

**Meeting of the Primary Care Joint Commissioning Committee
Tuesday 5th April 2016 - 2.00 pm
PC108, Creative Industries Centre, Wolverhampton Science Park**

A G E N D A

- 1 Welcome and Introductions
- 2 Apologies
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- 13 Any other Business
- 14 Date of next meeting - 3rd May 2016 at 2pm in Stephenson Room, Technology Centre, Wolverhampton Science Park

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact on or email

MEMBERSHIP	
Wolverhampton CCG	Ms P Roberts (Chair) Dr D Bush Mrs M Garcha Dr Mr S Marshall Dr A Sharma
NHS England	
Invitees (Non-Voting)	

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

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 1 March 2016
Commencing at 2.00 pm in the Stephenson Room, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr Dante De Rosa	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	Yes
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	Yes
Karen Payton	Senior Finance Manager (Primary Care)	Yes

Non-Voting Observers ~

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

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes

Welcome and Introductions

PCC50 Ms Roberts welcomed attendees to the first public meeting of the Primary Care Joint Commissioning Committee and introductions took place.

Apologies for absence

PCC51 Apologies were submitted on behalf of Dr Gurmit Mahay, Dr Arko Sen, Charmaine Hawker, Cllr Sandra Samuels and Claire Skidmore.

Declarations of Interest

PCC52 Dr De Rosa declared an interest in agenda item 9 (Wolverhampton CCG GP Services Budget). As this was not a conflict of interest, he remained in the meeting during the discussion on this item.

Minutes of the Meeting Held on 2 February 2016

PCC53 Resolved:

That the minutes of the previous meeting held on 2 February 2016 be approved as an accurate record subject to the following amendments.

(PCC39) Spelling of Alistair McIntyre to be amended to Alastair.

(PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.

Matters arising from the minutes

PCC54 (PCC36) Ms Roberts queried when an update on the Primary Care Home Model (PCHM) and vertical integration will be provided to the Committee.

Mr Hastings informed the Committee that a meeting has taken place with PCHM and that funding has been agreed for a 3 month period to allow them to consider the areas of work that they will focus on over the next 12 months. The CCG are currently assisting PCHM in the collection of data to enable them to identify the key areas of focus, once this exercise is complete, an update report will be provided to the Committee.

Mr Hastings stated that with regards to vertical integration, the CCG has had scheduled meetings and will provide a report on the current situation for the next Committee Meeting.

Resolved: That the above is noted.

Committee Action Points

PCC55 **Minute Number PCC06 Upcoming Issues for Provisional Work Programme**
It was noted that this item is on the private Committee agenda for discussion.

Minute Number PCC38 West Midlands MOU for the Primary Care Hub
It was noted that this item is on the agenda for discussion.

Minute Number PCC42 Pharmacy First
It was noted that the information was circulated to the Committee on 11 February 2016.

Minute Number PCC37 Financial Planning
It was noted that this report is included on the agenda for discussion.

RESOLVED: That the above is noted.

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

PCC56 Mr Hastings presented the MOU and confirmed that, following a previous draft being shared at the February 2016 Committee meeting, amendments regarding Out of Area Patients have been incorporated. It was also noted that there was an omission of quality throughout the document which needed to be addressed prior to final approval.

RESOLVED: That the Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being included.

That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting.

NHS England Update

PCC57 Ms Shelley updated the Committee around the amendments to the General Medical Services contract that were published last week and noted that NHS England will be commencing their end of year processes imminently.

RESOLVED: That the above is noted.

NHS England Finance Update

PCC58 Wolverhampton CCG GP Services Budget

Ms Payton provided an update in Ms Hawkers absence, and presented the highlights of the Wolverhampton CCG GP Services Budget report which related to the month 10 financial position.

It was noted that a breakeven position was predicted for Wolverhampton CCG and as year-end draws nearer it was possible to more accurately predict the spend in terms of quarter 4 payments, Directed Enhanced Services (DES) payments and Premises costs including rent reimbursements.

With regards to the Primary Care Reserves, of the £632,142 total, invoices of only £7000 had been received so far. Ms Payton encouraged the CCG to ensure that invoices are submitted as soon as possible.

It was noted that 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 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.

A query was raised around NHS Property Services and the increase in rental costs. It was stated that this is currently being reviewed by NHS England with regards to NHS Property Services and Community Health Partnerships in terms of billing mechanisms to practices.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC59 Mr Hastings informed the meeting that the CCG is currently completing our Operational Plans and activity and finance returns which links into the Sustainability Transformation Plans.

Work is ongoing with regards to the Primary Care Estates Strategy and the first version has now been shared with NHS England for the purpose of the Primary Care Transformation Fund in conjunction to being aligned with the Primary Care Strategy. With regards to the Primary Care Transformation Fund, it was noted that funding for any schemes which have already commenced, which are likely to slip into next year, will be regarded as a priority for 2016/17 funding.

Investment has been put into IM&T enabling the CCG to buy a high volume of infrastructure to practices (such as desk tops and monitors) and a roll out plan is now live.

A major investment has also been made into wifi across primary and secondary care through a joint project with the Royal Wolverhampton Hospitals NHS Trust (RWT) enabling patients to access free wifi on wards and GP practice receptions.

RESOLVED: That the above is noted.

Update on Primary Care Programme Board Activity February 2016

PCC60 Ms Garcha presented an update report to the Committee following the Primary Care Programme Board which took place on 5 February 2016.

It was noted that although considerable debate took place at the Primary Care Programme Board, the maternity breastfeeding peer support block contract will continue to be funded once activity data was evidenced by the Royal Wolverhampton Hospitals NHS Trust.

It was stated that an update was received regarding the progress for the Urgent Care Centre (UCC) opening on 1 April 2016. Due to unprecedented acute activity at RWT over the past few weeks Executive level discussions are taking place with a view to providing an early adaptation of the UCC in March 2016.

RESOLVED: That the above is noted.

Primary Care Commissioning Operations Management Group (PCOMG) Update

PCC61 Mr Hastings presented an update report to the Committee following the PCOMG Meeting which took place on 16 February 2016.

It was noted that joint meetings are being re-established with representatives from Wolverhampton CCG, NHS England and the Care Quality Commission going forward.

It was stated that the Practice Support Visit Programme for 2015/16 was going well and 39 out of 46 visits have now been completed. Discussion took place regarding the involvement of Public Health and NHS England in future visits and the implications associated with this.

RESOLVED: That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed in private.

That following discussion at the January 2016 Committee meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.

Any Other Business

PCC62 Ms Roberts informed the Committee that the recruitment of lay representatives to sit on this Committee is currently underway and it is hoped that interviews will take place this month.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC63 Tuesday 5 April 2016 at 2.00 pm, in PC108, Creative Industries Centre, 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
11	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That NHS England share the Operational Plan template with the Committee.	April 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting.
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.	April 2016	Mike Hastings	01.03.16 – The Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being added. That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting.
18	01.03.16	PCC53	Minutes of the Meeting Held on 2 February 2016 That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record subject to the following amendments. (PCC39) Spelling of Alistair McIntyre to be amended to Alastair. (PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.	April 2016	Jane Worton	

19	01.03.16	PCC54	Primary Care Models An update report on Primary Care Home and vertical integration models will be brought to the next Committee meeting.	April 2016	Mike Hastings	
20	01.03.16	PCC61	Primary Care Commissioning Operations Management Group (PCOMG) Update That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed in private.	April 2016	Mike Hastings	
21	01.03.16	PCC61	Pharmaceutical Involvement in Primary Care That following discussion at the January 2016 Committee Meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.	April 2016	Mike Hastings / Jeff Blankley	

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.
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. 01.03.16 - It was noted that this item is on the private Committee agenda for discussion
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 	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.

			Operations Management Group Update			
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.
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 /	February 2016	Jane Worton	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.

			Strategic Estates Forum minutes be reported to the PCCOMG Meetings.			
16	02.02.16	PCC42	Pharmacy First That the Pharmacy First information be circulated to the Committee.	March 2016	Jane Worton	01.03.16 - It was noted that the information was circulated to the Committee on 11.02.16.
17	02.02.16	PCC37	Financial Planning A further report to be brought to the next Committee meeting.	March 2016	Charmaine Hawker	01.03.16 - It was noted that this report is included on the agenda for discussion.

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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 5th April 2016

Title of Report:	New Models of Care
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update on the emerging new models of care within the CCG membership
Public or Private:	The report is appropriate for the public meeting
Relevance to CCG Priority:	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Implementing new models of care within primary care in line with the Five Year Forward View
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Supporting GP practices as a part of joint commissioning of primary care



1. BACKGROUND

The Five Year Forward View (5YFV), published by NHS England in October 2014, identified several potential new models of care for the future delivery of National Health Services in England.

The CCG's Primary Care Strategy recognises the need to explore and develop new models of care, highlighting the need for practices to work together to create a critical mass in terms of patient population. In addition to the support from the CCG to develop these models of care, there are two emerging pilot projects for delivery for Primary Care within Wolverhampton CCG member practices – the Primary Care Home (PCH) grouping and the RWT Vertical Integration arrangement.

2 NEW MODELS OF CARE

2.1 Primary Care Home

This model is a collective of eight practices dispersed across the city who have come together to offer services in new ways. They responded to a national call to form new models of care from the National Association of Primary Care and are one of 14 Rapid Test Sites across England. The member practices are:

- Church Street Medical Practice (Drs Saini & Mehta)
- The Newbridge Surgery (Drs Pickavance, Nazir & Badr)
- Caerleon Surgery (Drs Asghar & Labutale)
- Tudor Medical Practice (Dr Agrawal & Partners)
- Fordhouses Medical Centre (Dr Kharwadkar)
- Keats Grove Surgery (Drs Kehler, Aung & Naz)
- Whitmore Reans Health Centre (Drs Vij, Vij, Mohindroo & Handy)
- East Park Medical Practice (Drs Majid, Malhi, Ravindran & Ravindran)

The programme has three initial stages:

- Stage 1: November - January 2016 – establishing the programme and selection of Rapid Test Sites
- Stage 2: January – March 2016 – support the learning and development of the Rapid Test Sites based on identified needs and share learning and innovation with other interested organisations
- Stage 3: April 2016 – Mar 2017 – shadow running of Rapid Test Sites to test and implement the PC model on an incremental basis. Support to other interested parties



by sharing learning across multiple sites as the Rapid Test Sites develop, in conjunction with the NHS Confederation.

- The model of care proposed as part of the PCH is very similar to the Multispecialty Community Provider (MCP) and focuses on drawing together a wide range of health and social care professionals to work together and provide integrated out-of-hospital care. This aims to provide care to patients that is significantly more person-centred, joined-up, proactive and convenient through:-Provision of care to a defined, registered population of between 30,000 and 50,000;
- A combined focus on personalisation of care with improvements in population health outcomes;
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care; and
- Aligned clinical financial drivers through a unified, capitated budget with appropriate shared risks and rewards. The key and unique benefits of the PCH model and programme is realised by focusing on:
- A defined registered population proportioned to maintain personalised care from an inclusive interprofessional team;
- Delivery of high quality clinical care across local organisations; and
- Driving behavioural and cultural change.

The pilot project is in the very early stages, with a key focus on identifying areas where joint working would be most beneficial. This includes working with the CCG to share data analysis work so that models of integrated working can be most effectively targeted. The homes are also looking at other forms of partnership working; including an innovative project with the Fire Service to share intelligence about vulnerable people in need of support. Whilst it is unlikely that patients will see significant changes to the way services are delivered in the short term, the intention is that the lessons from these pieces of work will then be used to support service development in future years.

2.2 RWT VI Model

There are three practices involved in a pilot scheme with the Royal Wolverhampton Trust. These are:

- Lea Road Medical Practice (Drs Sidhu, Bird & Maarouf)
- MGS Medical Practice (Dr Bagary)
- Alfred Squire Medical Practice (Dr Parkes & Partners)

The proposal is intended to improve working between the Trust and the GP practices to remove perceived barriers between GPs and the hospital and improve the use of staffing



resources. This is intended to improve patient experience by reducing waiting times for GP appointments, faster referrals into secondary care services via improved flows of information. Discussions continue around potential metrics to measure the project's success but key themes include:-

- Access to primary care
- Patient experience
- Primary care workforce
- Linking to the NHS Outcomes Framework
- Care Transition Measures

As current legislation does not permit the Trust to hold GMS contracts, the intention is for the practices to 'sub-contract' the delivery of the services to RWT. To support this, the existing practice staff will then be employed by RWT within a new Directorate of Primary Care to ensure continuity of service for patients. As a sub-contractor, RWT will then be responsible for managing the service on a day to day basis (including paying and supporting staff, arranging locum cover when required, supervision arrangements for staff etc.) with the partners maintaining responsibility for the premises and delivery of the service. There are still lots of questions to be answered regarding the governance arrangements for this model, in particular the management of potential conflicts of interest associated with the partners' dual role as holders of the contract and employees of the trust. Discussions with the practices and RWT continue to ensure assurance can be provided that the arrangements will meet NHS England requirements for the delivery of GMS contracts.

3. RECOMMENDATIONS

3.1 The committee is asked to note the two main new models of care emerging within Wolverhampton.

Name: Mike Hastings

Job Title: Associate Director of Operations

Date: 29th March 2016



Agenda Item 11**WOLVERHAMPTON CCG**

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
5th April 2016

Title of Report:	Update Report on Primary Care Programme Board Activity March 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 March 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]



<ul style="list-style-type: none">• 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

Summary of activity discussed on March 11th 2016.

- 2.1 Diabetes update report presented, discussions were held regarding the diabetes project and WICKED project being aligned under the PCB.
- 2.1.2 Interpreting Procurement paper presented. Further information was requested confirming the risks associated with the options and procurement process. Specialist advice being sought from commissioning and contracting leads.

Update received on primary care enhanced service review; engagement with localities, practice managers and patient groups has been undertaken. Information is currently being collated to help inform update paper to be presented at April Meeting.

Urgent care mobilisation update provided; this included the plans for phase 1 of the implementation ahead of April 1st.

- 2.1.5 Future activity is as per plan for 2016/17 schemes.
- 2.1.6 Improved and strengthened process for administration of the board in line with PMO office for all the boards.

2.2 CLINICAL VIEW

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa 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.

3. PATIENT AND PUBLIC VIEW

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

4. RISKS AND IMPLICATIONS

Key Risks

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



5.1 Financial and Resource Implications

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

6.1 Quality and Safety Implications

6.2 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

7.0 Equality Implications

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

8.0 Medicines Management Implications

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

9.1 Legal and Policy Implications

9.2 There are no legal implications.

10.0 RECOMMENDATIONS

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

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 23rd March 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



BOARD ASSURANCE FRAMEWORK NOTES(Please **DELETE** before submission)**Domain 1: Well led organisation** – impacting on whether the CCG:

- has strong and robust leadership;
- has robust governance arrangements;
- involves and engages patients and the public actively;
- works in partnership with others, including other CCGs;
- secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and
- has effective systems in place to ensure compliance with its statutory functions.

Domain 2a: Performance: delivery of commitments and improved outcomes: a key focus of assurance will be how well the CCG delivers improved services, maintain and improve quality, and ensures better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care are met.

Domain 2b: Quality: delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves quality and ensures better outcomes for patients. This includes progress in delivering key mandated requirements and NHS Constitution standards. Also ensure that the CCG is able to demonstrate the continuous improving quality agenda for all aspects of quality including safeguarding.

Domain 3: Financial management: financial management capability and performance, including an assessment of data quality and contractual enforcement.

Domain 4: Planning: covering not only annual operational plans, and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally across care settings will be specific measures during 2015/16, towards the ambition for a paperless NHS.

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.



WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 5th April 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update on the Primary Care Operational Management Group
Public or Private:	The report is suitable for the Public meeting
Relevance to CCG Priority:	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Planning for the CCG Primary Care provision to be fit for purpose in line with NHSE recommendations
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Fulfilling the delegated responsibility of jointly managing primary care



1. BACKGROUND

The Primary Care Operational Management Group met on Tuesday 22nd March. This report highlights the topics covered at the meeting.

2 IMPLEMENTATION OF THE INTERIM ESTATE STRATEGY

- Bi-monthly meetings are currently being set up to take place either pre/post PCOMG to include representation from CCG, Area Team and CQC. This will offer a regular opportunity for CQC updates and agreement about mutual support.
- Practice Support Visit Program
 - A proposal will be drafted and shared with the LMC which will allow us to support the practices individually rather than collectively.
 - Achievements for the 2015/16 Program to be reviewed and an update provided at the next meeting in May.
- Primary Care Quality Update
 - Rolling out touch screens which will hopefully help with obtaining patient feedback for the Friends & Family Test (FFT).
 - IM&T are installing wi-fi in all RWT wards and in all GP practices. It was discussed that a link to the FFT could be included on landing screens on the practices wi-fi. IM&T will take this forward.
- CQC Update
 - A regional panel meeting will be reviewing one of the practices in the City as it is anticipated that the practice will go into special measures. WCCG Quality Team will be supporting the practice with a Recovery Plan in conjunction with the Area Team.
 - Concerns have been raised about the availability of risk assessments from NHS Prop-Co. MH to liaise with Prop-Co to establish the current situation.
- Primary Care Quality Update
 - The quality dashboard has been shared which appends to and informs the Primary Care Matrix. A key issue is the FFT for which an action plan is in place and it is anticipated that the plans to introduce touch screens and a link for wi-fi will help overcome this.



- Primary Care Matrix
 - It was requested that PPIG information is no longer included in the matrix and any issues are tabled at the meeting.
 - Medicines Management – QIPP indicators were reviewed. It was agreed that such a high level of detail was not required for the meeting and that going forward the stance would be to report by exception on the matrix.
 - Quality – Each of the practices is assessed by the Quality Team using a number of indicators. 3 levels 2's were recorded and it was reported that this has now reduced to 2.
 - A Practice in the North East has premises issues. The doctor concerned is liaising with Wolverhampton Council regarding new premises.
- iQ and Medicines Management Policies for GP Practices
 - Approval was given in relation to changes made to the Medicines Policy templates for GP practices to use, which the LMC supported.
 - It was agreed that Sharon Sidhu would liaise with Clare Barratt to look at the possibility of uploading all templates to DXS. Practices can then use these within their own clinical systems.
 - Off-Site Prescription Security – A request was made to include guidelines/a procedure for off-site prescription security
- Area Team Update
 - Bids for Vulnerable Practices – GS to look into the position for WCCG as it is anticipated that there were no successful bids from Wolverhampton.
 - Vertical Integration
 - Proposal is between 3 practices and RWT – see separate report on this agenda.
 - A recent meeting took place where it was decided to delay the start of a pilot until 1st June pending a letter to GP's this week detailing the Action Plan that they need to comply with.
- Quality Matters Summary
 - Quality issues were reviewed for period 1st February to 1st March.
 - Current themes have been identified as Compliance and Medication.



- Health Visiting Service and Child Health Information Service discussed. The Head of Quality is to arrange for lessons learnt to be shared, following which a meeting to be arranged between Business & Performance, Quality and the Area Team to look at providing a preventative process in place going forward. IM&T to lead on this piece of work.
- Risk Register
 - A risk profiling exercise took place on 22nd February which identified 5 additional risks to be included on the Risk Register between now and the end of June.
- Pharmaceutical Involvement in Primary Care
 - The Chair of the LPC met with Dr DeRosa to look at co-ordinating care across general practice in pharmacy, particularly in relation to Long Term Conditions.
 - It was clarified that the Phoenix Walk in Centre will continue to operate but the Out of Hours will transfer to the new Urgent Care Centre. It was requested that early sight of the Communications Plan would be useful before it is shared.
- AOB
 - Primary Care Team - Posts will be advertised internally in the next few weeks, then externally if required.
 - GP IT Leads – Successfully recruited GP IT Leads. An offer has been made to Dr Saini (from Duncan Street Surgery) and Dr Stone (from Thornley Street Surgery) and if they accept monthly meetings will take place.
 - Community Pharmacy Funding – The Chair of the LPC advised that funding is being reduced which will result in closure of approximately 25% of community pharmacies across Wolverhampton. This needs to be recorded as a risk on the Risk Register.

2. RECOMMENDATIONS

- 2.1. The committee is asked to note the progress made by the Primary Care Operational Management Group.

Name: Mike Hastings

Job Title: Associate Director of Operations

Date: 29th March 2016

