

**Meeting of the Primary Care Joint Commissioning Committee (Public)  
Tuesday 1st November 2016 at 2.00pm in the Stephenson Room, 1<sup>st</sup> Floor,  
Technology Centre, Wolverhampton Science Park****A G E N D A**

- |    |  |       |         |
|----|--|-------|---------|
| 1  | Welcome and Introductions  | Chair |         |
| 2  | Apologies  | Chair |         |
| 3  | Declarations of Interest   | All   |         |
| 4  | Minutes of the Meeting held on 4th October 2016  | Chair | 1 - 8   |
| 5  | Matters Arising from the Minutes   | Chair |         |
| 6  | Committee Action Points  | Chair | 9 - 10  |
| 7  | NHS England Update   |       |         |
|    | 7a Primary Care Update   | AM    | 11 - 16 |
|    | 7b Application to Close Branch Surgery   | GS    | 17 - 38 |
| 8  | NHS England Finance Update   | CH    | 39 - 48 |
| 9  | Wolverhampton CCG Update   | MH    |         |
| 10 | Primary Care Programme Board Update  | MG    |         |
| 11 | Primary Care Commissioning Operations Management Group Update  | MH    | 49 - 52 |
| 12 | Any Other Business   |       |         |
|    | 12a Application for full delegation responsibilities for the Commissioning of primary medical services   | SS    |         |
| 13 | Date of next meeting<br>Tuesday 6 <sup>th</sup> December 2016 at 2.00pm in PC108, 1 <sup>st</sup> Floor,<br>Creative Industries 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 [laura.russell4@nhs.net](mailto:laura.russell4@nhs.net) or email

<b>MEMBERSHIP</b>	
Wolverhampton CCG	Ms P Roberts (Chair) Dr D Bush Mrs M Garcha Dr M Kainth Mr S Marshall Dr D De Rosa Dr H Hibbs Dr S Reehana
NHS England	Mr A McIntyre Ms G Shelley Ms A Nicholls Ms C Hawker
Patient Representatives	Ms S Gaytten Ms J Spencer Mr P Price
Invitees (Non-Voting)	Donald McIntosh (Healthwatch) Ms R Jervis (Service Director Public Health and Wellbeing)

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

Minutes of the Primary Care Joint Commissioning Committee Meeting

Held on Tuesday 4 October 2016

Commencing at 2.00 pm in the PC108, 1<sup>st</sup> Floor, Creative Industries Centre, Wolverhampton  
Science Park

**MEMBERS ~**

**Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	No
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
Karen Payten	Senior Finance Manager (Primary Care)	No

**Independent Patient Representatives ~**

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	No
Peter Price	Vice Chair	No

**Non-Voting Observers ~**

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Elizabeth Learoyd	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)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG) (Minute Taker)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes

### **Welcome and Introductions**

PCC103 Ms Roberts welcomed Elizabeth Learoyd to the meeting in her new role as Chief Officer of Wolverhampton Healthwatch and introductions took place.

### **Apologies for absence**

PCC104 Apologies were submitted on behalf of Karen Payten, Jeff Blankley, Peter Price, Dr David Bush, Trisha Curran, Sarah Southall, Jenny Spencer, Sarah Gaytten, Helen Hibbs and Anna Nicholls.

### **Declarations of Interest**

PCC105 Dr Kainth declared that, as a GP he had a standing interest in all items related to primary care.

As this declaration did not constitute a conflict of interest, Dr Kainth remained in the meeting whilst these items were discussed.

The Committee noted that as Mr McIntyre had not arrived at the meeting it was not quorate at this point.

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

### **Minutes of the Meeting Held on 6<sup>th</sup> September 2016**

PCC106 **RESOLVED:**

That the minutes of the previous meeting held on 6 September 2016 were approved as an accurate record subject to the following amendment:

(PCC189) Primary Care Programme Board Update July 2016 – It was noted that the Atrial Fibrillation proposal had been agreed by the Commissioning Committee not at the QIPP Board meeting.

### **Matters arising from the minutes**

PCC107 There were no matters arising from the minutes.

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

## Committee Action Points

### PCC108 **Minute Number PCC176 – Premises Charges**

Ms Shelley confirmed that details on the management of transitional funding are to be confirmed and would provide an update at the next meeting.

### **Minute Number PCC177 – Workforce Strategy**

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

### **Minute Number PCC186a – NHS England Update – Primary Care Update**

Mr Hastings agreed to contact the Deputy Head of Primary Care at NHS England (NHSE) to share a copy of the final submission with the Committee.

### **Minute Number PCC186b – NHS England Update – Primary Care Update**

Mr Hastings informed the Committee that details on the GP Resilience Programme was included in the Wolverhampton CCG Update on the agenda.

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

Mr McIntyre joined the meeting.

## NHS England Update – Primary Care Update

PCC109 Ms Shelley presented the NHSE update to the Committee outlining the latest developments in primary care nationally and locally. Reference was made to the NHSE GP Resilience Programme (GPRP) which has replaced the Vulnerable Practices Programme. Local teams (DCO) have been asked to confirm practices selections by 18 October 2016 and it was noted that this included practices that have self-referred as well as practices identified by CCGs. Ms Shelley agreed to confirm the number of practices which can be put forward for the Programme for Wolverhampton CCG.

Discussion took place around GPRP in relation to the WCCG Primary Care Workforce Draft Strategy. Ms Garcha stated that there had been difficulty in confirming an NHSE lead for this work and Ms Shelley agreed to confirm details and feedback.

It was noted that there were no General Medical Services (GMS) contract changes this month.

**RESOLUTION:** That Ms Shelley will confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.

That Ms Shelley will confirm contact details for an NHSE contact in relation to the GPRP / WCCG Primary Care Workforce Draft Strategy work.

### **NHS England Finance Update**

PCC110 Ms Shelley provided an update in Ms Payten's absence and confirmed that there was no change in the month 5 position and therefore a report had not been submitted to the Committee. The Personal Medical Services (PMS) premium has been approved by Mr McIntyre and Emma Cox, Senior Finance Manager (Primary Care), will liaise with Ms Skidmore with regards to the next steps to accessing the funding.

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

### **Wolverhampton CCG Update**

PCC111 Mr Hastings informed the Committee that the Primary Care Team has now been embedded at the CCG.

#### **New Models of Care**

There are currently 5 groups with 90% of practices aligned to Primary Care Home / Vertical Integration models. An event to explore interest in practices joining the Primary Care Home model is taking place this week and will be chaired by Dr Mohindroo and Dr Mahay.

#### **Vertical Integration (VI)**

The Royal Wolverhampton NHS Trust (RWT) are in talks with a further Wolverhampton practice in view of them joining the VI programme, which would therefore mean that there will be 4 practices in that model. It was confirmed that the documentation for this would be approved by this Committee.

Mr McIntosh queried what has been done to monitor developing models of care, the benefits to patients and the engagement with regards to new practices joining the process. It was noted that the evaluation process was in the early stages and a set of Key Performance Indicators were being developed. An assurance meeting took place on 3 October 2016 with attendance from NHSE, CCG, RWT and the VI practices. Positive feedback was received from the GPs regarding efficiencies received internally specifically around HR structures and staff training. There is an intention for the assurance meetings to take place on a quarterly basis and the minutes will be shared with the Committee.

#### **GP 5 Year Forward View**

There are 83 projects nationally which are being captured in a programme of work. An issue was raised regarding funding and how / when it is made available to CCGs.

Wolverhampton Clinical Commissioning Group (WCCG) Members Meeting  
The next WCCG Members Meeting is due to take place on 19 October 2016. The CCG Members Meetings are a key part of our constitutional governance structure and the transition from Joint Commissioning to full delegation will be included as one of the main topics of discussion.

**RESOLVED:** That the minutes from the VI assurance meeting be shared with the Committee.

### **Primary Care Programme Board Update**

PCC112 Ms Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board. The Committee were informed that the interpreting procurement review of bidders is currently in progress with a new contract commencing in December 2016.

#### Community Equipment Procurement

Discussion is ongoing with the Local Authority with regards to undertaking a joint procurement following a review of the service specification.

#### Choose and Book, Advice and Guidance

Discussion has been ongoing with the acute provider with regards to which specialties at the acute provider were not providing this service. The use of Choose and Book was discussed at the September 2016 Clinical Reference Group and it was noted there is a variation of how this service is being used across the City by GPs i.e. telephone or electronic referrals. It was stated that there is a national CQUIN (Commissioning for Quality and Innovation) being introduced from next year which will be used to manage this issue.

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

### **Primary Care Operations Management Group Update**

PCC113 The Committee was informed of an issue which had been highlighted at a Wolverhampton practice relating to an out of date vaccine being stored in a fridge and staff being unsure of the disposal process.

Ms Roberts queried the level of patient engagement required when a practice was merging / closing, Ms Shelley agreed to confirm and feedback to the Committee.

**RESOLVED:** That Ms Shelly would confirm the level of patient engagement required when a practice was merging / closing.

## Workforce Strategy Update

PCC114 Ms Garcha provided the Committee with an update on primary care workforce analysis and outlined the following documents:

- Draft Wolverhampton CCG Primary Care Workforce Draft Strategy
- Appendix 1 – Primary Care Workforce, Consultation and Scoping report
- Appendix 2 – GP Workforce Data
- Appendix 3 – Workforce numbers mapped with General Practice Models of Care
- Appendix 4 – Workforce Implementation Plan 2016

The Committee noted that the draft Strategy was now out for consultation with members of the Workforce Task and Finish Group until Friday 14 October 2016 for comments.

Ms Shelley queried how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis. The Meeting also noted that a sense check of the data should be undertaken.

Discussion took place around the authorisation process and it was agreed that the final Strategy should be taken to the Workforce Task and Finish Group on 3 November 2016, the Primary Care Health Strategy Implementation Programme Board on 17 November 2016 and the Wolverhampton CCG Governing Body Meeting on 13 December 2016.

**RESOLVED:** That Ms Garcha will confirm how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis.

## Social Prescribing Report – For Information

PCC115 In Mr Marshall's absence, a report outlining a proposal for a 12 month pilot for social prescribing was discussed. Mr McIntosh queried which delivery options had been considered and whether an audit of services had been undertaken. Ms Roberts queried whether there were any other costs for signposted services. Ms Skidmore agreed to feed these comments back to Andrea Smith, Head of Integrated Commissioning – Wolverhampton CCG.

**RESOLVED:** That Ms Skidmore would feedback Mr McIntosh's queries to Andrea Smith.

## Any Other Business

PCC116 There were no others issues raised for discussion.

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



**Date, Time & Venue of Next Committee Meeting**

PCC117      Tuesday 1<sup>st</sup> November 2016 at 2.00pm in Stephenson Room, 1<sup>st</sup> floor,  
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
35	02.08.16	PCC176	<b>Premises Charges</b> Ms Nicholls to look into support available to GP practices with increased premises charges and provide an update at the September 2016 Committee meeting.	November 2016	Gill Shelley / Anna Nicholls	06.09.16 - Mr Hastings agreed to chase Anna Nicholls regarding this action. 04.10.16 - Ms Shelley confirmed that details on the management of transitional funding are to be confirmed and would provide an update at the next meeting.
37	06.09.16	PCC186a	<b>NHS England Update – Primary Care Update</b> Primary Care Commissioning Activity return to be shared with the Committee in October 2016.	November 2016	Mike Hastings	04.10.16 – Mr Hastings to contact the Deputy Head of Primary Care at NHS England to share a copy of the final submission with the Committee.
39	04.10.16	PCC109	<b>NHS England GP Resilience Programme (GPRP)</b> Ms Shelley agreed to confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.	November 2016	Gill Shelley / Anna Nicholls	Ms Shelley will confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.
40	04.10.16	PCC109	<b>WCCG Primary Care Workforce Draft Strategy</b> Ms Garcha stated that there had been difficulty in confirming an NHS England lead for this work and Ms Shelley agreed to confirm details and feedback.	November 2016	Gill Shelley / Anna Nicholls	
41	04.10.16	PCC111	<b>Vertical Integration</b> That the minutes from the VI assurance meeting on 3 October 2016 be shared with the Committee.	November 2016	Mike Hastings	

42	04.10.16	PCC113	<b>Patient Engagement</b> That Ms Shelly would confirm the level of patient engagement required when a practice was merging / closing.	November 2016	Gill Shelley / Anna Nicholls	
43	04.10.16	PCC114	<b>WCCG Primary Care Workforce Draft Strategy</b> Ms Garcha to confirm how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis.	November 2016	Manjeet Garcha	
44	04.10.16	PCC115	<b>Social Prescribing Report</b> Ms Skidmore to feedback Mr McIntosh's queries to Andrea Smith.	November 2016	Claire Skidmore	



## **NHS England (West Midlands) Primary Care Update – October 2016**

### **Sustainability and Resilience Programme – GPRP**

Local teams (DCO) have been asked to confirm practice selections for the GPRP by 18<sup>th</sup> October 2016. Following a meeting with all CCGs and a large number of self-referrals, a list with over 220 practices was submitted to the central team.

We will be working with our CCGs in the coming months to ensure that support is made available to practices that need it most in order to support sustainability across health economies.

### **Biannual Extended Access Data Collection**

From October 2016, as set out in regulations, every GP practice in England will be required to submit an online return twice a year through the Primary Care Web Tool: [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) within a new module titled “Biannual Extended Access” (enclosed). This will set out what access to appointments the practice offers to patients either itself or through other arrangements, seven days a week.

This module will be made automatically available to GP practice staff who currently have ability to submit mandatory data returns to NHS England, and will be available in the website when the collection opens.

The first return will be open for submission from **3 October 2016 to 31 October 2016** inclusive. We have received a number of queries from practices about the return – it is important that CCGs route queries to NHSE in order to complete this in a timely manner.

Further guidance is available on the NHS England’s website: <https://www.england.nhs.uk/commissioning/gp-contract/>.

### **PCSE Update**

NHS England have implemented a turnaround team, led by Jill Matthews. A Medical Director has recently been appointed to support the process.

Current issues:

- GP Trainees (the team has suggested that this issue only affects 50 trainees, but local teams have suggested that this should be closer to 100s)
- Medical records movement still not efficient
- Subject Access reports delayed

The team have put in place improvement plans to work to. Latest update attached.



PCSE- GP Update Oct  
16.pdf

## **GMS Contract Variations October 2016**

Nil

**PCSE: GP Update October 2016**

Welcome to the latest update from PCSE. As of 4 October 2016, I have taken on the role of Managing Director of PCSE and I look forward to working with my colleagues and NHS England to improve the support we provide to you.

I recognise that recent months have been challenging as services transfer from local offices to the new sites, and as we work through the early stages of our change programme. Thank you for the patience you have shown over this period. There have been many learnings and we are making changes. There is much more to do and we want to assure you that we are absolutely committed to providing an efficient and effective support service to you and your practice.

I have worked closely with many GP practices and local primary care organisations in the past, and I understand the frustrations and the impact when things don't work as needed. As a priority I will be spending time in practices understanding issues and ensuring you get the services you expect. An enormous amount of activity is underway to make sure the required improvements are made. We will continue to keep you regularly informed of progress through these updates and through your [local NET representatives](#).

Best wishes

Simon England  
Managing Director, Primary Care Support Services

**In this bulletin you will find an update on:**

- Planned changes to some CitySprint routes
- Distribution of MREs for first time registrations - outside of the West Yorkshire pilot
- Changes to the tracking labels - for practices in the West Yorkshire pilot
- Updated supplies returns process
- Performers list
- GP registrar reimbursements
- Getting in touch

**Planned changes to some CitySprint routes**

As outlined in the last GP Update, there will be changes to some of the CitySprint collection / delivery routes from 31 October 2016.

**If there is a change to your collection / delivery day, or if you will move from a morning to an afternoon slot or vice versa, we will let you know by email this week.**

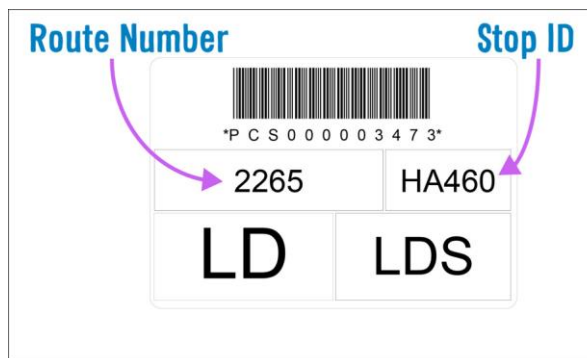
Emails will be sent to the Main Contact we hold for each practice. Please look out for these emails so you are able to brief your staff and avoid unexpected deliveries / collections, and to ensure that you have sufficient time to make adjustments at your practice.

These route changes will help address the issues that some practices have experienced due to them being closed when the CitySprint collection/deliveries take place. We will also considerably reduce the number of practices visited on some routes to ensure that all practices receive a regular weekly records collections / delivery and supplies delivery service.

The advantage to practices will be a more reliable and consistent service, allowing for greater flexibility to respond to urgent requests.

The route changes will affect the day on which around 30% of practices are visited from week commencing 31 October.

All practices will notice a change to the route number and stop ID printed on the tracking labels attached to the shipping bags and supplies boxes delivered to your practice. The example below highlights the information that will change. You do not need to do anything.



#### Arrangements for branch practices

Where branch practices have requested a regular records collection, there'll be a change to their collection day. Delivery of records will still be made to the main site only. If you'd like to change the site all your records are delivered to, please email [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) and put 'Data manager branch change' in the Email Subject Line.

#### **Medical Record Envelopes (MREs) for first time** (outside of the West Yorkshire pilot)

The distribution of MREs for patients registering with a GP practice for the first time (i.e. babies and new entrants to the NHS) will recommence shortly. PCSE will also send a confirmation letter of registration directly to the patient's home address.

Practices will receive MREs for patients registered since March 2016 in a separate drop off to their normal records collection and delivery. You'll then start receiving new MREs on a regular basis, as part of your usual CitySprint records collection and delivery. Further information will be provided in the November GP Update and on our [website](#).

#### **Improvements to the tracking labels (update for practices in the West Yorkshire pilot)**

Practices in the pilot area have fed back that they wanted a solution for updating patient information on the front of the Medical Record Envelopes (MREs.) As of this week, we're changing the tracking labels to enable them to peel off any updated patient information and attach it to the MRE. The current label text "DO NOT ATTACH TO BAG" will be replaced with "May be attached to Lloyd George Envelope"

West Yorkshire pilot practices also fed back that they would rather the tracking labels be provided in alphabetical order of patient last name rather than by deduction date. As of this week, you'll start seeing tracking labels being delivered alphabetically for easier handling.



### Updated supplies returns process

If for any reason you need to return items, this can be managed by clicking on the **Returns** link in the PCSE portal.

Previously, there was only the option to return either unopened needles and syringes or prescription pads. This week, we've introduced an additional category 'other' in the 'returns type' drop down section in the portal, so other types of items can be returned.

Once you submit the request for a return, CitySprint will arrange for the collection on one of your regular delivery days. You don't have to do anything else once the items have been collected.

### Performers list

Our continued priority is to ensure that all applicants are included on the performers list in a timely way. We've put extra resource and training into the team processing applications, and we've introduced email updates to applicants at specific stages in their application so that they are kept informed of the status of their application.

### GP registrar reimbursements

We're aware there have been some delays in reimbursement of salaries and / or training grants in certain areas. This is as a result of gaps in the data we've received and due to the high volume of individual queries.

PCSE continues to make urgent payments to practices awaiting salary reimbursements where required (including back-pay calculations) and we expect to complete these in time for scheduled registrar payment runs in October. NET team representatives will be in contact with individual practices where there are gaps in information we hold in order to complete this activity. If you have any questions regarding outstanding registrar salary reimbursements, please contact your [local NET representative](#).

### Getting in touch

#### Contacting PCSE

This week, services will transfer from Welwyn Garden City and the former NHS SBS Leicester and Greenwich offices. This means that by the end of the week (20 October) the PCSE Customer Support Centre will be the single point of contact for all services for the majority of our service users. If you previously used our Preston or Clacton offices, please continue to do so. All our contact details can be found [here](#).

We're making improvements to the way we manage calls into the Customer Support Centre. All callers will be allocated a case number, so we can track progress and keep you updated on the progress of your query more quickly. We're also in the process of introducing a triaging system, where calls categorised as *urgent* will be prioritised for investigation and resolution.

#### PCSE website

Over the past week, we've refreshed the content and layout of the [PCSE website](#). It's now packed with information on how to access your service as well as answers to some of the most frequently asked questions coming from service users. We'd welcome feedback on the refreshed site and suggestions on additional information you'd like to see on there. If you

have any comments or suggestions for future website improvements, please share these with your [local NET representative](#).

### **Contact details for locum payments and pensions**

The majority of GP locums nationally should now be sending any post for PCSE, including claim forms, receipts or cheques to our Customer Support Centre. Address: Primary Care Support England, PO Box 350, Darlington, DL1 9QN. The only exception to this is for Locums who have historically used our Preston and Clacton offices. Locums who previously sent post for PCSE to these offices should continue to do so. Contact details can be found [here](#). If individuals are currently experiencing delays in cheques being cashed, please contact the Customer Support Centre at: [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) and put 'Locum cheque query' in the email subject line.

### **Meet us at the NEC this week**

We're attending the National Association of Primary Care (NAPC) Best Practice Conference which takes place 19 & 20 October at the Birmingham NEC. We'll be on stand D8 and would welcome the opportunity to meet you and discuss any questions you may have.

With best wishes,  
Primary Care Support England

**WOLVERHAMPTON CCG**
**PRIMARY CARE JOINT COMMISSIONING COMMITTEE  
November 2016**

<b>Title of Report:</b>	<b>Application to close a branch site at Park Street South (Dr MK Pahwa and Partners)</b>
<b>Report of:</b>	Bal Dhami, Contracts Manager (NHS England)
<b>Contact:</b>	Gillian Shelley, Senior Contracts Manager (NHS England)
<b>Primary Care Joint Commissioning Committee Action Required:</b>	<input checked="" type="checkbox"/> <b>Approval</b>
<b>Purpose of Report:</b>	To inform the Committee regarding the application received to close a branch surgery within the Wolverhampton CCG area and agree a way forward regarding the proposed closure application
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via co-commissioning of primary care services
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	Improved Outcomes and Delivery of Primary Medical Services to the patients of Wolverhampton CCG
<ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>	Improved quality of services patients.
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	Not Applicable
<ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long</li> </ul>	Provides and secures continued and sustainable



Term and Short Term)	primary medical services to patients of Wolverhampton
<ul style="list-style-type: none"> <li>• <b>Domain 5:</b> Delegated Functions</li> </ul>	The approval of this proposed closure of the branch site is one of the NHS England functions delegated to the Committee to carry out



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

- 1.1. This Wolverhampton practice has a list size of 3650 patient operating across two sites. The main premises is located in Bilston Health Centre and serves approximately 55% (or 2000 patients) of the total registered list. The remainder (45% or 1650 patients) access primary medical services through the branch surgery located at Park Street South.
- 1.2 The GMS Contract is held with 4 Partners and Dr MK Pahwa is the lead Senior Partner. Dr Pahwa will be retiring at the end of October 2016. An application to remove Dr MK Pahwa as a GP partner from the current GMS Contract has now been processed by NHS England.
- 1.3 Prior to April 2016, the practice had been run for the last 40 years by Dr MK Pahwa and Dr VK Pahwa and a number of ongoing concerns regarding the provision of medical services had been raised. These issues were resolved jointly which saw the addition of 3 new partners added to the partnership Contract and assurances are in place now to enable effective clinical services to be provided.
- 1.4 It should be noted that Dr VK Pahwa retired in March 2016 due to ill health reasons.,
- 1.4 As part of the succession planning, 3 additional partners were added with a view to Dr MK Pahwa retiring from the partnership.

## **2 RATIONALE FOR BRANCH CLOSURE**

- 2.1 The partners have now reviewed their branch operation and have submitted a formal application to close the Park Street South branch site. The business plan attached provides their rationale for closure.
- 2.3 The partnership has concern about the suitability of the building. The partnership also has concerns about the possibility that spending further time trying to turnaround the current building may inadvertently affect the delivery of the service to patients currently registered at the branch site but also the patients at the main site.
- 2.4 Care Quality Commission carried out a review in 2014 and outlined a number of concerns about services delivery and also the condition of the current branch surgery. The current CQC standards are now far greater than those in 2014 and little effort has been made to address some of the initial concerns to date.
- 2.5 A number of issues exist with the current practice not limited to the concerns over the long term ability of the partnership to ensure that patients are seen in a safe, dignified and clinically effective environment that offers equitable access to all patients as per Equality Act 2010.



- 2.6 The current partners also have indicated that keeping the branch open is no longer a financial viable option.
- 2.7 Patients can still be seen at the main site located at Bilston Health Centre, Bilston which is located approximately 3 miles apart. Many patients already access the main premises.

### 3. OPTIONS

A number of options have been explored and these are contained in the business plan but have included:

- a) Keeping the branch surgery open
- b) Close branch and redirect patients to register with another local surgery

#### a) Keep current branch site open

This option would involve the funding of significant repair and renovation to the current building to bring it in line with modern building regulations / Equality Act 2010 / Infection Prevention and Control principles.

This will require an agreement from NHS England and the CCG to agree to invest in this building. With the additional investment, there is a likelihood that the revenue costs will increase (for example an increase in rental payments).

#### b) Close branch and redirect patients

The partnership has been holding a number of patient engagement events. They have written to all the patients (over 800 households) to ensure that all are aware of a potential change to the service being provided and engagement events being held to discuss these matters.

Under this option, patients can remain registered with the practice but all future consultations and contact would continue to occur at the main site located at Bilston Health Centre (BHC). The main surgery is located approximately 2 miles from the branch site

All local practices have an open list and therefore would be in position to accept any patients not wishing to remain registered and travel to BHC..

### 4. Capacity of Local Practices

The partnership has contacted all of the practices outlined below to ensure that they are aware of what may potential occur in respective of an potential increased demand in patients asking to register:



Ednam Road Surgery	0.2 Miles
Duncan Street Surgery	0.6 Miles
Parkfield Medical Practice	0.6 Miles
Lea Road Surgery	0.6 Miles
All Saints Surgery	0.7 Miles
Pennfields Medical Centre	0.7 Miles
Bilston Health Centre	3.0 Miles

## 5. PATIENT ENGAGEMENT

5.1 Throughout the engagement process, the practice have met with representatives of the circa 1650 registered list size. It is difficult to provide an accurate list size as many patients registered at Park Street South have often been seen at the main site in Bilston Health Centre. This makes it difficult to establish level of dependency on this surgery.

5.2 To date, the Practice has:

- 1) Placed posters in multiple languages throughout the practice
- 2) Met with members of the public on open meetings – 21st September 2016 / 5th October 2016 and a further meeting has been scheduled for 12th October 2016.
- 3) Letters outlining the potential closure have been sent to all patients informing them of the latter 2 patient engagement events.
- 4) Actions from the engagement events have been further extrapolated and feedback has been passed on to all patient groups.
- 5) The Practice has attempted to identify a functioning PPG but this does not exist and thus the Practice has made efforts to pull together a working group.

## 6. RISKS AND IMPLICATIONS

### Key Risks

#### 6.1. Committee decides to keep branch surgery open.

6.1.1. Continued safety and infection prevention concerns if the surgery remains open in its current state.

6.1.2. Continued poor patient experience when being sent to and inconvenienced by going to hospital.

6.1.3. Branch site would not meet basic CQC inspection – this is a major risk for the partnership based on the outcomes of the first assessment in 2014.

6.1.4. Substantial financial input required for the renovation of the branch practice to meet current infection prevention, equality and clinical guidance as well as general building



regulations. Following renovation a review and likely increase in revenue costs will be expected.

**7. Committee decides to support closure of branch surgery.**

7.1. Increased pressure on neighbouring surgeries – this has been mitigated with increased capacity at Pennfields Medical Centre and early dialogue with local surgeries.

**8. Financial and Resource Implications**

8.1. There is a likely financial implication for the repair of the current branch surgery at Park Street South to bring it in line with current benchmarking.

**9. Quality and Safety Implications**

9.1. Closure of the surgery will reduce the current concerns around safety of delivering services in the current branch surgery.

**Recommendations**

That the Committee:

- Discuss the proposed branch close and approve the practice application to close the branch surgery. Timescales to be agreed.

<b>Name</b>	<b>Bal Dhami</b>
<b>Job Title</b>	<b>Contract Manager, NHS England (West Midlands)</b>
<b>Date:</b>	<b>19/10/2016</b>





## 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	Discussed at meetings with all parties in October and November 2016	
Finance Implications discussed with Finance Team	N/A - financial risks mainly around branch site investment	
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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Gill Shelley</b>	<b>24.10.16</b>



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

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

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

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

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

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

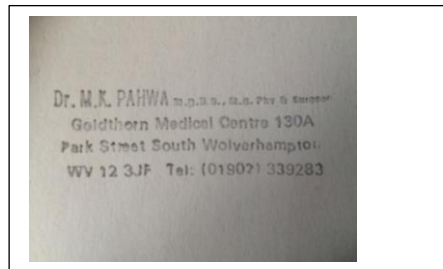
**Domain 5: Delegated functions:** When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.



Application for consideration of a contractual change (for example sub-contracting arrangements, change to services, change to agreed opening hours, change in level of commitment for Doctors, practice boundary changes, etc)

(Please add additional pages if you have insufficient room to complete fully and depending upon the nature of change requested, not all sections of this form will need to be completed)

Practice stamp



Proposed Change	Closure Of Park Street South (Branch Practice) to Bilston Health Centre
Proposed Date of Change	01/11/2016
Practice M/Y Codes	M92015

**Provide the Practice rationale for the proposed change:**

Our senior partner, Dr M Pahwa, has been providing medical services as a GP in Wolverhampton for over 40 years and has served the community from two sites. The Main site is located in Bilston Health Centre and has a registered list of circa 2000 patients. The branch site is located on Park Street South and has a list size of 1650 patients and at present the patients are seen in a dilapidated building that has been outlined as being unfit for the purpose of health care delivery in a recent CQC assessment. The current land lord is the practice senior partner, Dr M Pahwa, and he is due to retire on 31/10/2016 and he envisages not allowing services to continue from this site in the longer term.

The partner has outlined a willingness to contribute some money to the repair of the building but would expect NHSE / CCG to pick up the larger proportion of the costs to bring this building in lines with Equality Act / Infection prevention and Control standards as well as basic commercial property regulations.

The current partnership does not feel that the delivery of services from this site is a viable long term option.

Although the branch site is located in a different locality to main site (South West v South East) many of the patients have been happy to travel to the Bilston health Centre site when there has been no doctor or limited staff at the current branch site. The Distance between main practice and branch site is 3 miles.

The Doctors involved in the new partnership also operate a practice at Pennfields Medical Centre which is 0.7miles from this branch site. The Practice at Pennfields Medical Centre is in a purpose built health centre renovated in early 2010. The practice has sufficient capacity to cater for any patients that chose to join from Park Street South and also provides a host of additional services not provided at the current branch surgery.

Concerns have been raised about the continuing delivery of service in a safe manner from the branch site. In addition to the safety concerns the branch site does not provide any additional / enhanced services to patients and the team are only able to deliver core services.

We envisage that this situation is not feasible in the long term with the move to push more activity into General Practice and the drive to increase provision in primary care.

It is likely that the patients registered at the site will be disadvantaged if services continue to be delivered from this site.

The current branch site has limited space for clinicians, does not meet Equality act regulation or current fire safety regulations. The practice would also require some work to meet the current infection prevention guidance.

The partnership also have some concerns about lone worker safety in the current setting.

**What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your issues/open hours/practice list and, if any were implemented, what was your success in reducing or erasing such difficulties?**

The current partnership was formed on 15<sup>th</sup> July 2016 and has been working closely with retiring partner and has also met with patient representatives to outline all viable options.

(Minutes of patient meetings included in appendix)

A discussion has also taken place with colleagues at NHSE and also CCG. We have communicated with the local GP practices to make them aware of our intention and concerns about capacity.

The options identified have been discussed with patients from the surgery as well as Dr Pahwa and the other partners.

## **Options**

### **1. To close the Branch surgery at park Street South**

**Patients would remain registered with the practice but all future consultations and contacts to take place at Bilston Health Centre**

The clinical team forming the new partnership are able to deliver services across Wolverhampton as we have sites in both South East and South West locality and if patients chose to remain registered within the practice they will receive all services from the main site of Bilston Health Centre

Closure of the branch surgery would ensure full consolidation at the main site in Bilston and allow for the following

- Access to more essential and enhanced services (routine and emergency) – increased number of appointments. We plan to use our other hubs to ensure that enhanced service provision is available locally.
- Home visits – With a much more manageable list and hub and spoke based working we plan to review home visiting provision to ensure that we can provide more visits across our practices to those patients that require this form of access. We plan to increase uniformity in the way visits are allocated and conducted.
- booking routine appointments/requesting blood test results, etc; - we plan to increase the number and types of appointments
- delivery of a full range of additional and enhanced services;

***2 Keep current branch site open.***

This option would involve the funding of significant repair and renovation to the current building to bring it in line with modern building regulations / Equality Act 2010 / Infection Prevention and Control principles.

We envisage that this will require an agreement from NHSE and / or the CCG to agree to invest in this building. With the investment there is a likelihood that the revenue costs will increase as they are reviewed in line with the renovation.

Unfortunately we have missed the window to apply for the Estates and Technology Transformation Fund and local decisions have already been taken about the allocation of this pot of money. Further investment from the CCG / NHSe would have to come from Improvement grant.

We envisage that the cost of repair would be substantial and due to the limited space in and around the practice there is likely to be a period of closure whilst this work is carried out.

We envisage that as a minimum the work will involve:

- A) Reconfiguration of internal space to ensure that all rooms are suitable for use as a clinical space with ample room for wheel chair / push chair access and the ability to carry out full clinical assessment or all patients with preservation of dignity and maintenance of safety.
- B) Change of all floors to surfaces more suitable for infection prevention and control.

- C) Installation of safety features such as hard wired fire and smoke systems.
- D) Improved access to second floor (potentially a lift) to allow full utilisation of clinical spaces.
- E) Improvement to frontages to make access to car parking and also allow ambulance access to practice
- F) Alteration to access and exit to ensure these are suitable for wheel chair and other users.

### **3 Close branch and redirect patients**

We have taken the action of holding a number of patient engagement events and have written to all the patients (over 800 households) to ensure that all are aware of a potential change to the service being provided and engagement events being held to discuss these matters.

(Copy of letter attached in appendix)

We have had small turnout to date. We believe that the turnout has been limited due to the lack of a formalised PPG – we were told that the PPG that was present during the previous partnership had disbanded when the new partnership had been formed.

The options available to patients in the likelihood of closure have also been outlined. These would include:-

#### **i) Register with another local surgery.**

The branch site is located close to a number of other surgeries. This includes:

- Ednam Road Surgery – 0.2 Miles
- Duncan Street Surgery - 0.6miles
- Parkfields Medical Centre – 0.6miles
- Lea Road Surgery – 0.6 miles
- All Saints Surgery – 0.7 miles
- Pennfields Medical Centre – 0.7miles

We have written to all these practices to inform them of the potential closure of the branch surgery and have received a positive response to date.  
(email to practice managers attached in appendix)

#### **Of which CCG are you or propose to be a member?**

Wolverhampton CCG

#### **If applicable, has the CCG approved your proposal? (Please provide evidence of approval/comments from your local CCG)**

We have been undertaking informal discussions with the CCG and have outlined our proposal to close the branch site due to the concerns about future service delivery from the site.

We have provided formal notice to the CCG of our plans to close the branch surgery (copy of email attached in appendix).

We will use this application process to inform the CCG of our formal intention to take this case forward. We have also completed a business case for the CCG Joint Commissioning board.

**Full details of the benefits you feel your registered patients will receive as a result of this proposed change.**

**Please provide as much detail as possible as to how the current registered patients will continue to access services, including consistent provision across:**

- **Access to essential services (routine and emergency)** – The patients currently registered at the main practice and so the records will remain in the main practice and on the EMIS system used across the main and branch surgery
- **Home visits** – Home visits will continue to be provided from the main practice site. The practice boundary will be expanded to reflect the closure of the surgery and the maintenance of care to patients living at a distance from the main site. We envisage a number of patients will register with other local practices.
- **Booking routine appointments/requesting blood test results, etc;** There will be no change to the service provided to registered patients except that location will change.
- **Additional and enhanced services** – We envisage an increase to the number of enhanced services provided to patients that remain registered with the partnership – we have listed the services later in the report.
- **Opening hours** – We will maintain the current opening hours at the main practice and we plan to work with the PPG (once formed) to review provisions and move to opening more hours in the day. This shall include a review of the late evenings and Saturday mornings from the main site.
- **Impact on other parts of the local health economy as a result of the practice proposal** - We have made contact with local practice managers and also CCG to ascertain the impact and support any patient transition. We envisage an overall positive impact with patients gaining from the change of service provision. In addition we envisage a reduction in hospital based activity for this group of patients as more

enhanced services are provided in the community and this should have a net positive benefit to patients and the health economy.

- **Extended hours** – Opening hours will be reviewed in line with the remaining list size and we aim to unify opening times with other practice in the area that we manage. This review will include the representation from patient groups.
- **Single IT and phone system** – We are in discussions with the CCG IT dept to outline a plan to move the telephone and IT services out of the closing site. We have also been in contact with telephone system provider. We plan to keep the correct telephone numbers and ensure that they divert to the main practice site. We also plan to keep the branch site open for those patients that walk-in so that they can be re-directed.
- **Premises/ facilities** – all services will continue to be provided from the main site at Bilston Health Centre.

Patients that select to remain at the main site or register with one of our hub practices will see services delivered from purpose built modern health centre with all facilities meeting the requirements of equality act and infection prevention and control guidance.

Access to a number of health care professional under one roof including nurses, nurse prescribers, clinical pharmacists, midwives, Health visitors, counselling services and General Practitioners

Access to both Male and Female clinical staff.

Access to multi-lingual staff able to communicate in a number of different languages. Despite the planned closure of the branch surgery we do not envisage any redundancies and we will ensure that the administration staffs are absorbed into our current staffing structures. This will give the staff more security and increasing capacity to train and develop. Many of the current staff are on short term revolving contracts and these will be changed to full term employment. Keeping the same staff will ensure that patients can continue to associated with the same familiar faces they are used to from the branch surgery.

Safer clinical and working environment.

Increased range and number of appointments provided on a daily basis.

Access to enhanced services on site including :-

- Spirometry



- ECG
- Acupuncture
- Contraceptive services inc insertion of implants and coils
- Minor surgery service in a purpose built treatment room
- Simple and complex dressings
- Phelbotomy services
- Teaching practice – support the training and development of staff as well as training of nurses and doctors as part of the west midlands deanery.
- Online appointments
- Use of electronic prescribing - The current practice chose not to implement this and is the only practice in Wolverhampton to have not implemented this service.
- Our site in Bilston – Bislton Urban village – opens 8-8 5 days in the week and also on a Saturday morning.

We currently serve a practice radius of 6 miles from our hub practices at Pennfields Medical Centre and Bilston Urban Village and provide a comprehensive home visiting services as well as carrying out care-home ward rounds.

We are already providing the home visit support to Park Street South patients.

We feel that the overall impact on the local health economy will be a positive one as the closure of our branch site will ensure that any funds can go into improving services from purpose built and maintained sites allowing us to focus on health care outcomes.

We plan to ensure that the telephone line from Park Street South is diverted to the main site in Bilston Health Centre and advertise widely the change to practice delivery – thus ensuring all patients are able to contact medical services at times of need.

The current phone system at the branch surgery is obsolete and does not allow for call recording. We plan to review the telephone system in line with our work with IntraHealth Ltd so that in future we can expand the range of services we offer to include a formal telephone triage system and also consultations based on web based software.

We are working with Wolverhampton CCG Information Technology dept to identify a plan that will allow us to move utilities out of the park street south site and host these in our other practices to ensure this process is seamless.

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**Please attach any documentation/agreement from the external Provider if the practice is intending to sub contract services to another Provider to deliver primary care services (eg. half day closing/opts outs). The Agreement must describe how and what routine services are to be provided including arrangements for accessing patient medical record. A copy of the Service Level Agreement with the sub-contractor must be attached. A copy of the practice current and proposed practice area is required for applications for changes to practice area**

**Describe impact of proposed change upon practice boundary (inner and outer):**

We envisage an expansion of the practice boundary for our main site to include all the areas covered by the park street south branch surgery. As outlined above we are happy for patients to be registered patients at Park Street South to remain patients at Bislton Health Centre and in this way they will continue to receive a complete service from us.

**If applicable**, please provide the outcome of consultation with your patients (PRG) about this proposal and how the Practice will communicate the actual change to patients and ensure patient choice throughout **(provide written evidence (agenda/minutes of meetings, etc to document outcome of patient views with your application): Depending upon the type of practice application, NHS England/CCG will not be able to consider the Practice application until evidence from patient consultation has been received**

The partnership has to date has held three meetings on the following dates

- 21<sup>st</sup> September 2016
- 5<sup>th</sup> October 2016
- 12<sup>th</sup> October 2016.

We were informed that the practice PPG has disbanded at the time the new partnership has started and so are working on forming a new PPG. None of the patients that attended the meetings were aware of an active PPG.

Please confirm the following:

Practice list size	1650
Current number of appointments per week	117
Proposed number of appointments per week	>117

The current branch site closes on Thursday Afternoon. We envisage that patients choosing to change to the main site or the Pennfields Medical Centre will note that these surgeries will not close and will provide appointments in line with increasing list size. We currently provide well above the 70/1000 appointments per registered patients per week outlined but BMA

Our last audit of appointments showed an average of 90/1000 registered patients per week

What arrangements are to be made in the event of there being a reduction in appointments availability/services (please list)

We do not envisage a reduction in appointments – we provide a range of appointments with a number of different health care professionals and therefore in expectation of an increase we are in the process of recruiting more staff. We have a number of new recruits awaiting the end of notice periods with current employers.

Current opening hours –

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9-630	9-730	9-630	9-1	9-630	Close	Close

Proposed opening hours

site	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
BHC*	8-630	8-630	8-730	8-1	8-630	Close	Close
	*We envisage a change in hours if list size / demand increases						
Potential	8-8	8-630	8-8	8-630	8-630	8-12	Close

If applicable, identify increase/recruitment of additional workforce (Please list details)

We have recently appointed 2 ANP and 2 new doctors. We have also recently taken on 5 clinical pharmacists who are currently undertaking training under the NHS pilot.

We have also appointed a practice nurse and a health care assistant.

We continue to have an open advert in BMJ and have a recruitment agency advert to ensure that we are constantly in contact with potential new candidates.

**If applicable:** N/A

**Name of joining GP** \_\_\_\_\_  
**Status of GP (e.g. Partner/Salaried doctor, etc.)** \_\_\_\_\_  
**Level of commitment** \_\_\_\_\_  
**Enhanced Services** \_\_\_\_\_


**Any other services provided**

As outlined above. NA to closure but full cohort of enhanced services provided from our Wolverhampton sites

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**Do you have any other information to bring to the attention of NHS England/CCG about this application?**

CQC Report. [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAB9857.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAB9857.pdf)  
Organisational Chart – see appendix 1

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**Sub-Contracting: Additional Information** (The Practice may have already provided this information above):

**N/A**

Please list the following:

(a) the name and address of the proposed sub-contractor;

(b) the duration of the proposed sub-contract;

(c) the services to be covered:

(d) the address of any premises to be used for the provision of services.

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To be signed by all parties to the current contract

Signed 

Print Gregory Moorhouse

Date 31<sup>st</sup> October 2016

Signed 

Print Dr Kamran Ahmed

Date 31<sup>st</sup> October 2016

Signed 

Print Dr Virinder Rai

Date 31<sup>st</sup> October 2016

Please continue on a separate sheet if necessary

**Note: this application does not impose any obligation on the NHS CB to agree to this request.**

Please return your completed and signed form to:

**By Email:**

[England.gp-contracting@nhs.net](mailto:England.gp-contracting@nhs.net)

Or

**By Post to:**

Primary Care Contracting Team

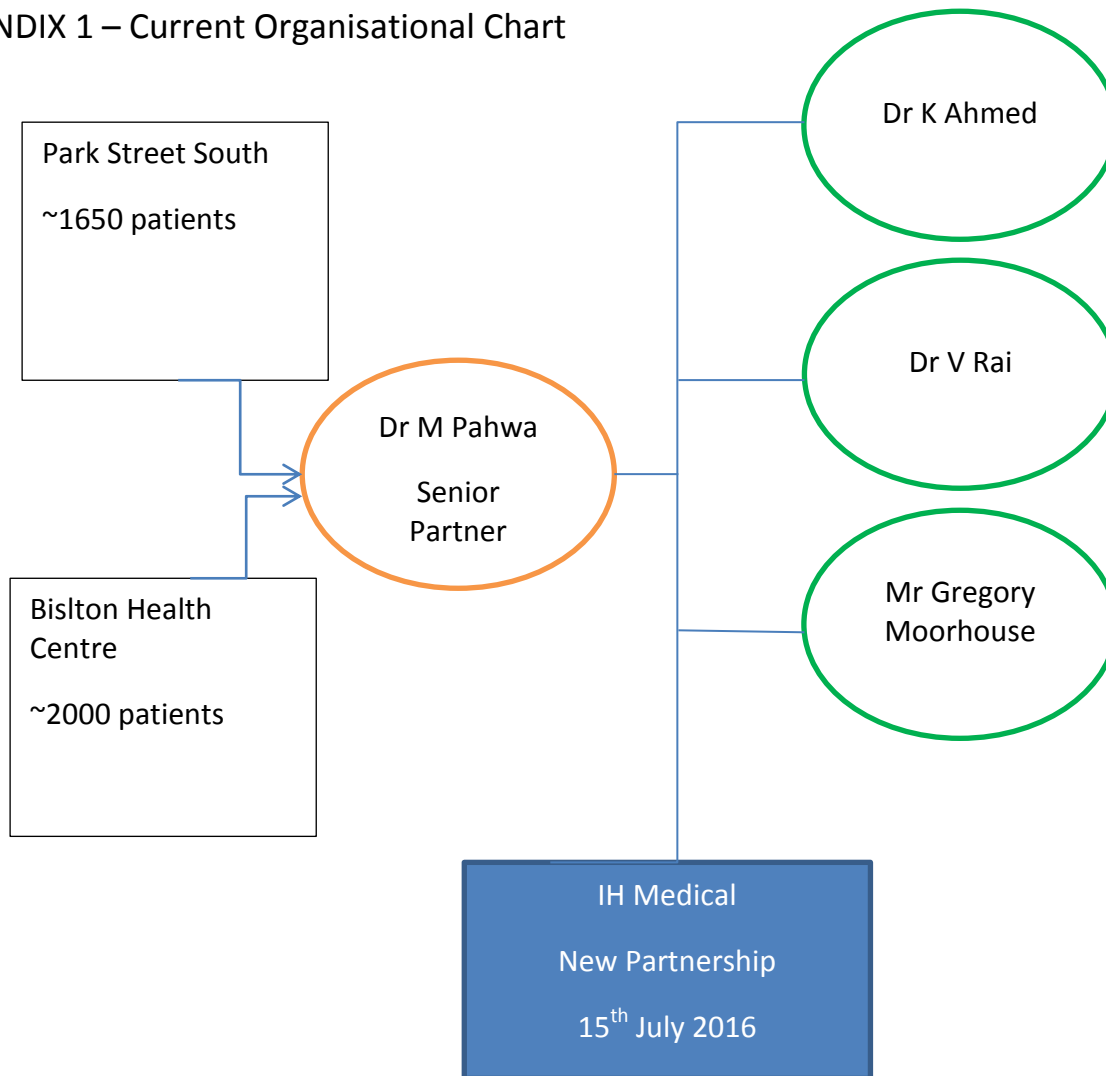
NHS England (West Midlands)

St Chads Court  
213 Hagley Road  
Edgbaston  
Birmingham  
B16 9RG

## Appendix

- 1) JCC report for Wolverhampton CCG
- 2) Minutes of PPG meetings x 3
- 3) Email – CCG
- 4) Email – Practice Managers
- 5) Patients letter
- 6) Public notice

APPENDIX 1 – Current Organisational Chart



**IntraHealth WEST MIDLANDS TEAM**

**INTRAAHEALTH**

Bilston Urban Village  
Medical Centre  
~6500 patients

IntraHealth Pennfields  
Medical Centre  
~3500 patients

Walsall – Sai Medical  
Centre / Manor Medical  
Centre  
~8000 patients

Solihull CCG – Kingshurst  
Medical Centre  
~7500 patients

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## WOLVERHAMPTON CCG

### PRIMARY CARE JOINT COMMISSIONING COMMITTEE

1<sup>st</sup> November 2016

<b>Title of Report:</b>	<b>Wolverhampton CCG 2016/17 GP Services Month 6 Finance Report</b>
<b>Report of:</b>	Emma Cox
<b>Contact:</b>	Emma Cox
<b>Primary Care Joint Commissioning Committee Action Required:</b>	For Noting
<b>Purpose of Report:</b>	To outline the Month 6 position for Wolverhampton GP Services 2016/17 budget
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	
<b>Relevance to Board Assurance Framework (BAF):</b>	Domain 3 – Financial Management
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	This report provides information on the 2016/17 GP Services Month 6 Position.
<ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long Term and Short Term)</li> </ul>	



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

**ATTACHED:**

Wolverhampton CCG 2016/17 GP Services Month 6 Finance Report



## 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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Charmaine Hawker</b>	<b>24/10/2016</b>



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**Wolverhampton CCG  
2016/17 GP Services  
Month 6 Finance Report**

## **Wolverhampton CCG GP Services Budget**

### **Month 6 2016/17**

Version number: 1

First published: 24.10.2016

Prepared by: Emma Cox, NHS England West Midlands

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

## Contents

Contents .....	3
1 2016/17 GP Services .....	4
2 Access to 2016/17 Primary Care Reserves .....	4
3 Conclusion .....	5
4 Recommendations .....	5

## 1 2016/17 GP Services

The allocation to fund GP Services relating to Wolverhampton CCG for 2016/17 as at month 6 is £33.1m. The forecast outturn is £33.1m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

The CCG is not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

There have been no movements for the month 6 forecast position as shown in the table below;

	Month 4 FOT	Month 6 FOT	Variance
	£'000s	£'000s	£'000s
General Practice APMS	2,248	2,248	0
General Practice GMS	19,653	19,653	0
General Practice PMS	1,798	1,798	0
QOF	3,485	3,485	0
Enhanced Services	1,555	1,555	0
Dispensing/Prescribing Fees	221	221	0
Premises Cost Reimbursements	2,771	2,771	0
Other Premises	106	106	0
Other GP Services	577	577	0
PMS Premium	311	311	0
1% Non Recurrent Transformation Fund	341	341	0
0.5% Contingency	125	125	0
<b>TOTAL</b>	<b>33,192</b>	<b>33,192</b>	<b>0</b>

A full forecast review is being carried out in month 7 to take into consideration the following;

- Recalculation of Global Sum Payments, PMS and APMS Contract payments based on the October 2016 updated list sizes
- Review of DES Forecasts based on activity to date
- Review of Premises Forecasts based on payments to date
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications

The month 7 position will be reported to the next Joint Commissioning Committee.



## 2 Access to 2016/17 Primary Care Reserves

The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2016/17 planning metrics.

In line with national guidance the 1% Non-Recurrent Transformation Fund must remain uncommitted to support cost pressures within the wider health economy.

The 0.5% contingency is currently being held to support in year cost pressures within the CCG's GP Services position and will be reviewed quarterly, at month 6 £125k of the contingency remains available, this will be reviewed in month 7. The CCG should now develop plans for contingency utilisation should it become available.

The forecast outturn includes the assumption that all of the PMS Premium available will be fully utilised. The CCG's PMS Premium investment plan has been approved by the Locality Director. An MOU template has been sent to the CCG CFO for signing to enable a Purchase Order to be generated.

The CCG is asked to ensure that costs are incurred and recharged to NHS E West Midlands before 31<sup>st</sup> March 2017, as any year end accrual for reserves spend is not expected to be material.

## 3 Conclusion

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

## 4 Recommendations

The Committee is asked to:

- Note the contents of this report
- Mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31<sup>st</sup> March 2017
- Develop plans for contingency usage should it become available

**Charmaine Hawker**  
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**WOLVERHAMPTON CCG**

**PRIMARY CARE JOINT COMMISSIONING COMMITTEE**  
**Tuesday 1<sup>st</sup> November 2016**

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



## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Operational Management Group met on Monday 17<sup>th</sup> October 2016 – this report is a summation of the discussions which took place.

## 2. MAIN BODY OF REPORT

### CCG PRIMARY CARE ASSURANCE

#### 2.1. Service Level Agreement and Specification for Zero Tolerance

It has been agreed to commence discussions with STP Leads to work collaboratively on a joint panel for reviewing patients on the zero tolerance scheme.

#### 2.2 Primary Care Quality Update

The Quality in Primary Care report was presented to the group, it was highlighted there were no new issues, 6 on-going and 1 quality matter closed within the month. Quality matters have been reviewed for potential emerging themes and the only theme identified is around Information Governance breaches.

Discussions took place regarding Friends and Family data submission for practices that have not submitted data for September. It has been agreed the practices who regularly fail to submit data have been advised that if data has not been submitted for October they will be escalated to NHS England and the Primary Care Joint Commissioning Committee recommending a breach notice. This will be brought to the December 2016 Committee as October submission will not be available until mid November 2016.

#### 2.3 GP Five Year Forward

The Group were advised of the discussions and outcomes from the GP Five Year Forward Event which NHS England held on the 5th October 2016. It has been agreed to include GP Five Year Forward as a standard agenda item for future meetings. There are 83 projects nationally which are being captured in a programme of work. The roll out of the projects across Wolverhampton practices continues to be monitored by the CCG.

### CQC: Primary Care Update

- 2.4 All CQC visits across Wolverhampton should be completed by mid-January 2017. The visits will comprise of visits and desktop/telephone visits depending on the requirements from previous visits.



**Estates Update**

2.5 The CCG has received notification regarding the Estates and Technology Transformation Fund (ETTF) approval for Cohort 1 in relation to bids for GP IT. The CCG have raised concerns with NHS England with regards to depreciation and assets which the IT Lead at NHS England will be reviewing.

It was agreed by the group a forward plan will be devised regarding practice mergers and closures in order to monitor timescales at future meetings, with the aim to support operational discussions between organisations.

**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: 20<sup>th</sup> October 2016**



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