

**Meeting of the Primary Care Joint Commissioning Committee
Tuesday 1st March 2016
2.00pm
Wolverhampton Science Park, Stephenson Room**

A G E N D A

- | | | | |
|----|---|-------|---------|
| 1 | Welcome and Introductions | Chair | |
| 2 | Apologies | | |
| 3 | Declarations of Interest | | |
| 4 | Minutes of the meeting held on 2 February 2016 | | 1 - 6 |
| 5 | Matters arising from the minutes | | |
| 6 | Committee Action Points | | 7 - 10 |
| 7 | West Midlands MOU for the Primary Care Hub | MH | 11 - 34 |
| 8 | NHS England Update | NHSE | |
| 9 | NHS England Finance Update | CH | |
| | • Wolverhampton CCG GP Services Budget | | 35 - 42 |
| 10 | Wolverhampton CCG Update | MH | |
| 11 | Update on Primary Care Programme Board Activity February 2016 | MG | 43 - 48 |
| 12 | Primary Care Commissioning Operations Management Group Update | MH | 49 - 56 |
| 13 | Any other Business | | |
| 14 | Date of next meeting
5 April 2016 at 2.00 pm in the Main CCG Meeting Room,
Wolverhampton Science Park | | |

MEMBERSHIP	
Wolverhampton CCG	Ms P Roberts (Chair) Dr D Bush, Dr M Kainth, Dr A Sharma (1 to attend) Mr S Marshall Ms M Garcha
NHS England	Mr R Yeabsley Ms G Shelley Ms A Nicholls

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

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 2 February 2016
Commencing at 2.30pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	No
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Karen Helliwell	Locality Director (Birmingham, Solihull& Black Country)	No
Donna Macarthur	Head of Primary Care	No
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	Yes

Non-Voting Observers ~

Cllr Sandra Samuels	Chair – Health and Wellbeing Board (WCC)	Yes
Dr Arko Sen	Chair – Wolverhampton Healthwatch	No
Dr Bhavinkumar Mehta	Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Charmaine Hawker	Deputy Head of Finance West Midlands (NHS England)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Claire Skidmore	Chief Financial Officer (WCCG)	Yes
Jane Worton	Primary Care Co-ordinator (WCCG)	Yes

Welcome and Introductions

PCC27 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

PCC28 Apologies were submitted on behalf of Karen Helliwell, Donna Macarthur, Steven Marshall, Dr Helen Hibbs, Bal Dhami and Dr Arko Sen.

Declarations of Interest

PCC29 No declarations of interest were made.

Minutes of the Meeting Held on 14 January 2016

PCC30 Resolved:

That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record.

Matters arising from the minutes

PCC31 There were no matters arising from the minutes.

Committee Action Points

PCC32 **Minute Number PCC08 Arrangements for future meetings**

It was noted the schedule of Committee dates for 2016/17 have now been diarised.

Minute Number PCC17 Proposed amendments to Committee Terms of Reference

It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England.

Minute Number PCC18 Primary Care Commissioning Operations Management Group Terms of Reference

It was noted that the updated Terms of Reference were on this meeting's agenda for discussion.

Minute Number PCC19 Upcoming issues for provisional work programme

It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England.

Minute Number PCC19 Upcoming issues for provisional work programme

It was noted that the planning return will be brought to the next Committee Meeting.

Minute Number PCC21 NHS England Finance Update

Item included on this meeting's agenda for discussion.

Minute Number PCC21 Capital Review Group / Strategic Estates

It was confirmed that Capital Review Group / Strategic Estates Forum minutes are included on the agenda at the Primary Care Commissioning Operations Management Group (PCCOMG) Meetings.

RESOLVED: That the above is noted.

Proposed amendments to Committee Terms of Reference

PCC33 Mr McKenzie confirmed that the circulated Terms of Reference included the amendments discussed at previous meetings and are included on the February 2016 Governing Body agenda for information. It was noted that document will be incorporated in constitution in the next available amendment window.

RESOLVED: That the final terms of reference are noted.

Primary Care Commissioning Operations Management Group Terms of Reference

PCC34 Mr McKenzie presented the amended draft Terms of Reference which incorporated all suggested amendments.

RESOLVED: That the final terms of reference are noted.

Upcoming Issues for Provisional Work Programme

PCC35 There were no further issues to raise.

RESOLVED: That the above is noted.

Primary Care Strategy and Implementation Plan

PCC36 Ms Skidmore and Mr Hastings presented the Primary Care Strategy and Implementation Plan in Mr Marshall's absence. It was stated that the Strategy had been agreed at the January 2016 Governing Body Meeting and CCG Members Meeting on 20 January 2016.

Cllr Samuels joined the meeting.

The current focus is the implementation phase and the CCG Executive Team will be meeting this week to discuss the management structure to support the Strategy.

An update was provided on the emerging models in Wolverhampton:

Three Wolverhampton practices are interested in vertical integration with the Royal Wolverhampton NHS Trust. This is an internal RWT plan to mobilise from 1 April 2016. Wolverhampton CCG has a number of queries regarding issues such as contracts, risks and CCG membership which will be addressed through a joint meeting on 4 February 2016.

The Primary Care Home Model involves eight Wolverhampton practices. A meeting is taking place on 3 February 2016 to discuss the development of a working model.

A query was raised by Cllr Samuels regarding how the issues around Looked After Children would be addressed. It was confirmed that joint working is ongoing with Local Authority colleagues in terms of the governance and making appropriate placements. The aspirations for the Strategy are focused on how the CCG can build on the existing services that are now in place and the quality of the placements that are made.

RESOLVED: That the Primary Care Joint Commissioning Committee notes the content of the Primary Health Care Strategy and Implementation Plan.

Financial Planning

PCC37 Ms Hawker provided a verbal update regarding financial planning for 2016 onwards.

Towards the middle of January 2016, all CCGs were notified of their GP Services budget over a five year period irrespective of their delegated status, 3 years were firm and 2 years were indicative. Across the West Midlands there has been average growth of around 3.74% for 2016/17, Wolverhampton has 4.14% growth awarded to the GP Services Budget. This figure takes into account that the CCG is deemed to be 'below target'. Currently across the West Midlands there is a distance from target of 1.53% on GP Services on average, Wolverhampton CCG is just over 6% below target which suggests historic underfunding.

NHSE have reviewed what needs to be funded next year and what the residue balance is that could then be invested to support implementation of the Primary Care Strategy. The Operational Plan is to be submitted by 8 February 2016 so high level information has been shared with the CCG at this stage albeit some assumptions have had to be made around the GP contractual negotiations for 2016/17. This is to be noted as a risk as a level of inflation has been assumed and it is hoped that further clarification will be gained at the end of March 2016.

In-year costs and Primary Care Infrastructure fund costs will also need to be considered in view of recurrent revenue impact on rent for premises.

NHSE are also required to deliver a set of business rules, which means that a provision has been made for the 1% non-recurrent transformation fund. Allowances also have to be considered for a 0.5% contingency which is to assist with managing and delivering a break even position for 2016/17.

It was noted that Wolverhampton CCG are currently in a sound position in terms of the GP services budget for 2016/17. A further report will be brought to the next meeting.

RESOLVED: That the above is noted.

West Midlands Memorandum of Understanding (MOU) for the Primary Care Hub

PCC38 Mr Hastings presented the final draft version of the West Midlands MOU for the Primary Care Hub. It was noted that content has been reviewed by CCG Executives and needed to be aligned to the revised CCG structure.

RESOLVED: That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.

NHS England Update

PCC39 Ms Nicholls informed the Committee that Donna Macarthur had left NHS England to take a position at Walsall CCG. Richard Yeabsley is now covering the role.

It was noted that Karen Helliwell will be leaving NHS England in the next few weeks. Alistair McIntyre will be taking over her role from 21 February 2016 and will be attending future meetings of this Committee.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC40 Mr Hastings informed the Committee that the next PCCOMG Meeting is due to take place on 16 February 2016 and the next Capital Review Group / Strategic Estates Forum is due to take place on 10 February 2016.

Discussion took place around the Primary Care Transformation Fund bids and it was noted that locally practices had been invited to submit expressions of interest for funding. It was confirmed that an expression of interest had been received from Whitmore Reans Health Centre.

RESOLVED: That the above is noted.

Primary Care Delivery Board Update

PCC41 Ms Garcha informed the Committee that the Delivery Board schemes have been agreed in line with QIPP schemes and significant number are linked to quality and any financial efficiencies which are attached to them.

The focus of the Delivery Board going forward is further engagement with GPs through localities with a drive to improve quality.

RESOLVED: That the above is noted.

Any Other Business

PCC42 Ms Roberts updated the Committee regarding the information provided from Mr Blankley around Pharmacy First and it was noted that a poster has now been issued to Wolverhampton Practice Managers.

RESOLVED: That the Pharmacy First information will be circulated to the Committee.

Date, Time & Venue of Next Committee Meeting

PCC43 Tuesday 1 March 2016 at 2.00 pm, Wolverhampton Science Park

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
4	03.12.15	PCC06	Upcoming Issues for Provisional Work Programme That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.	March 2016	Anna Nicholls	14.01.16 – Anna Nicholls confirmed that the Showell Park Procurement will be brought to the Private Session of the Primary Care Joint Commissioning Committee in March 2016.
14	14.01.16	PCC21	WCCG Estates Strategy That the final Estates Strategy be brought to a future Committee Meeting.	April 2016	Mike Hastings	
15	02.02.16	PCC38	West Midlands MOU for the Primary Care Hub That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.	March 2016	Mike Hastings	
16	02.02.16	PCC42	Pharmacy First That the Pharmacy First information be circulated to the Committee.	March 2016	Jane Worton	
17	02.02.16	PCC37	Financial Planning A further report to be brought to the next Committee meeting.	March 2016	Charmaine Hawker	

Closed Items

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the 3 GP Locality Leads will attend on a rotational basis for the next 12 months. Mr McKenzie to inform Locality Leads of this arrangement.	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the review of the Committee Terms of Reference be in line with the two window a year permitted by NHS England for the CCG's constitution to be amended.	Peter McKenzie	14 January 2016	Action complete
3	03.12.15	PCC05	Primary Care Commissioning Operations Management Group Terms of Reference That the Care Quality Commission will be invited to future meetings of this Group.	Mike Hastings	14 January 2016	14.01.16 – Mike Hastings confirmed that he has spoken to the Head of Quality and Risk at the CCG to confirm local CQC Lead contact details.
5	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That the following items be included as standing items on the agenda: <ul style="list-style-type: none"> • NHS England Update • NHS England Finance Update • Wolverhampton CCG Update • Primary Care Delivery Board Update • Primary Care Commissioning Operations Management Group Update 	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.
6	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That Charmaine Hawker, Assistant Head of Finance - Primary Care, from NHS England Finance is invited to attend future Committee meetings.	Jane Worton	14 January 2016	14.01.16 – Confirmed that Charmaine Hawker had been invited to attend future Committee meetings.

7	03.12.15	PCC08	Arrangements for future meetings That the first public meeting of this Committee will take place in March 2016.	March 2016	Peter McKenzie	02.02.16 - It was noted the schedule of Committee dates for 2016/17 have now been diarised. Item closed.
8	14.01.16	PCC17	Proposed Amendments to Committee Terms of Reference That the February 2016 WCCG Governing Body Meeting and Sub Regional Team will receive an Executive Summary from this Committee.	February 2016	Pat Roberts	02.02.16 - It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England. Item closed.
9	14.01.16	PCC18	Primary Care Commissioning Operations Management Group Terms of Reference That the March 2016 Committee Meeting receive an update from the PCCOMG Meeting on 16 February 2016. That the risk register and Mike Hastings change in role title is reflected in the Terms of Reference.	March 2016	Peter McKenzie	02.02.16 - The updated Terms of Reference were discussed and the amendments agreed. Item closed.
10	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That the draft Primary Care Strategy is to be shared with NHS England.	February 2016	Margaret Chirgwin	02.02.16 - It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England. Item closed.
11	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That NHS England share the Operational Plan template with the Committee.	February 2016	Karen Helliwell	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. Item closed.
12	14.01.16	PCC21	NHS England Finance Update That an update on financial planning will be presented to the Committee in February 2016.	February 2016	Charmaine Hawker	02.02.16 – The update on financial planning was provided. Item closed.
13	14.01.16	PCC21	Capital Review Group / Strategic Estates Forum That the Capital Review Group / Strategic Estates Forum minutes be reported to the PCCOMG Meetings.	February 2016	Jane Worton	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.

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WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
1 MARCH 2016

Title of Report:	Memorandum of Understanding (MOU) for the West Midlands Primary Care Hub (Wolverhampton CCG)
Report of:	Mike Hastings - Associate Director of Operations Jane Worton – Primary Care Liaison Manager
Contact:	Jane Worton – Primary Care Liaison Manager
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Committee with an update regarding the Primary Care Hub MOU.
Public or Private:	Public
Relevance to CCG Priority:	Developing and Strengthening Leadership Capacity and Capability.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	The MOU sets out the framework for how the Primary Care Hub will operate to support the CCG in discharging the responsibilities for Commissioning Primary Medical Services from NHS England.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. In September 2015 the 7 CCGs in Arden, Herefordshire and Worcestershire and 3 CCGs from Birmingham, Solihull and the Black Country (Wolverhampton, Solihull and Walsall) attended an initial meeting and agreed to the principle that the existing NHS England primary care contracting and primary care finance teams could support CCGs in the commissioning of primary medical services through a hub arrangement for the remainder of 2015/16 and 2016/17.
- 1.2. It was agreed that a Memorandum of Understanding would be produced to develop governance arrangements alongside a handbook to support CCGs.

2. WEST MIDLANDS PRIMARY CARE HUB MOU (WOLVERHAMPTON CCG)

- 2.1. See attached draft MOU (appendix 1).
- 2.2. The draft MOU has previously been shared with the CCG Executive Team and this Committee in February 2016. It is to be noted that sections relating to Out of Area Patients and Quality and Risk are currently under consideration by CCG leads.

3. CLINICAL VIEW

- 3.1. Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable to this report.

5. RISKS AND IMPLICATIONS***Key Risks***

- 5.1. Failure to agree and embed the MOU will cause operational issues across the CCG in supporting primary care services in Wolverhampton.
- 5.2. Failure to deliver an effective hub arrangement to support the CCG until fully delegated status is achieved.

Financial and Resource Implications

- 5.3. Not applicable to this report.



Quality and Safety Implications

5.4. Not applicable to this report.

Equality Implications

5.5. Not applicable to this report.

Medicines Management Implications

5.6. Not applicable to this report.

Legal and Policy Implications

5.7. Not applicable to this report.

6. RECOMMENDATIONS

6.1. The Primary Care Joint Commissioning Committee notes and provides feedback on the content of the draft West Midlands Primary Care Hub (Wolverhampton CCG) MOU.

Name	Mike Hastings
Job Title	Associate Director of Operations
Date:	22 February 2016

ATTACHED:

Appendix 1

Memorandum of Understanding for the West Midlands Primary Care Hub (Wolverhampton CCG)



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	Mike Hastings	22/02/16





**Memorandum of Understanding
for the West Midlands Primary
Care Hub
(Wolverhampton CCG)**

Memorandum of Understanding (MOU) for the West Midlands Primary Care Hub

Version number: 1.0 Wolverhampton CCG

First published: 12 October 2015

Updated on: 25 November 2015

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1. Introduction

There are 14 Clinical Commissioning Groups (CCGs) in NHS England West Midlands. The following table identifies the current co-commissioning level as at October 2015

CCG	Current Status
South Warwickshire	Fully delegated
Herefordshire	Joint delegation
Redditch & Bromsgrove	Joint delegation
Wyre Forest	Joint delegation
South Worcestershire	Fully delegated
Coventry & Rugby	Greater Collaboration
Warwickshire North	Joint delegation
Birmingham Cross City	Fully delegated
Birmingham South Central	Fully delegated
Sandwell and West Birmingham	Fully delegated
Dudley	Fully delegated
Walsall	Joint Commissioning
Solihull	Joint Commissioning
Wolverhampton	Greater collaboration until October 1 2015

In September 2015 the 7 CCGs in Arden, Herefordshire and Worcestershire and 3 CCGs from Birmingham Solihull and the Black Country locality (Wolverhampton, Solihull and Walsall) attended an initial meeting and agreed to the principle that the existing NHS England primary care contracting and primary care finance teams could support CCGs in the commissioning of Primary Medical Services through a Primary Care Hub arrangement for the remainder of 2015/16 and for 2016/17. The actions agreed following this meeting were to develop the governance via an MOU and a list of the functions, known as the **handbook** for further consideration.

The potential for this Hub has been raised with all CCGs in the West Midlands area and information shared where requested. This document will be sent to all CCGs for consideration.

NHS England West Midlands will continue to commission community pharmacy, dental and optometric services during 2015/16 and 2016/17

The establishment of the Hub was agreed to ensure that both CCGs and NHS England West Midlands retain access to the established contracting and finance expertise in order to effectively discharge their respective functions.

NHS England will establish the Hub to include community pharmacy, dental and optometric services in order to support the integration of functions across the primary care team.

The purpose of this memorandum of understanding is to set out the proposed principles and detailed working arrangements between the Primary Care Hub and CCG commissioners for the agreed term (up until March 2017).

2. Principles

The following principles are proposed to support effective fully delegated and joint commissioning of Primary Medical Services:

- The Primary Care Hub will work to the direction of each CCG or to direction jointly agreed by multiple CCGs where appropriate, in line with regulations and directions.
- The Primary Care Hub will support CCGs as necessary in the CCG Assurance process of Primary Care. The Hub will not be part of the NHS England assurance process for CCGs.
- Working arrangements have been, and will continue to be, co-designed between the Primary Care Hub, CCG commissioners & NHS England Commissioners (for the non-delegated functions).
- Arrangements will aim to make the best use of NHS resources to enhance primary care commissioning to improve quality, outcomes and value.
- Arrangements will be practical, reduce duplication and minimise additional workload.
- The aim is to not destabilise the commissioning resources required for CCGs or NHS England to discharge their respective functions effectively.
- The Primary Care Hub and CCGs will conduct business in an open and transparent way.
- Work is underway to deliver the agreed MOU and Handbook and commence implementation of the Hub for 1 December 2015.

3. Ways of working

3.1 Developing ways of working

A virtual group has been established comprising of the Deputy Head of Primary Care and a co-commissioning lead from representative CCGs. This group has overseen the development of principles to be included in this MOU and in the Handbook. This group is not exclusive and other CCGs are welcome to join. The group will continue to support the ways of working between CCGs and the Primary Care Hub in advance of 1/12/15. It will continue to oversee further developments during 2015/16. A Network/liaison group will be established with

representation from each of the participating CCGs and NHS England to coordinate further work in the development of the Hub and to provide a forum for discussion.

NHS England and the CCGs recognise that the development of the Hub does require some cultural change in the working relationships between NHS England and the CCGs. During November NHS England is committed to providing time for staff within the Hub to review the changes they need to make to their systems and processes. This will take the form of an externally facilitated workshop. At the end of November, NHS England proposes running a similar event with representatives from CCGs in order to discuss and agree the joint cultural changes needed in order to deliver a successful Hub function.

3.2 Detailed working arrangements for 2015/16

The following areas have been considered to define working arrangements

- Governance – decision making
- Governance – reporting and information sharing
- Quality and performance assurance and improvement
- Incident management and reporting
- Complaints management and reporting
- Financial management / reporting
- GP premises development
- Crisis management

The detailed working arrangements have been captured in a standard template and these are included in the **Primary Care Hub Handbook** which supplements this MOU.

These working arrangements will be kept under review during 2015/16 and refined as necessary with updates reflected in further iterations of the handbook.

3.3 Detailed working arrangements – Key Contacts

Key interfaces between the Primary Care Hub team and teams within CCGs are included in the **Primary Care Hub Handbook**.

Donna MacArthur (Head of Primary Care) and Charmaine Hawker (Assistant Head of Finance for Primary Care), supported by Martina Ellery (Deputy Head of Primary Care) are the key contacts for the development of the MOU.

The team are supported by David Williams, Lead Director for Primary Care in NHS England (West Midlands).

3.4 CCG commissioning priorities

Much of the work of the Primary Care Hub is to deliver core contracting and finance activities e.g. implementing changes to the national General Medical Services (GMS) contract. Each CCG will however have local priorities that require Primary Care Hub support to deliver.

A named Primary Care Hub Contracting and a named Primary Care Finance lead will work with each CCG co-commissioning lead to identify these priorities and agree how they can be supported by the Primary Care Hub. The Primary Care Hub will do everything it can to flexibly support CCGs to deliver their responsibilities under co-commissioning.

4. Ways of working

4.1 Functions of the HUB

The Hub will support the delivery of functions specified in Clause 6 of the Delegation Agreement for those CCGs who have opted for full delegation as well as a number of other functions pertinent to the management of Primary Medical Care Contracts in line with the grid below. It is proposed that the Hub will, however, support all CCGs signed up to the MOU in a consistent manner irrespective of their level of co-commissioning.

The majority of the processes listed below are considered 'Core' and will be carried out in line with the relevant Regulations and NHS England policies. A set of Standard Operating procedures aligned to the policies will underpin the day to day work of the Hub and these are defined in the **Handbook**. There is scope for individual CCGs to refine the offer by determining the level of support they wish to receive from the Hub on a small range of activities identified. This will be clearly identified in an agreed functions/list specification for each CCG at the commencement of the Hub service

The Hub does now need to continue discussion with CCGs to agree the list of functions that are CORE and those that can be individually determined (TBC). This differentiation of functions could possibly be further refined by the Hub preparing some elements for the CCG to present to Practices (SUPPORT). The terms CORE, TBC and SUPPORT are used in the table overleaf to highlight the different areas.

The following table outlines the functions and activities that need to be undertaken:

Support for Delegated Functions

In line with clause 6 of the Delegation Agreement, CCGs maintain the responsibility for:

- I. Decisions in relation to Enhanced Services;
- II. Decisions in relation to Local Incentives Schemes, including the design of such schemes;
- III. Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- IV. Decisions about commissioning urgent care for out of area registered patients;
- V. The approval of practice mergers;

- VI. Planning primary medical care services in the Area, including carrying out needs assessments;
- VII. Reviewing primary medical services in the Area;
- VIII. Decisions relating to the management of poorly performing GP practices;
- IX. Managing the funds delegated to the CCG for the purpose of meeting expenditure in respect of the Delegated Functions;
- X. Premises Costs Directions Functions;
- XI. Co-ordinating a common approach to primary care commissioning with other commissioners in the Area; and
- XII. Any other activities necessary to support the above functions

Key: **CORE**, key function of the Hub. **TBC** for individual determination between CCG and Hub. **SUPPORT**, Hub provides to the CCG and ☒ for CCG function.

Activity	CCG	NHSE
I. Decisions in relation to Enhanced Services;		
- Share national specifications and templates for Directed Enhanced Services (DESS) when released in order to facilitate annual sign up process.		CORE
- Produce letters to all practices inviting them to participate in DESS		CORE
- Distribute, log and receive responses from practices.		CORE
- Agree related arrangements e.g. plans for Extended Hours Access.	<input checked="" type="checkbox"/>	
- Monitor performance against DESS by individual practice in line with agreed schedule		CORE
- Manage and respond to queries from practices relating to DESS		CORE
- Produce draft report on performance against DESS by individual practice in line with agreed reporting periods		CORE
II. Decisions in relation to Local Incentives Schemes, including the design of such schemes.		
- Develop proposals for Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain LMC support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain Member Practice support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain NHSE support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	SUPPORT

- Gain Primary Care Committee approval for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
III. Decisions in relation to the establishment of new GP practices (including branch surgeries) and the closure of GP practices.		
- With due regard to NHSE policies and procedures for primary medical services, prepare paperwork to support CCG decision-making process.		CORE
- Sign off the paper(s) for Primary Care Committee with respect to the establishment of new GP practices and the closure of GP practices.	<input checked="" type="checkbox"/>	
- Supporting the closure of practices including the management of list dispersals		CORE
IV. Decisions about commissioning urgent care for Out of area registered patients.		
- Agree contract for services		CORE
- Monitor contract		CORE
- Respond to any queries relating to the OOA scheme		CORE
V. The approval of practice mergers.		
- With due regard to NHSE policies and procedures for primary medical services, prepare paperwork to support CCG decision-making process.		CORE
- Sign off the paper(s) for Primary Care Committee with respect to practice mergers.	<input checked="" type="checkbox"/>	
VI. Planning primary medical care services, including carrying out needs assessments.		
VII. Reviewing primary medical services in the Area.		
- Work with the Local Authority (in context of the JSNA and future population growth) to assess and plan future requirements from primary medical services.	<input checked="" type="checkbox"/>	
- Share relevant intelligence as requested by the CCG.		CORE

- Produce paper(s) for Primary Care Committee with respect to the establishment of new primary medical services identified as necessary to meet the needs of the local population in the Area and/or the decommissioning of existing primary medical services.	<input checked="" type="checkbox"/>	SUPPORT
VIII. Decisions relating to the management of poorly performing GP practices.		
- Produce NHSE performance dashboard and send to CCG.	<input checked="" type="checkbox"/>	SUPPORT
- Produce CCG components of quality dashboard.	<input checked="" type="checkbox"/>	
- Monitor contractual and quality performance of all constituent GP practices.	<input checked="" type="checkbox"/>	CORE (for contractual)
- Identify practices of concern including nature of the issue (contractual versus quality) and determine next steps in line with agreed framework.	<input checked="" type="checkbox"/>	SUPPORT
- With due regard to Regulation and NHSE policies and procedures for primary medical services, take contractual action (as required) and monitor impact.		CORE
- Identify any individual performer issues and raise these with the NHSE medical directorate.	<input checked="" type="checkbox"/>	CORE
- Take appropriate performer-related actions.		CORE
- Undertake actions to support quality improvement in general practice, as required.	<input checked="" type="checkbox"/>	
- Supporting the resolution of quality related issues (i.e practices at Stage 2 and 3 of the performance framework)	<input checked="" type="checkbox"/>	SUPPORT
- Attend the PPIGG to share intelligence on practice performance issues.	<input checked="" type="checkbox"/>	SUPPORT
- Produce reports on performance for relevant committees and Quality Surveillance Group.	<input checked="" type="checkbox"/>	SUPPORT

IX. Managing the funds delegated to the CCG for the purpose of meeting expenditure in respect of the Delegated Functions

Under Joint Commissioning Arrangements the financial management and reporting of Primary Care expenditure in relation to GP Services directly commissioned by NHSE will be undertaken by NHSE West Midlands.

X. Premises Costs Directions Functions;

New premises developments and improvement grants:

- Create the strategic framework for premises developments and improvement grants.



- General advice and support on planning applications, eoi's from practices, visits to practices

CORE

- Invite practices to submit proposals/business cases for premises developments/improvement grants.



- Review practice proposals in detail, including cost-benefit analysis, VFM (revenue consequences).



SUPPORT

- Consult with LMC regarding schemes prioritised for approval.



SUPPORT

- Prepare paper(s) for Primary Care Committee



SUPPORT

- Work with individual practices to implement proposals within required timescales.

CORE

- Produce regular update reports, as required, for CCG sign off.



SUPPORT

- Sign off reports at Primary Care Committee.



Rent reviews:

- Produce and maintain a three-yearly schedule of rent reviews for each GP practice.

CORE

- Liaise with the District Valuer regarding the rent and rates payment for each

CORE

practice.		
- Produce for CCG sign off a letter to each practice notifying them of the practice rent and rates reimbursement level.		CORE
- Sign off and send letters to practices.	<input checked="" type="checkbox"/>	SUPPORT
- Manage associated appeals process.		CORE
- Produce quarterly reports to enable financial updates to be made.		CORE
Other premises related issues:		CORE
- Manage all other premises related issues, as appropriate in line with the Premises Costs Directions, with CCG sign off.		
- S106/Planning Applications: working with Public Health (WCC) draft, for CCG sign off, a response to relevant planning applications, specifying S106 funding requirements.	<input checked="" type="checkbox"/>	SUPPORT
- S106/Planning Applications: maintain a register of agreed S106 funding in an up to date state.		CORE
- Managing the successful bids and developments from the first round of PCIF		CORE
-		
- Managing applications and implementation process for second (and any subsequent) tranche of PCIF	<input checked="" type="checkbox"/>	
XI. Co-ordinating a common approach to primary care commissioning with other commissioners in the Area		
- Co-ordinating the dissemination and implementation of guidance relevant to medical contracts		CORE
- Participating in relevant local and national networks to ensure standardisation and dissemination of best practice	<input checked="" type="checkbox"/>	SUPPORT
- Liaison with Local Medical Committees	<input checked="" type="checkbox"/>	SUPPORT

XII. Any other activities necessary to support the above functions		
- Management of routine contract variation applications (e.g. 24 hour retirements, partner changes)		CORE
- Management of non-routine contract variation applications (e.g. PMS, APMS, List Closures, boundary changes)		CORE
- Management of statutory contract changes		CORE
- Issuing of remedial and breach notices and associated action plans where relevant		CORE
- Responding to day to day contract related queries		CORE
- Liaison with PCS regarding routine contract related matters		CORE
- Manage patient allocations		CORE
- Liaison with PCS regarding non-routine contract related matters (e.g. patient allocations)		CORE
- Supporting the resolution of practice disputes where appropriate		CORE
- Supporting the resolution of issues resulting from unexpected events impacting on practices (e.g. contractor death)	☑	SUPPORT
- Management of the Violent Patients Scheme		CORE
- Management of the Occupational Health Schemes		CORE
- Management of Clinical Waste Contracts		CORE
- Management of Translation and Interpretation Contracts	☑	
- Supporting the coordination of data returns (e.g. workforce returns, annual e-declaration etc)	☑	SUPPORT

- Management of SLAs to ensure that enabling IT services are provided to contractors (NHSmal support, Registration Authority, Information Governance support and Clinical Safety & Assurance)		CORE
- Management of the approval of requests to go live with Electronic Prescribing Release 2		CORE
- Support of and the management of Prime Minister's Challenge Fund schemes		CORE
- Management of DSQS		CORE
- Producing a monthly summary log of queries per CCG		CORE

Approved by:

CCG Lead Signature: _____ **Date:** _____

Print Name: _____

Designation: _____

Signature: _____ **Date:** _____

Print Name: David Williams

Designation: Locality Director, NHS England (West Midlands Local Office)

4.2 Financial Management Support

The development of the HUB ensures that CCGs and NHS England West Midlands retain access to established primary care finance expertise. The following table identifies the support available to CCGs from the Primary Care Finance Team.

From April 2016 it is proposed that payments nationally relating to GP Services for Delegated CCGs will be processed via the NHAIS system directly into CCG ledgers rather than via NHS England as it is currently in 2015/16. It is proposed that the HUB will, however, support all CCGs signed up to the MOU in a consistent manner irrespective of their level of co-commissioning.

The services detailed below are predicated on CCGs authorising restricted access (i.e. Zero approval limit/zero general ledger approval) to NHSE West Midlands Primary Care Finance staff to access the following responsibilities on CCG ledgers:

- GL Staff
- Non PO Approval
- Payables Enquiry
- Payables Helpdesk
- Payment Request
- Web ADI

The majority of the processes listed below are considered 'Core' and will be carried out in line with the relevant Regulations and NHS England policies. A set of Standard Operating procedures aligned to the policies will underpin the day to day work of the Hub and these are contained within the **Handbook**. There is scope for individual CCGs to refine the offer by determining the level of support they wish to receive from the Hub on a small range of activities identified. This will be clearly identified in an agreed functions/list specification for each CCG at the commencement of the Hub service.

The Hub does now need to continue discussion with CCGs to agree the list of functions that are CORE and those that can be individually determined (TBC). This differentiation of functions could possibly be further refined by the Hub preparing some elements for the CCG to present to Practices (SUPPORT).

The table below outlines the functions and activities that need to be undertaken. The services proposed would support CCGs through all stages of the financial reporting process from payments to month end reporting.

Management Accounting Function	<ul style="list-style-type: none"> Financial planning including detailed working papers to support the financial planning template and demonstrating delivery of key financial metrics currently 0.5% contingency and 1% Non-Recurrent Transformation Fund (surplus to be determined) QIPP planning and incorporation into the financial plan, including profiling of QIPP achievement. Monthly monitoring of achievement and reporting into the month end reports. Annual budget setting, detailed financial modelling of all known contractual changes including the outcome of GMS Contract Negotiations Monthly monitoring of year to date expenditure against forecast at a practice level, and quarterly forecast updates as required at a subjective level Calculation and input of monthly accruals at practice and subjective level Monthly reconciliation at practice level of all GP Payments, including identifying and investigating anomalies in payments Monthly financial reports (To support reporting to Governing Body) including supporting information to inform regional and national reporting requirements (Non ISFE reports and ad hoc reporting where requested) Calculation, agreement and entry of year end accruals at practice level, and finalisation of year end reported position Dealing with practice payment queries and liaising with Capita (formerly PCSS) with regards to pension queries Processing pension pay over and reconciling payments to the ledger on a monthly basis
General Practice - GMS	<ul style="list-style-type: none"> Recalculation of Global Sum and Out of Hours Forecasts quarterly for GMS Contracts including investigation into any significant changes Calculation and payment of PMS Transitional Payments (PMS Premium) Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level
General Practice - PMS	<ul style="list-style-type: none"> Calculation of PMS Baselines and Out of Hours deductions for PMS contracts (where they are still in place) List Size adjustment calculations and quarterly payments Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level Financial modelling of GMS contractual changes that impact upon PMS contracts
Other List Based Services (APMS)	<ul style="list-style-type: none"> Calculation of APMS Contract payments where applicable for 12 APMS contracts Calculation of KPI payments where applicable Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level
Premises Cost Reimbursements Includes CHP/NHSPS	<ul style="list-style-type: none"> Calculation of rent payments Calculation of back payments following District Valuer review Processing and payment of Non Domestic Rates, Water Rates and Clinical Waste payments Supporting the understanding of Primary care Infrastructure Fund (PCIF) recurrent revenue impact Verifying district valuer costs and arranging payment of invoices

	<ul style="list-style-type: none"> • Supporting due diligence process of PCIF bids and monitoring of expenditure against allocation • Liaising with LMCs, NHS Property Services and Community Health Partnership with regards to non-reimbursable and subsidy charges at practice level • Providing practices with detailed information on charges and reimbursements where required
Directed Enhanced Services	<ul style="list-style-type: none"> • Verification of DES payments (ensuring they are in line with DES specification and querying where not, e.g. £s per patient value) • Monitoring YTD DES expenditure against forecast outturn at practice level and recalculating forecast where applicable • Calculating Minor Surgery Caps and supporting commissioners with requests for increases, and monitoring of spend against caps • 15/16 DES's are Minor Surgery, Extended Access, Violent & Aggressive Patients, Learning Disabilities, Dementia and Unplanned Admissions.
QOF	<ul style="list-style-type: none"> • Calculation of QOF forecast outturn at practice level, based on prior year achievement • Monitoring expenditure and investigating where aspiration payments are not as expected • Calculating QOF Reward accrual at practice level including estimated growth • Where applicable calculating impact of reduction in QOF Points in line with the outcome of GMS Contract Negotiations
Other GP services	<ul style="list-style-type: none"> • Processing and payment of Locum reimbursement claims ensuring compliance with the Statement of Financial Entitlement • Calculate seniority forecast outturn and monitoring of expenditure at practice level • Support to Prime Ministers Challenge Fund (PMCF) projects including financial due diligence during bidding process, payments for approved bids, and processing of Capital claims • Supporting procurement projects, including costing of contracts and participation in procurement boards as evaluators • Monitoring of expenditure against Primary Care Reserves i.e. 1% Transformation fund, 0.6% reserve, PMS Premium and 0.5% Contingency • FOIs • Financial modelling for strategic commissioning intentions

5. Staffing Resources

For the purposes of Primary Medical Services commissioning in 2015/16 and 2016/17, the Primary Care Hub comprises of all of the NHS England Primary Care Services contracting team and the Primary Care Finance team with support from the Medical and Nursing and Quality Directorates as required

The Primary Care Teams currently have responsibility for all of the Primary Care contracts for the four Independent contractor groups and some staff undertake roles which in many cases span more than one area of the work programme. If and when co-commissioning expands to encompass these areas the transition will be facilitated by the fact that all staff are already working within the Hub environment.

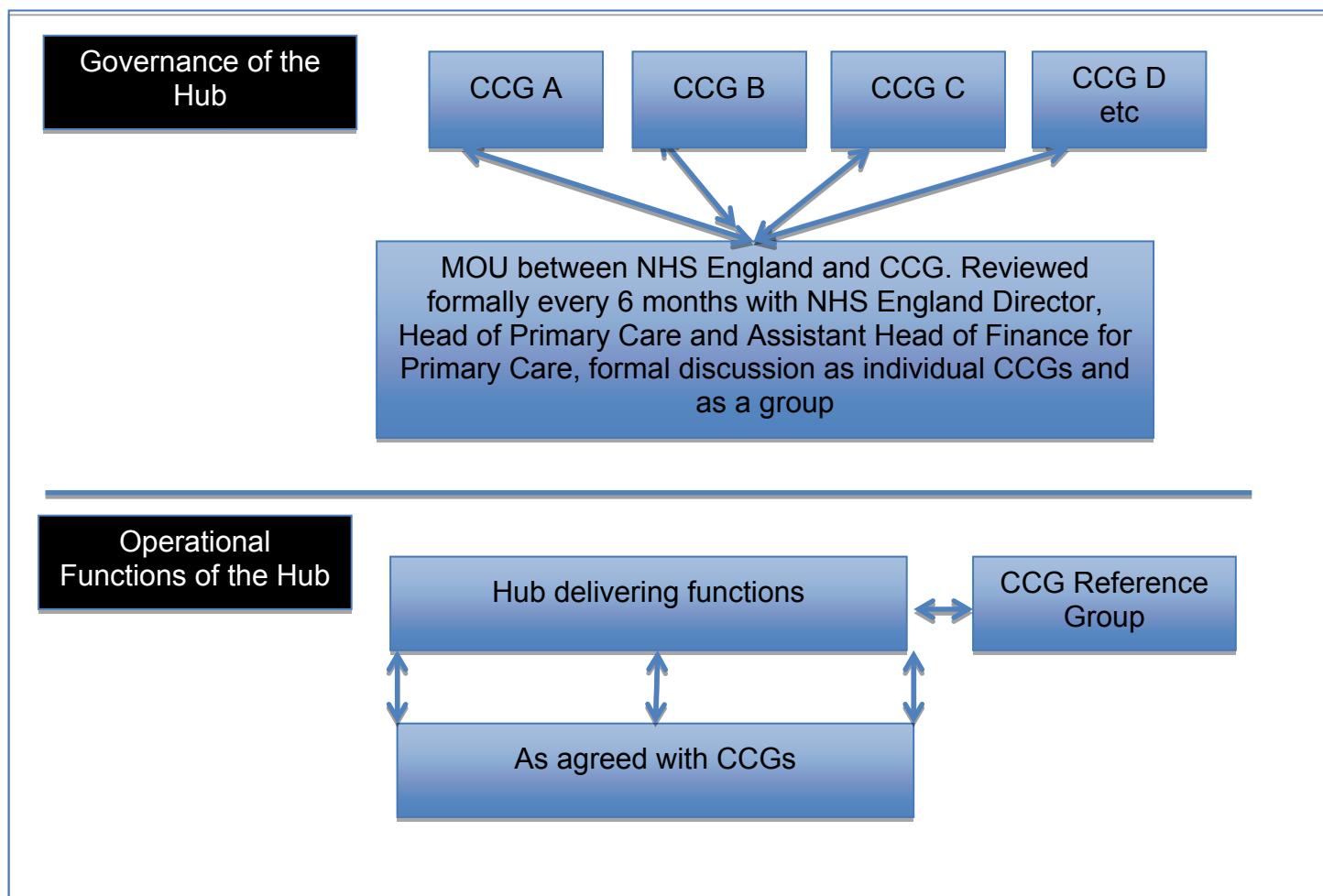
The working structure of the NHS England West Midlands Primary Care Hub is illustrated in the **Primary Care Hub Handbook**.

5.1 Accountability

It is proposed that the Primary Care Teams will work with each CCG on the delivery of the Primary Medical Services Commissioning function:

- The Hub team will work across all CCGS but in addition each CCG will have direct access to Primary Care through a named lead.
- The Head of Primary Care (HOPC) will lead the Primary Care Team on a day to day basis and manage the business interface with each individual CCG.
- The Assistant Head of Primary Care Finance (AHoF) will lead the Primary Care Finance Team on a day to day basis and manage the business interface with each individual CCG.
- The HOPC and the AHoF will work with each CCG to identify/agree and deliver against specific priorities.
- The HOPC and AHoF will highlight resource constraints and propose solutions where there may be a risk to delivering against CCG priorities.
- The Hub's Primary Care Teams will support CCGs during the Primary Care Assurance process but will not participate in NHS England's primary care assurance role of CCGS.
- The Primary Care Teams will routinely attend CCG Primary Care Commissioning Committees where identified as a member / invitee of the committee.
- The Primary Care Teams will provide regular reports to each CCG as agreed (e.g. monthly finance, quality and performance, quarterly commissioning activity summary reports).
- It is also proposed that the HOPC/AHoF & an NHS England West Midlands Director hold a joint half yearly review with each CCG to discuss the functioning of the Hub.

Simplified Image of the governance and relationships between the Hub and CCGs



It is anticipated that the current Hub staffing structure is set at an appropriate level to undertake the functions outlined. The workload for primary care commissioning and primary care finance however can also be variable and unpredictable. In recognition of this it is recommended that there is a regular assessment of workload and capacity.

- The PC Hub will aim to provide equitable support to each CCG and will endeavour to effectively balance competing priorities.
- In the rare event where a CCG requires support that exceeds the available resources then the HOPC and/or AHoF will initiate a discussion with CCGs about how that can be resourced e.g.
 - CCG securing additional resource (potentially secured through the PC Hub).
 - PC Hub securing additional resource (potentially through a CCG).
 - CCG agreeing with other CCGs to focus the PC Hub resource temporarily on a specific issue.
 - CCG divert internal resource and backfill as necessary.
 - Solution may require a combination of the above

The first line for resolving any concerns relating to support from the Primary Care Hub would be between the Head of Primary Care (HOPC) for Contracting matters and the Assistant Head

of Finance for financial matters and the designated CCG Lead. If necessary then the CCG may wish to escalate issues to the Locality Director for resolution

7 Role of the CCG Network Group

It is recommended that the CCG Network:

- Facilitate the development and provide oversight of a Memorandum of Understanding (MOU) between all the CCGs and the Primary Care Hub.
- Ensure that the Primary Care Hub and CCGs deliver against their respective roles and responsibilities as set out in the MOU and agreed working arrangements.
- Facilitate development of Primary Care Hub and CCGs in response to common themes, risks, issues arising in year.
- Provide advice, guidance and development support to the Primary Care Hub team.
- Review the Primary Care Hub arrangements for 2016/17 which respond to individual CCG aspirations for primary care commissioning and the changing co-commissioning landscape

7.1 Performance Reporting

The Primary Care Hub will provide quarterly reports at CCG level summarising performance including activities completed during the previous period and highlighting risks / issues.

Quarter	Performance report
1	End July
2	End October
3	End January
4	End April

Key themes will be extracted from the CCG level reports to summarise Primary Care Hub activity trends and common risks / issues. This information will be presented the CCG Network meeting.

This is in addition to regular reports provided to the CCG to support commissioning decisions, quality and financial governance.

8. Communication and engagement

In order to ensure strong communications between the Primary Care Hub and CCG teams a communications pack has been prepared which is included in the **Primary Care Hub Handbook**.



Wolverhampton CCG GP Services Budget

NHS England West Midlands

Wolverhampton CCG GP Services Budget

Month 10 2015/16

Version number: 1

First published: 18.02.2016

Prepared by: Emma Cox

DRAFT

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 GP Services

The budget to fund GP Services relating to Wolverhampton CCG for 2015/16 is £32.718m. The forecast outturn against this budget is £32.718m delivering a breakeven position.

The following principles have been applied in formulating the 15/16 GP Services budget:

- Detailed modelling of all known contractual changes including the outcome of the 2015/16 General Medical Services Contract Negotiations.
- Forecast outturn modelling demonstrating embedded 0.5% contingency and 1% non-recurrent transformation fund in line with the national key financial metrics for PC budgets.
- In addition, a further reserve of 0.6% has been included. CCGs are not expected to deliver a surplus on their Primary Care allocations in 15/16; this is held by NHSE West Midlands. 100% of the contingency has been used at Month 10.

The forecast outturn is broken down as follows;

	Budget (opening position) £'000s	Month 10 FOT £'000s	Variance £'000s
General Practice - APMS	2,820	2,819	2
General Practice - GMS	18,425	18,512	(87)
General Practice - PMS	1,713	1,728	(15)
QOF	3,414	3,539	(125)
Enhanced Services	1,701	1,685	16
Dispensing/Prescribing Fees	223	240	(17)
Premises Cost Reimbursements	2,677	2,733	(56)
Other Premises	31	31	0
Other GP Services	921	800	120
PMS Premium	128	128	0
1% Non Recurrent Transformation Fund	324	324	0
0.5% Contingency	162	0	162
0.6% Reserve	180	180	0
TOTAL	32,718	32,718	(0)

A full forecast review has been carried out in Month 10 in relation to GP Services Forecasts including;

- Final calculations of Global Sum payments now quarter 4 payments are confirmed
- Review of Seniority payments for December taking into consideration the national reduction
- Review of Directed Enhanced Services sign up and claims for all practices

- Premises Costs Review
- Review of Dispensing/Prescribing payments
- Review of Locum reimbursements based on the applications received to date

At month 10 the remaining £82k of contingency has been drawn down to deliver a breakeven position.

NHS Property Services costs in respect of 2015/16 are also a known risk across the West Midlands area as 2015/16 cost bases have not yet been confirmed.

2 Access to Primary Care Reserves

The forecast outturn includes an assumption that 100% of the Primary Care reserves will be utilised in 2015/16.

As at month 10 the drawdown by Wolverhampton CCG against available reserves is shown below;

	Reserve Total	Plan Submitted	Spend to M10	Balance remaining
	£'s	£'s	£'s	£'s
PMS Premium	128,074	128,074	0	128,074
1% Non Recurrent	324,493	324,400	7,000	317,493
0.6% Reserve	179,575	178,625	0	179,575
TOTAL	632,142	631,099	7,000	625,142

The CCG is asked to ensure that costs are incurred before 31st March 2016, as any year end accrual for reserves spend is not expected to be material.

3 Financial Planning

Five year allocations were issued on the 11th January for GP Services, three years of which are firm allocations with the remaining two years indicative subject to a due diligence exercise.

The Planning Guidance published identifies the following business rules;

- 1% Non-Recurrent Transformation Reserve
- 0.5% Contingency
- Minimum of 1% Surplus, based on the carried forward surplus from previous years.

A surplus will not need to be delivered against the GP Services allocations as this is held by NHS England and will be part of the carried forward surplus from 2015/16.

In 16/17 there has been an update to the national primary medical care formula to include new estimates of stratified workload per patient for GPs, however this is for

allocation purposes only and does not in itself imply any particular adjustments to GMS contracts. Work is underway to update the formula to influence such payments for subsequent years.

Wolverhampton CCG's five year allocations are summarised below;

Year	Allocation £'000s	Allocation Growth %
2016/17	34,073	4.14%
2017/18	35,706	4.79%
2018/19	36,745	2.91%
2019/20	37,849	3.00%
2020/21	39,301	3.84%

The 2016/17 finance Distance from Target for Wolverhampton CCG is -6.70%, allocation growth has been applied based on a three year transition period which will leave no CCG more than 5% under target for CCG commissioned services.

The Submission deadlines for planning are as follows;

- 08/02/2016 - Initial high level summary for 16/17 only
- 02/03/2016 – Full finance details for 2016/17 and multiyear capital plans.
- 11/04/16 – Full planning template completion for all 5 years

Initial high level plans have been submitted in line with the above deadline, with further modelling taking place for the next submission.

The outcome of national GP Contract Negotiations is currently unknown and plans will be updated to model in confirmed contract changes once these have been published. Currently the GP Services spend for 2016/17 for Herefordshire CCG is assumed to be in line with the notified allocations, delivering the set business rules detailed above and a breakeven position. This remains a financial risk pending the outcome of the GP Contract negotiations for 2016/17.

4 Conclusion

NHS England West Midlands will be monitoring the financial position of the GP Services budget allocated to Wolverhampton CCG and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.

5 Recommendations

The Joint Primary Care Commissioning Committee is asked to:

- Note the content of this report
- Mobilise approved reserves plans and work with NHS E to ensure expenditure is incurred prior to 31st March 2016.

Charmaine Hawker
Assistant Head of Finance (Primary Care)
NHS England West Midlands

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WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
1st March 2016

Title of Report:	Update Report on Primary Care Programme Board Activity February 2016 (PCPB)
Report of:	Manjeet Garcha - Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information
Purpose of Report:	To update the PCJCC on PCPB activity for February 2016
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
• Domain 1: A Well Led Organisation	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2a: Performance – delivery of commitments and improved outcomes	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2b: Quality (Improved Outcomes)	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 3: Financial Management	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 4: Planning (Long Term and Short Term)	[INSERT TEXT/ DELETE AS RELEVANT]



- **Domain 5:** Delegated Functions

Domain 5: Delegated functions: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

2. MAIN BODY OF REPORT

- 2.1. Summary of activity discussed on February 5th 2016.

2.1.1 Maternity Breastfeeding Peer Support Block Contract, a funding line of £25,000 was discussed and debated to remove from contract as The Royal Wolverhampton Hospitals NHS Trust had failed to provide the data to evidence the activity. Whilst there was significant support to remove the funding, an argument was put forward to continue the funding but provide it once activity data had been evidenced. This was in light of the City wide approach to reducing infant mortality. The continuation of the Breast Feeding Peer Support is absolutely necessary to improve breast feeding uptake amongst all new mothers and also to ensure problems are addressed early enough so that mothers feel supported and able to continue with breastfeeding.

2.1.2 Primary Care Review of Minor Injuries and Basket Services was presented for decision to commence in March/April 2016. The purpose of the review is for the CCG to understand the value that it is gaining from these two enhanced services and to explore best practice and future commissioning options for both services.

This item has been added to the agenda of all Locality Boards and full engagement with the GPs will take place before it is commenced. It is expected that a draft service specification will be presented to the PCPB in March for further discussion and decision. Consultation with LMC will be considered

2.1.3 Interpreting Services Procurement has been delayed due to Health Trust Europe Framework not being available; in the meantime the project lead is scoping the SBS Framework. This has been escalated for urgent action and it is anticipated a decision will be made before the end of the month.

2.1.4 It was noted that the CCG Commissioning Committee have approved the recommendation for CCG to undertake the Independent Living Service Procurement process.

2.1.5 An update was received on the progress for Urgent Care Centre opening ON 1ST April 2016 as per plan. Due to the unprecedented acute activity at RWT in the past few weeks, executive decisions have been held with a view to mobilise the opening of the UCC in March. This is currently being scoped with the Provider and RWT to iron out some practical and technical issues.

2.1.6 Diabetes Pathway Equality Impact Assessment was tabled and received.



2.1.7 Choose and Book exception report was received in light of a delay in the implementation due to a small cohort of consultants not having their 'smart cards' ready to use. This has been escalated through the contract meetings as this agenda item has been held for a while now without progress.

2.1.8 Future activity is as per plan for 2016/17 schemes.

3. CLINICAL VIEW

3.1 Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr De Rosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment.

4. PATIENT AND PUBLIC VIEW

4.1 The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement.

5. RISKS AND IMPLICATIONS

5.1 Key Risks

The PCPB has reviewed its risk register and it is in line with the CCG requirement.

5.2 Financial and Resource Implications

All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

5.3 Quality and Safety Implications

Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

5.4 Equality Implications

A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.



5.5 Medicines Management Implications

There are no implications in this report regarding medicines management, however, full consultation is sought with Head of Medicines Management for all schemes presented.

5.6 Legal and Policy Implications

There are no legal implications.

6. RECOMMENDATIONS

6.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 20th February 2016



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	MGARCHA DR De Rosa	5 th Feb 2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	18 Feb 2016
Quality Implications discussed with Quality and Risk Team		5 th Feb 2015
Medicines Management Implications discussed with Medicines Management team		5 th Feb 2016
Equality Implications discussed with CSU Equality and Inclusion Service		5 th Feb 2015
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	20 th Feb 2016



WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
1 MARCH 2016

Title of Report:	Primary Care Operational Management Group Report
Report of:	Mike Hastings- Associate Director of Operations
Contact:	Mike Hastings- Associate Director of Operations
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Committee with a brief update and the minutes from the Wolverhampton CCG Primary Care Operational Management Group (PCOMG).
Public or Private:	Public
Relevance to CCG Priority:	Developing and Strengthening Leadership Capacity and Capability.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> Domain 5: Delegated Functions 	The PCOMG is an operational meeting where decisions and actions are reported upon which support the CCG in discharging the responsibilities for Commissioning Primary Medical Services from NHS England.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. Wolverhampton CCG has introduced internal governance structures to support the discharging of responsibilities in line with the co-commissioning of primary care medical services. The Primary Care Operational Management Group (PCOMG) is established as a central resource to enable operational decisions to be made to support these responsibilities. The group is very much the operational side of primary care commissioning within the CCG and as such carries out the transactional tasks that are associated with the new responsibilities.
- 1.2. The detail of the meeting will not be repeated in this report although there is a full practice matrix available should any specific queries be raised.

2. PRIMARY CARE OPERATIONAL MANAGEMENT GROUP MINUTES/ACTION NOTES

- 2.1. See attached the minutes/action notes from the February Meeting (appendix 1).
- 2.2. A verbal update will be given at the committee and any questions answered accordingly.

3. CLINICAL VIEW

- 3.1. Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable to this report.

5. RISKS AND IMPLICATIONS***Key Risks***

- 5.1. A risk register is maintained for Primary Care Operational matters and can be presented upon request.

Financial and Resource Implications

- 5.2. Not applicable to this report.

Quality and Safety Implications

5.3. Not applicable to this report.

Equality Implications

5.4. Not applicable to this report.

Medicines Management Implications

5.5. Not applicable to this report.

Legal and Policy Implications

5.6. Not applicable to this report.

6. RECOMMENDATIONS

6.1. The Primary Care Joint Commissioning Committee notes and provides feedback on the content of the draft West Midlands Primary Care Hub (Wolverhampton CCG) MOU.

Name Mike Hastings
Job Title Associate Director of Operations
Date: 23 February 2016

ATTACHED:

Appendix 1

Minutes/Action Notes from the February meeting of the Primary Care Operational Management Group.



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	Mike Hastings	23/02/16



**Primary Care Operational Management Group
Tuesday 16th February 2016 at 11am to 12.30pm
Main CCG Meeting Room, CCG Offices, Wolverhampton Science Park, WV10 9RU**

Present:

Mike Hastings	(MS)	WCCG Associate Director of Operations
Jane Worton	(JW)	WCCG Primary Care Co-ordinator
Gill Shelley	(GS)	NHS England Area Team Contract Manager (Primary Care)
Bob Middleton	(BM)	WCCG Primary Care Commissioning Manager
Vic Middlemiss	(VM)	WCCG Head of Contracting & Procurement
Sarah Southall	(SS)	CCG Head of Quality & Risk
Sue McKie	(SMc)	WCC Public Health
Yvette Delaney	(YD)	Care Quality Commission
Liz Hull	(LH)	CCG Administrative Officer

	ACTION
<u>Declarations of Interest</u> None made.	
<u>Apologies</u> <ul style="list-style-type: none"> • Lesley Sawrey, WCCG Deputy Chief Finance Officer • David Birch, WCCG Head of Medicines Optimisation • Sharon Sidhu, WCCG Head of Strategy & Transformation • Kerry Walters, WCC Clinical Governance Lead Nurse 	
<u>Key Actions</u>	
CQC Update Positive feedback was received, in general, with regards to practice visits. However, it would assist the CQC to identify initiatives/audits instigated by practices, if they were made aware of initiatives/audits put in place by the CCG. Discussions took place about combined practice support by NHS England Area Team, CQC and the CCG to ensure a structured support approach for practices. Actions: <ul style="list-style-type: none"> • JW to set up a regular monthly meeting either pre or post the Primary Care Operational Management Group to include JW, SS, GS and YD. • SS to draft an agenda. 	JW SS

	ACTION
<p>Practice Support Visit Program</p> <p>Practice support visits for 2015/16 are going well and 39/46 visits have been completed. Overarching key themes include performance, peer reviews and a review of 2015/16 visits.</p> <p>Discussions took place about Public Health and NHS England linking into what is being done already to minimise the impact for practices.</p> <p>Actions:</p> <ul style="list-style-type: none"> • SMc to attend the next Locality Chair Planning meeting to discuss how Public Health can link in with the Practice Support Visits. BM to arrange. • PSV's and new models of working – discussions to take place between NHS England Area Team, Public Health and the CCG. • Review of basket services – VM to share more information regarding developments at the next meeting. 	<p>BM</p> <p>SS/BM</p> <p>VM</p>
<p>Primary Care Quality Update</p> <p>An overview was given of improvements in relationships between practices and the CCG.</p> <p>GP survey results have been issued but are not totally reliable and will be reviewed in conjunction with other evidence.</p> <p>Friends and Family Test – Data indicates that Wolverhampton is performing the best in the Black Country. However, the number of responses is very low which is not helpful. Non-complying practices have been written to, resulting in little progress. GS advised that a paper regarding the next steps should be submitted to the Joint Commissioning Committee. Discussions took place about public wifi, Apps and texting patients.</p> <p>Action:</p> <ul style="list-style-type: none"> • SS to liaise with Stephen Cook, CCG IM&T about the best tool for patients to use (app/text). 	<p>SS</p>
<p>Review of Primary Care Matrix</p> <p>The Primary Care Matrix was reviewed as a working document that will form the main focus of future meetings.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Matrix to be updated: <ul style="list-style-type: none"> ○ All areas to be colour coded. ○ NHS Contract management column to include Contract Actions and Mergers/Splits ○ Include the following columns - Public Health, DES', PIG organisational issues, Enhanced Services, CCG contracts, NHS contract update 	<p>JW</p>

	ACTION
Area Team Update An update was provided in relation to issues at 2 practices: <ul style="list-style-type: none"> • [REDACTED] – An action plan has been developed and a meeting is planned to move things forward. • [REDACTED] – IG breaches have been shared with NHS England Area Team and a visit will be organised. 	
Quality Matters Summary The Quality Issue log was reviewed for January 2016. Action: <ul style="list-style-type: none"> • SS to improve the content of the report going forward, to include emerging themes/learning but also to include a feature on compliance to allow a better understanding of what is occurring in the highest report area. 	SS
Risk Register Risks currently mapped to the Primary Care Programme Board were reviewed. A profiling exercise will take place in the near future to strengthen the quality of the register and appropriate risks will be managed via the Group going forward.	
Any Other Business None discussed.	
Date, Time & Venue of Next Meeting Tuesday 22 nd March 2016, 11am to 12.30pm in the CCG Main Meeting Room.	

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