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NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Primary Care Joint Commissioning Committee (Public)
Tuesday 2 August 2016 at 2.00 pm in the PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park

A G E N D A

1	Welcome and Introductions		
2	Apologies		
3	Declarations of Interest		
4	Minutes of the meeting held on 5 July 2016		1 - 8
5	Matters arising from the minutes		
6	Committee Action Points		9 - 10
7	NHS England Update	AM	
	• Primary Care Update		11 - 20
	• Practice Participation in Enhanced Services		21 – 24
8	NHS England Finance Update	CH	
9	Wolverhampton CCG Update	MH	
10	Primary Care Programme Board Update July 2016	MG	25 - 30
11	Primary Care Commissioning Operations Management Group Update	MH	31 - 34
12	Primary Care Forward View - WCCG Response	SM	35 - 42
13	Any other Business		
14	Date of next meeting Tuesday 6 September 2016 at 2.00 pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park		

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on 01902 444613 or email laura.russell4@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Dr David Bush Dr Dante De Rosa Ms Manjeet Garcha Dr Helen Hibbs Dr Manjit Kainth Mr Steven Marshall Dr Salma Reehana Ms Pat Roberts Ms Claire Skidmore
NHS England	Alastair McIntyre Gill Shelley Anna Nicholls
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Mr Donald McIntosh (Healthwatch) Ms Ros Jervis (Health and Wellbeing Board)

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 5 July 2016
Commencing at 2.00 pm in the Stephenson Room, Creative Industries Centre
Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	No
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr S Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	No
Anna Nicholls	Contract Manager (Primary Care)	Yes
Karen Payton	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

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

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

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
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	No
Sarah Southall	Head of Primary Care (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (Minute Taker)	Yes

Welcome and Introductions

PCC121 Mr McKenzie welcomed attendees to the meeting and introduced Ms Gaytten to the Committee, as she would be Chairing the meeting in the absence of Ms Roberts.

Apologies for absence

PCC122 Apologies were submitted on behalf of Claire Skidmore, Dr David Bush, Pat Roberts, Mike Hastings, Dr Mahay, Gill Shelley and Jeff Blankley.

Declarations of Interest

PCC123 Dr Kainth and Dr Hibbs 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 7 June 2016

PCC124 RESOLVED:

That the minutes of the previous meeting held on 7 June 2016 be approved as an accurate record.

Matters arising from the minutes

PCC125 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC126 **Minute Number PCC103 Protected Learning Time for GPs**
Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting.

Minute Number PCC113 Terms of Reference
This agenda item is due to be presented at the September Committee Meeting.

Minute Number PCC114 NHS England Update – Primary Care Update
Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting.

Minute Number PCC116 Wolverhampton CCG Update
Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting.

Minute Number PCC116 Wolverhampton CCG Update
Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC127 In Mr McIntyre's absence, Ms Nicholls presented the NHS England update to the Committee outlining the key developments that have been made nationally and locally in relation to the GP Forward View. The report also included updates on the following;

- Clinical Waste Contracts
- Primary Care Support England
- Direct Enhanced Services
- GMS Contract Changes

Dr Hibbs asked if NHS England had any indication on the working groups in place to address the GP Forward View, as the WCCG would like to work in line with NHS England to avoid any duplication. Ms Nicholls stated these discussions would be picked up at the next Network Meeting.

Dr Hibbs asked about the GMS Contract change for MGS Medical Practice (Dr Bagary) as this is a vertical integration site and queried how this would this impact the new partner joining the contract. Ms Nicholls agreed to take this back and provide an update to Dr Helen Hibbs.

Discussions took place around the funding criteria for the GP forward View and when the WCCG would be informed of the financial contributions. Ms Payton informed the Committee they have been given no indication and once this information had been received this will be cascaded to CCGs.

RESOLVED: That the above is noted.

Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.

NHS England Finance Update

PCC128 Mr Payton provided the Committee with an update on the Month 2 position for Wolverhampton GP Services on behalf of Charmaine Hawker, Assistant Head of Finance (NHS England).

Ms Payton highlighted this is the first financial report for the year as they do not report in April. At the end of Month 2 Wolverhampton are forecasting a break even position against the £34.1million. In the table (page 5 of the report) it was noted under other GP services, which is reported as £764,000 that within this there is currently £96,000 uncommitted and will be used to fund in year cost pressures.

The PMS premium plan was shared and discussed at the previous meeting on how this was going to be spent. Discussions have since taken place with regards to a shortfall in the £311,000 with the overall plan being short by £13,000, there were concerns on how the WCCG going to commit the funds. The advice given by Ms Charmaine Hawker is to within the WCCG plan to build in a contingency line of £13,000.

The PMS Premium Investment plan needs to be submitted at the end of July 2016, this has been shared and needs to be signed off by the Director of Finance and Locality Directors.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC129 In Mr Hastings absence, Mr Marshall gave the following update to the Committee on the WCCG in relation to Primary Care;

- ***Estates and Technology Transformation Fund (ETTF) ~*** all bids have now been submitted and everything that has met the NHS England criteria has been supported. A prioritisation process has taken place based on a scoring matrix developed by the WCCG independent contractor. It was reported top priority was given to the bids which were given previous commitment. The second priority was in relation to estates work to support the BCF and Primary Care Strategy and the third priority was in relation to IT bids. Mr Marshall stated it is important to recognise that not all bids will be undertaken as NHS England will choose to support to the National level.

  In addition Ms Payton advised the portal for submission has now closed. A modernisation process will take place during July to review the bids to see if they meet the criteria. Once this process is completed the bids will be

submitted for national approval. If all the bids are approved nationally the value of the bids will exceed the fund, if this happens discussions are likely to place in September/October between NHS England and WCCG to discussion prioritisation of the bids.

- ***Vulnerable Practices ~*** The WCCG have been approached by NHS England to submit round 2 bids for vulnerable practices. There are a series of 15 questions which need to be completed within the submission. The support for these vulnerable practices will be in the form of consultancy support however practices may be required to match fund the NHS England investment. Ms Nicholls provided the definition of vulnerable practices and confirmed that GP Practices would need to match fund.

- ***Estates ~*** The Local Authority are undertaken housing developments as a consequence all the tenants will be removed from Chervil Rise. This has impacted on the GP Practice, who are also under CQC scrutiny in supporting patients within Chervil Rise. This Practice are now in negotiations with neighbouring practices regarding the possibility of merging practices.

- ***Primary Care Transformation Lead ~*** an appointment has been made to this position.

- ***Vertical Integration ~*** meetings are taking place to establish baseline information and appropriate KPIs, one of the key considerations is the commitment to improving avoidable emergency admissions with fail and elderly and vulnerable people.

- ***Local Digital Road Map ~*** this has now become out of sync as one of the requirements from the STP is there needs to be a Black Country footprint digital road map. The WCCG now need to align to this and Mr Stephen Cook is in discussions with other CCGs in the Black Country.

- ***Healthwatch Open Day ~*** The WCCG were not present at the open day as the WCCG had their Staff away day and sent apologies. Discussions took place regarding the configuration of all Health Care including Primary Care in Wolverhampton. It was noted there is a lot of value in the different care models and there are still many discussions to be undertaken including planning, governance and engagement as the WCCG are a member organisation.

RESOLVED: That the above is noted.

Better Care Fund - Third Sector Organisations

PCC130 Mr Marshall presented the report to the Committee, which informed them of the plans within the Better Care Fund Programme in particular to the increasing support from Third Sector Organisations. Mr Marshall provided an overview of the Person-Centered Care Model and highlighted appendix 1 which outlined a

summary of Third Sector organisations who have received grant funding from WCCG.

Mr McIntosh queried the issue of sustainability, monitoring and evaluation and how this would be undertaken. Mr Marshall noted NHS England had challenged WCCG and the advice given was to articulate this within the individual patient journey and gaining feedback from patient experiences.

RESOLVED: That the above is noted.

Primary Care Programme Board Update

PC130 Ms Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board. The following key points were made;

- All current active work streams are being progressed well and dates for reviews and benefit realisation planned for the end of July.
- The procurement process for interpreting has commenced, it was noted if the successful bidder is not the current provider there will need to be a extension to the current contract by a maximum of 2 months to allow for transition.
- The Local Authority was late in providing a decision on whether to be involved in the community equipment procurement process. It was noted the Committee needed to be mindful of the tight timescales due to this delay and any slippage will report to Committee.
- A new QIPP proposal for Atrial Fibrillation has been presented which seems very positive. The project will be scoped and presented back to the Primary Care Programme Board.

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

PCC131 Mr McKenzie provided an overview of the key area covered at the Primary Care Operational Management Group Meeting, which took place on Tuesday 21 June 2016. The report included updates on the following;

- CQC Update
- Primary Care Joint Monitoring
- Primary Care Quality Update
- Primary Care Matrix

Mr McKenzie noted in relation to Primary Care Quality Update there were discussions around Information Governance issues in GP practices. There are discussions taking place with NHS England who fund Midlands and Lancashire CSU to deliver and support Information Governance in GP Practices to outline and clarify the level of support provided.

RESOLVED: That the above is noted.

Any Other Business

PCC133 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC134 Tuesday 2 August 2016 at 2.00pm in PC108, 1st Floor, Creative Industries 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
26	**03.05.16**	**PCC103**	**Protected Learning Time for GPs** That the CCG will explore protected learning time options for GPs and update the Committee.	August 2016	Mike Hastings / Steven Marshall	07.06.016 - Mr Marshall noted further discussions need to take place to determine the details and requirements for protected learning time for GPs. It was agreed a further update would be provided for the next meeting. 05.07.06 - Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting. August Agenda Item.
27	**07.06.16**	**PC113**	**Terms of Reference** The Committee agreed to review the Terms of Reference in September 2016	September 2016	Peter McKenzie	05.07.06 - This agenda item is due to be presented at the September Committee Meeting.
28	**07.06.16**	**PC114**	**NHS England Update – Primary Care Update** Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.	August 2016	Gill Shelley	05.07.06 - Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting. August Update.
29	**07.06.16**	**PC116**	**Wolverhampton CCG Update** Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View. Mr Marshall agreed to develop and share a model of how the third sector organisations and other providers will link into Primary Care Services.	August 2016 July 2016	Steven Marshall Steven Marshall	05.07.016 – Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting. 05.07.16 - Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.

30	**05.07.16**	**PCC127**	**NHS England Update – Primary Care Update** Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.	August 2016	Anna Nicholls	

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Agenda Item 7.1

WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
July 2016

Title of Report:	**Primary Care Update**
Report of:	Alastair McIntyre
Contact:	Martina Ellery
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Assurance**
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	
• **Domain 2a:** Performance – delivery of commitments and improved outcomes	
• **Domain 2b:** Quality (Improved Outcomes)	
• **Domain 3:** Financial Management	
• **Domain 4:** Planning (Long Term and Short Term)	
• **Domain 5:** Delegated Functions	**Update on Primary Care**

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1. Primary Care Update National and Local

1.1 Primary Care Hub Update

The PC Hub team is holding the first review meeting on 27th July – this will allow us to discuss the progress of implementation with the CCGs and explore ways of improving systems and processes in place. We will also commence planning for next financial year.
All CCGs have received their updated contact lists.

The next PC Hub network meeting is scheduled for 12th August 2016 – we will be focusing on Quality and PPG work.

1.2 GPFV Programmes

Work is continuing at the Central team in order to maintain the pace of implementation of the GPFV work streams. A number of programmes are currently going through the approval processes and will be disseminated to stakeholders as soon as more information is available.

The *GP Development Programme* and the S*ustainability and Resilience Programmes* are progressing at particular pace and we hope to be able to share relevant information in the next few weeks.

The *Recruiting Returning Doctors Pilot* process has concluded with shortlisting taking place on 21st July – we will be notifying practices and CCGs in early August.

The *Vulnerable Practices Programme* is also progressing well – we have written out to all practices on the 'reserve list' with an offer of support and will discuss the uptake at the PC Hub Network meeting.

A series of national events have been organised for CCGs, constituent practices as well as other stakeholders to attend (links below). We are looking to arrange a local meeting with national representation in late September and will circulate information as soon as we can.

https://www.events.england.nhs.uk/nhsengland/173/home (Southampton 28 September afternoon)
https://www.events.england.nhs.uk/nhsengland/172/home (Southampton 28 September evening)
https://www.events.england.nhs.uk/nhsengland/174/home (South London, 110 Rochester Row – HFMA, 1 September afternoon)

https://www.events.england.nhs.uk/nhsengland/175/home (South London, 110 Rochester Row – HFMA, 1 September evening)
https://www.events.england.nhs.uk/nhsengland/176/home (Taunton 9 August, afternoon)
https://www.events.england.nhs.uk/nhsengland/177/home (Taunton 9 August evening)
https://www.events.england.nhs.uk/nhsengland/178/home (Leicester, 31 August, afternoon)
https://www.events.england.nhs.uk/nhsengland/179/home (Leicester, 31 August, evening)
https://www.events.england.nhs.uk/nhsengland/180/home (Cambridge, 2 August, afternoon)
https://www.events.england.nhs.uk/nhsengland/181/home (Cambridge, 2 August, evening)
https://www.events.england.nhs.uk/nhsengland/182/home (London, Friends House, 15 September, afternoon)
https://www.events.england.nhs.uk/nhsengland/183/home (London, Friends House, 15 September, evening)
https://www.events.england.nhs.uk/nhsengland/184/home (London, The Wesley, 23 Aug, afternoon)
https://www.events.england.nhs.uk/nhsengland/185/home (London, The Wesley, 23 Aug, evening)

1.3 DES Sign up

The deadline for sign up to Directed Enhanced Services was 30th June 2016. All CCGs have received the lists of practices signed up (where applicable).

1.4 PCSE

We continue to monitor and receive reports of issues with the new PCSE service. The team have made considerable progress in a number of areas and there are improvement plans in place for any outstanding issues. The regional manager is attending the next all-LMC meeting to discuss any outstanding issues.
The latest Stakeholder Bulletin is enclosed for information.

20160715 PCSE Stakeholder Bulletin Ju

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1.5 GP Contract Changes

The annual negotiations on changes to the GP contract will be commencing shortly. Although changes to Car-Hill formula were expected next April, it has now been suggested that this will be April 2018 instead, which is due to Capita taking over the calculation of Car-Hill weightings.

1.6 Avoiding Unplanned Admissions DES

An additional exercise was carried out to allow practices to correct their initial submissions due to errors in coding. Subsequent results showed that 1,700 practices are now failing down from 3,500 with the majority failing due to either the register size being less than 2% over the year or care planning element of the DES.
Considerations of how to action financial adjustments are being considered.

1.7 HepB Claims for 2014/15

When HSCIC analysed the data ahead of publication, they have highlighted there are practices who have claimed for far more patients than they should.
For example 1 practice claimed for over 300 patients but there are only expected to be between 2000-3000 cases nationally. The contracts team will be drawing up an analysis table for each team and suggest they review these to check if these were noticed during approval or if a financial adjustment will be required. It is unclear why this has happened although it is suspected it is due to confusion over the specification.
We will keep CCGs and practices posted on progress.

2. RECOMMENDATIONS

To be noted

Name Martina Ellery
Job Title Deputy Head of Primary Care
Date: 25/07/2016

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REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
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)	**Martina Ellery**	**25/07/2016**

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NHS England

Primary Care Support England (PCSE) Stakeholder Bulletin

Welcome to the Primary Care Support England Bulletin, which will provide you with regular updates on the changes being introduced to primary care support services.

July 2016

Performers Lists Applications

PCSE is responsible for managing entry to the Performers Lists for Medical, Dental and Ophthalmic performers on behalf of NHS England. As we approach the busiest time of year for applications, a quick reference guide to the process has been produced for trainees applying to join a list, including the timelines they need to be aware of. Routine trainee applications take approximately 12 weeks to process from start to finish. If there are any issues with the pre-admission checks, the process will take longer.

With these timescales in mind, we encourage applicants to submit their application form and supporting information required as soon as possible, to help prevent any delays in starting new roles.

Supplies update

Most practices are now using the PCSE portal to order their NHS supplies. The majority of orders (around 80%) continue to be delivered on or before their expected delivery date.

The exceptions are orders where we're awaiting stock. We're reviewing the end-to-end supply chain with NHS England to address any stock availability issues, and will contact practices regarding out of stock items, to offer alternatives or cancel the orders if necessary.

Sterile supplies

There was initially a larger volume of orders for sterile supplies (syringes, needles and vacutainers.) Whilst we worked to obtain additional stock from preferred suppliers, NHS England agreed that, in specific parts of the country where stocks were limited, and only where absolutely necessary, practices could temporarily order these items directly from alternative suppliers. These items are now available to order nationally from the PCSE portal, and the temporary arrangement to order from alternative suppliers will end on **22 July 2016**. NHS England cannot approve invoices dated post 22 July 2016 for sterile products that can be found on the PCSE portal.

New portal users

At the end of June, more than 400 practices, who weren't on our database, have been contacted and registered on the portal so that they can now order supplies online. Since the start of July, we've collected the contact details of an additional 2724 practices we didn't have details for. We're in the process of contacting these practices to register them on the portal.

Medical records movement update

The new Medical Records Movement pilot continues in West Yorkshire, where individually bagged and labelled records are being collected from practices and delivered directly to their end destination.

In order to ensure that information and feedback from this pilot is carefully reviewed and considered, the decision was taken to extend the pilot. This additional time will help ensure the service is proven safe and effective, and delivers the expected benefits without any service disruption. We're expecting to start

providing the service nationally in the autumn. Detailed updates will be provided to practices on how and when the new service will be rolled out.

Currently outside of West Yorkshire, records are being processed at a central PCSE office. We're making continuous enhancements to this interim service. In June, we increased the number of staff working in our central processing centre, which has improved our processing speed and increased the number of records processed each day. At this point in time, records are being processed within eight days of receipt into the centre. We're also working with CitySprint to increase the capacity to deliver the records. Larger CitySprint vans have recently been introduced on 65% of routes.

Whilst the majority of practices nationally now have a regular medical records collection and delivery service, we recognise that practices in certain areas have not been receiving the level of service they can expect. We're working closely with the relevant CitySprint Service Centres to resolve the immediate issues, and to look at the longer-term improvements needed, which may include changing and / or putting on additional routes in certain areas.

Ophthalmic payments update

The ophthalmic payments process has seen an increase in the number of enquiries and issues from opticians in certain parts of the country over the last few months. This is mainly as a result of moving from many diverse ways of processing payments, to a more standardised approach. Additional resource has been put in place to ensure all queries and any issues can be dealt with in a timely manner, and we're working with key stakeholders, including LOCSU, to continue to refine and improve the service. As at the 13 July, all customers with outstanding queries have been contacted.

Moving forwards, we're working on a new service which will include redesigned GOS Forms to enable them to be scanned, and an online portal that will allow claims to be more easily submitted, reviewed and paid.

The Ophthalmic User Group has been heavily involved in the GOS Forms redesign process, and we've received very positive feedback. The OFNC (Ophthalmic Fees Negotiating Committee) has approved the redesigned forms, pending some minor changes. The next step is for NHS England to arrange for formal sign-off by the Forms Committee.

We're currently agreeing the approach for how the new forms will be rolled out, and once agreed, detailed updates will be provided to our service users.

Screening update

NHS Breast Screening Units will take over responsibility for the breast screening administration functions currently provide by PCSE when the Breast Screening Select (BS-S) system goes live. This is scheduled to be by 1 August 2016. The BS-S implementation team are communicating with BSUs and other stakeholders to manage the transitions. If you'd like to know more, please contact: mat.jordan@phe.gov.uk

PCSE will continue to deliver the cervical screening administration support service. As part of our plans for the future, we'll introduce a modernised service, which will include an online portal to access patient prior notification lists and next scheduled screening dates. Prior to introducing the new service, we're moving all printing of cervical screening letters to a single purpose-built, state of the art print facility in Mansfield, which complies with all relevant legislation governing the handling of sensitive data. Printing work will move to Mansfield as and when a local PCSE office closes.

PCSE Customer Support Centre update

Calls into the Support Centre continue to be answered promptly (currently 90% of calls are answered within 30 seconds.) When practices call the Support Centre, they'll be asked to select from a menu, which will direct their call to the correct specialist team. If for any reason the agent who takes the call is unable to provide an immediate answer to the query, the call will be transferred to a member of the team who can help, or the agent

will call the practice back directly once they have a response.

Emails sent to PCSE.enquiries@nhs.net are also routed to the correct team. Please put the service you are contacting us about in the Email Subject Line to help us direct your query as quickly and efficiently as possible. We're sorry that in some cases customers have not received a swift response to email queries. We're working hard to address this and improve response times.

Relocating services delivered by local PCSE offices in July and August

Services are currently delivered from a range of local PCSE offices. By 2017, the Customer Support Centre will be the main point of contact for all queries on all PCSE services.

As part of these plans, we're relocating the services delivered by a number of our local offices this July and August. On 21 July, services will relocate from our Surbiton and former NHS SBS Derby, Ferndown and Gloucester offices. On 18 August, services will relocate from our Bristol, Darlington and Hull offices. We'll write out to service users of these offices to provide the new contact details to use.

A timetable showing when contact will move from each of our local offices to the Customer Support Centre is on our website, along with information on current contact details to use.

Please share this update with your colleagues.

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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
August 2016

Title of Report:	**Practice Participation in Enhanced Services**
Report of:	Anna Nicholls
Contact:	Anna Nicholls
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide JCC with details of practices who have signed up to deliver the following Enhanced Services in 2016/17 in comparison with 2015/16 • Minor Surgery • Extended Hours • Learning Disabilities • Avoiding Unplanned Admissions
Public or Private:	This Report is intended for the public domain
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
• **Domain 5:** Delegated Functions	**Directed Enhanced Service Provision**

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1. Directed Enhanced Services

1.1. To inform committee on current sign up to provide Directed Enhanced Services by Wolverhampton Practices.

2. MAIN BODY OF REPORT

15/16	Practice Name	Extended Hours	Learning Disabilities	Minor Surgery	Unplanned Admission		16/17	Extended Hours	Learning Disabilities	Minor Surgery	Unplanned Admission
M92001	POPLARS MEDICAL CENTRE	1	1	1	1		M92001	1	1	1	1
M92002	THE GROUP PRACTICE ALFRED SQUIRE ROAD	1	1	1	1		M92002	1	1	1	1
M92003	DR SURYANI	1	1	1	1		M92003	1	1	1	1
M92004	PRIMROSE LANE PRACTICE	1	1	1	1		M92004	1	1	1	1
M92006	COALWAY ROAD MEDICAL PRACTICE	0	0	1	1		M92006	0	0	1	1
M92007	LEA ROAD MEDICAL PRACTICE	1	1	1	1		M92007	1	1	1	1
M92008	CASTLECROFT MEDICAL PRACTICE	1	1	1	1		M92008	1	1	1	1
M92009	PRESTWOOD ROAD WEST SURGERY	1	1	1	1		M92009	1	1	1	1
M92010	TETTENHALL MEDICAL PRACTICE	1	1	1	1		M92010	1	1	1	1
M92011	PENN MANOR MEDICAL PRACTICE	0	1	1	1		M92011	1	1	1	1
M92012	DUNCAN STREET PRIMARY CARE PARTNERSHIP	0	1	1	1		M92012	0	1	1	1
M92013	WODEN ROAD SURGERY	1	1	1	1		M92013	1	1	1	1
M92014	DR FOWLER OXLEY	0	0	1	0		M92014	0	0	1	0
M92015	DRS PAHWA GOLDTHORN	1	1	0	1		M92015	1	1	0	1
M92016	TUDOR MEDICAL CENTRE	1	1	1	1		M92016	1	1	1	1
M92019	KEATS GROVE SURGERY	1	1	1	1		M92019	1	1	1	1
M92022	ASHMORE PARK MEDICAL CENTRE	0	1	1	1		M92022	0	1	1	1
M92024	PARKFIELD MEDICAL CENTRE	1	1	1	1		M92024	1	1	1	1
M92026	DR BILAS	0	1	1	1		M92026	0	1	1	1
M92027	CAERLEON SURGERY	0	0	0	0		M92027	0	0	0	0
M92028	THORNLEY STREET MEDICAL CENTRE	0	1	1	1		M92028	0	1	1	1
M92029	NEWBRIDGE SURGERY	1	1	1	1		M92029	1	1	1	1
M92030	CHURCH STREET SURGERY	1	1	1	1		M92030	1	1	1	1
M92031	DRS PASSI & HANDA	1	1	1	1		M92031	1	1	1	1
M92035	ALL SAINTS SURGERY	1	1	1	1		M92035	1	1	1	1
M92039	CANNOCK ROAD SURGERY	1	1	1	1		M92039	1	1	1	1
M92040	MAYFIELD MEDICAL CENTRE	1	1	1	1		M92040	1	1	1	1
M92041	PROBERT ROAD SURGERY	1	1	1	1		M92041	1	1	1	1
M92042	80 TETTENHALL ROAD SURGERY	1	1	1	1		M92042	1	1	1	1
M92043	PENN SURGERY	1	1	1	1		M92043	1	1	1	1
M92044	DRS DE ROSA & WILLIAMS	0	0	0	0		M92044	1	1	1	1
M92607	WHITMORE REANS MEDICAL PRACTICE	1	1	1	1		M92607	1	1	1	1
M92609	ASHFIELD ROAD SURGERY	1	1	1	1		M92609	1	1	1	1
M92612	GROVE MEDICAL CENTRE	0	1	1	1		M92612	1	1	1	1
M92627	DR SHARMA	1	1	1	1		M92627	1	1	1	1
M92629	DRS KHARWADKAR & MAJI	0	1	1	1		M92629	0	1	1	1
M92630	EAST PARK MEDICAL PRACTICE	0	0	0	0		M92630	1	1	1	1
M92640	TETTENHALL ROAD MEDICAL PRACTICE	1	1	1	1		M92640	1	1	1	0
M92643	DR CHRISTOPHER	1	1	0	1		M92643	1	1	0	1
M92649	DR MUDIGONDA	1	1	0	1		M92649	1	1	0	1
M92654	BAGARY'S MEDICAL PRACTICE	0	0	0	0		M92654	1	1	1	1
Y02636	PENNFIELDS HEALTH CENTRE	0	1	1	1		Y02636	0	1	1	1
Y02735	ETTINGSHALL MEDICAL CENTRE	0	1	1	1		Y02735	0	1	1	1
Y02736	SHOWELL PARK HEALTH CENTRE	0	0	0	1		Y02736	1	1	1	1
Y02757	BILSTON URBAN VILLAGE MC	0	1	1	1		Y02757	0	0	0	0
	Total	28	38	37	40			34	41	40	41
	%	0.58	0.79	0.77	0.83			0.71	0.85	0.83	0.85

3. CLINICAL VIEW

3.1. N/A

4. PATIENT AND PUBLIC VIEW

4.1. N/A

5. RISKS AND IMPLICATIONS

Key Risks

N/A

Financial and Resource Implications

N/A

Quality and Safety Implications

N/A

Equality Implications

N/A

Medicines Management Implications

N/A

Legal and Policy Implications

N/A

6. RECOMMENDATIONS

- **Receive** and **discuss** this report.

Name	**Anna Nicholls**
Job Title	**Senior Contract Manager**
Date:	**25/07/2016**

NHS
Wolverhampton
Clinical Commissioning 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		
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)	**Anna Nicholls**	**25/07/2016**

NHS
Wolverhampton
Clinical Commissioning Group

Agenda Item 10

WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
2nd August 2016

Title of Report:	**Update Report on Primary Care Programme Board Activity 14th July 2016 (PCPB)**
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Information**
Purpose of Report:	To update the PCJCC on PCPB activity for July 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 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.

NHS
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Clinical Commissioning Group

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 July 14th 2016.

2.1.1 All currently active work streams are being progressed well with dates for reviews and benefit realisation analysis planned on the key planner

2.1.2 Interpreting Procurement update presented. At the time of writing this report there were no issues to report. It was noted that the project did not have a live risk recorded. SC to address immediately.

2.1.3 Community Equipment Procurement
Update provided; JL confirmed that WCC have now stated that they will only be having a one stage process, which means that the process can commence imminently, pending approval at Cabinet Meeting this week.

2.1.4 Choose and Book, Advice and Guidance
Paper presented to the Board. The lead confirmed that A&G services not available for Neurology and Geriatric Medicine and that after various escalations the reason behind this is that there are vacant posts for these specialties. The Board agreed that due to the low levels of GPs using the service overall, the project details should go to the clinical reference group for a more in depth clinical view to the benefit of pursuing.

2.1.5 Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Business case, EQIA, QIA, PIA to be presented at August meeting. Project is being progressed within the timescale (Commissioning Committee in August); GP training dates are being scoped for Sept with a go live date in October.

2.1.6 Primary Care Review (Basket and Minor Injuries)
Update provided by VM and timeline for consideration will be:
July F&P meeting – sign off of costing template.
August CRG – further review of specs with revised tariffs.
Sept LMC Officers meeting – support for proposal.
Oct PCPB - Spec to be presented.

2.1.7 A&E Chest Pain
RWT have agreed to align consultant with Dr JM; Scope of Audit has been provided by VM. Update to be provided next month on progress.

2.1.8 GP Peer Review
TOR presented by Sarah Southall at the Clinical Reference Group which were agreed in principle. The PCPB agreed that the TOR need to be shared with locality leads so that the outcome of the findings of the peer review activity is measured.

2.1.9 The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No risks were escalated

2.1.10 The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated.

2.1.11 No exceptions or risks to the Primary Care Delivery Board work were identified.

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. Dr De Rosa was present at this meeting.

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. Where this is not evident, there is a requirement made to have in place before further work is commenced or the project is moved to the next stage.

4. RISKS AND IMPLICATIONS

Key Risks

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

5.0 Financial and Resource Implications

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

6.0 Quality and Safety Implications

6.1 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.

9.0 Legal and Policy Implications

9.1 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: 19th July 2016

NHS
Wolverhampton
Clinical Commissioning 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	MGarcha Dr De Rosa	14th July 2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	July 2016
Quality Implications discussed with Quality and Risk Team	M Garcha/S Southall	14th July 2016
Medicines Management Implications discussed with Medicines Management team	nil	July 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	14th July 2016
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	19th July 2016

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NHS
Wolverhampton
Clinical Commissioning Group

Agenda Item 11

WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 2nd August 2016

Title of Report:	**Primary Care Operational Management Group Update**
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **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:	
• **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
• **Domain 5:** Delegated Functions	Fulfilling the delegated responsibility of jointly managing primary care

NHS
Wolverhampton
Clinical Commissioning Group

1. BACKGROUND

The Primary Care Operational Management Group met on Tuesday 19th July. This report highlights the topics covered at the meeting.

2 AREAS COVERED

2.1 Primary Care Quality Assurance

2.1.1 Primary Care Quality Update

The report highlighted the following key areas for discussion

- High performance was reported in Infection Prevention Audits that had taken place in practices.
- Objectives for Clostridium Difficile Infection for 2016/17 were set at the same rate as 2015/16 (≤71)
- Friends and Family Test data demonstrates that 90% of patients in Wolverhampton would recommend their GP services. Two practices were still not submitting data and solutions to address this were discussed.
- Work was continuing to support the availability of electronic discharge information from the acute trust to GPs. As part of this, the group discussed including medication information. The CCG's GP IT team will liaise with the Local Pharmaceutical Committee to discuss this.
- 13 new Quality Matters Issues had been raised during June, these related to issues including compliance, referrals and discharge information

2.2 Review of Primary Care Matrix

The latest version of the Primary Care Matrix was shared for discussion. The matrix is continuing to develop and now includes Wolverhampton Healthwatch data regarding their announced and unannounced visits.

During the discussion, it was highlighted Public Health have undertaken visits to their three providers for substance misuse and information from this work will also be included on the Matrix. No further issues or concerns were raised in respect of the matrix.

2.3 NHS England Update

Gill Shelley provided the following update:

- A service level agreement and specification for the violent patient zero tolerance scheme was shared with the group. This will be discussed in more detail at the

next meeting. There are various different schemes across the Birmingham and the Black Country area work is ongoing to harmonise where appropriate.

- An update on recruitment in the Primary Care contracting team was given. The team is nearly at full establishment and contact details have now been shared with the CCG.

- The next West Midlands Primary Care Hub Network meeting is due to take place in early August. This will include discussion on the review of the Memorandum of Understanding between the Hub and CCGs. Meetings have been arranged with all Accountable Officers next week to discuss the way forward.

2.4 Pharmaceutical Involvement in Primary Care

- Jeff Blankley highlighted a need for clarity on the fax prescription protocol at the urgent care centre and the benefits of discussing expectations with community pharmacists. It was agreed that this would be discussed with the Lead Commissioner for urgent care, with a view to obtaining contact details for VoCare to assist in arranging a meeting.

2.5 Sub-Contracting for Half Day Cover

The group discussed a paper from the Corporate Operations Manager highlighting that arrangements for half day cover needed to ensure that robust processes were in place, particularly in relation to issues such as access to patient records.

The group were informed of different approaches taken by other CCGs, including working towards increasing the number of practices moving away from half day cover arrangements. The group remained mindful of pressure from other GP commitments and the flexibility half day closing allowed them to contribute to CCG commissioning activity and learning such as Team W.

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: 22nd June 2016

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Agenda Item 12

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
August 2016

Title of Report:	**General Practice Forward View**
Report of:	Steven Marshall, Director of Strategy & Transformation
Contact:	Sarah Southall, Head of Primary Care
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	New guidance was published in April 2016 outlining general practices services for the future. The enclosed summary confirms the key areas where changes will be realised over a 5 year period as detailed within each of the chapters within the document ie investment, workforce, workload, practice infra-structure and care redesign.
Public or Private:	Public
Relevance to CCG Priority:	The General Practice Forward View compliments the CCGs Primary Health Care Strategy Implementation that commenced earlier in 2016.
Relevance to Board Assurance Framework (BAF):	The Board Assurance Framework domains implicated with this new guidance will predominantly align with the better care component and will touch upon sustainability, leadership and better health.

N.B. Please use Paragraph Numbering in all documents for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

1.1. The General Practice Forward View provides greater clarity in addition to previous guidance NHS 5 Year Forward View (2014) bringing general practice into the spotlight as a result of an aging population with ever complex and sometimes multiple health conditions that are reliant on person centred integrated care. In order to achieve the objectives the guidance sets out how the pressures on general practice should be addressed.

2. GENERAL PRACTICE FORWARD VIEW

2.1. Currently in Wolverhampton we have a Primary Health Care Strategy that has been approved by our Governing Body (January 2016) and implementation is already underway to improve primary medical care and services in the city.

2.2. The pressures within general practice affecting patients and the wider NHS will begin to be tackled by a package of investment and reform in conjunction with practices and patients through delivery of a 5 year program of work. During the reform it will be important to learn and respond to changing circumstances both locally and nationally.

2.3. An overview of measures from each chapter can be found in Appendix 1, some of this work has already commenced, other work will begin to take place following receipt of further information from NHS England that is anticipated in due course. Much of the delivery of the reforms will be in tandem with our local Primary Health Care Strategy implementation.

3. CLINICAL VIEW

3.1. As a member organisation the CCG pro-actively engages with its members, this guidance has been considered by the executive team comprising of clinical and non-clinical executives.

4. PATIENT AND PUBLIC VIEW

4.1. Patient feedback has been encouraged from our local community since this guidance was published in April 2016, a specific primary care commissioning intentions event was held in June where the guidance was shared and feedback encouraged. This feedback will be utilised over the coming weeks and months to shape services in line with the themes arising from the event.

5. RISKS AND IMPLICATIONS

Key Risks

5.1. At this stage no significant risks have been identified pertaining to this guidance.

Financial and Resource Implications

5.2 Appendix 1 provides a summary of the anticipated financial and resource implications that are foreseen, further information is awaited in some areas.

Quality and Safety Implications

5.2. Improving care quality and service effectiveness within the primary care setting are golden threads throughout the guidance, there are a range of perceived quality improvements that will benefits patients and general practice over the duration of the program of work.

Equality Implications

5.3. The importance of equality of service and care provision across the city is recognised an equality impact assessment has not been undertaken at this stage.

Medicines Management Implications

5.4. There are specific new arrangements for prescribing outlined within the guidance, this has been recognised by the relevant strategy implementation task and finish group.

Legal and Policy Implications

5.5. In line with the CCGs pre-existing governance arrangements for constitutional standards and associated strategies and policies the Primary Care Strategy Implementation Board and CCG Governing Body will have oversight of this program of work.

6. RECOMMENDATIONS

6.1. The committee should note the guidance and be assured that the requirements contained within it have been considered at executive level within the CCG to ensure all requirements are duly recognised and acted upon at local level.

The committee should:-

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- To **accept** the assurance provided within this report
- **Note** that many of these requirements will be addressed in tandem with the implementation of the Primary Health Care Strategy

Name Sarah Southall

Job Title Head of Primary Care
Date July 2016

ATTACHED:
Appendix 1 General Practice Forward View – Summary of Requirements

SLS/GP5YFV-REP2JCC/JUL16/V1.0

General Practice Forward View
Summary of Requirements

Chapter	Lead	Headline	Action
Chapter 1	Claire Skidmore	CCG Budgets	Primary Care "national must do" to incorporat Primary Care into our STP work If we assume that we take a capitated share of the £171m requirement from CCGs this would be a cost to the CCG in the region of £850k. (£170k per annum growth over 5 yrs) • Increase in GPIT monies this year of 18%. Don't know if this refers to HSCIC (central) money but we kept our figure static this year… • BCF is noted as an avenue for expanded services – new rules this year allow this • £s required for protected learning time and backfill for GP development (chapter 5) • Other implications of developments in GP IT, paper free practices, E-prescribing etc **CCG Action : Awaiting further clarification**
		Other Pots of Money	• £10m for vulnerable practices (announced in 2015). Requires match funding from practices. Not got any practices in Wolves in 2016/17. • £x transitional funds for premises May to Oct '16 (chapter 4) • Up to £45m to support the uptake of online consultation systems in 17/18 (chapter 4) • £x in addition to core IT, CCGs will also have access to funding for subsidiary technology services (with a view that these become core) (chapter 4) • £3.5m multidisciplinary training hubs • £x other existing avenues for bursaries, fellowships etc **CCG Action : Awaiting further clarification**
		Other	Review of Carr-Hill formula (DoH and BMA). Work to be concluded summer '16 **CCG Action: none at the moment, await further information. [nb, potential cost pressure if practice funding increases but allocations are not amended]** CCG must publish plans for PMS monies reinvestment before the full impact of the switch to GMS is taken by the affected practices **CCG Action: CCG must agree how the monies will be invested and publish the results** Indemnity – DoH and NHSE to put reform proposals to stakeholders in July '16 **CCG Action: none at the moment, await further information**
Chapter 2 Workforce	Manjeet Garcha	Focus on Primary Care workforce • Training • Recruitment • Retention • Return 2 practice £508m over the next 5 years to support struggling practices, further develop workforce, tackle workload and stimulate care design.	**Workforce Measures** • Double growth rate in GPs with a further 5000 net GPs in next 5 years through training, recruitment and R2P. This includes recruiting more than 500 overseas GPs. • Investment in 3000 new fully funded practice based mental health therapists by 2020/21 (an average of a full time therapist for every 2-3 typically sized GP practices). • Plans to provide £112m for a further 1500 co funded practice clinical pharmacists with aim of having 1:30,000 population by 2020. • Primary Integration Fund • £15m for practice nurse development • £45m over 5 years for practices to support the training of reception and clerical staff to play a greater role in navigation of patients. • £6m for practice manager development • Investment by HEE in training of 1000 physician associates to support general practice • £16m ?? *have seen two figures for this £56m and £16m* to mental health support for GPs access to 'free, confidential local support and treatment for mental health issues' to tackle stress and burnout. This scheme to start from Dec 2016 with procurement to commence June 2016. **CCG Action : Awaiting further information from NHS England Workforce Lead**
Chapter 3 Workload	Helen Hibbs	30 million releasing time for patients Development programme	Funding will flow through CCGs for new ways of working including demand management, workforce, skill mix and technology. Community pharmacy and interoperability of technology.

		(Cross reference Chapter 5)	**CCG Action : Local Workforce Task and Finish Group to continue discussions & act on further advice/guidance from NHS England in due course**
		By September 16	National programme for Care planning for patients with long term conditions. **CCG Action : Continue work already underway in order to fully implement at locality level**
		NHS 111	Flow(s) into hubs, social prescribing and minor ailment schemes **CCG Action : Continue work already underway & await further guidance**
		Practice Resilience	£10million for 800 already identified vulnerable practices **CCG Action : Response provided to NHSE in collaboration with LMC, awaiting outcome**
		40 million with 16 million in 16/17	Combined NHS ENGLAND and RCGP work on practice resilience teams **CCG Action : Awaiting further information**
Chapter 4 Practice Infra-structure	Mike Hastings	Estates	• Changing premises cost directions to ensure that up to 100% of the cost of premises development can be funded through NHSE capital investment. • Allowing support for Capital schemes over more than one year • Investment in 'at scale' project support to assist with legal, financial and design elements of project. • Additional support offered for practices with costs relating to Stamp Duty, VAT and transitional support with additional facilities management costs on NHSPS leases. Guidance is awaited on how this will work in practice. • Estates Strategy to address both premises in need of improvement and the overall efficiency of usage of the local estate. **CCG Action : Continue with work/discussions already taking place**
		Technology	The additional GP IT funding includes £45 million to improve uptake of online consultation systems and a greater range of core requirements are being introduced to outline the services that should be provided to practices. These include:- • Access to records inside and outside of practice premises • Specialist support for IG, IT/cyber security, data quality, training etc. • An Annual practice IT review • SMS messaging • Online appointment, repeat prescription and records access facilities • E-Discharge Specialist support and advice on information sharing and consent based records sharing will be available from December 2016. Wi-Fi in practices, a national framework for telephone and e-consultation solutions and funding for education for patients and practitioners on the use of digital solutions. [CCG-Controlled GP IT budget however recent guidance has clarified that a number of these services (including IG support) should be commissioned by the DCO team. Further details are required to determine how much work will be directed and how much we will be expected to deliver] NHSE will be undertaking national work to stimulate the development of appropriate apps and triage solutions etc. across the market to provide an approved range of solutions for local GPs to address patient needs. **CCG Action : Continue with work/discussions already taking place**
		Inter-operability	Primarily to support collaboration between practices (or within integrated systems). Bids for IT projects through the ETT Programme Standards for ways practices work together across different sites and clinical systems National Data Guardians review of data security and consent/opt-outs that will clarify how models for data sharing will work **CCG Action : Continue with work/discussions already taking place**
Chapter 5	Steven	Over £500m to be made available	• Self-care and direct access to other services (e.g on line self-management and signposting) • Better workforce utilisation i.e. ANPs, clinical pharmacists

Care Design	Marshall	by 2020/21 to commission and fund extra capacity	• Physios & medical assistants • Using digital technology ***CCGs will be required to meet minimum requirements before accessing funding& match fund £171m of practice transformational support*** with a view to: • Stimulate the development of 'at scale' providers for extended delivery • Implement 10 high impact changes • Underpin financial sustainability to improve in-hours access **CCG Action : Awaiting further information**

		MCP contract	• The provider (i.e. MCP) holds a single whole population budget for services it provides incl. primary medical and community services.
			• Intent is to take a population health management approach and challenge current "GP appointment, referral or prescription" approach
			• The vision is for the MCPs to be integrated community based teams (GPs, ***physicians***, Nurses, therapists, pharmacists) with access to intermediate beds, and redesigning pathways out of acute and on into supported community settings
			• This intends to go live voluntarily April 2017 but has already some key features:
			  ○ MCP defined as an **integrated provider**, with a scope of the services it provides itself & not all Acute & Spec. services
			  ○ Can be CIC, LLP, or JV with local trust
			  ○ New payment model on a capitation based approach
			  ○ ***New blended pay for quality and performance replacing CQUIN & QOF which can be arranged by the MCP itself to meet its own requirements and those of constituent clinicians***
			  ○ Greater practice integration can mean some activities can take place at MCP level i.e. CQC
			  ○ New procurement process to be introduced to allow MCP contracts to be let on a list based approach
			• New employment/contractor options offering salaried or equity partnership. Might be instead of GMS/PMS, but these can be held 'dormant' and reactivated/right to return
			• Adopting new contractual arrangements is voluntary
			• Common practice policies
			• CPD, clinical governance
			• Staff training and workforce development
			• Improved access and new ways of working
			• Shared back office, shared BI and shared pools of support staff
			• Stronger voice/power for Primary Care in the system
			CCG Action : Awaiting further information, guidance & framework due late July 2016

		Releasing time for patients	£30m over three years available for all practices, starting in 16/17 Spread innovation (HIA *(Active signposting; New consultation types; Reduce DNAs; Develop team; Productive workflows; Personal productivity; Partnership working; social prescribing; Support self-care; Develop QI expertise)*and address '***inequalities in the experience of accessing services'*** Hosting Action Learning Sets Build Change Leadership **CCG Action : Awaiting further information**
		Measuring Workload & Improvement	Provide an online version of a clinical audit tool to identify ways to reduce GP appointments and provide benchmarks Provision of an 'automated appointment measuring interface' to measure activity variation over time to allow for balancing of demand and capacity available to all practices from 17/18 (when in year un specified **CCG Action : Awaiting further information**
		Stimulating Local Support	to 'strengthen arrangements' for PLT for GP backfill that is the backfill paid for by the CCG. The 3 most successful areas for MCP/provider development: • Creating space for practices to meet & plan • Providing expert facilitation for creating improvement plans • Focusing development on improving care before determining any types of organisational form **CCG Action : Awaiting further information**

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	Helen Hibbs	June 2016
Public/ Patient View	Pat Roberts	July 2016
Finance Implications discussed with Finance Team	Claire Skidmore	June 2016
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	June 2016
Medicines Management Implications discussed with Medicines Management team	Manjeet Garcha	June 2016
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Mike Hastings	June 2016
Signed off by Report Owner (Must be completed)	Steven Marshall	July 2016