with Katharine King (KK) regarding roles as requested at the previous Board meeting. Katharine confirmed that an ST4 year is still the long term preference, but cannot be implemented at present due to funding.</p>	
Matters Arising	<p>Telephone/Video Conferencing</p> <p>SC confirmed that a video conferencing facility is currently being trialled, with the intention of it working both internally and externally.</p> <p>It was requested that the Board meeting is held in venues that are able to support tele/video conferencing going forward, specifically Sandwell & West Birmingham, Walsall and Wolverhampton.</p> <p>Training Placement Allocations</p> <p>SS confirmed that she had spoken with KK regarding training placement allocations. KK confirmed that all training places have been filled for 2019/20, and HEE have an overall 120% fill rate in the West Midlands. HEE have increased their WM trainee intake from 364 to 392 for 2020 and this will be rising again to 420 for 2021.</p>	PA to ensure Board is held in either Sandwell & West B'ham, Walsall or W'ton.

HEE Update and Assurance	<p>Training Hub Organisational Design Work</p> <p>SS presented the guidance advocating the role of training hubs, as well as the briefing note, and provided an update around this.</p> <p>AR queried who the GP Clinical Lead is, to which SS confirmed that Dr Kalia's primary responsibility was for the GP retention agenda but confirmation from CCG Chairs regarding who should undertake this work. GP Clinical Lead role for the Training Hub Development Project would need to be aligned to this piece of work with dedicated time set aside to ensure clinical oversight/leadership and support with project delivery as necessary. All noted that this is a time limited project and Dr Kalia had advised he would be happy to support the project.</p> <p>DM queried whether there is a risk register for the programme, to which SSo confirmed that risks are captured in the GPFV risk register. It was requested that a specific risk register for the Training Hubs be developed and this was confirmed to form part of the project documentation routinely utilised.</p> <p>Recommendations for Training Hub development are supported by Board.</p> <p>It was noted that KK believes the Terms of Reference need to be strengthened in terms of training hubs, and has been requested to provide greater clarity at February's Board.</p>	<p>SS to liaise with CCG Chairs regarding GP Clinical Lead for Training Hubs Development Project.</p> <p>PA to ensure project documentation including risk log are confirmed at the next meeting.</p> <p>PA to revised Terms of Reference & share at next meeting.</p>
GPFV Programme Progress	<p>Regional Board Update</p> <p>SS gave an update regarding the Regional Board. The key points are noted below:</p> <ul style="list-style-type: none"> • 5 of 7 new specs – not arrived • There is a 30 day consultation for Clinical Directors to gather thoughts from PCN's, which need to be fed back by the end of January. • Recruitment is ongoing. • Assurance visits to take place to ensure all GPFV money will be spent. <p>SSo confirmed that an assurance call was due to take place with NHSE regarding spend to date against GPFV funding.</p> <p>National Retention Programme</p> <p>LC presented the GPN Retention Programme report to Board. The key points are noted below:</p> <ul style="list-style-type: none"> • Sarah Chamberlain has signed up to take part in National Retention programme. • Sarah and Paul Vaughn will take part in Practice Makes Perfect in January. • Retention plan is being finalised, and will then be submitted to NHSE for approval, and will be publicised once approved. 	<p>SSo to send Regional Board Meeting minutes to attendees for information.</p>

	<p>Highlight Report PA presented the STP GPFV Programme Highlight Report. The key points are noted below:</p> <ul style="list-style-type: none"> • Work is being completed towards introducing a PA offer across the STP. • Expression of Interest submitted to HEE to fund 10 GPN's has been successful. • Professional Nurse Lead is now in post – Liz Corrigan. • 11 Nurse champions have been recruited, and will meet on a bi-monthly basis. • GPN events (Practice Makes Perfect) start in January. • 14 Expressions of Interest have been received for GPN Mentors. • App is now live, and comms will be sent out re this shortly. • More schemes for GP's being developed. Ie, Phoenix Programme/Legacy. • Work around Med Ed is continuing in January. • There is a dedicated LMS event taking place in March. • There will be a separate event for non-clinical staff. • Paediatrics will be listed for consideration on February Board Agenda. • Will link in with RGCP and BMA. <p>Financial Monitoring Position PA presented the GPFV Financial Monitoring Position report. PA confirmed that at present, the GPFV is committed to spend, and is expecting to breakeven.</p> <p>Retention Project Team Scheme Performance PA presented the GPFV Retention Project Team Scheme Performance report.</p> <p>SS noted that Walsall numbers are low, to which DM confirmed she will requested Walsall Clinical Directors to promote the schemes.</p> <p>A discussion took place regarding Portfolio Careers. JT queried whether having last year's data for Portfolio Careers would allow Board to compare and contrast all applications. It was agreed that the GPFV Project Team would gather data from previous years regarding uptake for Portfolio Careers.</p> <p>SS reiterated the importance of ensuring PCN's who have not yet accessed funding should do so before the end of March.</p> <p>RK stated that a Locum who was offered mentoring did not accept as all current mentors are full time salaried GP's and therefore do not have much experience of Locum. It was agreed that the GPFV Project Team would review how many Locum GP's access mentoring.</p> <p>PCN Development Update Each Primary Care Lead presented the report from their area. CE stated that a deputy Clinical Director for each PCN would be beneficial. SS confirmed that this will be discussed at the</p>	<p>DM to request Walsall CD's to promote schemes.</p> <p>GPFV Project Team to gather previous years data.</p> <p>Project team to review how many Locum GP access mentoring.</p> <p>Discussion to take place around</p>
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	<p>CD meeting being held on Thursday 16th January 2020.</p> <p>TH queried whether anyone is doing Social Prescribing for under 18's, to which SS confirmed it will be looked at from April 2020.</p> <p>TH requested that Dartmouth Programme Feedback evaluation is added to the next Board agenda.</p> <p>Analytics Workshop Update SSo presented the Action log from the Analytics Workshop which took place on 7th November 2019.</p> <p>SS confirmed that there were some anxieties around the absence of regular data flows to PCNs in Sandwell and Walsall and an action had been assigned to BI leads to address this with support from Anthony Nicholls. There will be a follow up meeting in January. JT stated that Primary and Secondary care data needs fine-tuning, and requested that this is brought back to Board in February.</p> <p>RS suggested that other non-clinical data should be included, such as homelessness. SS stated the importance of CD input into the process of influencing the design of the data packs that will be available to PCNs.</p> <p>Risk and Issues Log A risk was raised regarding capacity of Clinical Directors and the potential for variation within PCN's given the expanse of the role and PCN maturity.</p> <p>A discussion took place around the current risk of Babylon/GP at Hand. The current number of registrations with GP at Hand was approximately 1900 patients. CE confirmed that teleconferences are taking place monthly regarding and the average of patients is 18-50. Growth is not as rapid as had been expected.</p> <p>It was agreed that CE would share update with CA for notes, and this risk would be discussed as a standing item on the agenda going forward.</p>	<p>introducing Deputy CD's at CD meeting on 16.01.20.</p> <p>PA to add Dartmouth Programme Feedback to next Agenda.</p> <p>Primary Care Leads to review flows (analytics) & progress.</p> <p>Primary Care Analytics to be added to February agenda.</p> <p>PCN CDs to be reminded of the importance of engaging in design discussions.</p> <p>PA to update Risk Log re new risks raised.</p> <p>CE to share Babylon update with CA.</p> <p>GP at Hand to be added as standard Agenda item.</p>
Digital Workstream Update	<p>SC presented Digital Work Stream Report to Board.</p> <p>It was agreed that a Locum GP Champion would be identified, and views of the Locum Champion would be fed back into the Board meetings going forward.</p> <p>It was agreed that GP's should approach Locums to complete IT survey.</p>	<p>Locum GP's Champion to be identified.</p>

	<p>SC confirmed that discussions are taking place to have an STP-wide IM&T function, and tests are being completed on all sites and networks.</p> <p>It was agreed that SC would provide an update at February's Board.</p>	<p>SC to provide update at next Board.</p>
AOB	<p>SS stated that an STP bid regarding Digitisation of Notes to be submitted on Friday, and will be sent to Board members prior to meeting if successful.</p> <p>A discussion took place regarding the redesign of the Salaried GP role, with the view of attracting Locum GP's to become salaried GP's. This was defined as the 'job of the future', which would be determined by the approaches taken by PCN's as part of the modernisation of the Salaried GP role. It would be redesigned to include/exclude time for admin, HR, home visits and portfolio working, and would also link to trainee tracking and career pipeline.</p>	

Next meeting: Thursday 20th February 2020, 14:00-16:00, Dudley CCG

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STP GPFV Programme Plan Highlight Report for November to December 2019

November to date Highlights:-

- **Physician Associates** – a successful workshop was held to promote the role to Clinical Directors across the STP and agree an STP wide approach to their recruitment and integration into PCNs
- **GPN National Retention Pilot** – the STP has been invited to participate in a national piece of work aimed at the piloting and subsequent development of GPN retention initiatives. This was as a direct result of the successful launch of our GPN Strategy and work to date on our retention programme. The involvement will include a visit by the national team early in the New Year which represents good publicity for the STP and an opportunity to show case the progress made.
- **GPN Specialty Training** – The STP has been successful in bidding to HEE to fund 10 newly qualified GPNs. Recruitment and expressions of interest from practices are now underway. The STP is one of only 2 who have been successful the Region.
- **GPN Retention Schemes** – The STP has successfully appointed a GPN Professional Lead to provide clinical leadership for the retention schemes and champion the implementation of the Nursing Strategy. Mobilisation of schemes is underway and there have been 10 PCN GPN Champions appointed across the STP – only area of the STP where no expressions were received was Walsall. Training Hubs continue to work towards the commencement of GPN Networks with first events planned for January 2020. Expressions of interest for GPN Peer Mentors has been publicised with a closing date of 13/12.
- **STP Primary Care Website and Workforce App development** – the new website project has been planned with a go-live planned for end of Feb 2020. In the interim, the existing website hosted by SWBCCG has been refreshed. The APP content has been further developed and will be rolled out internally at the First 5 Celebration event and more widely as soon as Purdah restrictions are lifted
- **GP Mid-Careers Scheme** – Phoenix GP programme now marketed and out with GPs for expression of interest. Flyer and website developed and the programme of events and speakers are planned.
- **GP Legacy/Welcome Back Scheme** – mobilised and flyers produced and communicated to GPs and practices
- **GP Portfolio Careers, First 5 Scheme and Mentoring Support Offer** – all schemes continue to attract GPs and the numbers participating continue to grow. There are currently 19 GPs working towards Portfolio Careers in the 19/20 cohort with more applications to be considered over the coming months. Peer mentoring numbers have significantly surpassed those from 2018/19 with really positive feedback from GPs who have gone through the scheme. The First 5 scheme has a celebration event planned for 11th December to mark the completion of those on cohort 2 and also to demonstrate the ongoing support that the STP will continue to offer them moving forward in their career.
- **Training Hub development** – first Organisational Development session with training hubs and STP was held during the reporting period with an agreement reached on a high level plan for the next 2 to 3 years. A significant amount of work has been identified to be done over the next few months. Further planning and Organisational Development sessions are booked to progress the work
- **PCN Development** – PCN development continues across the STP with CCG leads working closely with Clinical Directors to support plans. The Dartmouth Programme is approaching conclusion for those PCNs that have participated and feedback has been positive. Plans are in place for STP wide commissioned development support for Workforce Planning, Leadership and Acquisitions/Mergers going forward.
- **PCN Analytics** – a workshop was held where presentations on progress from each CCG area were delivered and good practice shared. An action plan has been developed and will be reported to Board in December
- **Group Consultations** – the STP has successfully bid for funding and support from HEE to pilot Group Consultations across 4 practices within the STP – mobilisation begins in January 2020.
- **Caretaking and Collaborative Payments** – successful workshop held to develop an STP wide policy and process

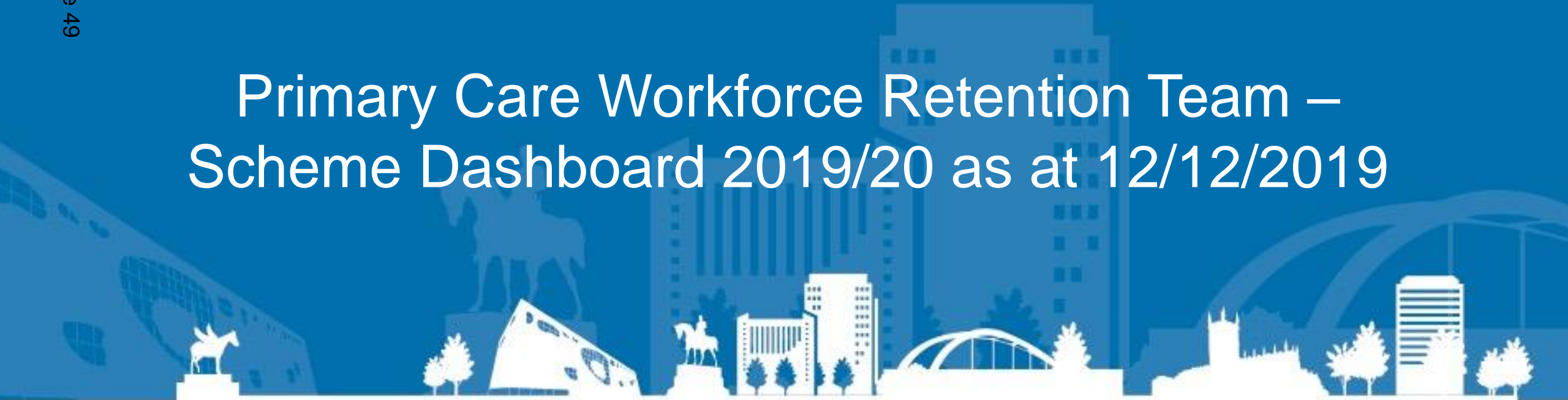
Key Planned Activity for December/January 2020

- **Primary Care Networks** – Dartmouth Programme completes and STP wide CD development masterclasses planned
- **GP Trainee Tracking** – City VTS visit complete and focus group arranged with volunteer trainees to explore key lines of enquiry from visits.
- **New to Practice** – proposals to be developed for GPs and GPNs new into practice including a workshop planned for December to explore how PCNs can encourage GP trainees into their PCN and support to stay
- **GP Locum Bank** – decision is made and implementation plan developed for the chosen solution
- **GPN Retention Schemes** – peer mentors appointed and scheme launched to practices. First network events in Dudley, Walsall and Sandwell/WB to take place in January along with the National Team visit.
- **GPN Specialty Training** – recruitment process completed by end of January 2020. Event to match recruits with PCNs to be held in January
- **Physician Associates** – co-design event taking place in December and recruitment event planned for late February/early March 2020. A support offer will be produced with a proposal to be prepared for Board in February 2020
- **Website and App Development** – App roll out completed and website development progresses.
- **Training Hubs** – project planning complete and further progress made on future functions and form
- **GP First 5 Scheme** – new programme launched on 30th January 2020
- **Medical Education** – a medical education programme to be developed in line with clinical priorities identified by the Clinical Leadership Group. Event planned for 10th December to explore opportunities with a range of key stakeholders
- **Pharmacy** – Pharmacy co-design event to planned for late January 2020 with a Board proposal to be developed for February Board
- **PCN Analytics** – further workshop held to continue progress
- **Caretaking and Collaborative Payments** – progress made on action plan and policy development underway.

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Black Country and West Birmingham

Primary Care Workforce Retention Team –
Scheme Dashboard 2019/20 as at 12/12/2019



Peer Mentoring

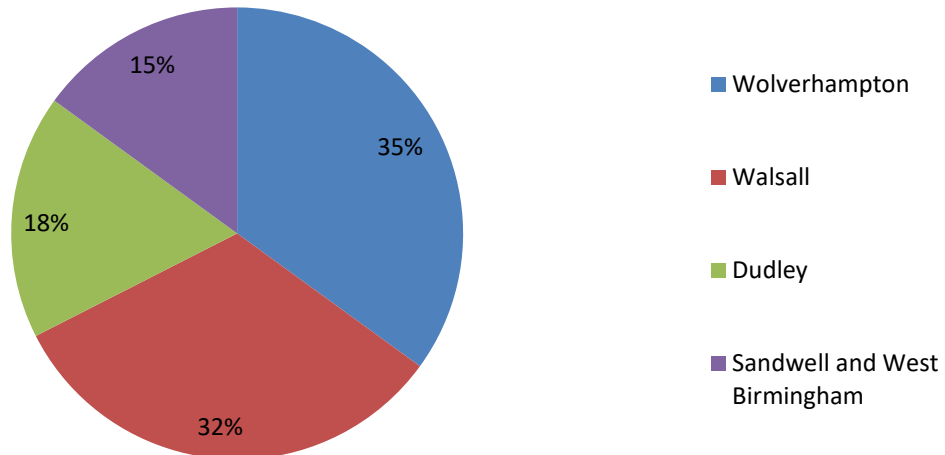


Key Metrics

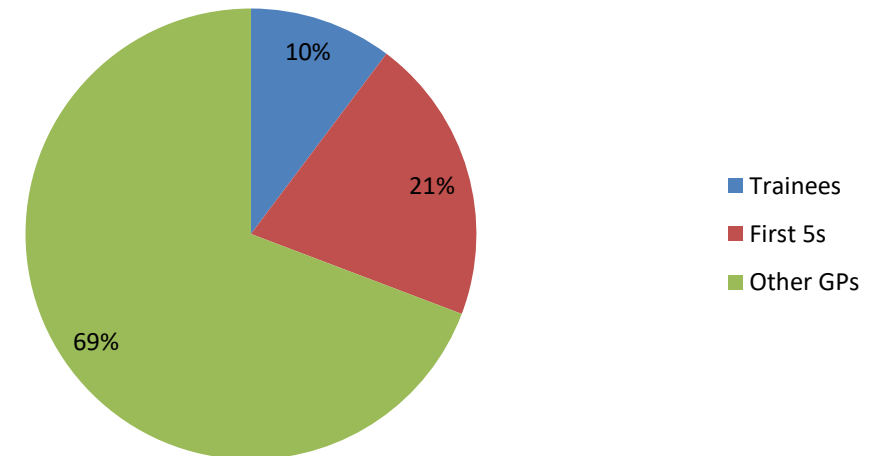
- As at 20/11/2019 **69** GPs have accessed the scheme – already exceeding an initial target of 40!
- **40** individuals have accessed the PCN Peer Mentoring Offer .
- There have also been an additional **29** GPs accessing the scheme directly.
- **15** GPs have completed the Peer Mentoring Scheme.

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Peer Mentoring Numbers



Peer Mentoring - Phase



Peer Mentoring – Post Survey Questionnaire



A survey monkey questionnaire was sent to 16 mentees who have completed their mentoring sessions. To date number of responses have been low with only 4 out of 16 being returned. The points highlighted from these returns are:

- 75% felt that the Peer Mentoring had met their needs.
- 75% are confident they will remain as a practising GP in the Black Country and West Birmingham within the next 12 months.
- 100% would recommend Peer Mentoring Scheme to colleagues.
- 100% feel their confidence to make decisions about their personal or career development has increased following the mentoring.
- 50% feel their happiness has not changed within their current role since completing the peer mentoring scheme.
- 75% would not be interested in creating a case study of their experience

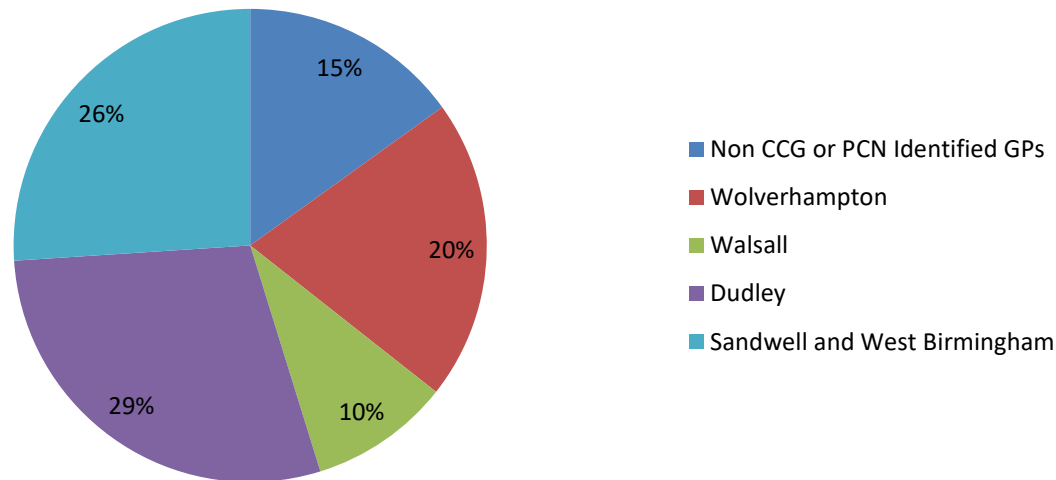
First 5 Network



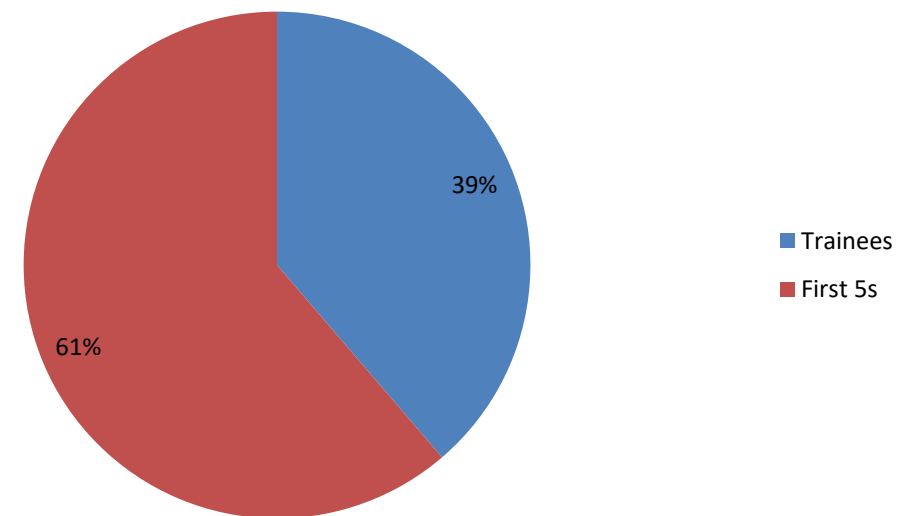
Key Metrics

- As of 20/11/2019 there are **73** applicants registered for **cohort 2**.
- The CCG and Phase breakdown is shown below where this has been identified.

First 5 Numbers



First 5 Phase



Portfolio Careers CCG Split



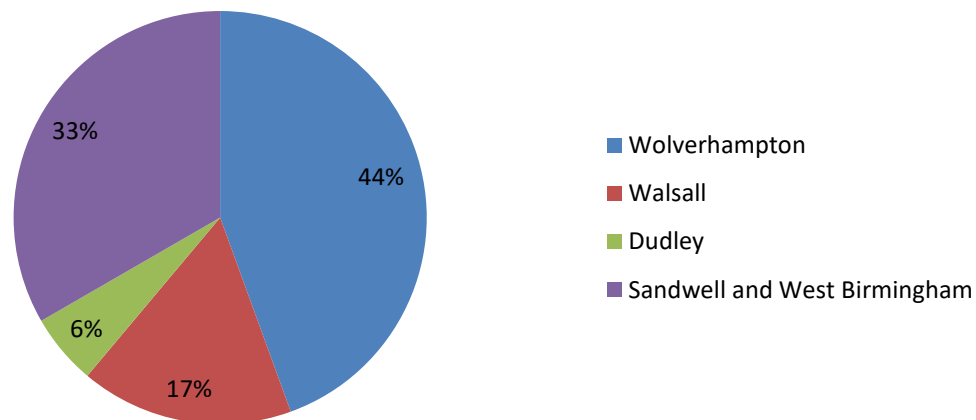
Portfolio Careers

Key Metrics

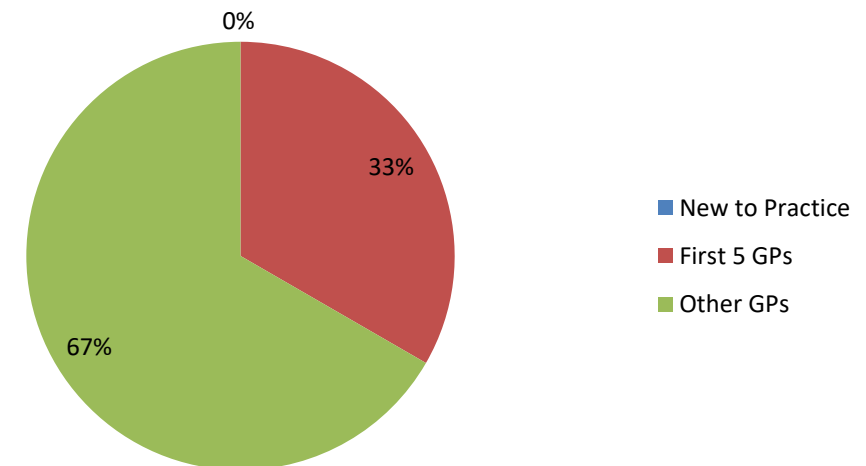
- As of 12/12/2019 **28** applications have been received for cohort 2.
- **18** applications have been approved, **5** are pending and **5** have been withdrawn/unsuccessful
- The CCG and Phase breakdown is shown below where this has been identified.

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Portfolio Careers



GP Careers - Phase



Summary of Portfolio Specialities 19/20 – Cohort 2



Portfolio Careers

CCG	PCN	Portfolio Speciality
Dudley	Dudley and Netherton	Diabetes
Walsall	West One	Paediatrics and Child Health
Walsall	East Two	Sexual and Reproductive Health
Walsall	West Two	Minor Surgery
Sandwell and West Birmingham	Central Healthcare Partnership	Medical Education
Sandwell and West Birmingham	Newcomen and Health	Minor Surgery
Sandwell and West Birmingham	Urban Health	Gynaecology
Sandwell and West Birmingham	Your Health Partnership	Life Style Medicine
Sandwell and West Birmingham	Citrus Health	Urology
Sandwell and West Birmingham	13	Cardiology

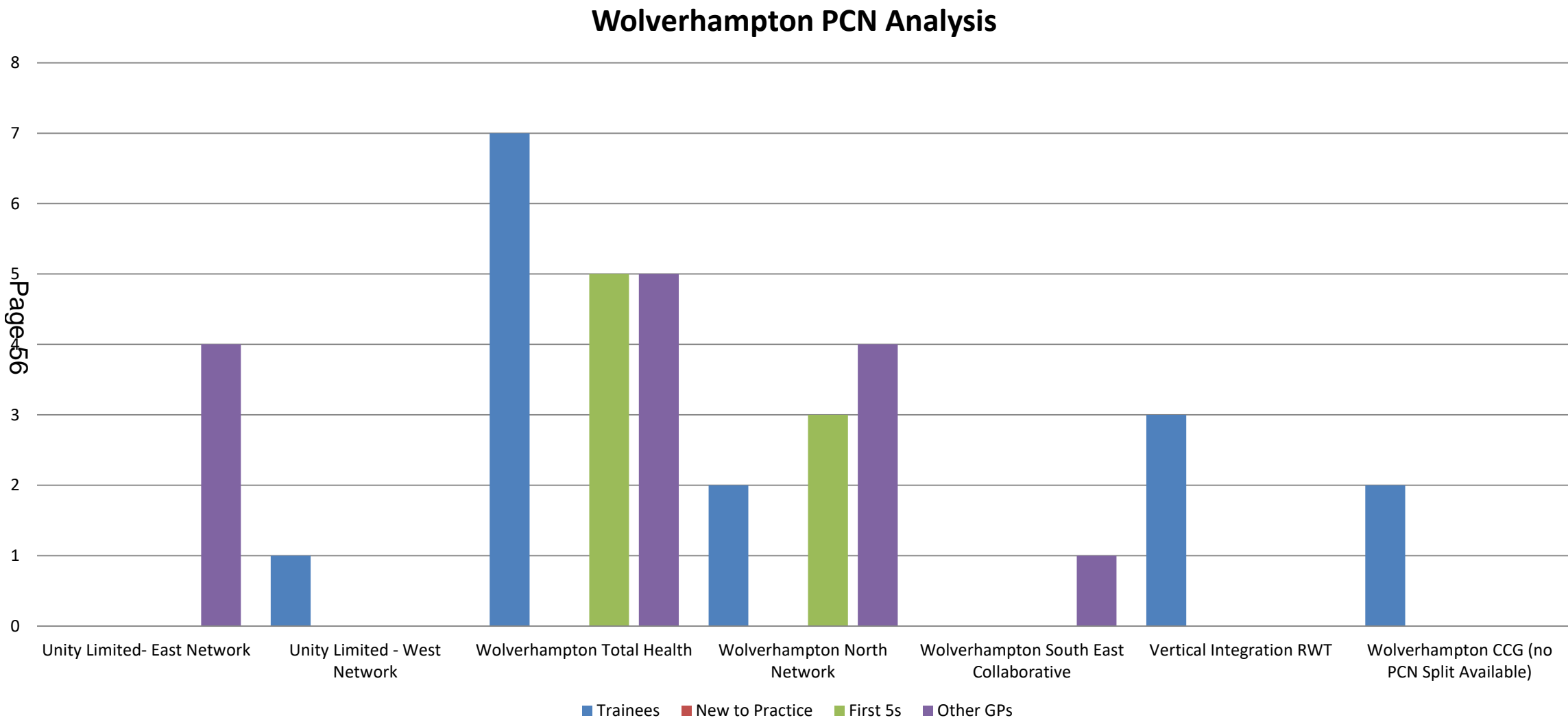
Summary of Portfolio Specialities 19/20 – Cohort 2



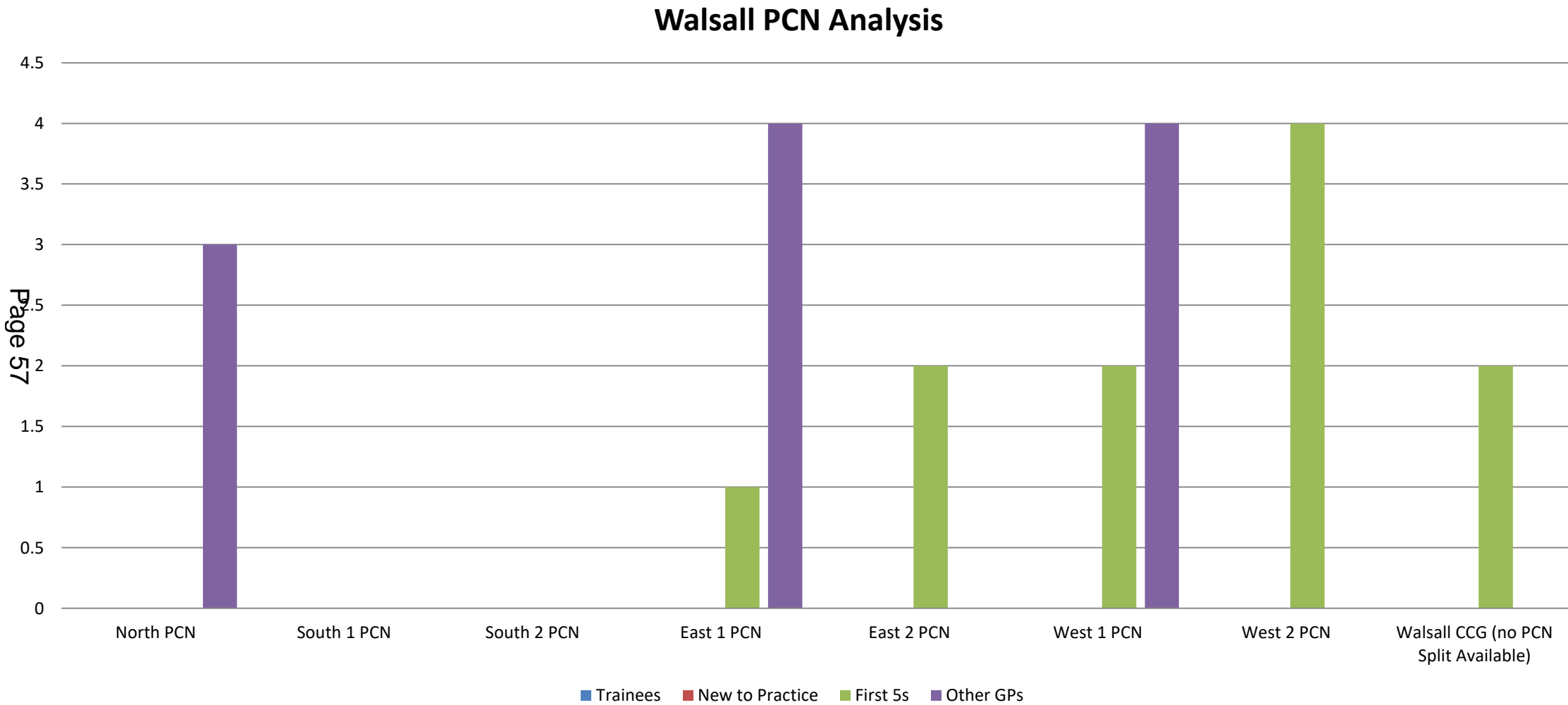
Portfolio Careers

CCG	PCN	Portfolio Speciality
Wolverhampton	Wolverhampton Total Health	O&G/Community Gynaecology and Menopause
Wolverhampton	Wolverhampton Total Health	Obstetrics and Gynaecology
Wolverhampton	Wolverhampton Total Health	Medical Education
Wolverhampton	Wolverhampton North	Woman's Health
Wolverhampton	Wolverhampton North	Minor Surgery
Wolverhampton	Wolverhampton North	MSK/Chronic Pain Management
Wolverhampton	Wolverhampton North	Diabetes
Wolverhampton	Wolverhampton South East	Urology

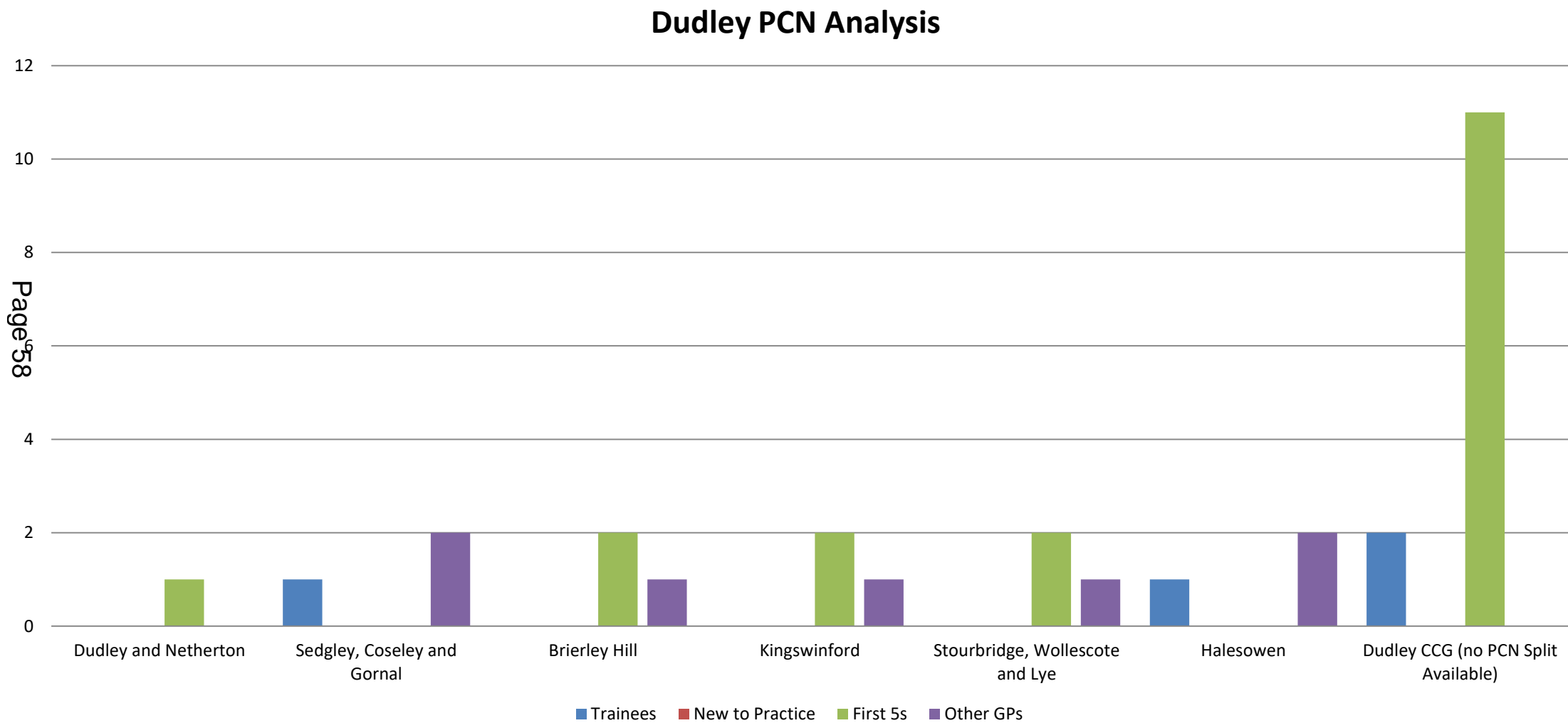
PCN Analysis - Wolverhampton



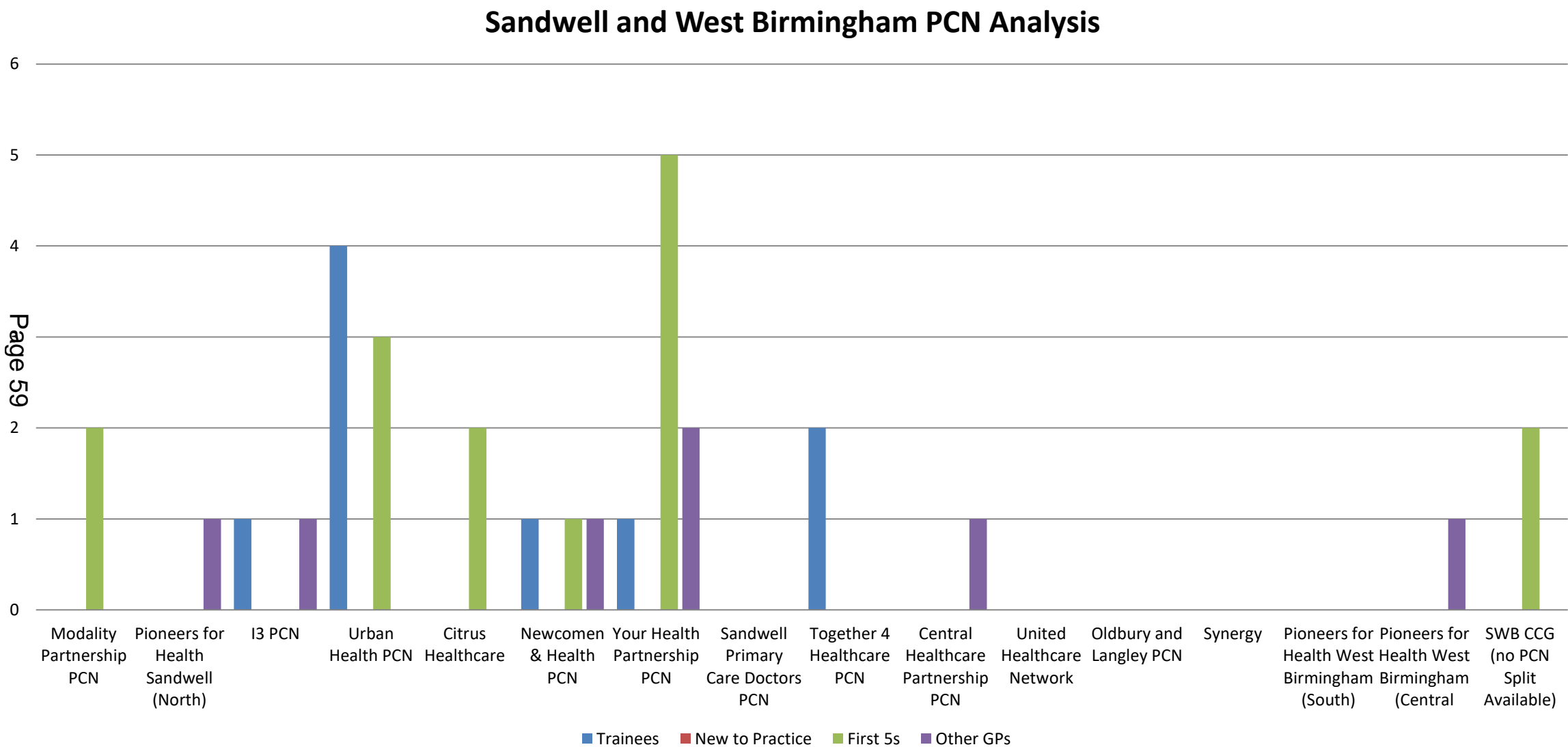
PCN Analysis - Walsall



PCN Analysis - Dudley



PCN Analysis – Sandwell and West Birmingham



Black Country and West Birmingham STP

Primary Care Workforce Retention Team
GPN Schemes



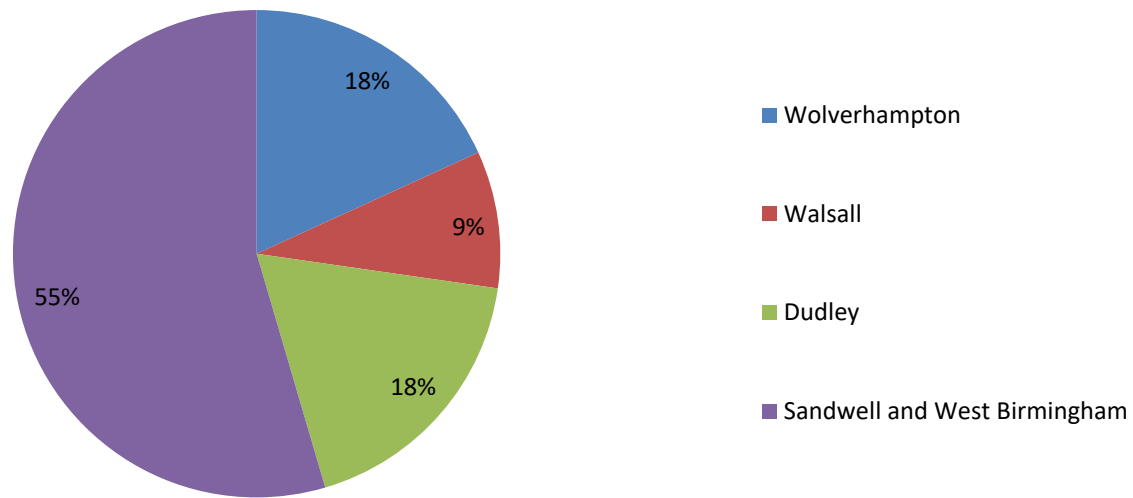
GPN Champions



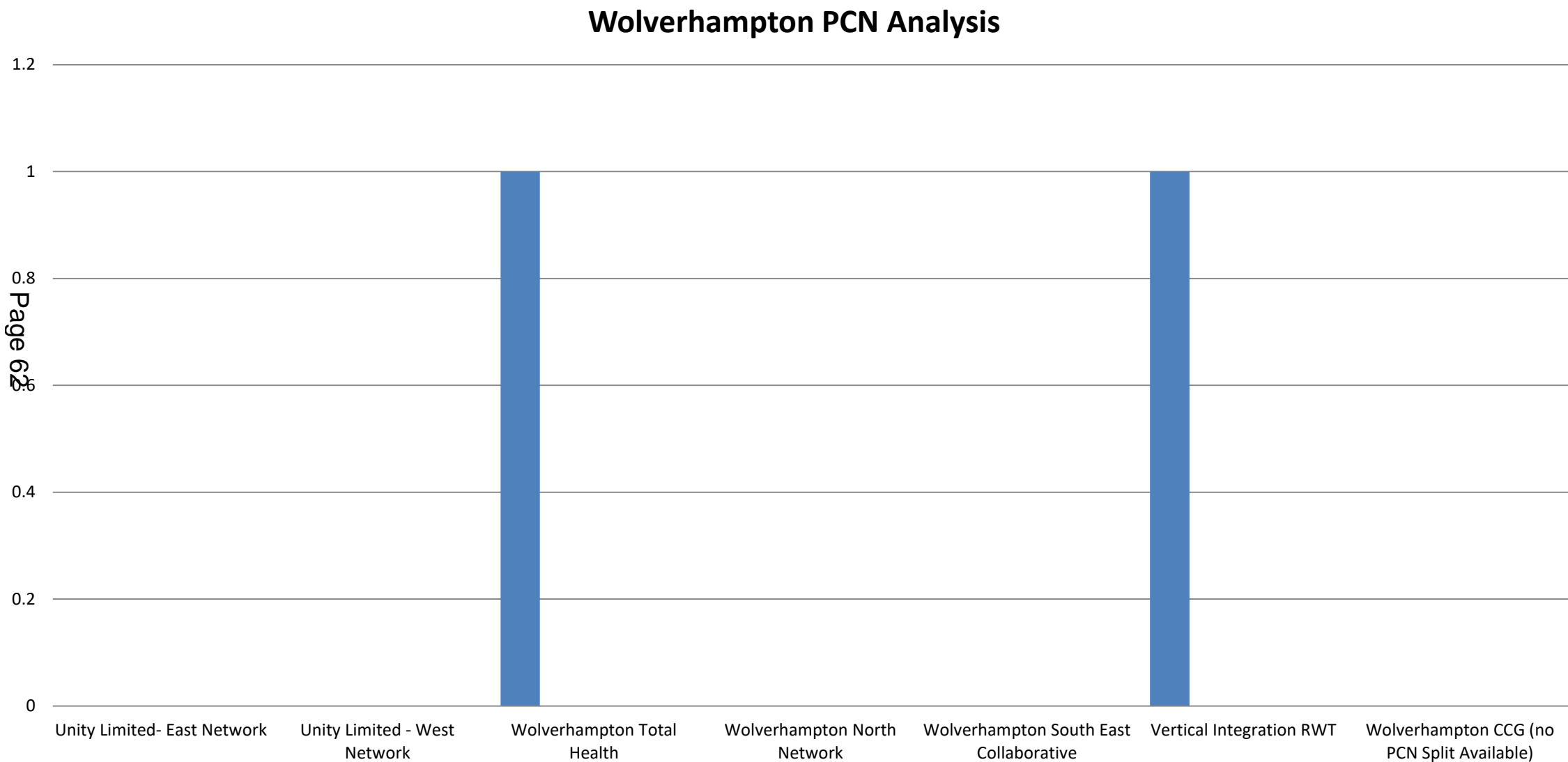
Key Metrics

- 11 General Practice Nurse Champions have been appointed. The split by CCG can be found below.

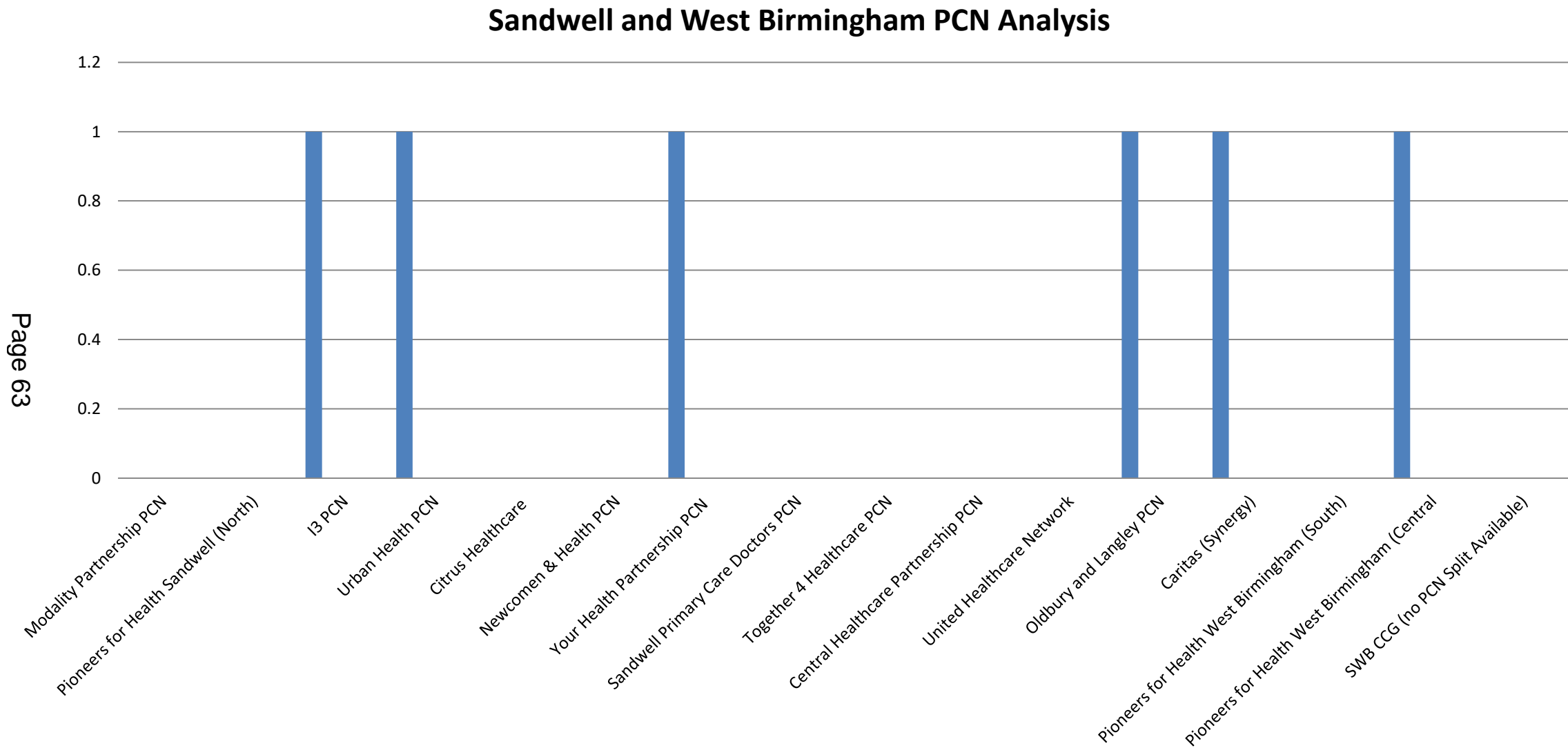
GPN Champion



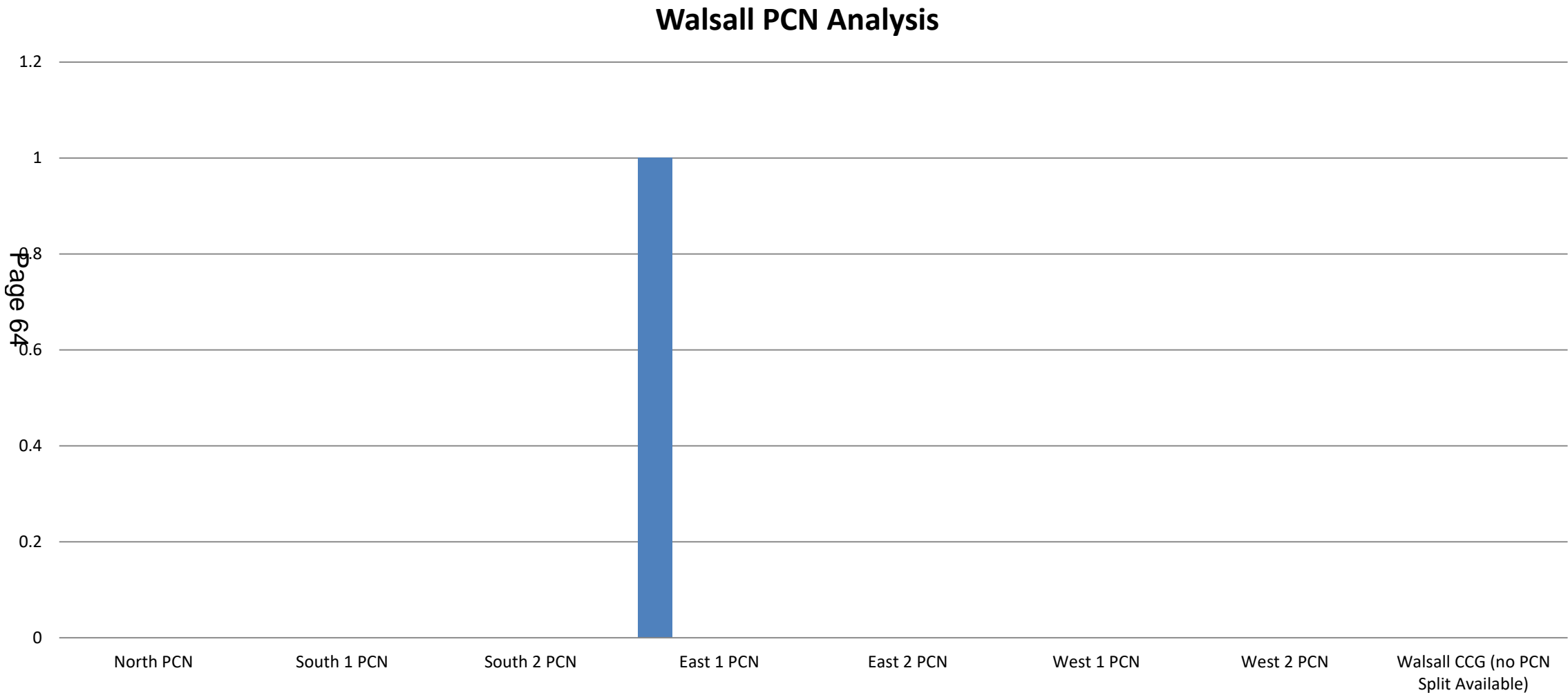
PCN Analysis - Wolverhampton



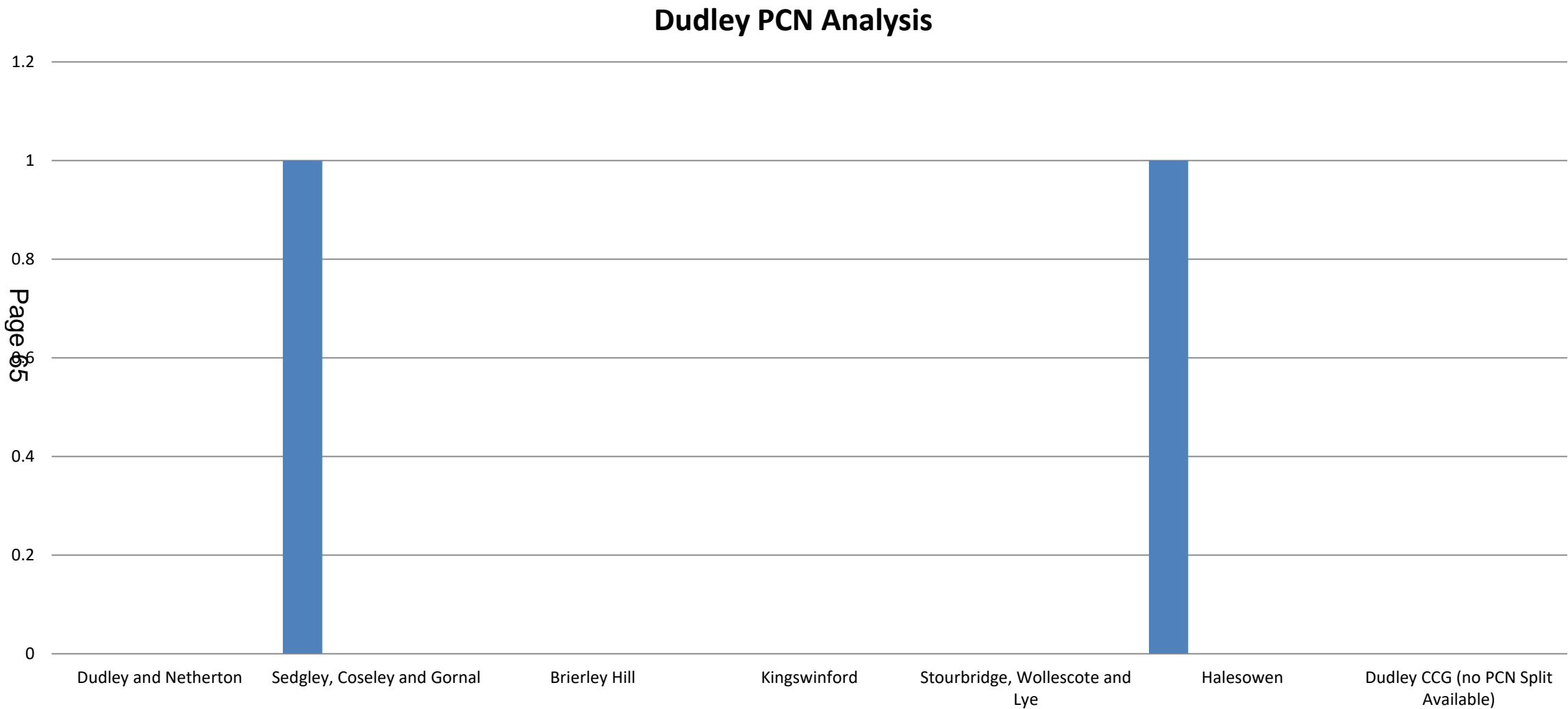
PCN Analysis – Sandwell and West Birmingham



PCN Analysis - Walsall



PCN Analysis - Dudley



Overall Improvements

Items for Future Reporting

- Retainer Scheme
- Fellowships
- Mid-Careers
- Incentivising GP Legacy and Welcome Back

Data

- Gaps within career stage need to be identified
- Gaps with reporting Locums across the schemes
- Systematic capturing of GP Practice PCN and career stage of First Five GPs
- Data capture sheet to aid the population of report

Primary Care Networks – Progress and Key Next Steps



CCG Name:- Wolverhampton

Key Highlights:-

- PCN Development Plans submitted and approved by Board in October and endorsed by PCCC, quarterly monitoring in place.
- Workforce Development Plans are being developed.
- Programmes have begun with PCN participation ie 1 PCN actively engaged in Dartmouth Programme, all 6 engaged in Time for Care Programme.
- Quarterly CD away day held to support learning and integration within health and social care system in addition to monthly CD Meetings & 1:1s
- Baselines agreed for Social Prescribers & Clinical Pharmacists, reimbursements commenced
- Access utilisation continues to improve (75 minutes per 1,000 patients)
- Planning for new roles/DES specifications commenced November with Clinical Directors

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Key Next Steps/Milestones:-

- Self Assessment Gaps (Leadership/Integrating Data/Managing Resources/Working in Partnership) Mitigation Plan in place to address gaps & secondment of Clinical Services Development Manager to work with PCNs.
- Organisational Development Plan (PCN New Roles) to be approved / implemented.
- PCN Workforce Planning / Network DES Specifications
- Continue discussions with WMAS regarding early implementation of Paramedic role in PCNs
- Named points of contact community services (RWT & BCPFT) to be confirmed
- Review of Social Prescribing Model (mobilisation/integration phase) January 2020
- Checkpoint Review Meetings with CDs scheduled for February
- Commence early implementation of online services switch on January 2020

Headline PCN Development Funding Utilisation:-

- Plans have been submitted by each PCN, with allocation fully committed
- £27,000 allocated to each PCN transferred November 2019
- Headline areas of spend include-
 - Backfill spanning attendance at a range of development programmes & events
 - Dartmouth Programme (1 network)
 - PCC leadership course (all networks)
 - Time for care Programme (all networks)
 - Workforce modelling and development masterclass
 - RCGP Workforce and Leadership planning sessions
 - HR, employment and Pension sessions

Key Risks/Issues/Challenges/Lessons Learnt

- Mitigation plan in place to address self assessment gaps, commenced December 2019
- Online services mobilisation hindered by absence of hub functionality, recognised regionally
- Scale and pace of integrating of new roles and services into PCNs is one of a number of competing demands they are responding to
- Planning for new roles allocation(s) 2020/21 has identified potential for PCNs to opt out of ie Physicians Associate based on early discussions with CDs, opt out process will require CCG approval due to impact on other targets
- Variation in commissioned access activity across STP (Wolves 75 minutes)

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WOLVERHAMPTON CCG
Primary Care Commissioning Committee
Tuesday 4th February 2020

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



1. GMS Contract Variations 1st December 2019 – 31st January 2020

MGS	M92654	Dr Ratnasuriya added	01/11/2019
MGS	M92654	De Allen removed	04/11/2019
Hill Street Surgery	M92003	Dr Suryani removed	01/11/2019
Tettenhall Medical practice	M92010	Dr Qureshi added	13/01/2019

2 Dr Vitarana, Moxley Medical Centre, Walsall

Dr Vitarana was a single handed GMS contract holder at Moxley Medical Centre in Walsall CCG with a patient list size of c3,200. Dr Vitarana has been experiencing a number of issues recently and approached Dr Saini and Dr Mohindroo for support.

Dr Saini and Dr Mohindroo have joined Dr Vitarana on the GMS contract in order to provide immediate support to Dr Vitarana and the practice.

Dr Saini and Dr Mohindroo are both partners on the GMS contract for Grove Medical Practice (Health & Beyond Partnership)

Dr Vitarana had already approached Grove Medical practice regarding a potential practice merger earlier in the year.

Longer term Moxley Medical Centre may apply to merge with Grove Medical Centre and to cross the border into Wolverhampton CCG.

Walsall CCG has supported Dr Saini and Dr Mohindroo in being added on the contract and has completed the contract variation order.

This arrangement provides Grove Medical Practice and Moxley Medical Practice with the opportunity to develop a better understanding of each other's organisation and gives Health and Beyond Partnership to opportunity to assess the pros and cons of expanding the partnership into Walsall CCG.

3. Practice List sizes January 2020

See appendix 1.



2. CLINICAL VIEW

Not applicable

3. PATIENT AND PUBLIC VIEW

Not applicable

4. KEY RISKS AND MITIGATIONS

Not applicable

5. 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: 4/2/2020



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	4/2/20
Public/ Patient View	N/A	4/2/20
Finance Implications discussed with Finance Team	N/A	4/2/20
Quality Implications discussed with Quality and Risk Team	N/A	4/2/20
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	4/2/20
Information Governance implications discussed with IG Support Officer	N/A	4/2/20
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	4/2/20
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	4/2/20
Any relevant data requirements discussed with CSU Business Intelligence	N/A	4/2/20
Signed off by Report Owner (Must be completed)	G Shelley	4/2/20



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

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

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



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MONTH		Apr-19	Jul-19	Oct-19	Jan-20		Apr-19	Jul-19	Oct-19	Jan-20	
		RAW PRACTICE LIST SIZE	RAW PRACTICE LIST SIZE	RAW PRACTICE LIST SIZE	RAW PRACTICE LIST SIZE	% increase/(decrease) in List Size for Oct 19- Jan 20	NORMALISED WEIGHTED LIST SIZE	NORMALISED WEIGHTED LIST SIZE	NORMALISED WEIGHTED LIST SIZE	NORMALISED WEIGHTED LIST SIZE	% increase/(decrease) in List Size for Oct 19- Jan 20
PRACTICE CODE	PRACTICE NAME										
M92001	POPLARS MEDICAL PRACTICE	3450	3434	3396	3361	-1.03%	3393.59	3388.65	3340.43	3301.58	-1.16%
M92002	STOVES & PARTNERS	8287	8258	8244	8231	-0.16%	9745.03	9736.34	9721.84	9697.71	-0.25%
M92003	MEHTA & NEW	1667	1664	1645	1619	-1.58%	1873.67	1869.05	1849.44	1806.59	-2.32%
M92004	MS KAINTH	3052	3033	3039	3011	-0.92%	3392.47	3340.97	3355.39	3316.43	-1.16%
M92006	DR MANLEY & PARTNERS	4918	4885	4885	4899	0.29%	5014.98	5006.76	5018.98	5018.6	-0.01%
M92007	DR SIDHU & PARTNERS	6815	6815	6842	6841	-0.01%	7136.37	7129.66	7128.24	7071.23	-0.80%
M92008	DR R ROBERTS & PARTNERS	12534	12500	12517	12501	-0.13%	13184.63	13131.69	13150.02	13114.98	-0.27%
M92009	PRESTBURY MEDICAL PRACTICE	14188	14231	14141	14039	-0.72%	15711.65	15842.92	15795.39	15635.98	-1.01%
M92010	ASHTON AND PARTNERS	12261	12189	12097	12119	0.18%	13024.36	12956.49	12805.88	12786.51	-0.15%
M92011	BURRELL & PARTNERS	11452	11438	11421	11388	-0.29%	11671.89	11636.68	11602.51	11523.65	-0.68%
M92012	DR AGARWAL & PARTNERS	9932	9998	10037	10128	0.91%	10275.86	10354.76	10403.88	10449.2	0.44%
M92013	DR SINHA & PARTNERS	6871	6857	6815	6834	0.28%	7352.26	7313.35	7271.71	7268.07	-0.05%
M92014	FOWLER	1977	1968	1967	1951	-0.81%	2064.17	2042.21	2052.78	2039.84	-0.63%
M92015	I H MEDICAL	2560	2600	2633	2705	2.73%	2789.17	2818.84	2841.88	2916.89	2.64%
M92016	TUDOR MEDICAL CENTRE	17656	17767	17963	18225	1.46%	17645.69	17750.07	17940.17	18189.85	1.39%
M92019	KEHLER & PARTNERS	6354	6368	6379	6352	-0.42%	6474.1	6503.04	6531.48	6491.55	-0.61%
M92022	RAJCHOLAN & GEORGE	4230	4263	4297	4324	0.63%	4242.16	4252.62	4281.47	4295.67	0.33%
M92026	BILAS	3832	3815	3811	3781	-0.79%	4021.77	3990.16	3988.55	3938	-1.27%
M92028	DR RICHARDSON & PARTNERS	9996	9902	9818	9851	0.34%	9208.13	9116.53	9021.25	9019.97	-0.01%
M92029	DR G PICKAVANCE & PARTNERS	4917	4989	5070	5166	1.89%	5345.7	5433.35	5555.06	5680.85	2.26%
M92039	DRS LIBBERTON & RAM	6617	6673	6697	6743	0.69%	7004.97	7072.09	7095.43	7123.9	0.40%
M92040	KRISHAN & PARTNER	8377	8485	8607	8766	1.85%	9031.89	9172.65	9272.38	9451.37	1.93%
M92041	PROBERT ROAD SURGERY	4655	4617	4598	4615	0.37%	4278.13	4225.08	4193.94	4206.02	0.29%
M92042	WEST PARK SURGERY	3821	3874	3866	3885	0.49%	3996.31	4019.65	3977.97	3995.73	0.45%
M92043	DR D M BUSH	5790	5849	5886	5873	-0.22%	6154.08	6222.01	6271.25	6252.09	-0.31%
M92044	WILLIAMS AND KOODARUTH	4348	4349	4387	4326	-1.39%	4560.73	4546.67	4565.69	4521.2	-0.97%
M92607	VIJ & VIJ	14413	14431	14553	14720	1.15%	14497.02	14440.07	14480.93	14617.3	0.94%
M92609	DR NANDANAVANAM	5397	5419	5458	5470	0.22%	5146.98	5207.74	5250.97	5253.72	0.05%
M92612	GROVE MEDICAL PRACTICE (HEALTH AND BEY	35419	35581	35630	35655	0.07%	37612.17	37838.21	37815.76	37884.81	0.18%
M92627	SHARMA	3295	3332	3361	3388	0.80%	3713.31	3730.26	3753.55	3769.8	0.43%
M92629	KHARWADKAR	3577	3578	3576	3623	1.31%	3103.12	3099.68	3090.13	3141.72	1.67%
M92630	DR RAVINDRAN & PARTNERS	5466	5486	5539	5550	0.20%	5758.89	5767.96	5813.36	5817.72	0.07%
M92640	WHITEHOUSE	2507	2505	2512	2512	0.00%	2474.21	2488.66	2500.24	2492.2	-0.32%
M92649	MUDIGONDA	3692	3697	3724	3733	0.24%	4033.07	4047.21	4089.68	4098.72	0.22%
M92654	MGS MEDICAL PRACTICE	7677	7688	7714	7679	-0.45%	8156.36	8149.29	8186.52	8142.25	-0.54%
Y02636	PENN FIELDS SURGERY	5456	5572	5602	5641	0.70%	5159.02	5222.71	5192.65	5177.25	-0.30%
Y02736	SHOWELL PARK MEDICAL CENTRE	5472	5487	5515	5591	1.38%	5160.21	5005.54	5010.32	5084.12	1.47%
Y02757	BILSTON URBAN VILLAGE MEDICAL CENTRE	12045	12165	12273	12353	0.65%	11584.8	11716.02	11757.42	11832.71	0.64%
TOTAL		284973	285762	286515	287449	0.33%	294992.92	295585.64	295974.54	296425.78	0.15%

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WOLVERHAMPTON CCG
Primary Care Commissioning Committee

January 2020

TITLE OF REPORT:	Digital First Primary Care- Early Implementer Specification
AUTHOR(s) OF REPORT:	Jo Reynolds
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	Digital first Primary Care forms the basis of the Long Term Plan, this specification intends to enable practices to implement the programme of work ahead of when it is contractually required to do so, enabling patients to access sooner.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Practices are encouraged to increase uptake and implement additional sessions for the following services- <ul style="list-style-type: none"> - Patient Online - Online Triage - Online Booking - Integration with 111 - Video consultation
RECOMMENDATION:	That the board discuss and agree the specification attached
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Patients will have improved access to medical services, and a greater depth of knowledge enabling self care
2. Reducing Health Inequalities in	New models will support those with long term conditions to access support, within remote locations enabling greater access to care



Wolverhampton	
3. System effectiveness delivered within our financial envelope	Encourage innovation and use of technology to transform the way that care is delivered and patients access services

1. BACKGROUND AND CURRENT SITUATION

The Long Term Plan sets out how the NHS will move to a new service model in which patients have more options and joined up care at the right time. Under the LTP, digital first primary care is to become an option for every patient, improving fast access to convenient care.

This is reinforced by the content of the GP contract, which states that all patients should have access to digital primary care services, as rapidly as possible. A number of different digital models are rapidly emerging across England; these can also help alleviate workload challenges facing practices. For example, digital consultations can be more efficient for certain patients, thus helping free up time for more complex patients.

Digital primary care has the potential to improve access, quality and outcomes, through better data, more accurate diagnosis, and support tools for patients. For many patients, digital will become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25 year olds. Progress on digital delivery will be important to maintain social solidarity behind the general practice model, and contract requirements will be updated annually as part of wider contract negotiations, to reflect advances in technology and delivery of the support promised in this agreement.

This specification also supports recommendations from the recent SBAR (situation, background, assessment, recommendation) that has taken place in light of GP at Hand moving into the STP area.

There is a risk to practices due to the disruptive innovation that GP at hand presents, as the target is the generally well, low users of PMS.

2. PROPOSAL

By embracing digitally enabled primary care as an early implementer, practices can influence the offer to their patients and identify the best methods to satisfy the criteria from the GP contract.



Enabling access to digital services will increase patient's choice about their care, and improve the way that they access services. The speed, in which patients are treated, either remotely or through self-care, is increased through digital services.

By utilising digitalised solutions practices can run more efficient, cost effective services, see a reduction in admin time and an increase in patients taking responsibility for their health needs.

The specification will focus on the following areas, to demonstrate and test the basis of digital services-

- Patient Online
- Online Triage
- Online Booking
- Integration with 111
- Video consultation

3. CLINICAL VIEW

Feedback from practices that have partially implemented these services is sought at regular intervals, with patient engagement being identified as an issue. There is a willingness to transform primary care through digital services, but practices and PCNs need the resources to enable this to happen.

4. PATIENT AND PUBLIC VIEW

For each of these areas, there will be an opportunity to feedback and issues or development needs that are identified by being an early adopter.

There are various resources available to support the engagement of patients and to create awareness within the practice list; however additional capacity and resource will be required from the practice to enable access to the services on offer.

Patient feedback to understand the advantages and any barriers to accessing and utilisation of online services will need to be gathered and submitted as part of the monitoring of this specification. This can be via Mjog, a forum or individual questionnaires.

5. KEY RISKS AND MITIGATIONS

Participating practices will need to be mindful of the existing demand places on the urgent care system, during core hours. That could be mitigated through more flexibility in options for patients, i.e. digital access. There will be recognition of patient use of the urgent care system in hours, and practices will be proactive in creating more flexible capacity that will meet patient need and will reduce the likely hood of patients presenting at UC locations. This will include scheduling



appointments and instigating interventions to counteract periods of demand. Capacity and resource will need to target this activity in order to divert patients away from Urgent care that can have their needs met within the community. Data is available to support Leads from the practice to develop this offer.

6. IMPACT ASSESSMENT

Financial and Resource Implications

Costs associated with implementation for this specification have been identified as the following-

Indicator	achievement	funding per patient
Payment for increasing patient online	increase of 10% on current baseline	0.12
Payment for increasing online consultation	increase of 10% footfall on practice website	0.12
Payment for meeting the target set for video consultation	1 apt utilised per day per 1000 patients	1.4
	TOTAL	1.64

All practices will have the opportunity to sign up to this specification; however it is acknowledged that a much lower take up is probable. Full potential costs are included in appendix B, and are broken down per practice for information.

Financial support has been identified from PMS delegated budget, up to the amount of £482,340.37

Quality and Safety Implications

Patients will have increased access to services, and to self help tools. Case studies will be submitted to support learning of patient experience digitally. Any patient incidents shall be reported as per standard procedure.

Feedback from the full team will be submitted as part of the evaluation.

Equality Implications

6.1. Services will be available to all patients registered to participating practices. Barriers to access will be reviewed as part of the evaluation process.

Legal and Policy Implications



6.2. Not applicable for this report

Other Implications

6.3. Not applicable for this report

Name: Jo Reynolds

Job Title: Primary Care Transformation Manager

Date: 27/01/2020

ATTACHED:

Appendix A- Specification

Appendix B- Financial Breakdown

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	Sunita Chhokar	
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.)	Stephen Cook/ Lisa Holder/ Mike Hastings	
Any relevant data requirements discussed with CSU Business Intelligence	Beth Goule	
Signed off by Report Owner (Must be completed)	J Reynolds	27/01/2020



Appendix A- Service Specification

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	Digital First Primary Care- Early Implementer
Commissioner Lead	Jo Reynolds
Provider Lead	
Period	15 weeks from sign up
Date of Review	31 st March 2020

1. Population Needs
<p>1.1 National/local context</p> <p>The Long Term Plan sets out how the NHS will move to a new service model in which patients have more options and joined up care at the right time. Under the LTP, digital first primary care is to become an option for every patient, improving fast access to convenient care.</p> <p>This is reinforced by the content of the GP contract, which states that all patients should have access to digital primary care services, as rapidly as possible. A number of different digital models are rapidly emerging across England; these can also help alleviate workload challenges facing practices. For example, digital consultations can be more efficient for certain patients, thus helping free up time for more complex patients.</p> <p>Digital primary care has the potential to improve access, quality and outcomes, through better data, more accurate diagnosis, and support tools for patients. For many patients, digital will become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25 year olds. Progress on digital delivery will be important</p>



to maintain social solidarity behind the general practice model, and contract requirements will be updated annually as part of wider contract negotiations, to reflect advances in technology and delivery of the support promised in this agreement.

Specific digital improvements

NHS England and GPC England have agreed eight specific improvements, backed by agreed contract changes, in areas where it is realistic to make early progress, given available functionality:

- (i) all patients will have the right to online and video consultation by April 2021;
- (ii) all patients will have online access to their full record, including the ability to add their own information, as the default position from April 2020, with new registrants having full online access to prospective data from April 2019, subject to existing safeguards for vulnerable groups and third party confidentiality and system functionality;
- (iii) all practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from April 2019;
- (iv) All practices will ensure at least 25% of appointments are available for online booking by July 2019. This is staging post towards a shared ambition that all patients should have the maximum possible access to online appointment booking. NHS England will launch a public campaign in 19/20 to raise awareness of the ability to book appointments online. Subject to systems capability, where patients wish, and as part of concluding the NHS 111 call, NHS 111 could book into these appointments on their behalf where that is appropriate, rather than requiring patients to do so in a separate process;
- (v) whilst a practice leaflet remains important, to recognise the changing habits of patients, all practices will need by April 2020 to have an up-to- date and informative online presence, with key information being available as standardised metadata for other platforms to use (for example the Access to Service Information (A2SI) Directory of Services Standard);
- (vi) all practices will be giving all patients access online to correspondence by April 2020, as the system moves to digital by default (with patients required to opt-out rather than in);
- (vii) by April 2020, practices will no longer use facsimile machines for either NHS or patient communications; and
- (viii) from October 2019, practices will register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts where appropriate; notify the MHRA if the email address changes to ensure MHRA distribution list is updated; and register a mobile phone number (or several) to MHRA CAS to be used only as an emergency back up to email for text alerts when email systems are down.

With appropriate governance in place recognising patients' preferences, practices will be expected to share data for digital services as outlined in the NHS Long Term Plan, like the NHS App and including contributing data to Local Health and Care Record initiatives as they come online to support information sharing with other services, in line



with LHCR expectations for timeliness of data sharing.

As a critical enabler of the Personalised Care service specification, practices will also have the critical role in creating and updating care plans for all appropriate patients, in as near to real-time as possible, to the Summary Care Record and to Local Health and Care Records when they are available. This will enable patients, their carers and professionals involved in their care are able to see the same information.

This specification also supports recommendations from the recent SBAR (situation, background, assessment, recommendation) that has taken place in light of GP at Hand moving into the STP area.

There is a risk to practices due to the disruptive innovation that GP at hand presents, as the target is the generally well, low users of PMS.

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	
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

3. Scope

3.1 Aims and objectives of service

By embracing digitally enabled primary care as an early implementer, practices can influence the offer to their patients and identify the best methods to satisfy the criteria from the GP contact.

Enabling access to digital services will increase patient's choice about their care, and improve the way that they access services. The speed, in which



patients are treated, either remotely or through self-care, is increased through digital services.

By utilising digitalised solutions practices can run more efficient, cost effective services, see a reduction in admin time and an increase in patients taking responsibility for their health needs.

Participating practices will need to be mindful of the existing demand places on the urgent care system, during core hours. That could be mitigated through more flexibility in options for patients, i.e. digital access. There will be recognition of patient use of the urgent care system in hours, and practices will be proactive in creating more flexible capacity that will meet patient need and will reduce the likelihood of patients presenting at UC locations. This will include scheduling appointments and instigating interventions to counteract periods of demand. Capacity and resource will need to target this activity in order to divert patients away from Urgent care that can have their needs met within the community. Data is available to support Leads from the practice to develop this offer.

3. 2 Service description

Practices are urged to become early implementers will be required to deliver on a series of actions, to demonstrate and test the basis of digital services.

Patient Online-

In order to access many of the digital services, patients will need to sign up to Patient Online. Practices will need to increase sign up of patients by 10% beyond the national target, through targeted campaigns and activity to enable sign up. Consideration will also be needed for those requiring proxy access, and a review of the practices process and the ease in which patients can sign up to Patient online will need to take place. Patients will be encouraged to download the app for patient online, and be supported to familiarise themselves with the functionality and layout.

Online triage-

Online triage will be installed on the practice website and actively encouraged by patients. Front line staff will utilise resources to support patients in accessing triage in the first instance, to ensure that any appointments booked are appropriate and those patients that can be treated in a different manner do so.

Online booking/ appointments filled-

Appointments will need to be made available through the Patient Online portal, enabling patients to access services without requiring a telephone call into the practice. These appointments should be released at regular intervals, to manage the flow of patients and support pressures on urgent care.

Pre bookable and same day provision will need to be available.

Integration with 111-

Minimum of 2 appointments per 1000 patients will need to be available per day to be directly bookable by 111, once available through the service.

The DoS will also need to be maintained with the services available to patients.

Video consultations-

Appointments will need to be identified and retained specifically for video consultations, at a rate of 1 appointment per 1000 patients per day. However, this can be consolidated to enable a full clinic to be provided of video consultations, frequency to be agreed as part of the delivery plan

There will need to be the ability for patients to book these appointments online and through reception. Patients will be actively encouraged by front line staff to utilise these appointments, as prebookable and same day provision.

Installation of hardware can be arranged where there is a need, with training for staff included.

For each of these areas, there will be an opportunity to feedback and issues or development needs that are identified by being an early adopter.

There are various resources available to support the engagement of patients and to create awareness within the practice list; however additional capacity and resource will be required from the practice to enable access to the services on offer.

Patient feedback to understand the advantages and any barriers to accessing and utilisation of online services will need to be gathered and submitted as part of the monitoring of this specification. This can be via Mjog, a forum or individual questionnaires.

3.3 Payment

Funding will support investment in resources, staff capacity and innovative activity.

Payment will be made on the following basis-

Indicator	achievement	funding per patient
Payment for increasing patient online	increase of 10% on current baseline	0.12



Payment for increasing online consultation	increase of 10% footfall on practice website	0.12
Payment for meeting the target set for video consultation	1 apt utilised per day per 1000 patients	1.4
	TOTAL	1.64

Funding will be released 50% of agreement of the delivery plan, and 50% upon demonstrable achievement of the targets.

3.6 Reporting Requirements

The delivery plan will be used to track activity taking place each month and confirm the outputs; a monitoring template to capture the quantitative data will also be issued. Case studies, good practice and issues will also be captured and submitted. This information should be provided with relevant progress updates by no later than Friday 10 April 2020.

Monitoring will focus on the following areas-

- The percentage of patients signed up to Patient online
- Number of hits on the practice website, and the pages viewed
- Number of patients recorded as completing the questions on the online triage portal
- The number of appointments bookable on line, that are available utilised and DNA
- The number of video consultation appointments that are available, booked and DNA as both pre-bookable and on the day
- The number of appointments available, booked and DNA via 111

A baseline will need to be submitted before implementation, and resubmitted with achievements post completion

Practices will maintain contact via an issues log.

3.7 Population covered

Patient population within the practice area

3.8 Timescales

Once the Expression of Interest is received, Practices have 15 weeks to implement and deliver the activity.



The final update confirming actions and outputs should be submitted to the CCG by no later than 15 th May 2020.	
4.	Applicable Service Standards
4.1	Applicable national standards (e.g. NICE) All practices taking part in the scheme are expected to work within usual contractual terms and conditions.
4.2	Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)
4.3	Applicable local standards
5.	Applicable quality requirements and CQUIN goals
5.1	Applicable Quality Requirements (See Schedule 4A-C) <ul style="list-style-type: none"> - Case studies will be submitted to support learning of patient experience digitally. Any patient incidents shall be reported as per standard procedure. - Feedback from the full team will be submitted as part of the evaluation.
5.2	Applicable CQUIN goals (See Schedule 4D) N/A
6.	Location of Provider Premises
The Provider's Premises are located at:	



PRACTICE	LIST SIZE	PAYMENT
East Network (previously North)		
M92001 POPLARS MEDICAL PRACTICE	3539.55	£ 5,804.86
M92004 PRIMROSE LANE	3386.69	£ 5,554.17
M92014 OXLEY SURGERY	2071.74	£ 3,397.65
M92022 ASHMORE PARK HEALTH CENTRE	4300.82	£ 7,053.34
M92041 PROBERT ROAD SURGERY	4244.58	£ 6,961.11
M92015 BILSTON HEALTH CENTRE (IH)	2693.44	£ 4,417.24
M92040 MAYFIELD MEDICAL CENTRE	8888.78	£ 14,577.60
M92627 THE BILSTON FAMILY PRACTICE	3741.36	£ 6,135.83
	32867	

West Network (previously East)		
M92008 CASTLECROFT MEDICAL PRACTICE	13139.44	£ 21,548.68
M92010 TETTENHALL MEDICAL PRACTICE	12977.74	£ 21,283.49
M92043 PENN SURGERY	6086.45	£ 9,981.78
M92640 THE SURGERY	2430.33	£ 3,985.74
Y02636 PENNFIELDS HEALTH CENTRE (IH)	4977.14	£ 8,162.51
	39611.1	

Wolverhampton Total Health		
M92016 TUDOR MEDICAL CENTRE & BRANCHES	17638.04	£ 28,926.39
M92629 FORDHOUSES MEDICAL PRACTICE	3075.95	£ 5,044.56
M92012 DUNCAN ST	10191.39	£ 16,713.88
M92630 EAST PARK MEDICAL PRACTICE	5678.21	£ 9,312.26
M92029 NEWBRIDGE SURGERY	5278.12	£ 8,656.12



M92607	WHITMORE REANS HEALTH CENTRE (& BRANCHES)	14460.75	£ 23,715.63
		56322.5	

North Network

M92009	PRESTBURY MEDICAL PRACTICE	15717.68	£ 25,777.00
M92019	KEATS GROVE SURGERY	6462.89	£ 10,599.14
M92013	THE SURGERY, WODEN ROAD	7354.58	£ 12,061.51
M92039	CANNOCK ROAD MEDICAL PRACTICE	6975.27	£ 11,439.44
M92609	ASHFIELD ROAD SURGERY	5087.52	£ 8,343.53
M92654	MGS MEDICAL PRACTICE	6061.01	£ 9,940.06
Y02736	SHOWELL PARK HEALTH & WALK IN CENTRE	5168.44	£ 8,476.24
		52827.4	

South East Collaborative

M92612	HEALTH AND BEYOND	23733.49	£ 38,922.92
M92649	BILSTON HEALTH CENTRE	4058.07	£ 6,655.23
Y02735	ETTINGSALL MEDICAL CENTRE	4730.81	£ 7,758.53
M92654	MGS MEDICAL PRACTICE (SERVICES ONLY)	2000	£ 3,280.00
M92003	HILL ST SURGERY	1895.05	£ 3,107.88
Y02757	BILSTON URBAN VILLAGE MEDICAL CENTRE	6820.07	£ 11,184.91
M92024	PARKFIELDS	13727.66	£ 22,513.36
		56965.15	

North Neighbourhood

M92002	ALFRED SQUIRE MEDICAL PRACTICE	9730.42	£ 15,957.89
M92026	THE SURGERY, WEDNESFIELD	3982.7	£ 6,531.63
M92028	THORNLEY ST SURGERY	9369.99	£ 15,366.78
		23083.1	



South Neighbourhood			
			£
M92006	COALWAY ROAD SURGERY	5069.7	8,314.31
			£
M92007	LEA ROAD MEDICAL PRACTICE	7119.19	11,675.47
			£
M92011	PENN MANOR MEDICAL CENTRE	11750.22	19,270.36
			£
M92042	WEST PARK SURGERY	3947.06	6,473.18
			£
M92044	WARSTONES HEALTH CENTRE	4547.64	7,458.13
		32433.8	
			£
		294110	482,340.37



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