

Meeting of the Primary Care Joint Commissioning Committee
Tuesday 3rd May 2016
2.00 pm
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 5 April 2016 | | 1 - 8 |
| 5 | Matters arising from the minutes | | |
| 6 | Committee Action Points | | 9 - 14 |
| 7 | GMS Contract Changes | GS | 15 - 18 |
| 8 | NHS England Update | AM | 19 - 24 |
| | • Primary Care Update | | |
| 9 | NHS England Finance Update | CH | 25 - 28 |
| | • Wolverhampton CCG 2016/17 GP Services Budget | | |
| 10 | Wolverhampton CCG Update | MH | |
| 11 | Primary Care Programme Board Update | MG | 29 - 34 |
| 12 | Primary Care Operational Management Group Update | MH | 35 - 38 |
| 13 | Any other Business | | |
| 14 | Date of next meeting | | |
| | 7 June 2016 at 2.00 pm 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, Dr M Kainth, Dr D De Rosa (1 to attend) Mr S Marshall Ms M Garcha
NHS England	Mr A McIntyre Ms G Shelley Ms A Nicholls Ms C Hawker
Invitees (Non-Voting)	Ms J Spencer Ms S Gaytten

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

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 5 April 2016

Commencing at 2.00 pm in PC108, Creative Industries Centre, Wolverhampton Science Park

MEMBERS ~**Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	Yes
Dr Manjit Kainth	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)	No
Ranz Baran	Finance Manager	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	Yes

Non-Voting Observers ~

Clr Sandra Samuels	Chair – Health and Wellbeing Board (WCC)	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	Yes
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Helen Hibbs	Chief Officer (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes

Welcome and Introductions

PCC70 Ms Roberts welcomed the Independent Patient Representatives to the Primary Care Joint Commissioning Committee and introductions took place.

Apologies for absence

PCC71 Apologies were submitted on behalf of Mike Hastings, Charmaine Hawker and Anna Nicholls.

Declarations of Interest

PCC72 Dr Bush, Dr Hibbs and Dr Kainth declared that, as GPs they had a standing interest in all items related to primary care.

Ms Gaytten and Ms Spencer declared that, in their role as employees of the University of Wolverhampton, they worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting Held on 1 March 2016

PCC73 RESOLVED:

That the minutes of the previous meeting held on 1 March 2016 be approved as an accurate record.

Matters arising from the minutes

PCC74 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC75 **Minute Number PCC19 Upcoming Issues for Provisional Work Programme**
It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline.

Minute Number PCC21 WCCG Estates Strategy

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 an amendment to the commissioning status of the CCG was to be made to the MOU following discussion at the March 2016 WCCG Governing Body meeting. Ms Shelley to confirm with NHS England colleagues and bring the final MOU to the May Committee meeting.

Minute Number PCC53 Minutes of the Meeting held on 2 February 2016

It was noted that the requested amendments had been made.

Minute Number PCC54 Primary Care Models

It was noted that this item is on the Committee agenda for discussion.

Minute Number PCC61 Primary Care Commissioning Operations Management Group (PCOMG)

It was noted that this item is on the Committee agenda for discussion.

Minute Number PCC61 Pharmaceutical Involvement in Primary Care

It was noted that that Mr Blankley now attends the PCOMG meetings.

RESOLVED: That the above is noted.

New Models of Care

PCC76 Mr McKenzie presented this report in Mr Hastings absence and confirmed that the purpose of the report was to update the Committee on the emerging new models of care within the CCG membership.

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. 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 grouping and The Royal Wolverhampton NHS Trust (RWT) Vertical Integration (VI) arrangement.

Primary Care Home (PCH) Model

The PCH model is a collective of eight practices dispersed across the City and is currently in the very early stages, with a key focus on identifying areas where joint working would be beneficial. This includes working with the CCG to share data analysis work so that models of integrated working can be most effectively targeted. It was noted that patients are unlikely to see significant changes to the way services are delivered in the short term, the intention is that the learning from these pieces of work will then be used to support service development in future years.

RWT Vertical Integration Model

The VI model involves three practices across the City and is proposed to improve working between the Trust and GP practices with the intention of practices sub-contracting the delivery of services to RWT. It was noted this model was still in the very early stages and that ongoing discussion was taking place between NHS England, RWT and the CCG regarding governance arrangements and the management of conflicts of interest.

The Committee felt that there was a lack of clarity around the detail of the models of care and in particular, concerns around quality, finance, governance and conflict of interest. A request was made that the Committee are kept updated on any developments within the proposed models.

Mr McIntosh queried at which point within the development would patients be engaged with. It was noted that in terms of the VI, engagement has taken place with the Patient Participation Groups at the practices concerned at this stage.

Discussion took place around the roll out date for the VI model and it was noted that it is currently deferred until 1 June 2016 pending a further joint meeting taking place at the end of April 2016.

RESOLVED: That the above is noted.

NHS England Update

PCC77 It was noted that there were no issues to be discussed currently.

RESOLVED: That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.

NHS England Finance Update

PCC78 Mr Baran provided a verbal update and noted that Primary Care services for Wolverhampton CCG were on target to deliver a break even position. Reserves were previously reported to be under utilised with around £7000 of invoices against the £632,000 funds available. This amount is now at around £560,000 and accruals of a further £66,000 are expected by year end. Work is being undertaken on 2016/17 budget planning in accordance with changes to the GP contract and planning assumptions.

RESOLVED: That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.

Wolverhampton CCG Update

PCC79 Dr Hibbs provided a verbal update and informed the Committee that Wolverhampton CCG are currently implementing the Primary Care Strategy and as part of this, are moving towards GP Locality meetings, members meetings and contract monitoring and continuous improvement meetings taking place on a quarterly basis.

Cllr Samuels joined the meeting.

It was noted that a GP lead for the South East Locality has been secured and Dr Dan De Rosa is currently interim Lead for the South West Locality.

A forthcoming review and evaluation of the Practice Support Visit programme is being undertaken along with a review of referral data. This is in view of a move to improved triangulation, monitoring and support to include involvement of NHS England and the Care Quality Commission.

Local Incentive Schemes for asthma and Chronic obstructive pulmonary disease (COPD) are being rolled out to provide improved enhanced review of those conditions in primary care.

The NHS 5 Year Forward View Project is underway which includes VI and PCH, there are potentially additional practices who are interested in exploring the PCH model and may be bidding in the next round.

A query was raised regarding the attendance of stakeholders at the GP Locality Meetings and it was confirmed that they are currently for GP members only. It was noted that there are plans for working groups with a broader membership to be formed to assist with the delivery of the Primary Care Strategy.

The Committee was informed that Wolverhampton CCG have now appointed to the post of Head of Primary Care and are recruiting a Primary Care Transformation Lead.

RESOLVED: That the above is noted.

Update on Primary Care Programme Board Activity March 2016

PCC80 Ms Garcha presented an update report to the Committee following the Primary Care Programme Board which took place on 11 March 2016.

It was noted that specialist advice is being sought regarding the interpreting procurement in view of a decision being made at the Primary Care Programme

Board. A query was raised regarding whether the library of languages would be revised and it was confirmed that the change of provider would mean an increased number of languages being available. It was noted that patient engagement was undertaken in the early stages of this procurement.

Cllr Samuels queried the links between the CCG and RWT with regards to diabetes. It was noted that the Wolverhampton Interface Care Knowledge Empowered Diabetes (WICKED) Programme is provided by RWT and work closely with Wolverhampton GPs. There is also a strong link between the CCG and RWT Diabetes services including an integrated data information centre.

Ms Roberts requested an update on the Urgent Care Centre. It was confirmed that the Centre went live in March 2016 and is currently in the bedding down period.

RESOLVED: That the above is noted.

Primary Care Commissioning Operations Management Group (PCOMG) Update

PCC81 Mr McKenzie presented an update report to the Committee following the PCOMG Meeting which took place on 22 March 2016.

It was noted that with regards to primary care quality, the use of wifi in GP practice waiting rooms was hoped to assist with patient participation in the Friends and Family Test.

The PCOMG approved the Medicines Management Policy templates for GP practices to use, which were supported by the LMC. Consideration is also being taken as to whether the templates can also be uploaded to DXS.

It was noted that a Health Visiting Service and Child Health Information Service lessons learnt meeting would be taking place following an issue raised through Quality Matters.

RESOLVED: That the above is noted.

Any Other Business

PCC82 Cllr Samuels queried when the outcome of the Primary Care Transformation Fund expressions of interests would be communicated. It was noted that the national guidance is not currently available so no bids can be submitted at this point.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC83 Tuesday 3 May 2016 at 2.00 pm, in the Stephenson Room, Technology Centre,
Wolverhampton Science Park

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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.	May 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. 05.04.16 - It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline.
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.	May 2016	Mike Hastings / Gill Shelley	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. 05.04.16 - Ms Shelley to confirm amendments with regard to the status of WCCG commission of Primary Care as requested by the Governing Body NHS England colleagues and bring the final MOU to the May Committee meeting.
22	05.04.16	PCC77	NHS England Update That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.	May 2016	Alastair McIntyre / Gill Shelly	
23	05.04.16	PCC78	NHS England Finance Update That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.	May 2016	Charmaine Hawker	

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Closed Items

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	<p>Proposed amendments to Committee Terms of Reference</p> <p>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.</p>	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	<p>Proposed amendments to Committee Terms of Reference</p> <p>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.</p>	Peter McKenzie	14 January 2016	Action complete
3	03.12.15	PCC05	<p>Primary Care Commissioning Operations Management Group Terms of Reference</p> <p>That the Care Quality Commission will be invited to future meetings of this Group.</p>	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	<p>Upcoming Issues for Provisional Work Programme</p> <p>That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.</p>	Anna Nicholls	14 January 2016	<p>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.</p> <p>01.03.16 - It was noted that this item is on the private Committee agenda for discussion</p>
5	03.12.15	PCC07	<p>Standard Agenda item and regular reporting requirements</p> <p>That the following items be included as standing items on the agenda:</p> <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.	Peter McKenzie	2 February 2016	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.	Pat Roberts	2 February 2016	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.	Peter McKenzie	2 February 2016	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.	Margaret Chirgwin	2 February 2016	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.	Charmaine Hawker	2 February 2016	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.	Jane Worton	2 February 2016	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.
14	14.01.16	PCC21	WCCG Estates Strategy That the final Estates Strategy be	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the private Committee agenda for

			brought to a future Committee Meeting.			discussion.
16	02.02.16	PCC42	Pharmacy First That the Pharmacy First information be circulated to the Committee.	Jane Worton	1 March 2016	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.	Charmaine Hawker	1 March 2016	01.03.16 - It was noted that this report is included on the agenda for discussion.
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.	Jane Worton	5 April 2016	05.04.16 – Amendments made.
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.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.
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.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.

21	01.03.16	PCC61	<p>Pharmaceutical Involvement in Primary Care</p> <p>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.</p>	Mike Hastings / Jeff Blankley	5 April 2016	05.04.16 - It was noted that Mr Blankley now attends the PCOMG meetings.
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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
3rd May 2016

Title of Report:	GMS Contract changes
Report of:	Gill Shelley
Contact:	Gill Shelley
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Notification of GMS contract changes
Public or Private:	Public
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	Assurance
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	
<ul style="list-style-type: none"> • Domain 3: Financial Management 	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Changes to GMS contracts

1. **BACKGROUND AND CURRENT SITUATION**
To inform the joint committee of recent changes to GMS contracts
2. **MAIN BODY OF REPORT**

GMS contract changes March 2016

Date Received	Practice Code	Practice Name	Contract	Task	Detail	Status	Completion Date
22/03/2016	M92612	GROVE MC	GMS	Addition	Addition of Dr Mohindroo	Completed	29/03/2016
22/03/2016	M92009	Prestbury Medical Practice	GMS	Removal	Remove Dr Morgan	Awaiting Application	
06/04/2016	M92612	GROVE MC	GMS	Removal	Removal of Dr Surinder Julka	Awaiting Practice Signature	

3. CLINICAL VIEW

3.1. N/A

4. PATIENT AND PUBLIC VIEW

N/A

5. RISKS AND IMPLICATIONS
Key Risks

5.1. N/A

Financial and Resource Implications

5.2. N/A



Quality and Safety Implications

N/A

Equality Implications

5.3. [N/A]

Medicines Management Implications

5.4. N/A

Legal and Policy Implications

N/A

6. RECOMMENDATIONS

- The committee note the action being taken.

Name: Gill Shelley
Job Title: Senior Contracts Manager
Date: 20/4/16



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)	G Shelley	



WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

Title of Report:	Primary Care Update
Report of:	Alastair McIntyre
Contact:	Martina Ellery
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input type="checkbox"/> Assurance <input type="checkbox"/> For information
Purpose of Report:	To update the Committee on latest developments in Primary Medical Care nationally and locally
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
• 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	Update on Primary Care

1. Primary Care Update – national and local

1.1. General Practice Forward View

The General Practice Forward View, just published, sets out our plan, backed by a multi-billion pound investment, to stabilise and transform general practice.

It contains specific, practical and funded action on wide ranging recommendations from practising GPs and national representative bodies and focuses on a number of areas, including investment, workforce, practice infrastructure and workload as well as new ways of working.

The document can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

1.2. GMS contract negotiations and changes

The GMS settlement changes agreed for 2016/17 are summarised below:

- An investment of £220 million into general practice, covering a pay uplift of 1%, an increase in the item of service fee for vaccinations and immunisations to £9.80, a change to the value of a QOF point, due to adjusted Contractor Population Index (CPI) and additional funding to cover expenses relating to additional Care Quality Commission costs and other increased business expenses
- A contractual requirement to record data, every six months, on the availability of evening and weekend opening for routine appointments.
- Agreement to discuss during 2016/17 how to make available for use at practice level appropriate and meaningful data relating to patients' named accountable GP, to support peer review and quality improvement.
- All V&I programmes will continue in 2016/17 unchanged with the exception of the meningococcal C, meningococcal B, meningococcal ACWY and pertussis vaccination programmes
- Enhanced Services (DES):
 - the Dementia DES will cease on 31 March 2016
 - the Avoiding Unplanned Admissions ES will continue for a further year



- the Extended Hours and Learning Disabilities DES will continue unchanged for a further year.
- Some non-contractual changes to patient online access have been agreed. These focus on using digital technology to provide more efficient services underpinning general practice and greater flexibility and choice for patients and practices (see summary document).

The full guidance is available here:

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/2016-17%20GMS%20guidance.pdf>

1.2. End of year closedown

The process for close down on claims for Directed Enhanced Services and QOF is well under way. Regular communication is sent to contractors and the team is responding to any queries.

There have been some issues with QOF uploads and calculations and the CQRS team are supporting the resolution.

1.3. New Service Specifications for Directed Enhanced Services (DES)

The services specifications for 2016/17 DES have been released and the set up on CQRS is underway. The Hub team have been in touch with Primary Care leads regarding the roll out of the DESs, in line with MOU agreements.

1.4. PCSE changes

The PCSE teams are undergoing significant changes. All practices receive regular communications on progress of the move and recently would have received communications on the changes to medical records collections and deliveries as well as supplies changes.

There have been some issues with the ordering of stock although the team assure us they have been resolved now. We are monitoring the situation closely and feed back via the Stakeholder Forum.

Further information can be found here: <http://pcse.england.nhs.uk/help/>

1.5. Forthcoming Changes to Clinical Waste Management



NHS England has undertaken a procurement exercise for the provision of clinical waste management services and a number of providers have been approved for the framework agreement. The mobilisation stage is currently underway and we will be sending out communication to all relevant stakeholders as soon as that is completed.

2. RECOMMENDATIONS

2.1. To be noted

**Martina Ellery
DHOPC
20.04.2016**



REPORT SIGN-OFF CHECKLIST

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



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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 3rd May 2016

Title of Report:	Wolverhampton CCG 2016/17 GP Services Budget
Report of:	Charmaine Hawker
Contact:	Charmaine Hawker
Primary Care Joint Commissioning Committee Action Required:	For Noting
Purpose of Report:	To outline the 2016/17 Joint Commissioning GP Services budget for Wolverhampton CCG
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	Domain 3 – Financial Management
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	
<ul style="list-style-type: none"> • Domain 3: Financial Management 	This report provides information on the 2016/17 GP Services Budget.
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	



- | | |
|--|--|
| <ul style="list-style-type: none">• Domain 5: Delegated Functions | |
|--|--|

ATTACHED:

Wolverhampton CCG 2016/17 GP Services Budget Report



Wolverhampton CCG
May Budget Report.d



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)	Charmaine Hawker	21/04/2016



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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
3rd May 2016

Title of Report:	Primary Care Delivery Board Update
Report of:	Sharon Sidhu, Head of Strategy & Transformation
Contact:	Sharon Sidhu, Head of Strategy & Transformation
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 delivery of the Primary Care Delivery Board Work Programme
Public or Private:	Public
Relevance to CCG Priority:	Quality and Value, Health Improvement
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The delivery board ensures commissioned services are delivering improved patient outcomes and provide value for money
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	The delivery board ensures the CCGs strategic roadmap which includes delivering improved patient health outcomes
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	The delivery board ensures that improving outcomes and quality of services is at the forefront of all decision making processes
<ul style="list-style-type: none"> • Domain 3: Financial Management 	The Delivery Board is responsible for providing assurance of delivery of the QIPP agenda and ensuring revised and new schemes provide value for money
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The delivery board ensures key priorities outlined in the operational plan, five year forward view are taken into account when planning both the short term and long term work programme

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the Primary Care Delivery Board is to oversee and direct the delivery of work streams assigned to the Programme Board that are designed to improve Quality, Innovation, Productivity and Prevention (QIPP) in line with the CCG's strategic plan.

The Primary Care Delivery Board meets on a monthly basis and it was agreed an update on the delivery of the work programme will be presented to the Primary Care Joint Commissioning Committee.

2. MAIN BODY OF REPORT

- 2.1. The Primary Care Delivery Board work programme for 2016/17 includes the following schemes which are at various stages of the project lifecycle:

- Extended Primary Care Services Review (Enhanced Services & Minor Injuries)
- Paediatric Pathway Review
- Skype Appointments
- Wolverhampton Interface Care Knowledge Empowered Diabetes (WICKED)
- Chronic Obstructive Pulmonary Disease (COPD) Review
- Community Equipment Review and Retender (Independent Living Service)
- Interpreting Procurement
- Diabetes Pathway
- Sickle Cell Review
- Primary Care In reach Teams (PITS) Model of Care
- GP Peer Review
- Asthma Avoidable Admissions
- Urgent Care Centre Procurement
- A&E Chest Pain Pathway

- 2.2. The following items were discussed and recommendations agreed at the last delivery board meeting on the 14th April 2016.

Community Equipment Review and Retender (Independent Living Service)

In January Commissioning Committee supported the recommendation that the CGG re-procured the health equipment component of the Community Equipment Loan Service which is part of the Independent Living Service.

Subsequently Wolverhampton City Council has expressed an interest in undertaking this as a joint procurement. The Local Authority is currently seeking approval to undertake this as a joint procurement through their governance structure.



The Board have noted that this will have an impact on the CCGs procurement timeline and a further update is due to be presented at the next Delivery Board in order fully understand the impact this will have.

Interpreting Procurement

On the 24th March 2016 Commissioning Committee approved the recommendation to undertake an OJEU procurement. It is anticipated that the new service provider will be in place by August 2016.

Urgent Care Centre Mobilisation

The new Urgent Care Centre became fully operational on the 1st April 2016 as planned, Vocare are working closely with RWT to ensure that the signposting process is working effectively.

Extended Primary Care Services Review

A review has been undertaken of the current extended primary care services which includes basket services and minor injuries.

It was noted that the bulk of spend for the basket services (67%) is on dressing changes and that there are currently ongoing issues in relation to the access clinic. A wider review of wound care services is due to commence imminently and the findings of the primary care services review will feed into this review.

The Board agreed that the current basket services and minor injuries service contracts should be rolled forward into 2016/2017 whilst a review of the service specifications and tariffs is undertaken.

Sickle Cell

It was agreed to extend the Sickle Cell contract with the current provider (Sickle Cell and Thalassaemia Support Project) until 2018, using an existing specification with a view to completing a service redesign and consider procurement options during 2017/2018.

A&E Chest Pain Pathway

As part of contract negotiations the CCG put forward a case for a reduced local tariff for patients presenting at A&E with chest pain who required a Troponin test and had no other co-morbidities as this co-hort of patients is currently managed in CDU attracting a tariff of £492.

As a revised tariff was not agreed as part of contract negotiations this has been included as part of the Service Development Improvement Plan (SDIP) for 2016/17 with a view to agreeing and implementing a local tariff change by September 2016.



3. CLINICAL VIEW

- 3.1. Clinical input is provided by Dr DeRosa, CCG Chair and Manjeet Garcha, Director of Nursing and Quality. Clinical input on individual projects is provided by a range of clinicians who form part of the membership of task and finish groups.

4. PATIENT AND PUBLIC VIEW

- 4.1. Patients and the public are actively engaged and consulted with when undertaking any service redesign/commissioning of services as part of the commissioning cycle.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. The Primary Care Delivery Board risk register is reviewed on a monthly basis and forms part of the CCG's overall risk register which is reviewed regularly by the Quality and Safety Committee which then informs the Governing Body via the Board Assurance Framework

Financial and Resource Implications

- 5.2. A number of QIPP savings have been agreed through contract negotiations relating to the Primary Care Delivery Board amounting to £1,746,000; these relate to the urgent care centre and the maternity block contract payment. Further schemes will need to be identified and delivered in order to achieve the CCG's unallocated QIPP figure of c£2 million pounds.

Quality and Safety Implications

- 5.3. All projects have appropriate representation from quality as part of the project task and finish groups to ensure quality and safety implications are taken into account. In addition Quality Impact Assessments are completed for all projects are signed off by the Head of Quality & Safety and are presented to the Primary Care Delivery Board for final review and approval.

Equality Implications

- 5.4. Preliminary Equality impact assessments (EQA) are undertaken at the base lining phase of all projects and a full EQA is undertaken at the business case development stage. All EQA reports are reviewed by Equality & Inclusion Lead are presented to the primary care delivery board for review and approval.

Medicines Management Implications

- 5.5. There are no medicines management implications arising from the content of this report.



Legal and Policy Implications

5.6. There are no legal or policy implications arising from the content of this report.

6. RECOMMENDATIONS

6.1. The Primary Care Joint Commissioning Committee is asked to:

- **Receive and note the actions being taken.**

Name: Sharon Sidhu

Job Title: Head of Strategy & Transformation

Date: 19th April 2016

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View	n/a	
Public/ Patient View	n/a	
Finance Implications discussed with Finance Team	Lesley Sawrey	20/4/16
Quality Implications discussed with Quality and Risk Team	Sarah Southall	21/4/16
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)	Sharon Sidhu	20/04/16



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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 3rd May 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 Monday 18th April. This report highlights the topics covered at the meeting.

2 AREAS COVERED

2.2 CQC Update

A draft report has been issued to a Wolverhampton GP practice for comments with a 2 week deadline. Once the deadline has passed, and any comments reviewed by the CQC, the final report will be issued at which point the practice goes into special measures.

2.3 Primary Care Quality Assurance

2.3.1 Practice Visit Program

Bob Middleton referred to an evaluation report for the 2015/16 Practice Support Visit Programme. This evaluation report requires further analysis but will provide a baseline to develop the CCG's programme of work to support practices to deliver the CCG's Primary Care strategy.

2.3.2 Primary Care Quality Update

Sarah Southall circulated a draft process map for Collaborative Working in Primary Care and advised that a meeting is scheduled to discuss this further on 19th April 2016, with attendance from the CCG, Public Health and NHS England. A proposal will be submitted to the Primary Care Operational Group with a view to taking a formal proposal to the LMC.

2.3.3 Primary Care Quality Update

The Quality Dashboard has been shared and informs the Primary Care Matrix.

2.3.4 Review of Primary Care Matrix

Jane Worton gave an overview of the Primary Care Matrix following on from actions highlighted at the meeting in February:

- PPIGG information has been removed from the Matrix
- Contracts – an update will be provided at the next meeting
- Medicines Management – nothing to report
- CCG Estates Strategy



- The Strategy has identified a number of localities with potential for development and options appraisals are to be undertaken in Bilston Urban Village, Bradley, Heath Town and Showell Park amongst others.
- David Johnston is leading on this work and progress is being monitored via the Capital Review Group/Strategy Estates Forum.
- Finance Implications – A discussion took place regarding a review of all practices and the need to understand exactly what will be transferred to the CCG upon full delegation.

2.3.5 Basket Services Update

Vic Middlemiss provided an update:

- A review of 2 main areas of spend, basket services and minor injuries, is taking place due to a number of changes in Secondary Care that have impacted on what Primary Care claim for.
- The Primary Care Programme Board has agreed to extend the current contract arrangements for a further 12 months with a view to revise the specification in key areas and, potentially, the tariff.
- Any changes will be discussed at the Clinical Reference Group and recommendations made to the LMC.

2.4 Area Team Update

2.4.1 Vertical Integration

- Commencement of the 2 year pilot has been delayed until 1st June 2016.
- Work still being undertaken around assurance and conflict of interests.
- Submissions of Action Plans along with amended sub-contracts are expected.

2.4.2 GP Practices In Hours Cover

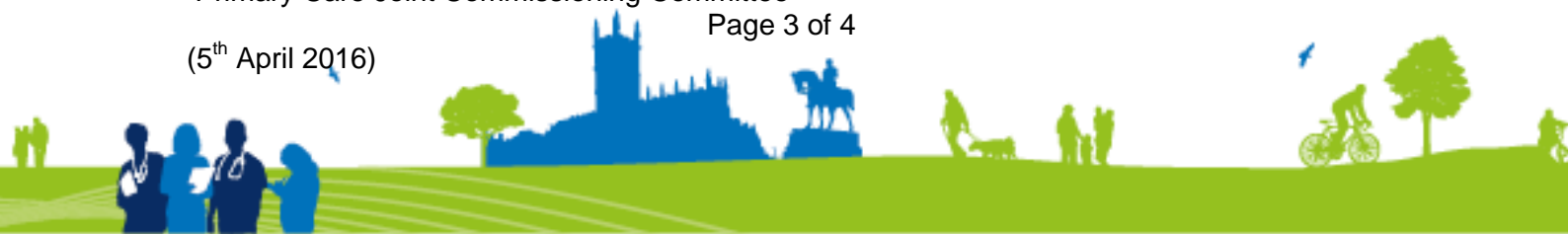
- Assurance required of a sub-contracting arrangement for in hours cover.

2.4.3 Violent Patient Scheme

GS advised of issues with violent patient schemes in Wolverhampton. A meeting needs to take place with Dr Obi to look at what is provided as part of that scheme and to review a new service for Wolverhampton.

2.4.4 Practice Issues

Practice issues and corresponding Action Plans were discussed.



2.4.5 Quality Matters Summary

The Quality Matters Summary was reviewed for the period of 1st March 2016 to 1st April 2016. Key themes included Information Governance and practice interaction with Child Health services. It was noted that Practice Support Visits would be used as an opportunity to discuss specific issues with practices.

2.4.6 Risk Register

No problems reported other than those reviewed on the Primary Care Matrix.

2.4.7 Pharmaceutical Involvement in Primary Care

No update provided (no attendance).

3. RECOMMENDATIONS

3.1 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: 25th April 2016

