

**Meeting of the Public Primary Care Commissioning Committee**  
**Tuesday 3<sup>rd</sup> March 2020 at 2.00pm**

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

**A G E N D A**

1.	<i>Welcome and Introductions</i>		<b>Chair</b>	<i>Verbal</i>
2.	<i>Apologies</i>		<b>Chair</b>	<i>Verbal</i>
3.	<i>Declarations of Interest</i>		<b>All</b>	<i>Verbal</i>
4.	<i>Minutes of Previous Meeting – 4<sup>th</sup> February 2020</i>		<b>All</b>	<i>Enc 4</i>
5.	<b>Matters Arising From Previous Minutes</b>			
5 a	<i>Further detail – Prescribing Data – Finance Report Q3</i>		<b>All</b>	<i>Enc 5 a</i>
6.	<b>Committee Action Points</b>		<b>Chair</b>	<i>Enc 6</i>
7.	<b>Primary Care Update Reports</b>			
7 a	<i>Primary Care Quality Report</i>	A	<b>Sally Roberts</b>	<i>Enc 7 a</i>
7 b	<i>Primary Care Operational Management Group Update (Feb 2020 meeting)</i>	A	<b>Mike Hastings</b>	<i>Verbal</i>
7 c	<i>Update on Implementation of New Communications &amp; Engagement Strategy</i>	A	<b>Mike Hastings</b>	<i>Enc 7 c</i>
7 d	<i>Primary Care Assurance Report – Q3</i>	A	<b>Sarah Southall</b>	<i>Enc 7 d</i>
7 e	<i>GP Contract Summary</i>	A	<b>Sarah Southall</b>	<i>Verbal</i>
7 f	<i>Quality Assured Spirometry Update</i>	A	<b>Sarah Southall</b>	<i>Enc 7 f</i>
8.	<b>Any Other Business</b>			
<p><i>Date of Next Meeting:</i></p> <p><b>Tuesday 7<sup>th</sup> April 2020, PA125 Stephenson Room, 1<sup>st</sup> Floor, Technology Centre, Wolverhampton Science Park WV10 9RU</b></p>				

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 4<sup>th</sup> February 2020 at 2.00pm**

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

**MEMBERS ~****Wolverhampton CCG ~**

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

**NHS England ~**

Bal Dhani	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, WCC	No
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chief Officer of Wolverhampton LPC	Yes

**In attendance ~**

Lesley Sawrey	Deputy Chief Finance Officer (WCCG)	Yes
Mavis Foya	Quality & Safeguarding Adults Practitioner (WCCG)	Yes
Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Admin (WCCG)	Yes

<b>Welcome and Introductions</b>	
WPCC638	Mrs S McKie thanked everyone for attending and welcomed the two members of the public present.
<b>Apologies</b>	
WPCC639	Apologies were received from Dr M Kainth, Dr Ankush Mittal, Mr B Dhami, Mr S Marshall and Mr T Gallagher.
<b>Declarations of Interest</b>	
WPCC640	Drs Reehana, Bush and Ashgar declared that as GPs they had a standing interest in all items relating to primary care however, there was nothing of conflict in today's papers. Dr Reehana also declared an interest in the contracting update as it referred to her Practice, however as the item was for information only it wasn't a conflict of interest
<b>Minutes of the Meeting held on the 3<sup>rd</sup> December 2019</b>	
WPCC641	The minutes of the previous Primary Care Commissioning Committee held on 3 <sup>rd</sup> December 2019 were approved as an accurate record.  <b>RESOLVED: That the above was noted.</b>
<b>Matters Arising from previous minutes</b>	
WPCC642	There were no matters arising from the minutes.  <b>RESOLVED: That the update was noted.</b>
<b>Committee Action Points</b>	
WPCC643	<b>Action 40 (Minute No: WPCC540) Quality Assured Spirometry Business Case</b> The report on the progress and implementation of the Spirometry Service to today's committee was delayed due to the candidates not having yet completed their training. Report expected in March 2020.  <b>Action 47 (Minute No: WPCC607) An update on the implementation of the New Communications &amp; Engagement Strategy.</b> Report will be submitted to committee in March 2020.  <b>RESOLVED: That the above is noted</b>
<b>Primary Care Update Reports</b>	
WPCC644	<b>Primary Care Quality Report</b> Mrs Roberts presented the report summarising the following key points:

Patient uptake of the Flu vaccine had been lower than expected, in particular across Acute and Community services. There would be learning in respect of this to improve the uptake next year.

Significant work had been undertaken in the recruitment and retention of GPs and GP nurses. At a meeting last week (w/c 27<sup>th</sup> January 2020) with the NHS England National Team and other colleagues from Primary Care, Wolverhampton was reportedly ahead internationally in terms of the GPN strategy and recruitment work. It was queried when the results of all the hard work around recruitment would be seen. Mrs Roberts explained that they were tracking GPN recruitment rates monthly and there was good attrition in terms of retirement with a raft of schemes available.

Mrs Southall advised that there were schemes in place across Wolverhampton and the wider Black Country to support the ageing demographic of GPs to wind down rather than retire altogether, however the main issue was encouraging GP trainees to stay following their training and the team would now be tracking this to encourage them to stay in practices. Any inroads would however only result in a small increase in GP numbers overall due to the loss of GPs into Clinical Directorship roles. The GP headcount remained reasonably high but the full time equivalent was a lot less with more and more GPs opting for portfolio working.

Funding had become available for 10 new practice nurses in Primary Care.

Coronavirus was discussed and it was confirmed that work was being co-ordinated across Birmingham and the Black Country via the Emergency Preparedness, Resilience and Response (EPRR) Board to avoid any duplication of good work taking place. Practices had been contacted and responses received in relation to preparedness. It was apparent that a specific recommended facemask was not in stock in all Practices.

A short paper would be put together to advise partners of the defined route/team for Executive oversight across the Birmingham and the Black Country CCGs giving names and contact details. Communications had already been issued across Primary Care with posters and flowcharts which had proved of great benefit. It was felt that as guidance was being updated on a daily basis, at this stage patients would not be directed to Primary Care however, in the event of a patient arriving at a Practice there should be sufficient signage in place deterring them from entering the building. As of today there are no confirmed cases in the region.

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

<p>WPCC645</p>	<p><b>Quarterly Finance Report Q3 Oct-Dec 2019</b></p> <p>Mrs Sawrey provided a summary of the finance report for the period ending December 2019 advising that the last time the report was provided was the first time the £1m development fund had been identified.</p> <p>The development fund was for use for non-recurrent schemes within Primary care. Due to the short timescales and as no ideas had yet been put forward the funds would go toward the CCG position for this year but would still be available next year.</p> <p>The report highlighted the requirement for the CCG to keep 0.5% in contingency and 1% in reserves.</p> <p>There was also detail on the many allocations that Wolverhampton CCG hosts such as for the GP Forward View and Sustainability and Transformation Partnership. This money was recorded in the books of the CCG but then distributed to other CCGs for them to pay their costs. The influx and outflow of allocations was determined by activities in Primary Care and would be used, for example, for the funding of new staff types.</p> <p>The data showed that Prescribing was overspent but not at the levels of other CCGs due to Wolverhampton being prudent in setting its budget. Further explanation of the data was sought for the next meeting in March. <b>(Action 48)</b></p> <p><b>RESOLVED: Medicines Management to provide further information in regard to the Prescribing data for the next committee in March 2020.</b></p> <p><b>RESOLVED: That the update is noted.</b></p>
<p>WPCC646</p>	<p><b>Primary Care Operational Management Group Update</b></p> <p>Mr Hastings stated that there had been no meeting of the Primary Care Operational Management Group (PC OMG) in January 2020 and that the next meeting was scheduled for 12<sup>th</sup> February 2020.</p> <p>Mrs Southall provided feedback from the December PC OMG meeting as this committee had not met in January either.</p> <p>The Primary Care matrix and GP Hub offer from NHS England was discussed. The revised offer for 2020/21 was being reviewed for Primary Care Contracting and Finance.</p> <p>The Resilience programme shared with committee some months ago had now advanced to the delivery stage. There were a number of practices working with the Royal College of General Practitioners (RCGP) receiving support to ensure that their diagnostic self-assessment had been undertaken and action plans concluded. These included the introduction of a different clinical model and valuing the role of the Practice Manager.</p>

	<p>There was an estates update in relation to the Oxley Hub development. There was reference to the NHS Property Services Practice debt and there was ongoing dialogue where Practices were still in debt.</p> <p>Mr Hastings added that there were two major estates projects that were progressing well. Oxley in the North-East of the City was being developed in collaboration with Accord Housing Association and the City Council as the former were doing building work in the area. The plan was to house two main practices and one branch practice. Currently at planning permission stage, once granted this would progress quickly</p> <p>In the South-West plans there were plans at outline business case stage for the Bilston locality and would likely involve a main site with hubs across Bilston and Bradley.</p> <p>When asked if there were any plans for the South-West, Mr Hastings replied that once it had been established that Practices in the area were interested in doing something this would be considered.</p> <p>Mrs Southall continued that there had been discussion around Primary Care Networks and the role of the Clinical Directors regarding the immense pressure they were experiencing in terms of workload and also the introduction of the new roles and PCN development with a paper due to update this Committee coming in March 2020.</p> <p>It had also been identified that Practice Managers had not been as well involved in the new PCN transition as they could have been and that funds had been identified within the STP to enable more dedicated Practice Manager support. Funds from the £1m Development fund would also be considered for this.</p> <p><b>RESOLVED: That the above is noted.</b></p>
WPCC647	<p><b>STP GP Forward View Programme Board Update</b></p> <p>Mrs S Southall provided an overview of the discussions that had taken place at the STP Primary Care Programme Board</p> <p>The key points were</p> <ul style="list-style-type: none"> <li>• The Board had considered a briefing note in relation to the training hub commissioning arrangements that would be changing from April 2020. There would be a significant amount of development work to transition to the new way of working. The Board had been supportive of all the recommendations and identified Dr Kalia as the Clinical Lead for this work until the end of April 2020.</li> <li>• An update was provided following the NHS England Midlands Regional Board meeting with much discussion around the national specifications which had arrived on 23<sup>rd</sup> December 2019 followed by a consultation process. The consultation had since closed and feedback was that the ambition, in the long term, had been correct</li> </ul>

	<p>but that the timescales and level of dependency on Primary Care in 2021 were unreasonable. NHS England was now looking to review the deliverability of three rather than five specifications. Personalisation and Anticipatory Care were the two most likely to be relaxed with Enhanced Health in Care Homes, Early Cancer Diagnosis and Structured Medication remaining. Final specifications will be due at end February 2020.</p> <ul style="list-style-type: none"> <li>- A Highlight report had been presented to the Board regarding retention schemes with levels of engagement for Wolverhampton PCNs. There was success in securing some Group Consultation Funding Training. One practice that undertook the training on 15<sup>th</sup> January 2020 was looking at how they could implement work with patients with diabetes.</li> <li>- The Black Country had been successful in securing funding for an additional 10 Practice Nurses</li> <li>- The delivery plans for PCNs were approved at the Milestone Review Board in Oct 2019 and the delivery phase would be concluded by the end March 2020.</li> <li>- Population Health data, with established flows into Primary Care Networks. had been further strengthened following work with Public Health.</li> </ul> <p><b>RESOLVED: That the above is noted.</b></p>
WPCC648	<p><b>Primary Care Contracting Update</b></p> <p>Mrs Shelley provided a summary of the report advising that there had been a piece of work undertaken led by the Capital Review Group to support Practices in making improvements to their Infection Prevention.</p> <p>Having reviewed the issues that Practices were experiencing, it had been identified that maintenance work was needed with sinks and blinds to be replaced and flooring and skirting boards to be brought up to washable standard.</p> <p>Funding had been identified to support this and, once approved, the improvements would be imminent. Most practices in Wolverhampton already received well over 90% in their Infection Prevention audits so this work would only increase this.</p> <p><b>RESOLVED: That the above was noted.</b></p>
WPCC649	<p><b>Digital First Service Specification</b></p> <p>Mrs S Southall presented the report to update the committee on the progress of the Digital First specification. The specification had received approval by the voting committee at the beginning of January 2020 and had since been shared with Practices to sign up to which was actively progressing.</p> <p>The aim was to encourage more patients to sign up to online services such as for booking appointments.</p>



	<p>There would be integration with the NHS 111 Service. From 1<sup>st</sup> April 2020, Practices would be required to provide many of these services with the exception of video consultation, which was not expected until the following year, but which was encouraged in the light of current competition.</p> <p>It was raised that in offering these services there was a risk that removing the GP from more complex face-to-face appointments could introduce an element of inequality by catering for a specific group of patients wanting online services. It was also identified that this could lead to an increase of work for GPs.</p> <p>Mrs Southall responded by saying that the specification did not seek to detract from normal practice activities, but instead to offer a different type of appointment. It was acknowledged that there was a limit to the types of consultations that could reasonably be undertaken via video and potentially, in future, as models of service delivery changed, it may not ultimately be the GPs providing this service.</p> <p>It was raised that the reporting data was largely quantitative and had there been any consideration of doing a more qualitative study of how patients felt using the services and what impact it had had on General Practice. Mrs Southall responded that there was already the expectation that Practices would provide this type of information and there was a separate piece of work ongoing linked to the information gathering.</p> <p><b>RESOLVED: That the above is noted.</b></p>
WPCC650	<p><b>Any Other Business</b></p> <p>There was no further business from committee members. The Chair thanked members of the Public for attending and advised that should they have any questions for the committee in the future that these could be submitted in advance of the meetings to <a href="mailto:wolccg.ccg@nhs.net">wolccg.ccg@nhs.net</a></p>
<b>Details of Next Meeting</b>	
WPCC651	<p>Tuesday 3<sup>rd</sup> March 2020 2pm, PA125 Stephenson Room, 1<sup>st</sup> Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU</p>

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**Response to request for further level of detail in relation to the Prescribing data (overspend) from the Q3 Finance Report Oct-Dec 2019 presented to committee in Feb 2020.**

“The predicted overspend is on the backdrop of two cost pressures which the CCG has no control over. This is namely the unexpected increase in Category M medicines mid-year and the continued cost pressure associated with no cheaper stocks obtainable (NCSO).

**Cat M cost pressure** (See notes below regarding the history of Cat M)

Category M reimbursement prices increased by £15 million a month in England from August 2019. This is to correct a predicted shortfall in the margin delivery rate for community pharmacies in the current financial year and it will be reviewed in the autumn.

For Wolverhampton that’s likely to result in a **600K cost-pressure this year**.

**NCSO** – An NSCO status was used where products listed in Part VIIIA & Part VIIB of the Drug Tariff were not available at the set Drug Tariff reimbursement price, without which pharmacies would be dispensing at a loss.

The Department of Health therefore adjusts the price of these medicines to better reflect the cost pharmacies are able to purchase medicines from manufacturers. This leads to a cost pressure to CCGs prescribing budget. Quite often, this is as a result of stock shortages of medicines (but not always). Another issue is the price of these medicines can be often inflated when it returns to the Drug Tariff. For example the cost of a basic medicine for treatment of blood pressure, which may have been £5 per month, suddenly becomes £30 and enters the NCSO list at this price, however when stocks are more readily available it returns to drug tariff at £10 per month.

**Current NCSO in Wolverhampton**

Total pressure of all concessions & NCSO on total act cost of all prescribing and on products off concession & NCSO but back into d/t at increased prices on total act cost of all prescribing

YTD	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
£819,617	£65,686	£92,122	£93,529	£100,951	£135,076	£120,049	£100,515	£111,689

NCSO continues to be a cost pressure for CCGs. For Wolverhampton, this has resulted in a 820K cost pressure for first 8 months. Projections suggest this will result in an annual cost pressure of 1.2M

**Hence the total combined cost pressure from NCSO + Cat M = 1.8M**

The work carried out by all prescribers across the city in conjunction with the Prescribing Support Team, utilisation of Optimise Rx and strategic direction from CCG Medicines Optimisation team, has managed to offset this pressure by maximising efficiencies in other areas.

**History of Category M**

*Category M was introduced into the Drug Tariff in April 2005 when the new community pharmacy contractual framework was launched. Key points about the system:*

- *Category M is used to set the reimbursement prices of over 500 medicines.*
- *It is the principal price adjustment mechanism to ensure delivery of the retained margin guaranteed as part of the contractual framework.*
- *It uses information gathered from manufacturers on volumes and prices of products sold plus information from the Pricing Authority on dispensing volumes to set prices each quarter.*

- *As prices have to be set in advance, estimated volumes are used which may differ from actual volumes. However, the built in correction mechanism ensures that the quarterly adjustments account for any over or under recovery in practice.*

*One problem that can arise is products not being available to purchase at the Category M reimbursement price, these can then go into Cat C, substantially elevating the price of the medicine.*

*The DH sets Category M prices at levels substantially above the prices notified by manufacturers. But when the Category M reimbursement price for a particular product falls, it may take time, and sustained pressure from pharmacies, for wholesale prices to respond. During this period, it is essential that contractors exert maximum pressure on wholesalers. There have been a number of examples where manufacturers prices were below the Drug Tariff price but a product could not be obtained at the Drug Tariff price from a number of wholesalers."*

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><b>01/10/19:</b> A two month extension had been requested and the update to Service Implementation will now be presented in December 2019. Mrs Southall confirmed that implementation had taken place in September with a follow up session planned for <b>Dec 2019</b>.</p> <p><b>18/11/19:</b> 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 <b>Feb 2020</b>.</p> <p><b>03/12/19:</b> SS provided a verbal update as part of minute number WPCC632 Milestone Review Report today pending update report in Feb 2020.</p> <p><b>13/01/20:</b> CM advised that as the candidates will not have completed their training by the time of this committee that no report on progress and implementation can be given to the committee in Feb. CM to advise when update available.</p> <p><b>04/02/20:</b> Mrs Southall advised that an update on the Spirometry Service would be presented to committee in <b>March 2020</b>.</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><b>01/10/19:</b> Report due <b>March 2020</b></p>
48	04 February 2020	WPCC645	Medicines Management to provide more detail in relation to the Prescribing overspend data in the Q3 Finance Report.		Mar-20	Hemant Patel	

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**
**Primary Care Commissioning Committee**  
**Tuesday 3rd March 2020**

<b>TITLE OF REPORT:</b>	WCCG Monthly Primary Care Report
<b>AUTHOR(S) OF REPORT:</b>	M Boyce, Quality Assurance Co-ordinator
<b>MANAGEMENT LEAD:</b>	Sally Roberts, Chief Nurse.
<b>PURPOSE OF REPORT:</b>	To provide information around activity in primary care and highlighting actions taken around management and mitigation of risks. The data contained is for the reporting period of February 2020.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is confidential due to the sensitivity of data and level of detail and should not be shared outside of the committee.
<b>RECOMMENDATION:</b>	To note the content of all complaint related matters as requested by the Quality and Safety Committee.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"> <li>1. Improving the quality and safety of the services we commission, 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.</li> <li>2. Reducing Health Inequalities in Wolverhampton.</li> <li>3. System effectiveness delivered within our financial envelope</li> </ol>

## 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 January 2020	Mitigation for February 2020	Date of expected achievement of performance	RAG rating
<b><u>Serious Incidents</u></b>	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	There are currently 0 serious incidents open or ongoing with the CCG.	Ongoing.	1b
<b><u>Quality Matters</u></b>	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	8 open Quality Matters 1 QM is currently overdue 1 QM closed	<ul style="list-style-type: none"> <li>• There has been 1 new QM for a GP surgery reported in Feb 2020.</li> <li>• A total of 10 are now ongoing / overdue.</li> <li>• 5 QMs have been closed or proposed to be closed in Feb 2020.</li> </ul>	Ongoing	1b
<b><u>Escalation to NHSE</u></b>	There have been no recent incidents escalated to NHSE.	PPIGG referrals will be made as necessary following any investigations.	There are currently a number of GP related Quality Matters being investigated. Should any require PPIGG escalation this will be made once investigation is completed by the GP practices.	On going.	1b
<b><u>Infection Prevention</u></b>	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"> <li>• Average rating in February remains at 95% overall</li> <li>• IP scheduled visits have been highlighted in the <i>IP Section below</i>.</li> </ul>	On going	1a





<b><u>Flu Programme</u></b>	Flu planning meetings have recommenced for 2019/20 flu season	Previous uptake for week 02 (2019/2020) was; 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	Current uptake for week 04 (2019/2020) Over 65s – 67.1% Under 65s at risk – 40.1% All 2 year olds – 35.0% All 3 year olds – 40.1% Pregnant women – 38.7%	31 <sup>st</sup> March 2020	2
<b><u>Vaccination Programme</u></b>	Vaccination programmes continue to be monitored	Work continues as previously	Work continues as previously	On-going	1a
<b><u>ECOLI</u></b>	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.	Work continues as previously	No further update available for February 2020.	On-going	1a
<b><u>MHRA</u></b>	No issues at present.	No issues at present	No issues at the present moment.	None at present	1a
<b><u>Complaints</u></b>	No issues at present – quarterly report due, however not received from NHSE since Q1 2019/20	No new complaint data at present	No new complaints received at present. Email sent to NHSE in Feb 2020 to ask for update.	On going	1b
<b><u>FFT</u></b>	For highest and lowest uptake the locality managers have been contacted. Issues were discussed in PCCC meeting with no further action required.	In December 2019 (November 2019 Data) <ul style="list-style-type: none"> <li>6 practices did not submit</li> <li>Uptake was 2% compared with 1% regionally and 0.9% nationally</li> </ul>	In January 2020 (December 2019 Data) <ul style="list-style-type: none"> <li>Practice responses in the West Midlands lowered from 66% in November 2019 to 64.3% in December 2019.</li> </ul>	On-going	1a



<b><u>NICE Assurance</u></b>	No actions at present	NICE guidance available and to be managed by practices.	CCG NICE assurance group not currently being held due to local CCG changes. Practices are requested to view guidance on the NICE website in line with contractual requirements.	On going	1a
<b><u>Collaborative contracting visits</u></b>	All practices now complete new cycle to commence in November 2019	Scheduled visit plan continues.	Further planned visits to be held as per schedule.	On going	1a
<b><u>CQC</u></b>	Monitoring of practices and support continues.	Once practice now has 'requires improvement' rating and support continues Annual reviews and inspections continue	There have been no new visits to any Wolverhampton GP practices in February 2020.	On going	1b
<b><u>Workforce Activity</u></b>	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
<b><u>Workforce Numbers</u></b>	Awaiting NHS Digital workforce data release.	Data available via new workforce dashboard tool	Data available via new workforce dashboard tool	On-going	1a
<b><u>Training and Development</u></b>	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
<b><u>Training Hub/HEE/HEI update</u></b>	To continue monitoring, risk reduced and closed.	No further updates	No further updates	On-going	1a



## BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

### 1. PATIENT SAFETY

Measure	Trend	Assurance/Analysis																									
<b>Serious Incidents</b>  Page 1	<p>N/A – Unfortunately there is not enough data to display a graph/trend analysis.</p> <p>There has been one serious incident so far this year which was an unexpected death that was subsequently investigated by NHSE and closed.</p> <p>WCCG are still awaiting the West Midlands Screening and Immunisation Team feedback following a vaccination fridge incident identified in 2019 which this did not meet the threshold for being a reportable serious incident. This is still being managed by the West Midlands Screening and Immunisation Team.</p>	<p><b>Incidents:</b></p> <ul style="list-style-type: none"> <li>All incidents are reviewed by the WCCG serious incident scrutiny group.</li> <li>Incidents are also reviewed by NHSE PPIGG group where applicable.</li> </ul>																									
<b>Quality Matters</b>	<table border="1"> <thead> <tr> <th>Monthly Variance</th> <th>Dec 2019</th> <th>Jan 2020</th> <th>Feb 2020</th> <th>12 Months % Total</th> </tr> </thead> <tbody> <tr> <td>New issues</td> <td>0</td> <td>5</td> <td>1</td> <td>37%</td> </tr> <tr> <td>Open issues</td> <td>12</td> <td>5</td> <td>5</td> <td>71%</td> </tr> <tr> <td>Overdue issues</td> <td>3</td> <td>1</td> <td>4</td> <td>18%</td> </tr> <tr> <td>Closed issues</td> <td>0</td> <td>1</td> <td>5</td> <td>31%</td> </tr> </tbody> </table> <p>^ Data accurate 20/02/20.</p>	Monthly Variance	Dec 2019	Jan 2020	Feb 2020	12 Months % Total	New issues	0	5	1	37%	Open issues	12	5	5	71%	Overdue issues	3	1	4	18%	Closed issues	0	1	5	31%	<ul style="list-style-type: none"> <li>There are currently 10 open Quality Matters (QM)</li> <li>4 are overdue</li> <li>1 new QM was reported in January for a GP surgery in Wolverhampton</li> </ul> <p>Recent themes from new QM's vary and are mainly compliance related issues regarding pathways, medication and community care.</p>
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Overdue issues	3	1	4	18%																							
Closed issues	0	1	5	31%																							



<b>Escalation to NHS England</b>	There has been no formal escalation of any concerns or incidents within February 2020.	Not Applicable.
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## 2. INFECTION PREVENTION

Measure	Trends	Assurance/Analysis
<b>IP Audits</b>  <span style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 18</span>	Main issues identified relate to: <ul style="list-style-type: none"> <li>• Refurbishments;               <ul style="list-style-type: none"> <li>- Sinks need replacing</li> <li>- Blinds need replacing</li> <li>- Toilet Refurbishments</li> <li>- Replacement of skirting boarding</li> <li>- Carpet removals</li> <li>- Other general equipment and furniture</li> </ul> </li> <li>• PPE</li> <li>• Mandatory training</li> <li>• Cleaning audits</li> <li>• General de-cluttering</li> </ul>	<ul style="list-style-type: none"> <li>• <b>IP Audit Ratings:</b> Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%.</li> <li>• Work will continue with RWT IP team around assurances.</li> <li>• Plans to support practices to make improvements around IP are being scoped by CCG</li> <li>• 5 x IP Scheduled Visits in March 2020.</li> </ul>
<b>Influenza vaccination programme</b>	The delay in QIV (under 65) flu vaccine is not as marked as previously thought but risk identified and recorded on register Delays in ordering of nasal live vaccine for children identified nationally and is now on risk register – ordering has reopened now. 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  Current uptake for week 04 (2019/2020) Over 65s – 67.1% (Increased from 66.7% previously reported)	<ul style="list-style-type: none"> <li>• WM teleconference held on 23<sup>rd</sup> January, discussions held regarding JCVI vaccines for 20/21, SAIS programme and December immform submissions.</li> <li>• 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</li> <li>• 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</li> <li>• Work remains ongoing to promote uptake across the system.</li> <li>• Compared to last year, performance is better in the over 65s</li> </ul>



	<p>Under 65s at risk – 40.1% (Increased from 38.6% previously reported)  All 2 year olds – 35.0% (Increased from 33.6% previously reported)  All 3 year olds – 40.1% (Increased from 37.7% previously reported)  Pregnant women – 38.7% (increased from 37.7% previously reported).</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.  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"> <li>• This year there has been a delay on receiving the flu vaccination in the under 65s.</li> </ul>
<b>Vaccination Programme</b> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 19</span>	<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"> <li>• To continue to work with PH around uptake.</li> <li>• To feedback and receive data from regional screening and immunisation board.</li> <li>• MMR uptake added to collaborative contracting template</li> <li>• NHSE have put a specification in place to aid practices identification and vaccination of at risk groups and DNAs</li> </ul>
<b>MRSA Bacteraemia</b>	<p>Wolverhampton CCG have 2 cases reported in 2019 (June and November) however there is no indication of origin within the national data period e.g. GP surgery.</p>	<p>This will be continually monitored and any new instances will be reported via this report.</p>



### 3. MHRA ALERTS

Measure	Overall Trend	Assurance/Analysis																																																												
MHRA Alerts	<p>Field safety notice    Device alerts    Drug alerts</p> <table border="1"> <caption>MHRA Alerts by Month</caption> <thead> <tr> <th>Month</th> <th>Field safety notice</th> <th>Device alerts</th> <th>Drug alerts</th> </tr> </thead> <tbody> <tr><td>April</td><td>4</td><td>0</td><td>4</td></tr> <tr><td>May</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>June</td><td>3</td><td>0</td><td>2</td></tr> <tr><td>July</td><td>7</td><td>0</td><td>0</td></tr> <tr><td>August</td><td>3</td><td>0</td><td>0</td></tr> <tr><td>September</td><td>4</td><td>0</td><td>2</td></tr> <tr><td>October</td><td>5</td><td>0</td><td>9</td></tr> <tr><td>November</td><td>4</td><td>0</td><td>5</td></tr> <tr><td>December</td><td>7</td><td>0</td><td>2</td></tr> <tr><td>January</td><td>0</td><td>2</td><td>1</td></tr> <tr><td>February</td><td>3</td><td>2</td><td>5</td></tr> <tr><td>March</td><td>0</td><td>0</td><td>5</td></tr> </tbody> </table>	Month	Field safety notice	Device alerts	Drug alerts	April	4	0	4	May	5	2	1	June	3	0	2	July	7	0	0	August	3	0	0	September	4	0	2	October	5	0	9	November	4	0	5	December	7	0	2	January	0	2	1	February	3	2	5	March	0	0	5	<p>There are no concerns to report at present, monthly CAS alerts received during the month of February 2020 were;</p> <p>Field safety notice    Device alerts    Drug alerts</p> <table border="1"> <caption>CAS Alerts Distribution (February 2020)</caption> <thead> <tr> <th>Alert Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Field safety notice</td><td>55%</td></tr> <tr><td>Drug alerts</td><td>38%</td></tr> <tr><td>Device alerts</td><td>7%</td></tr> </tbody> </table>	Alert Type	Percentage	Field safety notice	55%	Drug alerts	38%	Device alerts	7%
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### 4. PATIENT EXPERIENCE

Measure	Trend	Assurance/Analysis										
Complaints	<p>NHSE have not sent any information for complaint data since Q4 of 2018/19. Trends are therefore unknown at this stage. Data was expected on the following dates and is awaited.</p> <table border="1"> <thead> <tr> <th>NHSE Complaints Period</th> <th>Due to WCCG</th> </tr> </thead> <tbody> <tr> <td>Q1 (April - June) 2019 GP Complaints report</td> <td>30/08/2019</td> </tr> <tr> <td>Q2 (Jul - Sept) 2019 GP Complaints report</td> <td>06/12/2019</td> </tr> <tr> <td>Q3 (Oct - Dec) 2019 GP Complaints report</td> <td>06/03/2020</td> </tr> <tr> <td>Q4 (Jan - Mar) 2020 GP Complaints report</td> <td>05/06/2020</td> </tr> </tbody> </table>	NHSE Complaints Period	Due to WCCG	Q1 (April - June) 2019 GP Complaints report	30/08/2019	Q2 (Jul - Sept) 2019 GP Complaints report	06/12/2019	Q3 (Oct - Dec) 2019 GP Complaints report	06/03/2020	Q4 (Jan - Mar) 2020 GP Complaints report	05/06/2020	<p>The CCG has recently been made aware of 1 complaint that was discussed at a PPIGG meeting in February 2020. There are two actions that the CCG has been asked to facilitate and these are being progressed internally.</p>
NHSE Complaints Period	Due to WCCG											
Q1 (April - June) 2019 GP Complaints report	30/08/2019											
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Q3 (Oct - Dec) 2019 GP Complaints report	06/03/2020											
Q4 (Jan - Mar) 2020 GP Complaints report	05/06/2020											



Friends and Family Test (FFT)	Percentage	Nov 2019	Dec 2019	West Midlands	England
	Total number of practices	40	40	1334	6826
	Practices responded	85.0%	85.0%	64.3%	61.8%
		34	34	858	4217
	No submission	15.0%	15.0%	20.7%	38.2%
		6	6	476	2609
	Zero submission (zero value submitted)	0.0%	0.0%	0.0%	0.0%
		0	0	0	0
	Suppressed data (1-4 responses submitted)	2.5%	2.5%	9.5%	7.0%
	1	1	127	481	
Total No Data (no submission, zero submission and suppressed data)	17.5%	17.5%	45.0%	45.3%	
	7	7	603	3090	
Response rate	2.0%	2.0%	0.8%	0.6%	

- There remained a total of 6 non-responding practices (no data), 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.
- Practice responses in the West Midlands lowered from 66% in November 2019 to 64.3% in December 2019.
- For highest and lowest uptake the locality managers have been contacted.

**5. CLINICAL EFFECTIVENESS**  
**NICE Assurance**

Updates which were previously provided via the CCG NICE Assurance group will no longer be provided in this report as the meeting has been stood down during a period of change for the CCG's in the Black Country. GP practices are recommended to ensure they are aware of relevant guidance being released by NICE with immediate effect.



## 6. REGULATORY ACTIVITY

Measure	Trend	Assurance/Analysis								
<b>Collaborative Contracting visits</b>	Visits are ongoing on a monthly basis and a schedule of visits until mid 2020 has been set by the CCG. There are no specific trends related to primary care and actions are monitored on an individual practice visit basis.	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.								
<b>CQC ratings</b>	<div style="text-align: center;"> <h3>RAG RATING</h3> <table border="1"> <caption>RAG Rating Data</caption> <thead> <tr> <th>Rating</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>G - No 'Must do'/3 or less 'Should do'</td> <td>32</td> </tr> <tr> <td>A - 4 or more 'Should do'/3 or less 'Should do' and 1 or more...</td> <td>4</td> </tr> <tr> <td>R - 4 or more 'Must do' from CQC inspection</td> <td>1</td> </tr> </tbody> </table> </div> <div style="text-align: right; margin-top: 10px;"> <b>Inspections by year:</b>            2014 – 2            2015 – 2            2016 – 13            2017 – 13            2018 – 9            2019 – 5            2020 – 0         </div>	Rating	Count	G - No 'Must do'/3 or less 'Should do'	32	A - 4 or more 'Should do'/3 or less 'Should do' and 1 or more...	4	R - 4 or more 'Must do' from CQC inspection	1	<p>The CQC continue to liaise with CCG to support the inspection process. Outstanding actions are managed by inspectors via 3 monthly virtual or face to face review.</p> <p>Annual reviews and inspections continue several full inspections are due because of previous RI rating or contract changes.</p> <p>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 the local CQC inspector.</p> <p>There have been 0 inspections for Wolverhampton in Feb 2020.</p>
Rating	Count									
G - No 'Must do'/3 or less 'Should do'	32									
A - 4 or more 'Should do'/3 or less 'Should do' and 1 or more...	4									
R - 4 or more 'Must do' from CQC inspection	1									

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

7 Page 23  
**WORKFORCE DEVELOPMENT**  
**1. WORKFORCE ACTIVITY**

Measure	Assurance/Analysis
<b>Recruitment and retention</b>	<ul style="list-style-type: none"> <li>GP retention programme continues – mentorship, first fives, pre-retirement and portfolio careers work streams underway, mid-career has commenced</li> <li>The practice nurse retention programme has commenced with GPN Professional Lead, Champions and Peer Mentors in post.</li> <li>STP team are now taking part in a national retention pilot, NHSE team visited the STP in late January to discuss the programme and to meet with GPNs.</li> <li>GPN Professional lead, GPN Champions and GPN Peer Mentors have been recruited</li> <li>GPN Speciality Training candidates have been recruited – 10 candidates have been offered training positions across the STP</li> <li>HCA apprenticeship programme is due to re-launch to include primary care specific skills</li> </ul>



## 7.2 WORKFORCE NUMBERS

Measure	Trend	Assurance/Analysis																																								
<p><b>Workforce Numbers</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 24</p>	<p><b>General Practice Workforce</b>   Selected CCG Information   September 2019   NHS Digital</p> <p>NHS Wolverhampton CCG</p> <p>Number of patients: 286,449</p> <p>Percentage of Staff spend 51 or over, by FTE, CCG and England</p> <table border="1"> <thead> <tr> <th>Category</th> <th>England</th> <th>Wolverhampton CCG</th> <th>CCG Percentile Rank</th> </tr> </thead> <tbody> <tr> <td>Admin/Non Clinical</td> <td>39.1%</td> <td>34.8%</td> <td>73</td> </tr> <tr> <td>Direct Patient Care</td> <td>43.7%</td> <td>43.1%</td> <td>93</td> </tr> <tr> <td>GP</td> <td>11.4%</td> <td>11.4%</td> <td>33</td> </tr> <tr> <td>Nurses</td> <td>31.8%</td> <td>31.8%</td> <td>64</td> </tr> </tbody> </table> <p>Staff FTE per 10,000 patients, CCG and England</p> <table border="1"> <thead> <tr> <th>Category</th> <th>England</th> <th>Wolverhampton CCG</th> <th>CCG Percentile Rank</th> </tr> </thead> <tbody> <tr> <td>Admin/Non Clinical</td> <td>103</td> <td>103</td> <td>34</td> </tr> <tr> <td>Direct Patient Care</td> <td>19</td> <td>19</td> <td>43</td> </tr> <tr> <td>GP</td> <td>47</td> <td>47</td> <td>17</td> </tr> <tr> <td>Nurses</td> <td>24</td> <td>24</td> <td>31</td> </tr> </tbody> </table>	Category	England	Wolverhampton CCG	CCG Percentile Rank	Admin/Non Clinical	39.1%	34.8%	73	Direct Patient Care	43.7%	43.1%	93	GP	11.4%	11.4%	33	Nurses	31.8%	31.8%	64	Category	England	Wolverhampton CCG	CCG Percentile Rank	Admin/Non Clinical	103	103	34	Direct Patient Care	19	19	43	GP	47	47	17	Nurses	24	24	31	<p>Figures taken from NHS Digital data are for September 2019 with the next update due in March. Local figures are monitored via dashboard</p> <p>In the Black Country there are currently 823 FTE GPs, 412 FTE GPNs, 197 FTE HCAs, 3 FTE Nursing Associates and 1734 FTE non-clinical staff</p>
Category	England	Wolverhampton CCG	CCG Percentile Rank																																							
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Nurses	24	24	31																																							

## 7.3 TRAINING AND DEVELOPMENT

Measure	Assurance/Analysis
<p><b>GP</b></p>	<ul style="list-style-type: none"> <li>• GP retention programme continues with a focus on mid-career GPs and GP mentorship</li> <li>• Portfolio careers programme has commenced with interest in a variety of specialities identified</li> <li>• Work continues with First Fives GPs to support their career development and encourage them to consider staying the Black Country</li> <li>• Work is planned to identify and support locum GPs into permanent roles</li> </ul>



<b>Nurse/HCA/Nursing Associate</b>	<ul style="list-style-type: none"> <li>• CCG GPN Leads meeting was hosted by Wolverhampton CCG/STP with who are also co-chair next meeting due in April with agenda including NHSE update and</li> <li>• Practice Makes Perfect continues with 2020 agenda being set – this is now being managed by Nancy Szilvasi</li> <li>• Apprenticeship programmes are up and running with induction in March 2020; pipeline programme for HCAs top-up is being finalised by Dudley Training Hub</li> <li>• Spirometry training due to conclude in February with 15 candidates due for assessment and on-track to successfully complete</li> <li>• Funding for all GPN retention programmes identified and work has commenced – GPN Professional Lead and GPN Champions and Peer Mentors in post</li> <li>• Funding for NMP and HCA training identified expressions of interest underway</li> <li>• Funding for portfolio careers now available</li> <li>• 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 both have successfully recruited candidates</li> <li>• Work with the NHSE retention team continues, plan to be in place by the end of February</li> </ul>
<b>Other professionals</b>	<ul style="list-style-type: none"> <li>• Pharmacist networks under development.</li> <li>• Two Physicians Associates are now in post with two more to follow and PA ambassador supporting staff</li> <li>• Two potential Nursing Associate Apprentice candidate identified – discussions with practice to follow for September start</li> </ul>
<b>Non-clinical staff</b>	<ul style="list-style-type: none"> <li>• GPFV training continues as per schedule</li> <li>• Care navigation training continues</li> <li>• Personalised care training being rolled out by STP team</li> <li>• Practice resilience support is available at STP level</li> <li>• PMs have requested their own forum be developed this is to be developed</li> <li>• Work continues across the STP to ensure equality of opportunity for development – non-clinical apprenticeships being discussed</li> </ul>

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## 7.4 PARTNER UPDATE

Measure	Exceptions and assurance
<b>Black Country Training Hub</b>	<ul style="list-style-type: none"> <li>• Sandwell TH now providing cover for Wolverhampton and Walsall CCGs with two project managers in post – support is being provided by GPN Professional Lead</li> <li>• Training Hubs actively working with PCNs to identify workforce and training needs</li> <li>• From April 2020 the Training Hub will work as one and focus on developing as part of the Training Academy</li> </ul>
<b>LWAB/HEE</b>	<ul style="list-style-type: none"> <li>• LWAB money – 25% ring fenced for primary care</li> <li>• Work around population health management commenced with links with PHE</li> <li>• Levy sharing options for apprenticeships being explored with a particular focus on Nursing Associates</li> </ul>
<b>Higher/Further Education</b>	<ul style="list-style-type: none"> <li>• Fundamentals starting in January in Wolverhampton two candidates to commence</li> <li>• Additional places for fundamentals to support GPN Speciality Training will be hosted by BCU due to start date</li> <li>• Work around myth busting for student placements being undertaken in collaboration with Pre-registration Adult Nursing Students</li> <li>• Work continues with Wolverhampton University to develop a programme of work to support mid-career GPNs and GPs to develop their skills</li> <li>• GPN Champions will commence a leadership course commissioned from the RCN in February.</li> </ul>



## 8 RECOMMENDATIONS.

The committee are requested to note the content contained within this report as requested at the March Committee.

The Committee is requested to:

**Receive** and **note** the information provided in this report.

**Discuss** any aspects of concern and **agree** on action to be taken

<b>Details –</b>	<b>24.02.20</b>
Clinical View	<b>S Parvez</b>
Public/ Patient View	<b>M Boyce</b>
Finance Implications discussed with Finance Team	<b>N/A</b>
Quality Implications discussed with Quality and Risk Team	<b>S Parvez</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>
Information Governance implications discussed with IG Support Officer	<b>N/A</b>
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>
<b>Signed off by Report Owner</b>	<b>M Boyce</b>



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**WOLVERHAMPTON CCG**
**Primary Care Commissioning Committee**  
**March 2020**

<b>TITLE OF REPORT:</b>	Primary Care Assurance Report (Quarter 3) 2019/20
<b>AUTHOR(s) OF REPORT:</b>	Jo Reynolds
<b>MANAGEMENT LEAD:</b>	Sarah Southall
<b>PURPOSE OF REPORT:</b>	To provide an overview of the activity taking place from the work programmes within Primary Care
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Assurance pack was presented to Milestone Review Board in January, a copy of the ratings for each component are detailed within the report.</li> <li>Exception reports were presented to Milestone Review Board in January 2020 for 2 areas i) Digital and ii)</li> <li>GP Contract Summary, including workforce</li> </ul>
<b>RECOMMENDATION:</b>	To receive and consider the content of this report
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	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	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
3. System effectiveness	Providing assurance that we are delivering our core purpose of

delivered within our financial envelope	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
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## 1. CURRENT SITUATION

1.1. The Primary Care Programme of Work is discussed at Milestone Review Board on a quarterly basis, and assessed against milestones for completion and slippage. The following is the assessment for Q3 against each area-

	Page	RAG
<b>1. Work Programme(s) Overview</b>		
Primary Care Strategy	4	Green
Work Programme progress	5	Green
STP Overview	7	Green
GP Retention	8	Green
Portfolio Careers	9	Green
PCN Analysis	11	Green
GPN Nursing Strategy	12	Green
<b>2. Primary Care Networks</b>		
Primary Care Networks Assurance Statement	14	Orange
PCN Development Plan Progress & Network development	16	Green
<b>3. Commissioned Services</b>		
Communication & Engagement	18	Orange
Contract & Quality review	19	Green
Social Prescribing	20	Orange
Primary Care Counselling	21	Orange
The Sound Doctor	22	Orange
Care Navigation	23	Green
Advice and Guidance	24	Green
Online Services	25	Green
NHS 111	26	Orange
Workflow Optimisation	27	Orange
<b>4. Enhanced Services</b>		
QOF+	29	Orange
Improving Access	30	Orange
Basket Services	31	Green
Health Checks	32	Green
Peer Review	33	Green
Mjog	34	Green

1.2. The full assurance pack, with the analysis and progress of each area, can be found in appendix A. Full discussion on areas of slippage has taken place at Milestone





Review Board. The outcome of these discussions is contained within the next section.

## **2. MITIGATION & ASSURANCE**

### **2.1. PCN Assurance Statements**

Out of the 15 assurance statements that are milestones for PCN maturity, there are two that are currently rated as amber.

Finalisation of Development plans has been held up due to contract negotiations at a national level, as the content of the DES specifications will inform both the workforce requirements and the development plans of each of the networks.

Portfolio careers are offered by the STP, however we have networks that have not engaged with this offer. Discussions are being held with the networks to ensure the skills required to fulfil development plans and core requirements are in place, and access to the offer of portfolio career training to cover any gaps identified.

### **2.2. Communication and Engagement**

There has been a series of delays in the delivery of the communications and engagement plans that have been purchased through the CSU, with the impact being on both PCN activity and the achievement of extended access targets. The milestone plan for this work should have been in place to support winter pressures and provide support to the capacity of urgent care. However the supporting documents and activity has only come into fruition during January and February 2020. An analysis of urgent care activity and extended access usage throughout December has taken place and presented to both Members meeting and CRG.

The aim of the wider plan was to support the PCN engagement specification, however due to the delays PCN leads have had to move forward with their own activity without the resources or support in place.

The programme of work is now back on track, with biweekly updates being provided on the outstanding areas of work.

### **2.3. Social Prescribing**

Social Prescribing Link Workers are embedded and are being utilised across the PCNs, with regular development sessions taking place in collaboration with PCN Leads.

The amber rating is due to the number of referrals currently not meeting the thresholds set, however a targeted approach will be taken going forward by both the PCNs as identified in their development plans and through QOF+.

QOF+ 2020/21 development areas includes indicators including social isolation. This is currently under discussion, and the proposal is to identify those patients that may be vulnerable to social isolation, and have targeted interventions lead by social prescribing link workers.



2.4. The Sound Doctor

Activity reported by the provider indicates that some networks are not utilising the sound doctor provision. There has been a release of videos supporting end of life care, and also targeting carer support, which have been promoted to both practices and care homes.

2.5. NHS 111

All practices are now switched on to provide direct access appointments through 111. However, Non-achievement is on the basis of issues of interoperability between the clinical system and the 111 provider system at a hub level, enabling booking of extended access appointments which is a national requirement. This is the responsibility of the 111 provider to resolve, therefore out of our control. All hub locations and availability have been submitted to the provider as per their request, awaiting further action.

2.6. Workflow Optimisation

All Group Leads (Clinical Directors) prioritised this piece of work when the Ten High Impact Actions were being progressed in 2018/19. All practices were offered training many attended the initial face to face provision and were expected to complete subsequent online training also available from Practice Unbound but this was taken up only by some not all practices. A more detailed piece of work is taking place to understand who attended each level of training, part of this programme of work includes inputting information on a portal, which the CCG can review and analyse the number of GP hours saved through implementation of the system. However, practices have been reluctant to utilise this platform therefore reducing the reliability of documented evidence to demonstrate how much GP time has been released.

Following a review of implementation, it is apparent that practices have put their own processes in place based on the principles learnt from the initial training. We are currently reviewing the number of practices that have an auditable process in place, and will focus on remedial action plans for those without.

2.7. QOF+

Data from Quarter 3 identified underachievement of SMI and LD health checks. Additional support has been offered to practices, enabling the use of point of care testing equipment and consumables to improve uptake from patients.

A review of data at the February Development Group indicates that the trajectory remains compromised due to not all care processes being completed. Practices identified as outliers have been offered additional support to achieve the threshold by end of March 2020.

All outstanding coding/search related queries are now rectified, all outcomes/changes are detailed in the latest iteration of the FAQ document.



## 2.8. Improving Access

Reporting to NHSE is below the 70% minimum utilisation threshold (December), by March the trajectory increases to 75%. There are a number of factors that are in place to support this, including-

- Extended access appointments are now a Care Navigation point, and have been promoted at local training as such
- The communications and engagement activity, although delayed as discussed earlier, is now in place
- PCN engagement plans are currently in delivery phase, which includes neighbourhood level engagement events and staff training to ensure availability of appointments at other practices and with a range of professionals are better understood.

Monitoring data has already demonstrated an improvement in utilisation for the month of January to demonstrate robustness data quality checks are also in place.

## 3. **GP CONTRACT 2020/21**

### 3.1 Top line changes include:

- The new value of Global Sum from 1st April will be £93.46.
- The new value of a QOF point will be £194.83.
- More roles added to the Additional Roles Reimbursement Scheme.
- Between 2020/21 and 2023/24, the scheme will expand to 26,000 additional roles.
- All roles to be reimbursed at 100%, freeing up the existing £1.50/head to contribute to management support for PCNs.
- Funding entitlements increase from £257m to £430m next year and, in 2023/24, from £891m to £1,412m.
- Extra investment will fund new GP training recruitment and retention measures with £20,000 plus training support for every new partner.
- Payment arrangements for vaccinations and immunisations to be reformed, and to become an essential service.
- QOF to be updated, with improvements being made to Asthma, COPD and Heart failure. 97 points recycled into 11 more clinically appropriate indicators.
- PCN service specifications reduced and improved.
- Investment and Impact Fund introduced worth £40.5m in 2020/21.
- Reducing unnecessary beaurocracy through the Time to Care programme
- Greater emphasis on waiting times, and a reporting mechanism to be able to monitor this.
- Collaboration between PCNs and community pharmacies.



### 3.2 PCN Workforce

More roles are now included in the Scheme from April 2020, PCNs can now choose to recruit from the following roles within the Scheme, in addition to those previously agreed, pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists. Mental health professionals will be added from April 2021 following current pilots.

Reimbursement now increases from the current 70% to 100% for all roles. 100% reimbursement frees up the existing £1.50/head to contribute to management support for PCNs. The intention is that the funding can now be used as needed for development and transformation support. There is also the intention that this will support an increase in the contribution to Clinical Director time by almost 50%.

Page 9 of the document contains a breakdown of all available roles, the Agenda for Change band that the role will be reimbursed at and the maximum amount that PCNs can claim. This will not include on costs.

There will be new roles for both health and wellbeing coaches and care co-ordinators.

The health coaching roles will be set at an indicative *Agenda for Change* band 5 and care co-ordinator at up to band 4.

Occupational therapists, dietitians, and podiatrists, permitted at an indicative *Agenda for Change* band 7.

Community paramedics, due to be introduced to the Scheme from April 2021, will be reimbursed up to an indicative *Agenda for Change* band 7

PCNs will need to submit intentions for workforce by 30<sup>th</sup> June 2020, with in year redistribution opportunities being identified and distributed across networks where need has been identified. This process will need to be repeated in October 2020.

## 4. **CLINICAL VIEW**

- 4.1. Discussions are held with clinicians, primarily GPs at task and finish groups, Milestone Review Board and when approvals are required documentation is shared with Committee clinicians for feedback/comment. There are also ongoing discussions with Clinical Directors.

## 5. **PATIENT AND PUBLIC VIEW**

- 5.1. Feedback sought and updates delivered at PCN level PPG meetings, with responses built into plans.

## **6. KEY RISKS AND MITIGATIONS**

- 6.1. Risks are reported as a standard agenda item on the Milestone Review Board and are monitored as such. Milestone Review Board considered the risk posed by RWT's joint work with Babylon Health and concluded that further clarity was required to determine what risk, if any, was evident. Also, board agreed that once published, the new Network DES specifications may also constitute a further additional risk for consideration and inclusion on the risk register.

## **7. IMPACT ASSESSMENT**

### **7.1 *Financial and Resource Implications***

Increase in funding is at a national level, and discussions will be held with Finance colleagues regarding allocations in due course.

### **7.2 *Quality and Safety Implications***

Patients will experience a higher quality service from the changes to the GP contract, and with the additional roles there will be an increase in support available. By continuously monitoring commissioned services, quality services are in place.

### **7.3 *Equality Implications***

Not relevant to this report

### **7.4 *Legal and Policy Implications***

Not relevant to this report

### **7.5 *Other Implications***

Not relevant to this report

**Name: Jo Reynolds**

**Job Title: Primary Care Transformation Manager**

**Date: 21/02/2020**

**ATTACHED:** Appendix A- Primary Care Assurance Pack

### 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>CDs meeting</b>	<b>Jan 2020</b>
Public/ Patient View	<b>PPG PCN Meetings</b>	<b>Jan/ Feb 2020</b>
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>J Reynolds</b>	<b>21/02/2020</b>





# Report of Milestone Review Board : Assurance Report Quarter 3 2019/20

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1. Work Programme(s) Overview		
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Work Programme progress	5	Green
STP Overview	7	Green
GP Retention	8	Green
Portfolio Careers	9	Green
PCN Analysis	11	Green
GPN Nursing Strategy	12	Green
2. Primary Care Networks		
Primary Care Networks Assurance Statement	14	Orange
PCN Development Plan Progress & Network development	16	Green
3. Commissioned Services		
Communication & Engagement	18	Orange
Contract & Quality review	19	Green
Social Prescribing	20	Orange
Primary Care Counselling	21	Orange
The Sound Doctor	22	Orange
Care Navigation	23	Green
Advice and Guidance	24	Green
Online Services	25	Green
NHS 111	26	Orange
Workflow Optimisation	27	Orange
4. Enhanced Services		
QOF+	29	Orange
Improving Access	30	Orange
Basket Services	31	Green
Health Checks	32	Green
Peer Review	33	Green
Mjog	34	Green
5. Conclusions & Next Steps		
Conclusions and next steps	36	



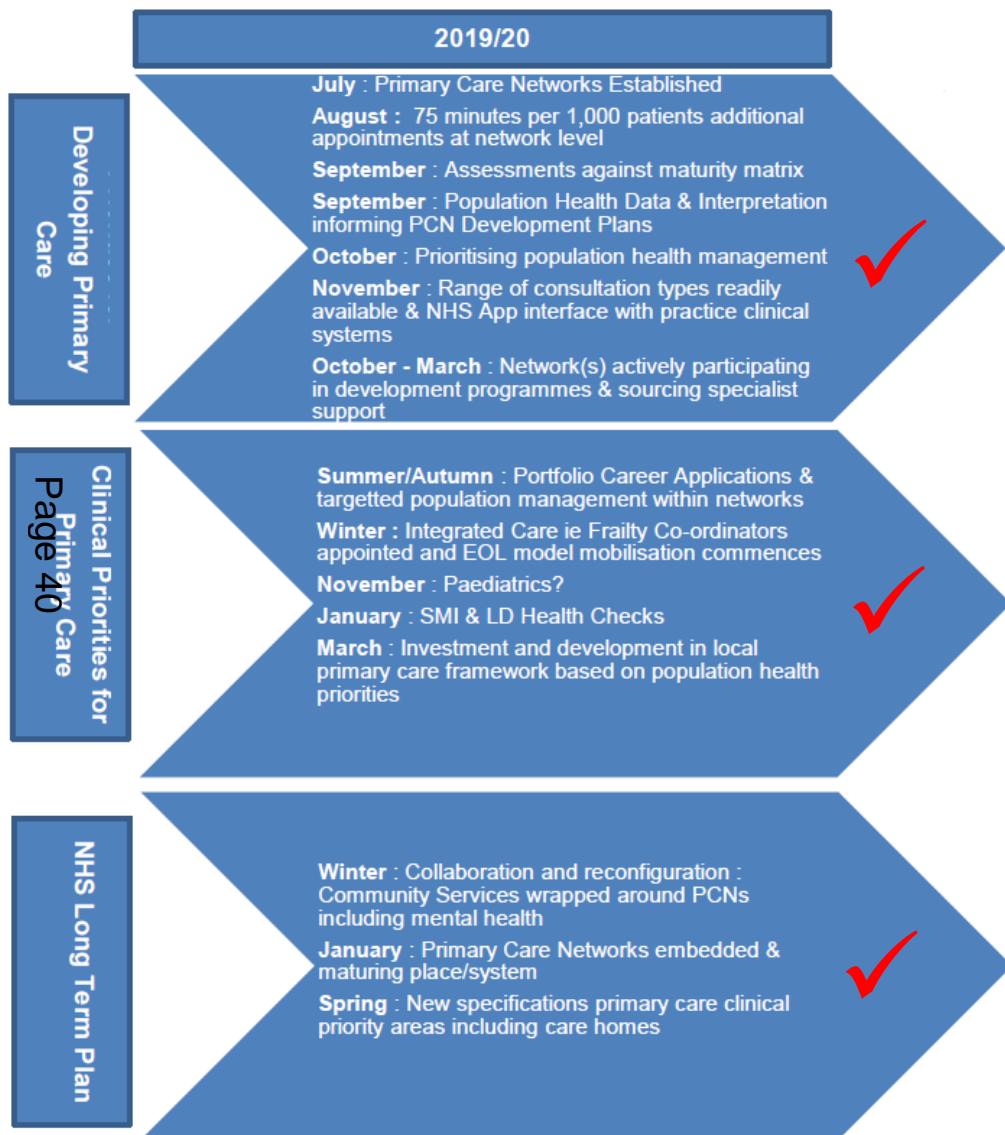


# Work Programme(s) Overview

- Primary Care Strategy
- Work Programme Progress
- STP PC Overview
- GP Retention
- Portfolio Career Specialties
- PCN Analysis
- Portfolio Career Numbers



# Primary Care Strategy



- Implementation of the strategy is well underway with many work stream areas achieving given milestones. The PCN's first 6 months have focused on the establishment and development of the networks, and their workforce.
- Work continues to enable the wrap around and joining up of community services around PCNs, further utilising population health management tools with partners.
- Strong position heading into 20/21, with scoping already underway for the new DES specifications.



# Work Programme - Progress

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Area	Q3 Highlights	Next steps
Primary Care Strategy	<ul style="list-style-type: none"> <li>Care Navigation Phase 3 launch planned &amp; new template implemented on clinical system.</li> <li>Progress made on advertising campaign, timelines almost back on track (due to election purdah), Facebook resolution in sight.</li> <li>QOF+ development continues, details further within pack.</li> <li>Practice Resilience programme fully committed.</li> <li>5 DES specifications arrived end of December – SMR, EHCH, Supporting Early Cancer diagnosis, Anticipatory care &amp; Personalised Care.</li> </ul>	<ul style="list-style-type: none"> <li>Care Navigation Phase 3 roll out &amp; training sessions</li> <li>Use social media to full advantage within campaigns</li> <li>Practice diagnostics to be received as part for the resilience programme.</li> <li>PCN &amp; CCG responses have been co-ordinated and submitted as part of the consultation on the DES specs. A workshop is being arranged to bring together Primary care and Community services to discuss delivery in collaboration with the revised specifications.</li> </ul>
Primary Care Networks	<ul style="list-style-type: none"> <li>1<sup>st</sup> CD away day happened in November, these will be quarterly going forward.</li> <li>PCN development &amp; engagement plans continue to be progressed with support from Network managers.</li> <li>New role appointments allocated within networks.</li> <li>Monitoring and support of new roles during 'bedding in' period</li> </ul>	<ul style="list-style-type: none"> <li>CD away day scheduled for February. To include an Eclipse Demo, presentations from the Med Ed programme, BCPFT, community services and secondary care consultants.</li> <li>Continued baselining of new role impacts and review of progress at end of Q4.</li> <li>Mapping of services provision to demand.</li> </ul>
Contracting	<ul style="list-style-type: none"> <li>Business Case for Wound Care presented to BIC detailing</li> <li>Post payment verification for QOF and enhanced services; templates completed following staff training to access and extract data form CQRS.</li> <li>Contract review visit schedule and content developed.</li> <li>QOF+ development group met November. Performance data reviewed.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning Intentions to be finalised.</li> <li>PPV visits to be undertaken and concluded. Report findings PCCC April.</li> <li>Review network requirements for 20/21.</li> <li>Finalise ICA Partnership Agreement.</li> </ul>
Workforce & Development	<ul style="list-style-type: none"> <li>New roles alignment and provision mapping within PCNs</li> <li>Training needs identified with practices. Mapping to be consolidated for hand over to training hub.</li> <li>PCN development scoping underway as part of development plans.</li> <li>Scoping of available training opportunities including; apprenticeships, diplomas and courses for practice staff development on all levels.</li> </ul>	<ul style="list-style-type: none"> <li>Continued review of mobilisation and bedding in of provision. Iron out any teething issues.</li> <li>Promotional work around new roles to be included in the comms &amp; engagement plan.</li> <li>Final version of training offer to be shared with Clinical Directors for local monitoring with Network managers.</li> </ul>



# Work Programme - Progress

Area	Q3 Highlights	Next steps
Primary Care Digital Transformation	<ul style="list-style-type: none"><li>• NHS111 sign up is being completed. Proof of concept achieved for Wolverhampton following successful testing of Pilot sites.</li><li>• National solution to hub integrations anticipated.</li><li>• GP online triage is now in place in 94% of practices. Roll out into remaining practices by end of March</li><li>• Coding review completed for QOF+. Issues identified and investigated. All search queries resolved. Communicated via FAQ document circulated to practices.</li><li>• Video consultation sign up is on-going; 12 practices have equipment installed.</li><li>• Digital First Early implementer spec circulated for virtual approval.</li></ul>	<ul style="list-style-type: none"><li>• Monitoring of compliance for NHS111 and Online Triage.</li><li>• Circulate Digital First spec to practices when approved.</li><li>• Review and monitor codes for QOF+ implementation of 20/21 proposals.</li><li>• Review MJOG expenditure and activity</li><li>• Monitor and review interpreting for extended hours.</li><li>• Support roll out of SNOMED, due for roll out commencement in January 2020.</li></ul>





# STP PC Overview

## Training hub development

- The STP is working in collaboration with HEE and existing Training Hubs to develop a plan for the future provision in line with HEE common operating guidance. Organisational Development Sessions have been taking place since November 19, funding has been secured from HEE for a project manager to implement the transition plan at operational level, with support from the workforce retention team.
- Additional non-recurring funding has been allocated to STP nominated training hub, to increase and maintain the number of non medical prescribers across the STP and to develop the pipeline for reception into nursing careers. This approach to the deployment of funding was co-designed with training hubs and approved at our STP Primary Care Board.

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## Workforce numbers

- The STP continues to monitor progress against the workforce trajectories set. For GPs, this means continuous work to promote, improve and extend retention schemes to try and maintain as many GPs in the system as possible and attract into the area. In addition, closer working with GP Trainees continues to gather insight on what their future intentions are, and support them into substantive roles.
- GP vacancies are now promoted centrally via a website and the newly rolled out workforce app to get vacancies out to GPs more efficiently and proactively. A new STP (healthier futures) website is currently in development, this will further improve access to schemes and vacancies.
- The STP has successfully bid for the GPN Specialty Programme with HEE which will see 10 new to practice nurses employed across the STP before the end of March 2020. A Lead Professional Nurse is now in place, 11 PCN GPN Champions, and 15 EOI to be GPN Peer Mentors across the STP. These will all support the retention and recruitment of nurses across the STP.



# GP Retention

2018/19 Programme	2019/20 Programme
<b>Schemes for GPs:-</b>	<b>Schemes for GPs:-</b>
Portfolio Careers	PCN Portfolio Careers
Peer Mentoring	Peer Mentoring
First 5 Network	First 5 Network
Pre-Retirement Coaching Forum	GP Phoenix Programme (Mid-Career Offer)
 <b>Incentivising Portfolio careers:</b> Developing flexible GP career opportunities. Helping GPs enhance their skills and knowledge in area(s) of specialist interest to extend their role beyond General Practice. Funding available for training needs and access to secondary care support.	Legacy/Welcome Back
	<b>Schemes for General Practice Nurses:-</b>
 <b>First 5 and GP Trainee Network:</b> Supporting newly qualified GPs and GP trainees transition into General Practice. Encourages networking, peer support, exploration of career opportunities and small group learning opportunities over a series of events. Funding available to kick-start a portfolio career. This scheme is designed and delivered in collaboration with the RCGP Midland Faculty.	Professional Networks – ‘Practice Makes Perfect’ Model
	Peer Mentoring
 <b>Peer Mentoring:</b> Supporting GPs with career planning and development, as well as those experiencing difficulties. The scheme is tailored to the needs of local GPs and delivered in a confidential, flexible and supportive environment.	PCN Champions
	Pipeline Development including Portfolio Careers
 <b>Pre-retirement Coaching Forum:</b> Practical support and guidance (including pensions, estates and indemnity costs) for GPs considering retirement or that have recently retired. Providing solutions for GPs to remain in clinical general practice.	Speciality Training (10 new to Practice Nurses)
	<b>Schemes for Wider Workforce:-</b>
	Pharmacy Network
	Physician Associate Support Offer
	HCA Development
	Reception, Clerical and Admin Staff Development



General Practice Nurses Network



First 5 Networks



Mentoring



Portfolio Careers



Clinical Pharmacists



Health Care Assistants



Reception/Clerical



Physician Associates



Social Prescribers



Practice Managers



# Portfolio Careers

## Summary of Portfolio Specialties 2019/2020 Cohort 2

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

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# Portfolio Careers

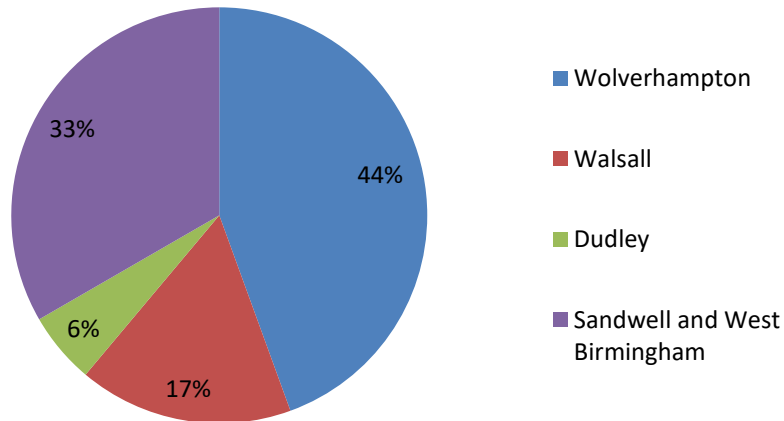


Portfolio Careers

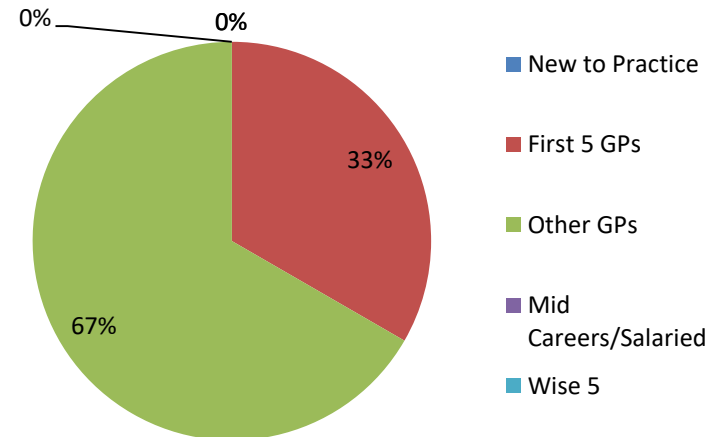
- 1 As of 06/01/20 28 applications have been received for cohort 2.
- 2 18 applications have been approved.
- 3 The CCG and Phase breakdown is shown below where this has been identified.

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### Portfolio Careers Numbers



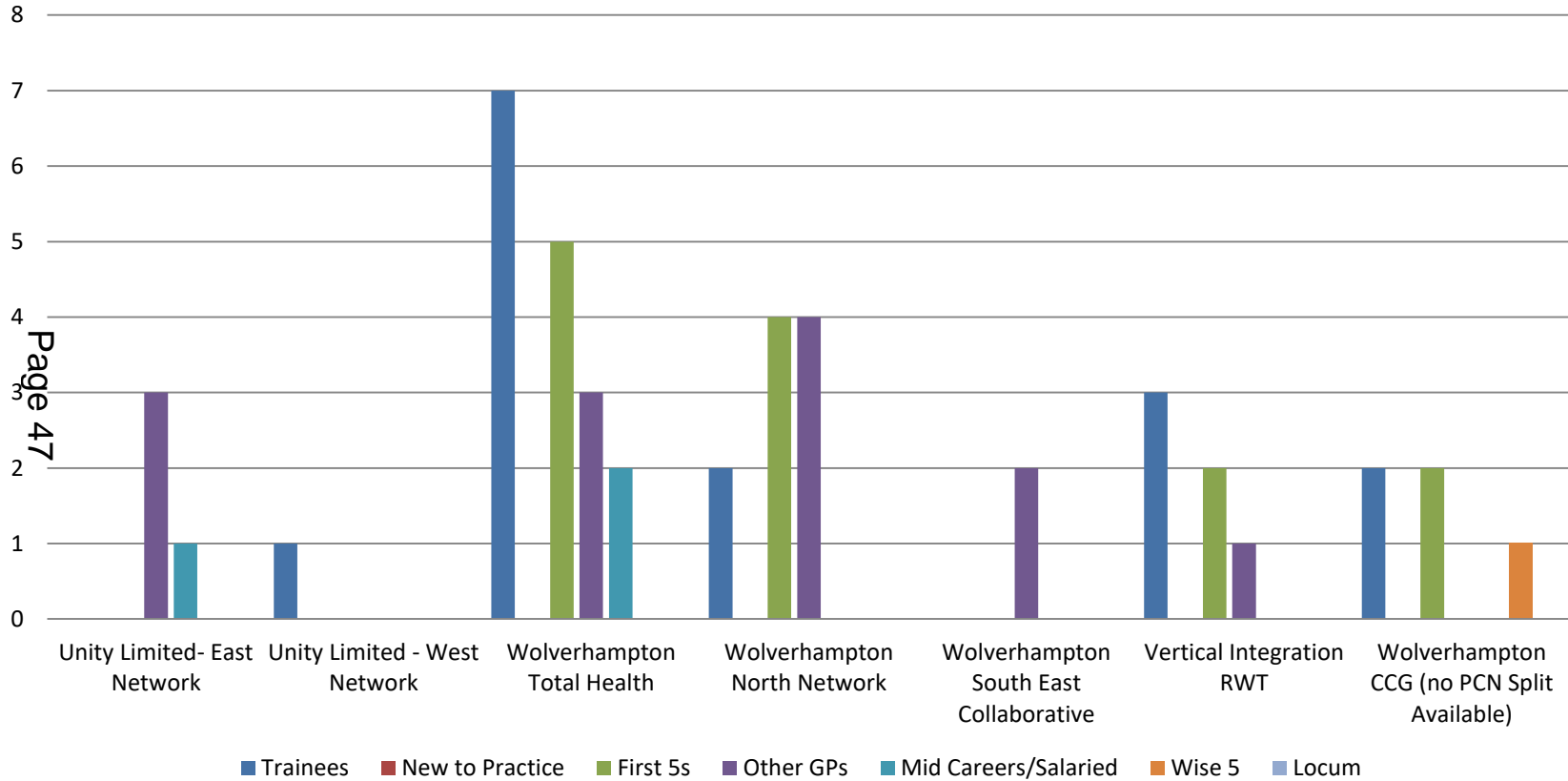
### Phase - GP Careers





# PCN Analysis - Wolverhampton

## Wolverhampton PCN Analysis



# General Practice Nursing Strategy

The GPN Strategy is now being implemented across the Black Country and West Birmingham STP and there are a number of programmes of work in place/being developed to support this.

## **GPN Professional Lead:**

The GPN Professional Lead, Liz Corrigan is now in post leading on the implementation of the strategy and supporting GPNs across the STP.

## **GPN Champions:**

The GPN Champions are leading nurses within their PCNs and providing support to the GPN Lead around workforce planning, clinical guidance, clinical supervision, training needs and sharing and celebrating good practice. 11 champions have been appointed across the Black Country, 2 of these are from Wolverhampton.

## **GPN Peer Mentors:**

The GPN Peer Mentors are currently in the process of being recruited, this will provide 1:1 support to GPNs around a range of issues, supporting nurses at all stages of their career. There have been 16 EOIs across the Black country to date, 2 of these are from Wolverhampton.

## **GPN Portfolio Careers:**

The opportunity to develop a portfolio career is currently being explored and support will be provided to nurses across the STP in a range of areas linking to practice and PCN priorities. Applications from Wolverhampton are anticipated and are being encouraged to compliment GP portfolio applications that have already been approved, i.e. women's health, diabetes etc.

**GPN Specialty Training:** Funding has been secured from NHS England and Health Education England in conjunction with the STP to support 10 newly qualified nurses into general practice – the recruitment process is currently underway and practices have been identified to support the nurses.

## **GPN Retention Programme:**

Following the GPN Strategy launch Black Country and West Birmingham STP have been asked to take part in NHS England GPN Retention Programme, this includes support to develop and implement the retention part of the GPN Strategy and is currently underway with a site visit planned for 23rd January and attendance at GPN Forum by Sarah Chamberlain and Paul Vaughan from NHSE.



# Primary Care Networks

- Assurance statements
- Network Development
- PCN Development Plan Progress

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# Assurance statements

WOLVERHAMPTON CCG

NHS England Assurance Statement 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Status
Actively support the establishment of PCNs : every practice in England is part of a PCN (30-50,000 population) 100% coverage by 30 June 2019 (latest)		Report to PCCC & GB Support from PCT					On Track
Support the introduction of any nationally-agreed contract arrangements for PCNs, ensuring that community services are configured in line with PCN boundaries.	IAPT Workers aligned to PCNs, MHLW proposal also agreed with BCP						On Track
Provide a minimum of £1.50 per head of financial support to PCNs for their management and organisational development. This investment should start in 2019/20 and continue each year until 31 March 2024	Reimbursements for Jul-Sept approved for WVSC & PCN CPs						Liaison with NHSE to ensure sign up on CQRS
Support PCNs in their development and ensure they are practically supported to access the PCN Development Programme by 31 March 2020.	Dartmouth Programme Commenced PCNs confirm TFC Project & negotiate start date(s)	PCN Development funds released to PCNs following approval of plans	PCNs commence spend against agreed plan(s)				TFC is in place and ongoing participation from networks. Dartmouth Programme completed by 1 network. STP sessions available in leadership and workforce development planning
Ensure that PCNs are provided with primary care data analytics for population segmentation and risk stratification based on national data, complemented with local flows, to allow them to understand in depth their populations' health and care needs for symptomatic and prevention programmes including screening and immunisation services by 1 July 2019 at the latest, and then on an ongoing basis at regular intervals as agreed locally.	PCN Task & Finish Group Work Programme progress reported to MRB	Q2 PCN Dashboard (CCG) Issued including Prescribing	PC Task & Finish Group Work Programme reported to MRB	PC Task & Finish Group Work Programme	Q3 PCN Dashboard (CCG) Issued	PC Task & Finish Group Work Programme	National Dashboard not expected until March 2020. CCG Referrals/activity dashboard for PCNs refreshed quarterly & discussed at CD Meetings/Awayday(s)
Ensure that PCNs work together including at place level to ensure they play a full role in improving services commissioned and provided at that level, including urgent and emergency care services, and ensure every PCN is working to implement the comprehensive model for personalised care.	CD Meeting : QoF Compliance (new requirements)	CD Meeting : Review of local clinical priorities & impact of remedial actions CDs Awayday	CD Meeting : Digital Progress Review	CD Meeting : Community Services	CD Meeting : New Roles	CD Meeting : End of Year Review	Network Development Plans agreed and are in draft form; finalisation of plans due March 2020 once training and development sessions has taken place Monthly CD meetings and quarterly away days are taking place.
Ensure that the delegated budgets received are used to support the development of all practices in the context of PCN development, <b>with a detailed local plan published by 1 July 2019 showing that every practice is actively engaged and all activity is completed by 31 March 2020</b> (ensuring delivery of at least two high-impact actions set out in the GPVF including Online consultations; Reception and clerical training; and Time for Care), to be determined through a diagnostic/evidence-based approach that enables deployment of targeted development offers in the most effective way to support, strengthen and transform services for the benefits of staff and patients locally.	Review of PCN Development plans (outline/costed) by CCG and reported to MRB	Update PCCC on progress / issues PCN development plans	Maintain liaison with CDs to ensure timely progression of development plans	Development Plan enacted at network level	Review of progress at CDs Meeting	Update PCCC on progress / issues	As above
Ensure that the local practice development plans continue to identify those practices who need more intensive and immediate support to stabilise, build their resilience and become sustainable. 75% of 2019/20 sustainability and resilience funding (allocated by NHS England) must be spent by 31 December 2019, with 100% of the allocation spent by 31 March 2020.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	STP Assurance Report to NHS England confirms update on each allocation/scheme.	

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# Assurance statements (Cont.)

Continue with commissioning and deployment of 180 pharmacists and 60 pharmacy technician posts (funded by the Pharmacy Integration Fund, with support from NHS England Regional Independent Care Sector Programme Management Offices), to improve medicines optimisation for care home residents by 31 March 2020.	Reimbursements for Jul-Sept approved for WVSC & PCN CPs						Process defined and will be implemented in August 2019.
Work with HEE to ensure robust training programmes are in place to adequately support workforce plans.	Delivery Phase - Monitored via Workforce TFG	Delivery Phase - Monitored via Workforce TFG	Delivery Phase - Monitored via Workforce TFG	Review of Workforce Plans & Training Hub Effectiveness	Report on findings to PCCC	Implement remedial actions	Workshops have been taking place to facilitate the development of the training hubs. Workplan in place to ensure delivery by April 2020
Continue providing extended access to general practice services, including at evenings and weekends, for 100% of the population. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.	Q2 Data Collection & Submission ensuring 100% population coverage	Appointment Utilisation Tool - Review of activity & identification of improvement actions.	Appointment Utilisation Tool - prepare to report on practice / network shortfalls	Q3 Data Collection & Submission ensuring 100% population coverage	Appointment Utilisation Tool - Review of activity & identification of improvement actions.	Appointment Utilisation Tool - prepare to report on practice / network shortfalls	Apt utilisation tool is in place in all practices, and will be used to report on Extended Access from April 2020
Integrate extended access with other services at scale to deliver value for money and efficiencies and support compliance with national core requirements to maximise capacity, availability and utilisation of appointments for 100% of the population.	Q2 Data Collection & Submission	Review utilisation data & identify mitigations for improved uptake in each network.	Review of network adherence to Core Requirements	Q3 Data Collection & Submission	Review utilisation data & identify mitigations for improved uptake in each network.	Review of network adherence to Core Requirements	On track
Workforce (Primary Care) Strategy - network data refresh and workforce plan - extends to review & appraisal with member practices and employing agency for any new roles within the network.	Reiterate initiatives that aren't being accessed to improve performance Review Q2 data submission NWRT	Ensure all Networks have accessed Portfolio Career Funding					Monitoring and promotion at STP level of uptake
Patient engagement as per DES	Review feedback from PCNs at CDs Meeting	Review feedback from PCNs at CDs Meeting	Review feedback from PCNs at CDs Meeting	Review feedback from PCNs at CDs Meeting	Review feedback from PCNs at CDs Meeting	Review feedback from PCNs at CDs Meeting	PCN Engagement Specification has been signed up to by all networks and development plans approved
Movement within Networks - process to be defined & approved by PCCC ie notice, committee approval, mutual transition timeline etc also includes change of CD	Network change notifications	PCCC consider PCN changes (if any)	Network change notifications	PCCC consider PCN changes (if any)	Network change notifications	PCCC consider PCN changes (if any)	changes fully implemented and documentation/payments adjusted accordingly



# PCN Development Plan & Network Progress

- Development plans submitted and approved by Milestone Review Board in October
- Engagement plans have been submitted and agreed in December.
- Training and support in relation to network priorities have been discussed with CDs.
- Time for care is being delivered in 3 networks.
- The Dartmouth programme has been delivered in the WSE network, this is now complete.
- Planning is underway for delivery of new services with scoping of roles required and in collaboration with workforce planning.
- Early implementation of new workforce roles has been offered to all PCNs
- ODS codes are now in place for PCNs and will enable resolution to interoperability.
- Clinical Director development training has been organised centrally. Further training needs are being scoped.
- Wolverhampton CD representative identified and attending STP board meetings.
- Work continues with PPG Chairs as part of development plans. PPG's will be included in delivery of engagement activity.
- Practice managers continue to meet within networks on a regular basis.



# Commissioned Services

- **Communications & Engagement**
- **Contract & Quality Review Arrangements**
- **Social Prescribing**
- **Primary Care Counselling**
- **The Sound Doctor**
- **Care Navigation**
- **Advice and Guidance**
- **Online Services**
- **Workflow Optimisation**

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# Communications & Engagement

There is a comprehensive engagement plan in place, with dedicated support from CSU in response to commissioning intentions for 2019/20.

## Highlights from Q3:

- Printed material delivered to practices, A&E, urgent treatment centre and the council for GP and pharmacy opening hours over the Christmas and New Year period. Information uploaded to CCG's website, Twitter and shared with key partners to distribute.
- Development of GP toolkit as part of Extended Access campaign to: support practice staff in understanding new roles in primary care and provide content for practices to upload to their websites/display in waiting areas to promote extended access appointments and online access for patients.
- Created outlines for materials to be provided as part of the campaign including social media targeting and animation theme.
- Development of 'primary care area' on CCG intranet.
- Production of stakeholder bulletin to keep Citizens' Forum members/stakeholders informed on what's happening within the CCG. Section included on primary care updates.

## Plans for Q4:

- Continued development of 'primary care area' on intranet.
- Continued delivery of Extended Access campaign. Upcoming activity includes delivery of printed materials to practices, outreach events, animation and video case studies with GPs and staff in new roles to demonstrate success to other practice staff and final evaluation of the campaign.
- An electronic newsletter will be produced every two weeks to demonstrate progress with Extended Access campaign.
- Care Navigation phase 3 launch. Printed materials for care navigators (pin badges and shopper bags) and social media campaign.
- Engagement with children and young people to 'fill gap' in low responses from this group during 'What Matters to You?' roadshow during summer of 2019.
- Engagement with hard to reach groups on NHS services. Developing leaflet with information on NHS services and PCN extended access to support this engagement.





# Contract & Quality Review

Meetings held this quarter:

Contract	Provider	Progress	Plans for next quarter
<b>Special Access Scheme</b>	East Park Medical Practice	CRM held. Work ongoing with practice to identify high referrers to service. Patients due for review to be completed by next panel, due in January.	Patients to be seen in practice for bloods. Ensure practices understand appropriate referral.
<b>Primary Care Counselling Service</b>	Relate	Waiting list remains high based on data received, and is raised as concern along with time in service DNA of sessions discussed. Data narration from service received.	Impact of MH therapists in PCNs to be reviewed
<b>Social Prescribing</b>	Wolverhampton Voluntary Sector	Monitor take up of appointments and referral rates. Patients and staff engaged within network to promote role.	Social prescribing MOU progress review meeting scheduled. This will identify issues and developmental needs.
<b>Information and education for patients with long term conditions</b>	Sound Doctor	Promotion and engagement circulated to practices. Quarterly telephone catch ups organised, monitoring capabilities investigated further. Scoped availability of monitoring through online triage.	Continue to promote and support via communications and newsletters. Feedback monitoring data to practices to encourage higher usage.

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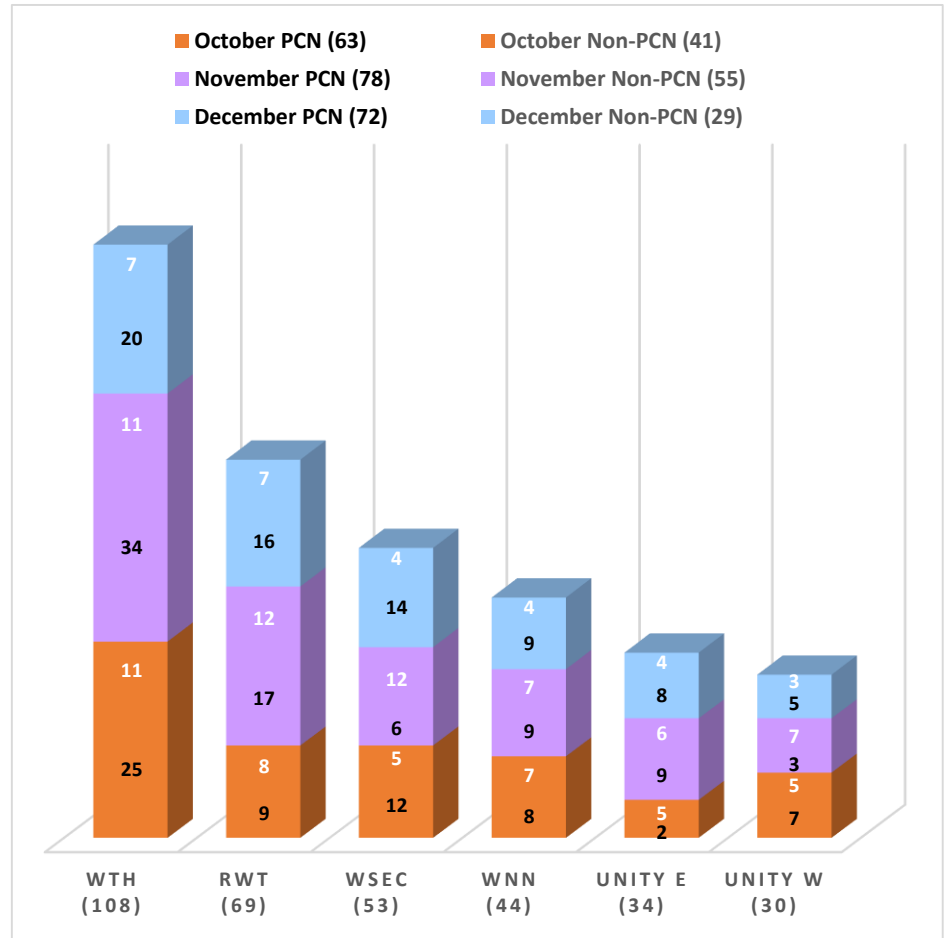
# Social Prescribing

## Updates:

- A significant increase in referrals has occurred this quarter (+45%) which could be attributed to the commencement of the SP link workers.
- In Q3 there were **338** referrals to the SP service; **213** of these (63%) were from PCNs, demonstrated in the graph to the right.
- Capacity of the service was scoped with a prediction of up to 20 referrals per PCN per month (pm), equating to 60 referrals per PCN per quarter (pq).
- The only network to meet the monthly target is WTH demonstrated in the chart below.  
SP Link workers commenced their roles in PCNs at the beginning of the quarter, and so the figures could reflect a 'bedding in' period, with anticipation that the target will be met for Q4. All Clinical Directors have been reminded of the importance that their PCN target is met, and that all practices within networks are referring.

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	OCT	NOV	DEC	Total
Capacity	120	120	120	360
WTH	25	34	20	79
RWT	9	17	16	42
WSEC	12	6	14	32
WNN	8	9	9	26
Unity East	2	9	8	19
Unity West	7	3	5	15
Shortfall	-57	-42	-48	-147
<b>Total</b>	<b>63</b>	<b>78</b>	<b>72</b>	<b>213</b>

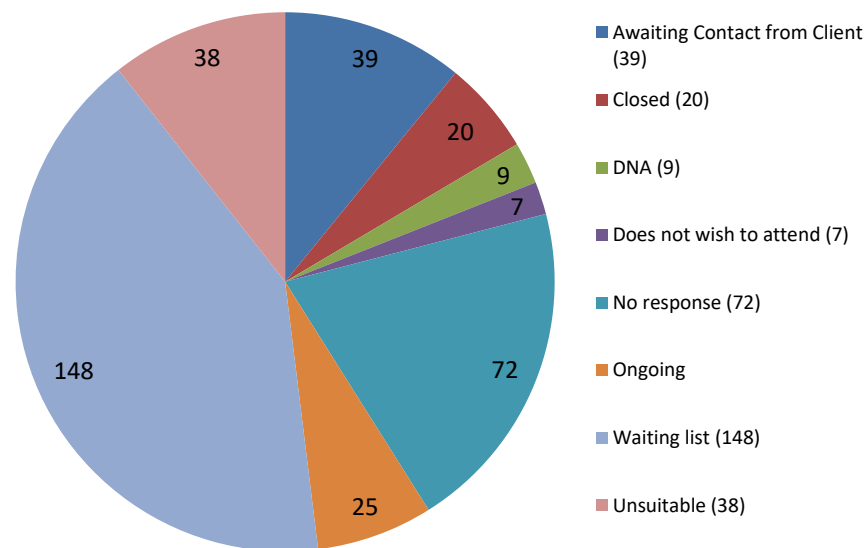


# Primary Care Counselling

Q3 Update	
Referrals	There have been <b>358</b> referrals in Q3.
Waiting list	There are <b>148</b> patients that are on the waiting list; 113 Waiting list @Relate 7 Waiting list – not recorded 14 Waiting list @Woodcross 13 waiting list @Alfred Squire 1 Waiting list @Pennfields
Q3 wait in service - Range	The longest waiting time is <b>88</b> working days, this was for a patient on the waiting list for Relate. The shortest wait time are those who were referred at the end of the quarter.
Q3 Update	The service supplied a case study undertaken during Q2 but this was made available during Q3. This is a separate document, please see other papers. The provider has been alerted to the increase in provision of IAPT workers at PCN level in order to achieve national targets.
Next Steps	There is an expectation that there will be an increase in IAPT and social prescribing referrals impacting on the expected referrals into this service. Primary Care Counselling contract ends March 2021, although the provider has been alerted to the likelihood of the contract winding down sooner. Discussions continue. The service has been requested to develop a remedial action plan to address wait times, and an exit plan.

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## Q3 Referral breakdown



# The Sound Doctor

	WTH	WSEC	WNN	UNITY E	UNITY W	RWT
Q1	1118	133	125	131	51	1514
Q2	1168	38	89	82	13	878
Q3	1247	0	0	116	0	1186

## Q3 Updates

- Integration with the patient online app explored.
- The ability to automatically generate text messages upon diagnosis explored.
- Provision to be promoted with GPs and other clinical staff, to ensure all are aware of the ability.
- Sound Dr update and reminder was included in the Practice Manager E-Bulletin.
- Videos to be played on waiting room screens in practices.
- Further breakdown and tracking was explored with the provider however no further data is available.

## Q4 Plans

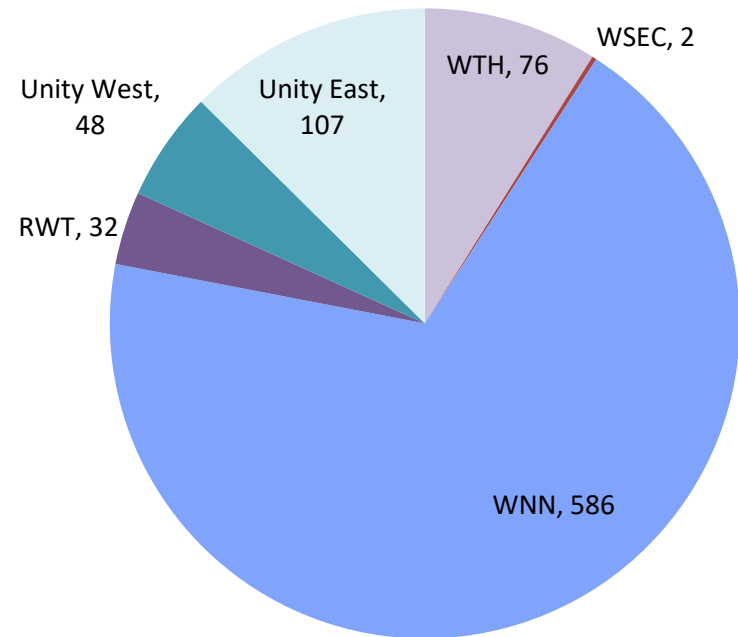
- Investigate the monitoring data, seeking assurance that 0 reports are accurate.
- Continue to work with practices to promote the sound Dr videos.
- Feedback to be sought from those who have high usage to understand how they are using the videos in practice.
- Targeting PCNs with low usage Q3 to understand the reason for this.



# Care Navigation

## Q3 Updates:

- There have been **851** recorded navigations entered on the clinical template this quarter.
- Further sessions of Care Navigation Updates held.
- New template rolled out on the clinical system.
- Scoping for phase 3 completed, roll out planned for February.
- Review finalised and all recommendations are being addressed.
- Criteria for navigation points collected for Phase 3.
- Logo and promotional materials produced to bolster awareness campaign.
- WNN are performing well, MGS and Prestbury have the highest recorded navigations.



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## Q4 Plans:

- Implementation of Phase 3 points, sessions booked for February.
- Additional updates to be offered on a network level.
- Ensure data quality is checked to ensure all networks are accurately recording navigation away from GP appointments.
- Monitoring data to be shared with CDs, targeting those practices that are currently not recording navigations.
- Finalisation and delivery of promotional tools for Care navigators within practices.

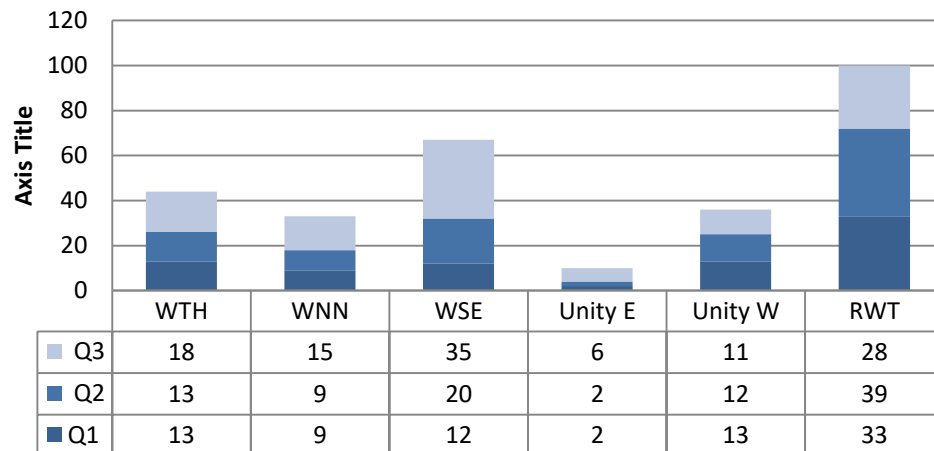


# Choose and Book Advice and Guidance

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Clinical Speciality	Oct-19	Nov-19	Dec-19
Dietetics	1	0	0
Elderly Care	0	0	0
Endocrine/ Diabetes	3	8	4
General Surgery	1	0	0
Gynaecology	4	5	5
Haematology	19	14	12
Neurology	2	1	2
Orthopaedics	2	0	2
Paediatrics	2	3	5
Plastic Surgery	0	0	2
Respiratory	1	1	3
Urology	4	7	0
<b>Total</b>	<b>39</b>	<b>39</b>	<b>35</b>

## Advice & Guidance 19/20



### Q3 Updates:

- Q3 Most requested subjects continue to be Haematology (45) and Endocrine/Diabetes (15).
- RWT PCN are the highest users.
- Response times have been raised as an issue through the CQRM process, following feedback from practices
- Consultants attended CD away day to identify issues and are keen to maximise the use of advice and guidance, and if possible reduce turn around time and identify named consultants for each specialism/PCN.

### Q4 Plans:

- Capacity alerts will be mandated on Choose and Book shortly, with all considered capacity being RAG rated based on wait times.
- Choose and Book to be included in QOF + and Demand Management specifications

# Online Services

## Online Triage

- We currently have 36/38 practices signed up. The remaining practice is in communications with the Primary care and IMT team.
- The remaining practices have now submitted their forms, and they are schedule to commence in March.

## Patient Access (Patient Online)

- Engagement sessions at practice level (IM&T)
- Each Practice has been emailed with their current figures and asked to build on this by the promotion of patient access.
- Engagement with wider community i.e. Schools, social Clubs, St Johns, Churches, Mosques, Councillors etc. (IM&T)
- Engagement campaign (CCG) has identified an additional 4 high footfall locations to visit to advertise online access.
- POM statistics demonstrate that the utilisation rate is at 17%, this figure has fluctuated slightly due to practice mergers (e.g. Parkfields) and the requirement to re-enrol patients post merge.

## Video Consultation

- There are currently 19/38 of practices live and able to offer video consultations.
- Roll out of this system continues to promoted in line with the engagement plan. Practices are contacted on a monthly basis and encouraged to sign up, and are fully supported throughout the process. Video Reporting is a Practice created search developed via EGTON. This search can be run manually on a practice by practice basis or by the CCG or Practice and will provide data at any point in time.

## Q4 Next steps

- Approval sought for the digital first early implementer specification and circulation to practices.
- Continuation of engagements sessions and events in and around the City. Promotion to be bolstered by additional CSU campaign resources.
- Increasing the utilisation percentage of Patient Access/Patient online.
- Final 2 practices to go live for Online Triage, enabling full compliance by the end of March.
- All practices to be set up on NHS 111.
- All practices ready for go live (contractual) of online services by 1 April 2020.



# NHS 111

## **Q3 Progress**

- Presented at Clinical Directors meeting.
- Corporate governance has reviewed and approved the new DSA and DPIA.
- Practices to sign and submit all paperwork: the DPIA & DSA, during December. Full commencement of roll out expected to occur beginning of Jan 2020. 36/39 Practices have submitted GP Connect data sharing agreements. Every practice bar 2 are able to set up and utilise 111.
- 2 practices were identified as the pilot sites; Penn Manor and Health & Beyond (Grove)
- Testing was successful for main and branch sites.

## **Next steps**

- Full commencement of roll out to occur from January 2020, practices have been instructed to set up by end of February.
- Monitoring of utilisation and availability within practices.
- 111 into hubs is next to be implemented and the specification is currently in development.





# Workflow Optimisation

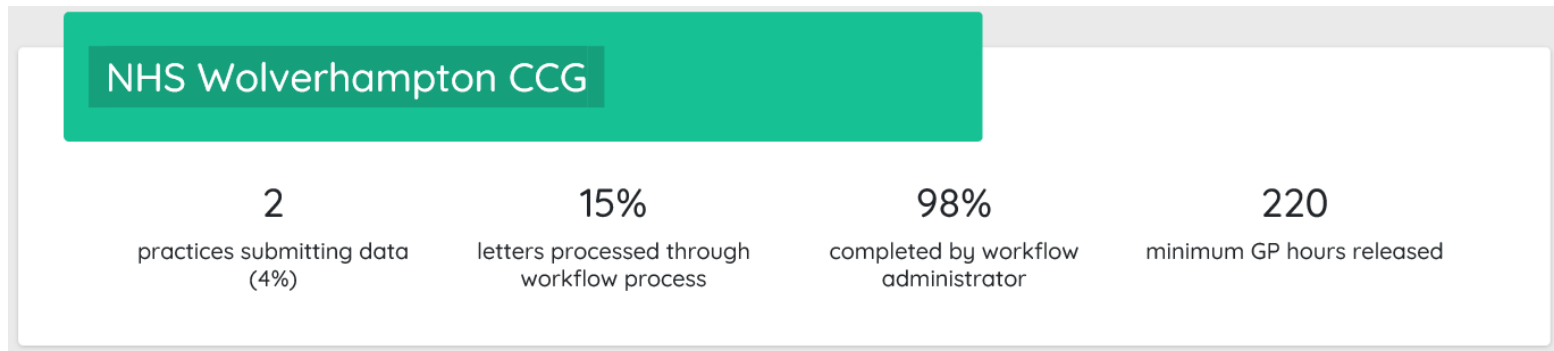
## Q3 Progress

- A review of training completed all of the online modules has taken place for each practice.
- Communications sent to GPs & Practice Managers via E-bulletin regarding engagement at practice and PCN level.
- Survey monkey sent to Practices to gather feedback in relation to performance issues / engagement with Practice Unbound.
- Prestbury Medical Practice remain the top performer using this system regularly and effectively. To date they have saved over 170 hours of GP time. Mayfield medical practice have also started to submit data this quarter.
- See separate detailed report of practice engagement in workflow optimisation.

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## Q4 Next steps

- There is an opportunity for PCNs to evolve a central team/system for workflow, Network workflow to be explored but only if there is enough interest.
- To be discussed at Milestone Review Board as an Agenda Item.



# Enhanced Services

- QOF+
- Improving Access
- Basket Service
- Health Checks
- Peer Review
- Mjog



# QOF+

## Q3 Progress

- Q1&Q2 data reviewed at November development meeting, with discussions held regarding achievements of SMI and LD health checks and how to further support this work.
- Issues with amendments to searches exposed, and resolved.
- Issues around dementia diagnosis, Bowel screening & alcohol have since been resolved.
- Communications out to practices via updated FAQ document.
- Recommendations made by clinical leadership group (STP) for harmonisation of CCG frameworks.

## Q4 Plans

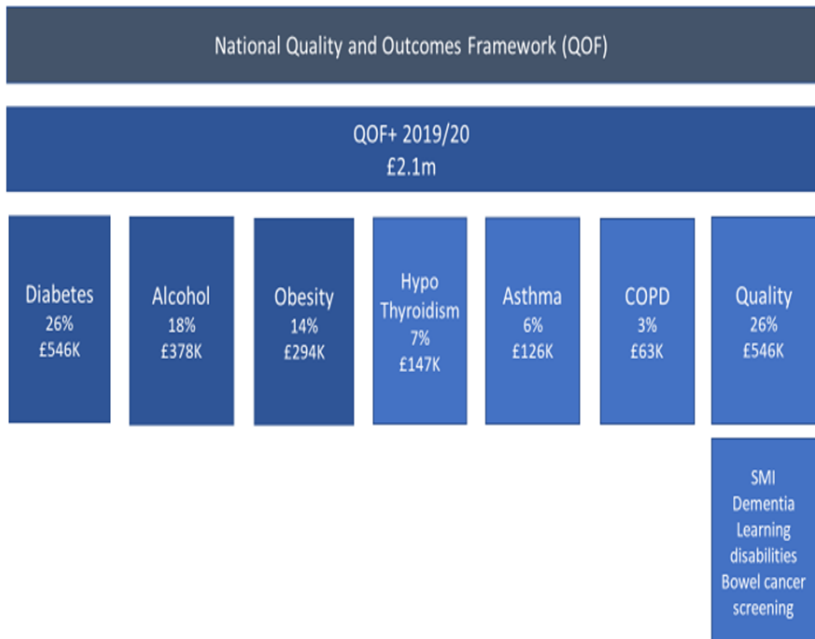
- Provisional data to be validated and shared with practices to confirm if there are any discrepancies.
- Working group developing specification refresh and potential areas of development for 2020/21.

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### Proposals

- CVD
- Screening (Breast / Cervical) building on detail introduced in QOF
- Maternity Immunisations/ smoking cessation
- Respiratory- Claire- no update
- Diabetes- build on current indicators and provide greater clarity
- EOL
- PCN quality premium to incentivise network encouraging all practices to have achieved the CCG thresholds.
- Social isolation-referrals to SPLW for identified cohorts of patients.
- Implementation update pack and FAQs document issued to practices.

Month	Purpose
May	Status check/queries & issues
July	
September	
November	Development opportunities & preparation of potential new content for 2020 AND
December	
January	Review of existing indicator performance/achievement
February	
March	



# Extended Access- Performance

- NHSE/I expected utilisation rate 75%-85% (30 minutes per 1,000 patients)
- Wolverhampton Networks are commissioned to provide a higher more than the NHSE minimum (45 minutes per 1,000 patients)
- Utilisation was lower than expected in November & December
- Promotion of hub appointments for patients and staff training are taking place in January 2020

## OCT TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	95	85	6	83%
2	73	70	6	88%
3	135	80	26	40%
4	58	53	14	67%
5	528	404	48	67%
6	249	162	38	50%
7	117	111	14	83%
8	99	85	9	77%
9	73	70	14	77%
10	119	99	9	76%
11	58	50	11	67%
12	796	549	74	60%
13	400	305	44	65%
14	137	122	9	82%
15	99	88	2	87%
16	97	87	11	78%
17	128	119	10	85%
18	52	46	13	63%
19	419	339	54	68%
20	257	177	45	51%
21	127	118	8	87%
22	102	89	4	83%
23	95	90	2	93%
24	94	115	19	102%
25	58	53	11	72%
26	432	362	43	74%
27	340	253	53	59%
28	130	125	17	83%
29	84	73	3	83%
30	73	67	5	85%
31	79	105	17	111%

## NOV TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	60	50	13	62%
2	699	325	61	38%
3	277	179	47	48%
4	124	109	29	65%
5	94	96	5	97%
6	85	81	11	82%
7	126	103	23	63%
8	52	47	7	77%
9	410	345	54	71%
10	336	210	47	49%
11	118	111	9	86%
12	104	86	14	69%
13	89	79	13	74%
14	114	90	11	69%
15	61	49	11	62%
16	466	368	52	68%
17	257	153	41	44%
18	99	93	17	77%
19	120	98	6	77%
20	89	85	10	84%
21	108	63	13	46%
22	55	45	6	71%
23	608	410	59	58%
24	267	189	43	55%
25	92	86	15	77%
26	99	86	14	73%
27	88	80	8	82%
28	120	112	14	82%
29	59	110	15	161%
30	438	300	29	62%

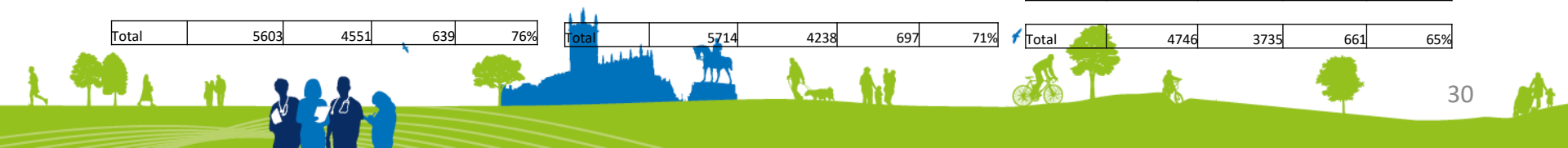
## DEC TOTAL

Day of the month	Available	Booked	DNAs	Utilisation
1	232	172	49	53%
2	109	95	19	70%
3	96	78	17	64%
4	83	72	9	76%
5	141	135	16	84%
6	54	40	6	63%
7	452	382	41	75%
8	229	174	55	52%
9	109	97	20	71%
10	96	69	4	68%
11	85	76	7	81%
12	113	103	19	74%
13	60	41	12	48%
14	404	310	42	66%
15	184	160	30	71%
16	116	109	10	85%
17	97	86	15	73%
18	58	52	9	74%
19	167	152	17	81%
20	60	44	11	55%
21	382	290	40	65%
22	236	188	49	59%
23	125	93	8	68%
24	155	92	46	30%
25	101	26	5	21%
26	130	88	18	54%
27	60	54	16	63%
28	335	230	29	60%
29	200	155	36	60%
30	77	72	6	86%
31	189	130	46	44%

Total	5603	4551	639	76%
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Total	5714	4238	697	71%
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Total	4746	3735	661	65%
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# Primary Care Basket Services

- Basket services monitoring data Q1 – Q3 (as of 20<sup>th</sup> January 2020).
- Wound Care specification will be subject to review in Q4 following confirmation from RWT confirming transition can commence.
- Revisions to wound care specification will be shared with clinical directors and PCCC with a view to implementing change from April 2020.

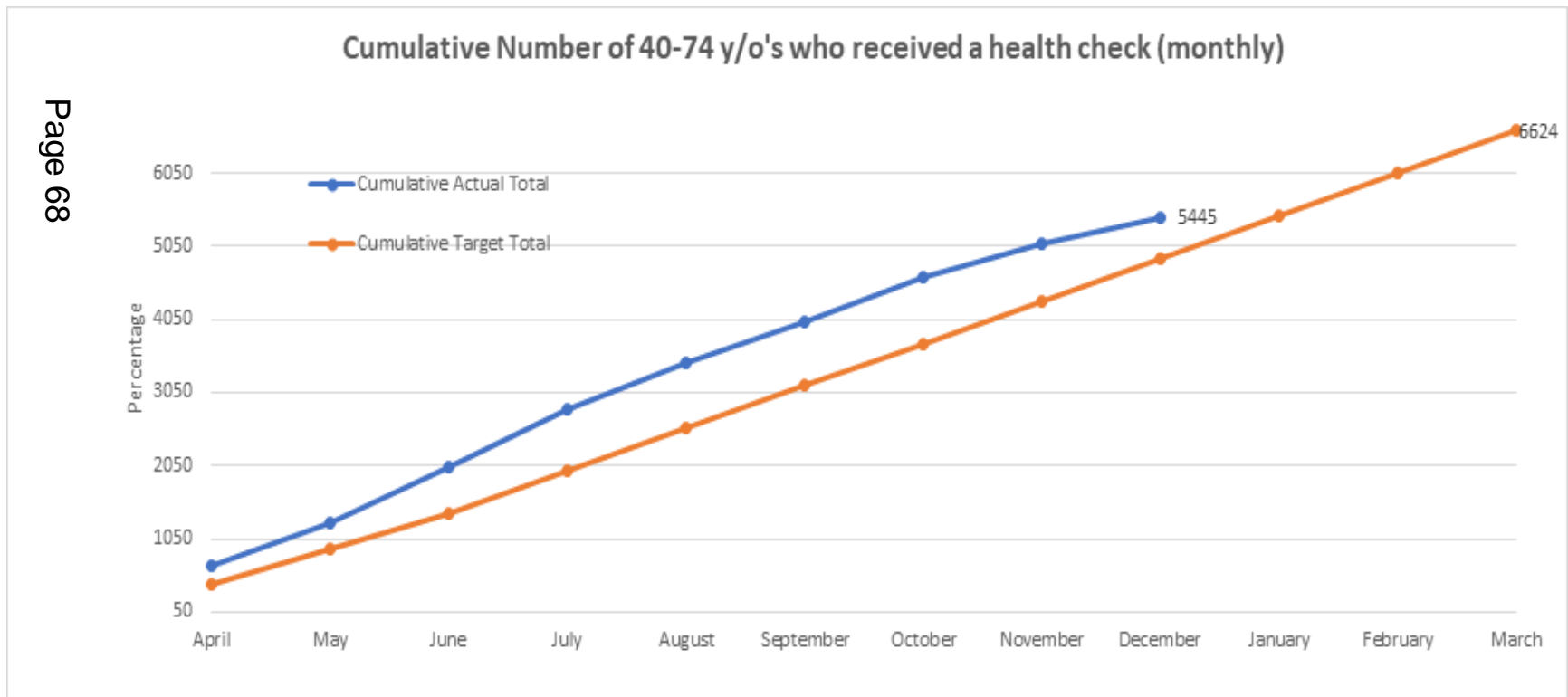
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	Suture/Clip/Staple Removal	Pre-Op Check	Dressing Changes - post secondary care treatment - COMPLEX	Dressing Changes - post secondary care treatment - SIMPLE	12 lead ECG's as part of pre-op or at request of secondary care	Ear Syringes as part of audiology prep	Pessary Changes	Post-Op Checks	Admin of Gonadorelin (Zoladex and Prostrap) Hormone Implants	Subcutaneous injection of Heparin - only where a patient or carer is unable to self-administer	Subcutaneous injection of Heparin - Administration of Epoetins only - where a patient or carer is unable to self-administer	Testosterone	Denosumab	Minor Injuries
	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures	No of Procedures
<b>RWT</b>	294	37	310	982	73	307	72	75	269	2	0	54	26	283
<b>Unity E</b>	226	65	55	795	28	115	13	148	123	0	0	13	15	471
<b>Unity W</b>	247	0	284	924	17	87	19	46	184	10	1	28	24	199
<b>WNN</b>	352	0	539	1026	73	36	31	67	175	5	0	41	16	260
<b>WSEC</b>	386	3	323	1524	18	77	7	164	185	0	0	12	2	105
<b>WTH</b>	230	10	315	848	5	43	24	115	228	0	0	21	17	285
<b>TOTAL</b>	<b>1735</b>	<b>115</b>	<b>1826</b>	<b>6099</b>	<b>214</b>	<b>665</b>	<b>166</b>	<b>615</b>	<b>1164</b>	<b>17</b>	<b>1</b>	<b>169</b>	<b>100</b>	<b>1603</b>



# Health Checks

- **5445** Health Checks have been completed since April 2019; **1420** of those were completed in Q3.
- Wolverhampton continues to perform above targets, and is still the highest performing area within the Black country.



# Peer Review

UI Ref	Work Stream	Name	Data Source	TYPE	Lead	QIPP Annual Plan £	Planned Savings YTD (April to Nov)	Actual Savings YTD (April to Nov)	Total Savings Variance YTD (April to Nov)	Variance from Annual Plan and Total Cumulative Savings £	% of Annual Plan Achieved	RAG RATING (YTD)
93	Primary Care	Demand Management	BI	TF	Jo Reynolds	£ 178,000	£ 118,000	£ 375,580	£ 257,580	Plan Delivered	211%	LOW RISK

Quarter One			Quarter Two			Quarter Three		
April Mth 1	May Mth 2	June Mth 3	July Mth 4	Aug Mth 5	Sep Mth 6	Oct Mth 7	Nov Mth 8	Dec Mth 9
14,000	£ 14,000	£ 15,000	£ 15,000	£ 15,000	£ 15,000	£ 15,000	£ 15,000	
40,956	£ 63,071	£ 50,504	£ 32,730	£ 52,035	£ 41,795	£ 42,969	£ 51,520	

Peer review	Meetings Held
RWT PCN	Meetings planned. Awaiting outcome findings. Specialties TBC
Unity East/ West PCNs	Not Participating
WNN	Urology and ENT - 09/01/20 Dermatology -10/07/19
WSEC	Cardiology - 14/01/20 Urology and Dermatology-8/11/19
WTH	Gynaecology – 17/10/19 Dermatology – 19/06/19

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## Q3 Progress

- FOT increased to £360,000
- Meetings held by some networks i.e. :WSEC, WNN, WTH.
- Development of 2020/21 specification has begun, with scoping of areas taking place.

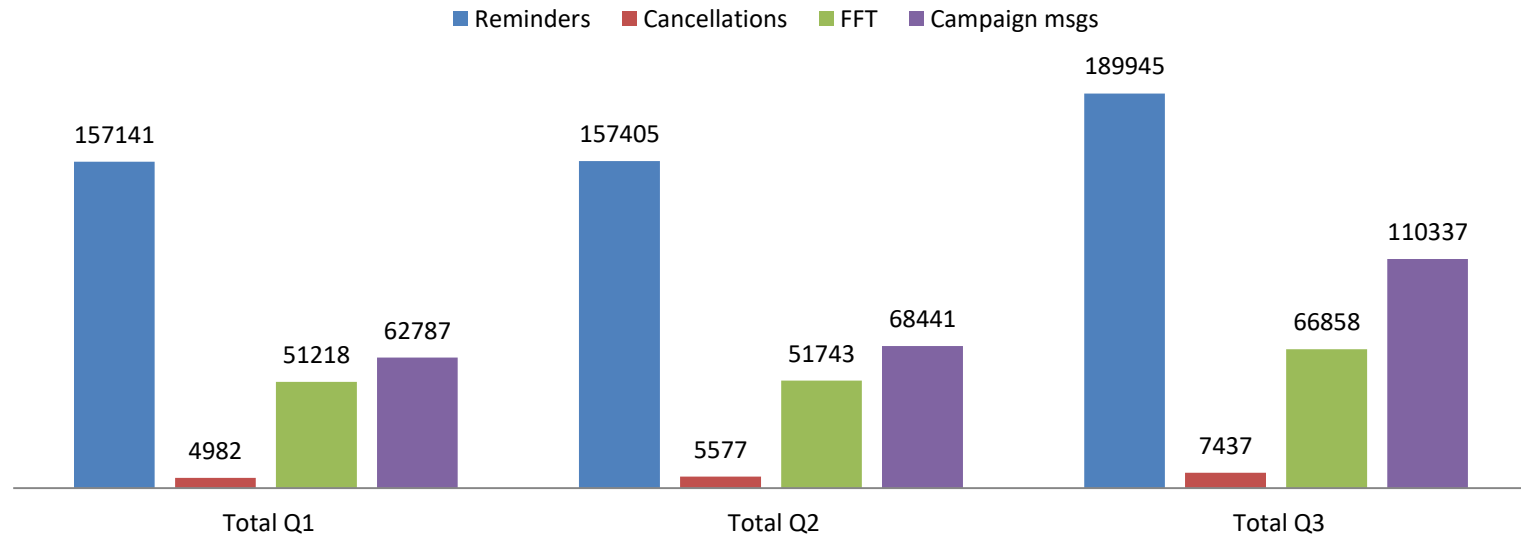
## Q4 Plans

- Scoping for the development of a platform of content to support the new roles within the practice team
- Consultants from areas of specialism attending CD away day for pathway discussion
- Development of 2020/21 spec to continue through approval process.

# Mjog

- 7437 appointments in Quarter 3 have been able to be reallocated, due to cancellations through text message. This is continued increase from previous quarters.
- Participation in FFT continues to be higher than previously recorded due to text messaging.
- There continues to be an increase in Reminders being sent from practices.
- IM&T are working with RWHT to move to a centralised text messaging solution, to support LTC management.

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# Conclusions

- Conclusions and Next Steps

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# Conclusions & Next Steps

## Conclusions

- Primary Care Networks Development programme continues to progress with plans submitted and agreed for development and engagement.
- Continued support and monitoring of new roles within the Wolverhampton networks.
- Care Homes mapped to PCNs.
- Care Navigation Phase 3 navigation points confirmed and implemented template changes for recording on the clinical system.
- Mental Health therapists alignment to networks, further development with the service to map coverage and demand within PCNs.
- Resilience programme fully committed and commenced for the identified practices.
- NHS 111 switch on commencement.
- Peer review continues to makes savings.
- Wolverhampton continues to perform above targets, and is still the highest performing area within the Black country for Health Checks.
- Wound care business case presented to BIC programme board, circulated to Clinical Directors for confirmation of uptake.

## Next Steps

- PCN Workforce Plans are due to be submitted in February 2020
- Working closely with the Training hub to co-ordinate the training offer, PLT events & further opportunity for careers in Primary Care.
- PLT events: 7 updates in a day for Practice managers, Practice Manager Association Practice Manager event, Team W.
- Continue to advertise and review progress of recruitment into primary care – particularly new roles.
- Roll out online triage to final practices achieving 100% coverage in readiness for 1 April contractual requirements.
- 100% Compliance NHS 111 switch on in practices.
- 5 DES specifications: consultation survey submitted early January, revised specifications expected in February.
- Early implementer (digital) specification sign up to commence following approval (January).
- Commissioning intentions 2020/21 to be confirmed following national contract negotiations (March).
- Communications campaigns to be published and disseminated to target audiences.
- PCN Development delivery phase concludes in March
- Commissioning model for primary care at scale services ie portfolio /GPER services
- QOF+ Scheme 2020/21 finalised ready for comment/approval



**WOLVERHAMPTON CCG**
**Primary Care Commissioning Committee**  
**3<sup>rd</sup> March 2020**

<b>TITLE OF REPORT:</b>	Primary Care Quality Assured Spirometry
<b>AUTHOR(S) OF REPORT:</b>	Claire Morrissey
<b>MANAGEMENT LEAD:</b>	
<b>PURPOSE OF REPORT:</b>	To provide the Primary Care Commissioning Committee with an update on the provision of quality assured spirometry within primary care
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• ARTP spirometry qualifications are the recognised competency assessment for all practitioners performing spirometry, with the ARTP being responsible for holding the national register of accredited spirometry practitioners. All personnel performing/ interpreting spirometry must undertake accredited training by 31 March 2021.</li> <li>• CQC expects practices to be able to demonstrate that all staff who perform/ interpret spirometry are competent, and are on the National Register.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• The report should be noted, with the committee noting any further actions</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u>
2. Reducing Health Inequalities in Wolverhampton	<u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u>
3. System effectiveness delivered within our financial envelope	<u>Greater integration of health and social care services across Wolverhampton</u>



## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The purpose of the report is to provide the Primary Care commissioning committee with an update regarding the provision of quality assured spirometry within the primary care networks.

## **2. MAIN BODY OF REPORT**

- 2.1. The main report regarding to Quality Assured Spirometry has previously been presented at the committee in June 2019.
- 2.2. The primary care networks, with the exception of RWT PCN, have all identified appropriate professionals to undertake accreditation to provide the service on behalf of each respective network.
- 2.3. Candidate from Wolverhampton Total Health has successfully completed accreditation and the network has commenced providing the service.
- 2.4. All remaining candidates for Wolverhampton North network, Wolverhampton South East Collaborative, Unity East and West are registered for their assessments and will be submitting portfolios by middle of April.
- 2.5. Primary care networks are still to provide detailed delivery/ implementation plans. Unity networks have highlighted they do not believe there is sufficient capacity within the network to deliver the indicated level of tests outlined within the business case.
- 2.6. Unity networks are currently undertaking discussions with Wolverhampton South East collaborative to establish whether WSE have any additional capacity to deliver on behalf of Unity networks.

## **3. CLINICAL VIEW**

- 3.1. Black Country STP Respiratory Clinical leaders group

## **4. PATIENT AND PUBLIC VIEW**

- 4.1. N/A

## **5. KEY RISKS AND MITIGATIONS**

- 5.1. There is a risk there will be low uptake within primary care to provide the service.
- 5.2. Primary Care practitioners may not be able to maintain competencies if provision of service is at practice level rather than network level.



5.3. Primary Care practitioners may still refer patients for direct access to diagnostic spirometry at RWT.

## **6. IMPACT ASSESSMENT**

### ***Financial and Resource Implications***

6.1. Funding has been identified within the Primary Care budget for this service.

### ***Quality and Safety Implications***

6.2. Quality Impact Assessment has been agreed and signed off by CCG Quality team.

### ***Equality Implications***

6.3. Full Equality Impact Assessment has been agreed and signed off

### ***Legal and Policy Implications***

6.4. As outlined within the above report, CQC requires practices to be able to demonstrate that all staff that perform/ interpret spirometry are competent, and are on the National Register.

### ***Other Implications***

6.5. Activity currently taking place at RWT for direct access to diagnostic spirometry will need to be discussed during contract negotiations, as there is the expectation that activity will reduce at the Trust once the remaining networks are delivering the service at scale.

**Name** Claire Morrissey  
**Job Title** Strategic Transformation Manager  
**Date:** 3<sup>rd</sup> March 2020

**ATTACHED:**

**RELEVANT BACKGROUND PAPERS**





### 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>Emailed business case S Chhokar</b>	<b>25/04/19</b>
	<b>Revised business case emailed L Sawrey</b>	<b>29/05/19</b>
Quality Implications discussed with Quality and Risk Team	<b>S Parvez</b>	<b>27/02/19</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>D King</b>	<b>30/04/19</b>
Information Governance implications discussed with IG Support Officer	<b>Kelly Huckvale</b>	<b>22/05/19</b>
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Claire Morrissey</b>	<b>18/06/19</b>



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