

**Meeting of the Primary Care Commissioning Committee (PUBLIC)**  
**Tuesday 2nd May 2017**  
**2.00 pm**  
**Wolverhampton Science Park, Stephenson Room**

**A G E N D A**

- |    |  |       |         |
|----|--|-------|---------|
| 1  | Welcome and Introductions  | Chair |         |
| 2  | Apologies  | Chair |         |
| 3  | Declarations of Interest   | Chair |         |
| 4  | Minutes of the Primary Care Commissioning Committee Meeting held on 4th April 2017   | All   | 1 - 6   |
| 5  | Matters Arising from the Minutes   | Chair | Verbal  |
| 6  | Committee Action Points  | All   | 7 - 8   |
| 7  | Governing Body Report/Primary Care Strategy Committee Update   | SS    | 9 - 18  |
| 8  | Primary Care Operational Management Group Update   | MH    | Verbal  |
| 9  | Extended Opening Hours Schemes Joint Evaluation Report   | SS    | 19 - 30 |
| 10 | Any Other Business   | All   |         |
| 11 | Date of Next Meeting<br>Tuesday 6th June 2017 at 2.00pm in PC108, 1st Floor,<br>Creative Industries, 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 01902444613 or email [laura.russell4@nhs.net](mailto:laura.russell4@nhs.net)

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Mrs M Garcha Dr H Hibbs Mr S Marshall Dr Reehana Ms P Roberts Mrs C Skidmore Mr Les Trigg

Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Ros Jervis (Health and Wellbeing Board)

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)  
Held on Tuesday 4<sup>th</sup> April 2017, Commencing at 2.00 pm in the in the Marston Room, Ground  
Floor, Technology Centre, Wolverhampton Science Park

**MEMBERS ~  
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	No
Manjeet Garcha	Executive Lead Nurse	No
Peter Price	Lay Member (Vice Chair)	Yes

**NHS England ~**

Bal Dhami	Contract Manager	Yes
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**Independent Patient Representatives ~**

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	Yes

**Non-Voting Observers ~**

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

**In attendance ~**

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer	No
Sarah Southall	Head of Primary Care	No
Matthew Boyce	Primary Care Development Manager	Yes
David Birch	Head of Medicines Optimisation	Yes
Laura Russell	Primary Care PMO Administrator (WCCG)	Yes

## **Welcome and Introductions**

WPCC01 Ms Roberts welcomed attendees to the meeting and introductions took place.

## **Apologies for absence**

WPCC02 Apologies were submitted on behalf of Dr Helen Hibbs, Manjeet Garcha, Steven Marshall, Elizabeth Learoyd, Dr Kainth and Sarah Southall.

Ms Roberts noted that in Ms Garcha absence, Ms Skidmore is the nominated core Executive Representative and therefore the meeting would be quorate.

## **Declarations of Interest**

WPCC03 Dr Bush and Dr Reehana declared that, as GPs they had a standing interest in all items related to primary care.

Ms Gaytten declared that, in their role as employee 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.

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

## **Minutes of the Primary Care Joint Commissioning Committee Meeting Held on the 7<sup>th</sup> March 2007**

WPCC04 **RESOLVED:**

That the minutes of the previous Primary Care Joint Commissioning Committee meeting held on 7<sup>th</sup> March 2017 were approved as an accurate record.

## **Matters arising from the minutes**

WPCC05 There were no matters arising from the minutes.

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

## **Committee Action Points**

### **WPCC06 Minute Number PCC302 – Premises Charges (Rent Reimbursement)**

NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.

### **Minute Number PCC283 – Wolverhampton CCG Update**

It was confirmed that Ms Southall will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting.

### **Minute Number PCC329 – Wolverhampton CCG Update**

Ms Cresswell to confirm the details regarding the specific areas where patients feel they are not being provided with patient choice at the May meeting.

### **Minute Number PCC333 – General Practice Forward View Implementation Plan**

Ms Jervis confirmed they have discussed within a number of different forums regarding the Primary Care programme of work and Public Health are sighted on these developments. Action closed.

It was highlighted the actions that have remained open from the Primary Care Joint Commissioning Committee will be carried forward onto the new Primary Care Commissioning Committee action log.

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

## **Medicines Optimisation QIPP 2017/2018**

**WPCC07** Mr Birch, Head of Medicines Optimisation presented to the Committee the Medicines Optimisation QIPP 2017/2018 report, which seeks approval for the amendments to the Quality Prescribing Scheme for 2017/2018. These changes include;

- An increase in the overall funds within the Quality Prescribing Scheme
- To commit additional funds to the Primary Care Medicines Team for additional respiratory medication reviews.

The GP Quality Incentive Scheme has been offered historically to support the QIPP agenda and it proposed to offer this service again. The current budget for 2016/17 is £250k and it is proposed to increase his amount to £450k to incentive an increase number of individual components within this year's scheme.

Mr Birch provided an overview of the potential payments which are found within the table on page 3 of the report and highlighted additional areas they would like to build upon QIPP savings includes the following, low cost blood glucose testing

strips, diabetic pen needles and branded buprenorphine patches. In addition to this there are opportunities with regards to respiratory to change the prescribing to have a more cost effective tiotropium inhaler. There will be a big change to the brand prescribing of inhalers and this would require an additional funding to invest in a specialist respiratory pharmacist to support this piece of work.

Mr Birch shared with the Committee the detailed work plan for 2017/2018 and the proposed service specification for 2017/2018. It was highlighted within the specification there is a requirement for Practices to use electronic tools available, switch script and eclipse live.

Dr Bush stated his concerns on how to keep the two pharmacists roles within the GP practices separate as they are funded separately. It was agreed that if these two roles are carried out by the same pharmacist then the roles need to be kept separate as the two roles provide different functions. It was queried whether the NHS England funding can be used to provide support to keep these roles separate. Mr Birch explained the National funding is around Clinical Pharmacist in GP Practices and available on a bid basis which Wolverhampton CCG have put forward number of bids and are awaiting an outcome.

Dr Reehana asked in relation to the baseline behind the reasoning for the percentage of oral morphine prescribing as a percentage of strong opioid prescribing has to be above 40%. Mr Birch stated the target of 40% has been set for Wolverhampton because in comparison to other CCGs they are low in prescribing morphine. This target will help prompt GPs whether to prescribe morphine as the NICE guideline state *if strong opioids are required, oral morphine should be the first choice for most patients and is a cost effective choice compared with other stronger opioids, such as fentanyl, buprenorphine and oxycodone, which are considerably more expensive*. Dr Reehana raised her concerns with prescribing oral morphine and from a clinical perspective the use of morphine patches can be monitored with the patient.

The Committee reviewed the report and enclosures and agreed to the following recommendations;

- Approve the revised incentive specification (Quality Prescribing Scheme Service Specification).
- Approve the increase in budget for the Quality Prescribing Scheme Service Specification
- Approve the additional investment in a specialist respiratory pharmacist
- Note the possible impact on the CCG Quality Premium.
- Request CCG contracting team to offer the revised contract to practices alongside other enhanced services.

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

WPCC08 Mr McKenzie presented the Primary Care Commissioning Committee Terms of Reference with the Committee for their information and approval. Mr McKenzie noted the CCGS Constitution has been agreed by NHS England and the terms of reference have been written in line with the National template. The Committee reviewed and formally approved the Terms of Reference for the Primary Care Commissioning Committee.

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

### **Draft Minutes of the Primary Care Strategy Committee**

WPCC09 The draft minutes of the Primary Care Strategy Committee were shared with the Committee for information. The minutes provide an overview of the progress or work being undertaken against the Primary Care Strategy programme of work.

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

### **Primary Care Operational Management Group Meeting**

WPCC10 Mr Hastings presented the Primary Care Operational Management Group report which provides an overview of the discussions that have taken place at their meeting on the 20<sup>th</sup> March 2017. The following items were highlighted to the Committee;

- There has been an overall improvement within the infection prevention rates following Practices visits that have been undertaken within the month of January.
- There are seven Practices who did not submit Friends and Family data for the month of January. It was highlighted there had been issues with the CQRS not showing data as submitted although the Practices had submitted data and this issue is being investigated.
- The collaborative joint contract review pilot visits were completed at the end of March 2017. The programme for the next six months is currently being arranged.
- The practices online access programme continues which provides support to patients to sign up to patient online. There are different methods being introduced to support those Practices who are struggling to meet the 10% target.
- The Zero Tolerance Policy has come into effect and the new provider is anticipated to commence from the 1<sup>st</sup> May 2017.
- The CQC inspection programme for 2016/2017 has been completed.
- Matt Boyce has commenced his role as Primary Care Development Manager and will supporting the GP Forward View programme of work.

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

## **Any Other Business**

WPCC11     There were no further discussion items raised by Committee.

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

WPCC12     **Date, Time & Venue of Next Committee Meeting**  
Tuesday 2<sup>nd</sup> May 2017 at 2.00pm in the 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
35b	08.02.17	PCC302a	Premises Charges (Rent Reimbursement)	May 2017	NHS England	<p>08.02.17 - Awaiting the new cost directives to provide clarity on rent reimbursement in relation to when Practices allow other service providers to be use their rooms such as midwives.</p> <p>07.03.17 - NHS England confirmed they are still awaiting the new cost directives and have been informed they should receive this in April 2017. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p> <p>04.04.17 - NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p>
49	03.01.17	PCC283	<b>Wolverhampton CCG Update</b> Ms Southall to provide Evaluation Reports on extended opening hours at the March and May Meetings.	May 2017	Sarah Southall	<p>08.02.17 - Ms Southall confirmed an evaluation report on the two extended opening hours scheme will be provided at the March and May Committee Meetings.</p> <p><b>07.03.17</b> - It was confirmed that Ms Southall will provide a joint evaluation</p>

Agenda Item 6

						<p>report on the two extended opening hours scheme at the May Meeting.</p> <p><b>04.04.17</b> - It was confirmed that Ms Southall will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting.</p>
53	07.03.17	PCC329	<p><b>Wolverhampton CCG Update</b></p> <p>Ms Cresswell agreed to review the numbers and details regarding those areas patients feel they are not being provided with patient choice and report back to Mr McKenzie.</p>	April 2017	Tracy Cresswell	<p><b>04.04.17</b> - Ms Cresswell to confirm the details regarding the specific areas where patients feel they are not being provided with patient choice at the May meeting.</p>

**WOLVERHAMPTON CCG**  
**Governing Body**  
**11<sup>th</sup> April 2017**

<b>TITLE OF REPORT:</b>	Report of the Primary Care Strategy Committee
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall
<b>MANAGEMENT LEAD:</b>	Sarah Southall
<b>PURPOSE OF REPORT:</b>	<p>Provide assurance on progress made towards implementation of the CCGs Primary Care Strategy:-</p> <ul style="list-style-type: none"> <li>• Program of Work Delivery &amp; Governance Arrangements</li> <li>• New Models of Care</li> <li>• General Practice Five Year Forward View Implementation</li> </ul> <p>Reports from the committee are provided at monthly intervals to ensure the Governing Body are kept apprised the extent of implementation of the CCGs Primary Care Strategy.</p>
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Four of the Task and Finish groups have reported slippage within their programmes of work. These have been accepted by the Committee and timescales amended.</li> <li>• There are no red risks associated within the delivery of work programme.</li> <li>• The Extended Opening Scheme for Saturday morning appointments has now been extended until the end of March 2017.</li> </ul>
<b>RECOMMENDATION:</b>	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> <li>• Receive and discuss this report</li> <li>• Note the action being taken by the committee</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"> <li>1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system</li> <li>2 Reducing Health Inequalities in Wolverhampton : Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and</li> </ol>

	improve management of Long Term Conditions. 3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton
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## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy was ratified by the Governing Body in January 2016 in recognition of the changing demands in primary care. The programme of work was launched in the summer of 2016 and this report provides an overview of the progression taking place.
- 1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities

## 2. PRIMARY CARE STRATEGY COMMITTEE

- 2.1. This report provides an overview of progress reported in March 2017:-
  - Program of Work Delivery & Governance Arrangements
  - New Models of Care
  - General Practice Five Year Forward View
- 2.2. The programme of work was largely performing in line with predicted timescales however, the Committee did receive four exception reports as follows: -
  - **New Models of Care (Unity)**
    - The leadership roles and organisation structures were due to be completed at the end of February 2017. Although no formal roles have been identified, specific work streams are attracting engagement from a variety of members. The group feel they need to progress with identified priorities and establish roles as work streams evolve.
    - The evaluate data from participating Practices within the extended access scheme was due to be completed at the beginning of February 2017. As the scheme has been extended until the end of March the evaluation will therefore be completed once the additional clinics have finished.
    - The Group were to provide an audit of DNA rates by the end of March, the data continues to be collected along with other practice profile information and will be included for review in April.
    - An update/presentation on Active Signposting / Staff training Pilot and the Case review of Paramedics supporting Primary Care discussions will be placed on the April meeting agenda.



- **Workforce and Development**

- Work with Better Care Wolverhampton Programme to strengthen interfaces and develop a local workforce of multi-disciplinary practitioners was due to complete end February 2017, this has not completed due to a change of staff in the Better Care Team.
- Develop a programme to train individuals from Wolverhampton as HCAs and practices nurses. This was due to complete in February 2017, however this is a longer term piece of work and the timescales will need adjusting to account for changes to pre-registration nurse training, higher apprenticeships and newer roles within primary care that need to be set up and then embedded into working practice.
- Develop a programme to encourage and support those living in the area (with suitable qualification but not working or only working part time) to return to work/increase their working hours. This was due to complete February 2017, however a review of the completion date is needed as this has now been identified as a longer-term goal due to the proposed changes as stated above.
- Ensure retention strategies are in place that supports innovative ways of retaining the workforce. This is underway as part of the wider strategy above around development and recruitment.
- Work with neighbouring employers to standardise employment practice and opportunities. This will be in line with wider back office support functions being aligned with Primary Care Home and other models. This is an exception as the slip is due to this work not being able to begin until Primary Care Home models have settled in and newer ways of working are embedded into everyday practice.

- **Primary Care Contract Management**

- Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England. The delay is around preparing contracting plan for primary care in response to practice groupings. As well as ensuring the practice groups are sufficiently prepared to sub contract services where deemed necessary. This is partly due to the relatively recent release of MCP contracts and the associated guidance.
- Review Memorandum of Understanding between NHS/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care Contracting. This has been delayed as the updated Primary Care Hub Memorandum of Understanding has not been issued.

- **Estates Development**

- The three cohort 1 practices that were successful with ETTF bids should have had completed builds by 1 April 2017. Firstly due to the funding allocation taking longer than expected from NHS England and secondly lease agreements from NHS Property Services not being created, this has



led to the programmes of work for each practice slipping beyond the original completion date.

Each report was considered and all exceptions were accepted by the Committee with the caveat that timescales for the New Models of Care (Medical Chambers) will be reviewed in May to ensure timely achievement.

- 2.3. The Program Management Office continues to support all seven Task and Finish Groups attached to this program of work. The Primary Care Strategy Committee received highlight reports from the following Groups in March 2017 and the highlights are captured within the table below:-

Task & Finish Group	Highlights
<b>Practices as Providers</b>	<ul style="list-style-type: none"> <li>• Discussions continue with regards to improved access to Primary Care. It has been identified that some areas of good practice which underpin the High Ten Impact Actions is already taking place. From this an overview plan has been developed to confirm how the 10 High Impact actions will be delivered and a Local Enhanced Service has also been prepared &amp; shared with Group Leaders.</li> <li>• Work regarding non-clinical support functions continues with the Primary Care Home and Medical Chambers Groups to identify their preferred options for provision of each function. The functions include:               <ul style="list-style-type: none"> <li>• Legal Services</li> <li>• Human Resources</li> <li>• Mandatory Training</li> <li>• Payroll</li> <li>• Standardised Policies and Procedures</li> <li>• Business Intelligence and Data</li> <li>• Medicine Optimisation and Prescribing Support</li> <li>• Contract Management</li> <li>• Procurement of Goods and Services</li> </ul> </li> <li>• The Business Intelligence Team have presented data on GP referrals for the specialities with the greatest volume of activity and variance. This data will form the basis of Peer Review discussions in 2017/18 and a report has been provided to the Clinical Reference Group detailing the revised approach focussing on group level discussions.</li> <li>• A stakeholder meeting is due to be held to ensure community neighbourhood teams are aligned to groups of practices and a relaunch of Risk Stratification is agreed for 2017/18.</li> </ul>



<p><b>Localities as Commissioners</b></p>	<ul style="list-style-type: none"> <li>• A presentation was provided at Team W for GPs to hear about the ongoing work taking place in the city regarding 7 day services.</li> <li>• Work continues regarding the development of Practice Level Dashboards. A demonstration has been provided by Midlands and Lancashire CSU Business Intelligence Team on the practice level view of Aristotle. The report domains that can be generated at practice and group level on Aristotle include Contract Monitoring, Performance, High Intensity User Dashboard, Ambulatory Care Sensitive Conditions and Risk Stratification. The prescribing data is held by the Medicines Optimisation Team can also be included within the dashboards.</li> <li>• The Local QOF Steering Group have met and considered a Terms of Reference, meetings will be on a monthly basis. The Steering Group have reviewed other neighbouring CCGs approaches to implementing a local QOF and the intention is to develop a QOF+. Additional indicators are being identified and will be shortlisted in the coming months with a view to implementation during 2017/18.</li> </ul>
<p><b>Workforce Development</b></p>	<ul style="list-style-type: none"> <li>• Arrangements for the Workforce Fair continue, a has since been secured.</li> <li>• A further cohort for the Triumvirate Leaders Course (Health Education England) is due to commence in September 2017, recruitment is taking place over the coming months.</li> <li>• Work is due to commence with Wolverhampton University and Walsall around the provision of placement sites for Trainee Nursing Associates.</li> <li>• Root Cause Analysis training for all practice managers took on 10<sup>th</sup> March and a further session is planned for 6<sup>th</sup> April 2017.</li> <li>• The Committee queried the groups focus on GP training and the delay in the recruitment fair and it was agreed a more in depth report will be provided.</li> <li>• The risk log for the group was also discussed, new risks were identified.</li> <li>• The Head of Primary Care agreed to attend the next meeting to ensure other aspects of the programme of work were progressing accordingly, particularly in relation to general practice workforce.</li> </ul>
<p><b>Clinical Pharmacists in Primary Care</b></p>	<ul style="list-style-type: none"> <li>• Bids had been submitted for each model of care for funding for clinical pharmacists roles and the outcome had not yet been confirmed.</li> <li>• KPI data collection was being finalised &amp; implementation to</li> </ul>





	<p>be agreed.</p> <ul style="list-style-type: none"> <li>Gap Analysis work continues and a database is being kept up to date for practice coverage across the city.</li> </ul>
<b>General Practice Contract Management</b>	<ul style="list-style-type: none"> <li>The Task and Finish Group met on the 1<sup>st</sup> March 2017.</li> <li>The CCG issued an invitation for expressions of interest in relation to the Zero Tolerance Service, Primary Care Counselling and End of Life.</li> <li>Medical Chambers Group were intending to hold an away day in April which will be hosted by Primary Care Commissioning to finalise priorities and direction of travel.</li> <li>The final revised offer from NHS England primary Care (Contracting) Hub was awaited at the time of the meeting, this was received subsequently on 31 March 2017.</li> <li>The role of a Primary Care Contracts Manager has been approved by the CCG. This role will lead on the responsibility associated with delegation of Primary Medical Services Contracts.</li> <li>A meeting is being scheduled between the CCG and Wolverhampton City Council to explore joint procurement options.</li> </ul>
<b>Estates Development</b>	<ul style="list-style-type: none"> <li>The Cohort 1 schemes have been delayed due to the delay in funding allocation from NHS England and lease agreements from NHS Property Services not being created. This has resulted in the programme of work for each practice slipping beyond the original completion date. Meetings are taking place with Practices so that lease agreements can be completed and CCG are providing support with this process.</li> </ul>
<b>IM&amp;T</b>	<ul style="list-style-type: none"> <li>EMIS Remote consultation projects have commenced within all the GP Groups in line with the GPFV Implementation Plan.</li> <li>The Early Adopters WiFi Project has been completed and WiFi is now live. As the CCG were the first to go live NHS Digital will be visiting the CCG in May 2017.</li> <li>ETTF Bid for 2017/18 has been submitted, which was in collaboration with Walsall CCG regarding expanding the existing Shared Care Record.</li> </ul>

2.4 Each Task and Finish Group has a detailed programme of work that was also reviewed by the Committee in support of the performance detailed in the highlight and exception reports above.

2.5 Whilst there are risks attached to the delivery of this programme of work there are no red risks to report following discussions held at the March committee meeting.





### **3. NEW MODELS OF CARE**

- 3.1 The CCG remain committed to supporting each model of care, Project Manager(s) were actively supporting both Primary Care Home(s) and the Medical Chambers groups of practices in their organisational preparedness for working at scale in response to the General Practice Forward View and Primary Care Strategy that feature within the CCGs Programme of Work for primary care development.
- 3.2 The extended opening scheme had been extended until the end of March 2017, funded locally by the CCG. This would enable practices to continue to provide additional appointments to their patients registered with Primary Care Home(s) 1 & 2. A hub model provided on Saturday mornings was demonstrating continued improvement in uptake. Other areas included in their update included:-
- Primary Care Home(s) 1 and 2 meetings have taken place within the month.
  - A presentation was delivered by 'Sound Doctor' who provides a collection of information on patient advice, awareness and engagement.
  - A number of service and pathway development meetings have taken place to agree requirements for Mental Health, Frailty and Clinical Pharmacists.
  - Documentation that has been produced for validation by Primary Care Home(s) include Members agreement, Company accounts spreadsheets, invoicing template, expenses template, purchasing/revenue and costing and service evaluation.
  - Primary Care Home(s) 1 and 2 are currently reviewing options for extended access as a collaborative approach across the City. This is with the view to developing an improved access plan to meet the latest NHS England Guidance and directives attached to the 10 high impact actions.
- 3.3 Medical Chambers are the largest group of practices working together focusing on managing demand, working at scale and identifying opportunities where they can work together to provide services. An update on the activities undertaken within the month is as follows:-
- The second Unity meeting took place on the 2<sup>nd</sup> March 2017. There was a presentation provided from NHS England on federated working and MCP contracts and a further presentation on Social Prescribing.
  - The outcome of the clinical pharmacist bid to NHS England is still awaited.
  - An optimisation event with EMIS regarding remote consultations has been arranged for the 5<sup>th</sup> April 2017.
  - The winter pressures increased access has been extended until the end of March 2017. All the Practices have agreed to continue until the end of March and provide data and an evaluation report upon completion.
  - A review paper on the proposed changes to the peer review process has been submitted to the Clinical Reference Group. This proposal seeks to agree a



number of specialities for review during 2017/18 based on group level reviews. This approach has been agreed in principle.

- 3.4 A smaller cohort of Practices have sub-contracted their general medical services contracts to the Royal Wolverhampton Trust, there are currently 5 practices covering a population of approximately 30,000 patients. Identification of high risk patients and supporting those with long term conditions are current priorities that is resulting in closer working between primary and secondary care.

An induction meeting had taken place with the Trust's Primary Care Directorate Manager who has been invited to attend future Primary Care Strategy Committee Meetings. The trust have been requested to provide a highlight report for the Primary & Acute Care Model to confirm the work they are undertaking and alignment with the citywide CCG Primary Care Strategy.

- 3.5 The committee were also appraised of the new arrangements for Zero Tolerance. A newly procured service was due to commence in the city in April, in accordance with the CCG's fully delegated status. The new provider was due to be announced early in April.
- 3.6 The committee also considered a locally developed implementation plan in response to the General Practice Forward View. The plan had been submitted to NHS England for final approval however, the committee noted the content and programme of work & associated funded attached to successful implementation of the forward view.

#### **4. CLINICAL VIEW**

- 4.1. There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven. Clinical representation at many Task and Finish Groups takes place on a regular basis.

#### **5. PATIENT AND PUBLIC VIEW**

- 5.1. Whilst patients and the public were engaged in the development of the strategy and a commissioning intentions event held in the summer specific to primary care the Governing Body should note that Practice based Patient Participation Groups are being encouraged to ensure their work with the practice(s) encompasses new models of care and the importance of patient and public engagement moving forward.
- 5.2. An update on Primary Care was provided to the Patient Participation Group Chairs in March, whilst this was welcomed they have requested further clarity regarding their involvement in the future in discussions with their respective models of care/practice groupings. Therefore, arrangements are being made for each group of

PPG Chairs to meet with the CCG and the Group Lead(s) to discuss how this will be achieved and to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients.

## **6 RISKS AND IMPLICATIONS**

### ***Key Risks***

- 6.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

### ***Financial and Resource Implications***

- 6.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and tasks and finish group level will enable appropriate discussions to take place in a timely manner.

### ***Quality and Safety Implications***

- 6.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

### ***Equality Implications***

- 6.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

### ***Medicines Management Implications***

- 6.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

### ***Legal and Policy Implications***

- 6.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

**Name** Sarah Southall  
**Job Title** Head of Primary Care  
**Date** 3 April 2017



## 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View	<b>Pat Roberts</b>	<b>3.4.17</b>
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>Manjeet Garcha</b>	<b>3.4.17</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>NA</b>	
Information Governance implications discussed with IG Support Officer	<b>NA</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>NA</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Steven Marshall</b>	<b>3.4.17</b>



**WOLVERHAMPTON CCG**  
**Primary Care Joint Commissioning Committee**  
**2<sup>nd</sup> May 2017**

<b>TITLE OF REPORT:</b>	<b>IMPROVING ACCESS IN PRIMARY CARE 2016/17</b>
<b>AUTHOR(s) OF REPORT:</b>	Matthew Boyce – Primary Care Development Manager.
<b>MANAGEMENT LEAD:</b>	Sarah Southall – Head of Primary Care
<b>PURPOSE OF REPORT:</b>	Overview of WCCG extended access scheme in 2016/17. (December 2016 to March 2017)
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This document is not private.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>There were three schemes that practice groups participated in as follows -               <ol style="list-style-type: none"> <li>A&amp;E Delivery Board (CCG) Christmas and New Year funded opening scheme,</li> <li>NHSE Winter Pressures – 23<sup>rd</sup> December to 3<sup>rd</sup> March 2017.</li> <li>CCG Extended winter pressures scheme, offering additional appointments from the 4<sup>th</sup>- 31<sup>st</sup> March 2017).</li> </ol> </li> <li>The performance of all schemes has been varied in respect of patient attendance -               <ol style="list-style-type: none"> <li>Varied performance for Christmas and New Year CCG Scheme, 91% utilisation on best date of 5 available.</li> <li>94% total attendance rate of patients overall during Winter Pressures NHSE Scheme.</li> <li>Extended Winter Pressures - CCG Scheme (64% attendance rate of patients attending extra slots on Saturdays, and 75% weekdays).</li> </ol> </li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>Receive &amp; discuss the report and note the contents.</li> <li>Discuss alternative methods of collecting patient feedback in future schemes</li> <li>Note anticipated financial outcomes of schemes.</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK</b>	1a, 2a, 3a, 3b, 3c, 3d,

1. Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this
3. System effectiveness delivered within our financial envelope	<p>Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint</p> <p>Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p>Deliver improvements in the infrastructure for health and care across Wolverhampton  The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p> <p>Deliver improvements in the infrastructure for health and care across Wolverhampton  The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1 The General Practice Forward View (GPFV) included a commitment to improve access to general practice.

The scheme supported by the A&E Delivery Board was predominantly to cover Primary Care appointments across the Christmas and New Year period, very late in December NHSE announced a further scheme, Winter Pressure funding, for the period of 23<sup>rd</sup> December until 3<sup>rd</sup> March 2017. The CCG also allocated extra funding to enable extended access for





participating hubs for weekday and weekend appointments until 31<sup>st</sup> March 2017 to enable continuity.

## **1.2 Scheme Overview and finance.**

### **1.2.1 Christmas and New Year – CCG Scheme**

Wolverhampton CCG initiated a scheme as a pilot with PCH to enable extra access during the dates of 24<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup> and 31<sup>st</sup> December 2016, and also 2<sup>nd</sup> January 2017.

Three hubs took part in this scheme providing appointments for a population of 100,000 patients. This was the first of its kind in Wolverhampton. An allocation of £45,000 was made available by the A&E Delivery Board to assist with reducing the burden on urgent care services during the festive period.

### **1.2.2 Winter Pressures – NHSE Scheme**

As a result of funding made available in late December from NHS England the winter pressures scheme was launched and went live from 23 December through until 3 March 2017 practices from across the city were invited to offer additional appointments for patients, with a total of 10 practices providing additional appointments during core hours and at weekends. Ten practices / sites took part, some working at scale, others independently. Funding for this scheme was committed at a total cost of £125,000.

### **1.2.3 Extended Winter Pressures - CCG Scheme**

The CCG encouraged practices to continue to offer additional appointments up to the end of March, all 10 practices continued - 4 on Saturday and 6 on Weekdays.

Funding for this scheme was made available via the CCG at a cost of £60,000 for the month of March.

## **1.3 Performance.**

### **1.3.1 Christmas and New Year CCG Scheme.**

Five GP surgeries took part in this scheme covering a population of 50,000 patients offering up to 655 GP and 75 Nurse appointments over the 5 dates. Appointments were best utilised on 27<sup>th</sup> December where 91% of GP appointments were utilised, followed by 2<sup>nd</sup> January 2017 where 75% of GP appointments were utilised. The lowest utilised GP appointment date was 31<sup>st</sup> December (53%). Nurse appointments were low across all available dates. Performance can be found in table 6.

### **1.3.2 Winter Pressures NHSE Scheme.**

3 practices took part in the Christmas and New Year Period (as shown in table 1) opening with a total of 192 planned appointments available across all taking part. A total of 180 slots were allocated, and there were a total of 7 DNA's.

The Christmas and New Year period was generally good for these practices, one practice performed at 133% seeing more patients than planned. The total overall percentage from all three participating practices was 94%.

The level of cover varied from practice groups, some provided additional appointments during core hours whilst others worked at scale at weekday appointments during this scheme.

### **1.3.3 Extended Winter Pressures - CCG Scheme, March 2017.**

#### **Weekends.**

Four hubs took part in the weekend opening scheme in March 2017 with a total of 384 planned appointments allocated to hubs involved. An overall total of 244 appointments were utilised, and there were 9 DNA's across the whole period.

A figure of 64% across all four hubs was the final percentage. Performance was varied across the sites taking part, one surgery achieved a total of 91% and was much higher than the other three with percentages of 68%, 55% and 41% respectively for the same period. Attendance figures improved as the duration progressed.

#### **Weekdays.**

Weekday extended access opening was provided by 6 sites on a range of days and planned allowances. A total of 1364 slots were utilised and there were 57 DNA's across all sites, mainly at IntraHealth sites as shown in table 4.

A total figure of 75% was the final calculation for total performance across all hubs.

Three of the six hubs achieved a percentage of over 99% each (Mayfields 101%, Alfred Squire 99%, Ashmore Park 100%), with the remaining three hubs performing at 84% (Lea Road), 71% (Duncan Street) and 68% (IntraHealth) respectively.

### **1.4 Feedback / Quality of Services -**

For the period of 23<sup>rd</sup> December 2016 to 2<sup>nd</sup> January 2017, evaluation was captured using a patient satisfaction survey. The patient survey exercise received 138 feedback forms from 465 patients a 29.7% return rate showed an overwhelmingly positive response by patients who used the service, with 81% rating the service as excellent; 16% as good; 2% as average the remaining 1% did not have a response but nobody who responded gave a rating of poor.

Across all other schemes a range of feedback sources have been viewed to determine if any adverse feedback was evident and there does not appear to be any information to confirm if the extra access has been a success or not with patients. It is recommended that for the use of future schemes, all participating practices / hubs utilise a patient feedback survey prepared by the CCG.

FFT data that was available gives a positive view for the month of December/January (March data not available at time of writing this summary as shown in table 5).

### **1.5 Summary.**

The purpose of the schemes was to improve Access to General Practice could be improved, previously there were no additional appointments available, nor funding to enable this. The total projected cost was lower than the overall budgeted amount, largely due to the availability of GP locums.

The overall performance of the scheme has been good, performance increased steadily towards the end of the scheme in some areas whilst others were more variable.

DNA rates were however very low.



## **1.6 Key Themes from each scheme.**

### **1.6.1 Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.**

- Performance varied throughout scheme with a good rate of utilisation over the Christmas and New Year bank holiday period, however a lower percentage of patients opting for Saturday appointments between January and March 31<sup>st</sup> 2017.
- Low number of DNA rates across all available appointments.
- Some sites had more than one GP, there wasn't sufficient demand for 2 GPs across all hubs.
- Uptake varied depending on day of the week, higher uptake on Saturdays, less on bank holidays but was site dependant.
- Not all appointments were fully utilised due to lack of demand / referral or appointment management planning being purely assigned to same day appointments.

### **1.6.2 Extended Winter Pressures - CCG Scheme**

- A combination of weekday & weekend opening was provided and weekday performance (75%) was better than Saturday performance (64%)
- 6 hubs provided additional weekday appointments.
- 4 hubs opened on Saturdays serving patients from 18 practices.
- Two sites struggled to obtain locum cover from January – end of February. This had an adverse impact on overall performance. Performance for all other sites was higher.
- Do not attend rates were very low for both weekdays & weekends.
- Uptake for Saturday opening varied, performance at some sites improved gradually although some sites were more popular than others.

## **1.7 General Practice Transformation Fund 2017/18.**

As part of our commitment to improve access to Primary Care, the CCG has introduced an enhanced service for 2017/18. Wolverhampton CCG are supporting the development of new models of care that enable practices to work together at scale to improve access to primary care services. The CCG's Primary Care strategy is built on the foundations as detailed in the General Practice Forward View and sets out how the CCG will transform primary care in Wolverhampton. In response to the General Practice Forward View the CCG are committed to incentivise practices to improve access and champion each of the high impact actions over a 2 year period that will be achieved through the continued development of sustainable practice groups. Practice groups will continue to offer further additional appointments to practices during 2017/18 through practices working together to offer additional appointments.

## **1.8 Bank Holiday Cover during 2017/18.**

The CCG has agreed a level of cover for all bank holidays with four practice groups to enable additional appointments for patients with an aim to reduce the burden on the urgent



care system. Appointments will be provided via hubs with patients able to book appointments on each day or via NHS 111.

## **2 RECOMMENDATIONS**

- 2.1** Receive & discuss the report and note the contents.
- 2.2** Acknowledge that a patient survey has since been introduced to collect feedback in future schemes.
- 2.3** Note anticipated financial outcomes of schemes.

## **3. CLINICAL VIEW**

- 3.1.** Each of these schemes were developed and implemented with input from the CCG Chairman and group pleaders / GP's from practices.

## **4. PATIENT AND PUBLIC VIEW**

- 4.1.** For some of the schemes patient feedback was routinely captured and information shared upfront, albeit at short notice through posters at surgeries, websites and answerphone messages. Friends and Family / NHS Choices data has been reviewed to identify adverse feedback with no complaints.

## **5. KEY RISKS AND MITIGATIONS**

- 5.1.** All schemes were fully risk assessed and captured on the CCG Risk Register, the risk was not recorded as significant due to a range of controls in place to deliver safe delivery of service. The risk has since been closed.

## **6. IMPACT ASSESSMENT**

### ***Financial and Resource Implications***

- 6.1.** Finance implications detailed within report and ongoing discussions with finance colleagues throughout all 3 schemes.

### ***Quality and Safety Implications***

- 6.2.** The purpose of each scheme was to improve patient experience and manage patient flow into the most appropriate service at the time when patients made contact. There have been no patient safety incidents reported nor concerns raised in relation to the clinical quality of the improving access schemes.

### ***Equality Implications***

- 6.3.** These schemes sought to identify how many patients may be able to access primary medical services at times when they would be directed to the out of hours provider. A full impact assessment has not been undertaken by the CCG.



### **Legal and Policy Implications**

- 6.4. All relevant policies and procedures at practice level applied during each of the schemes and contractual implications regarding suitability of practice team were in line with usual contractual duties.

**Name – Matthew Boyce**

**Job Title – Primary Care Development Manager**

**Date – 26<sup>th</sup> April 2017.**

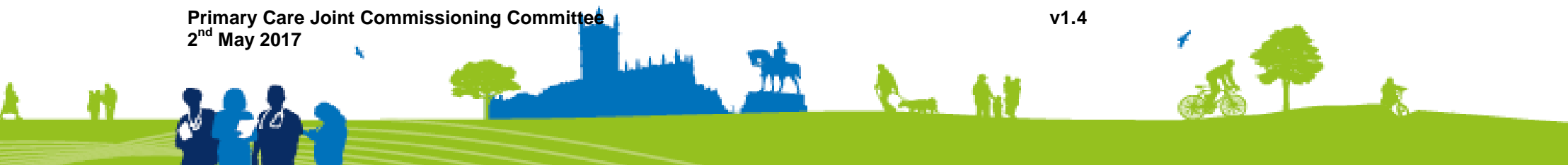
### **REPORT SIGN-OFF CHECKLIST**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>Dr H Hibbs</b>	<b>26.04.17</b>
Public/ Patient View	<b>P Roberts</b>	<b>26.04.17</b>
Finance Implications discussed with Finance Team	<b>L Sawrey</b>	<b>26.04.17</b>
Quality Implications discussed with Quality and Risk Team	<b>Dr H Hibbs</b>	<b>26.04.17</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>Not Applicable</b>	
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>S Southall</b>	<b>26.04.17</b>



**Table 1 -**

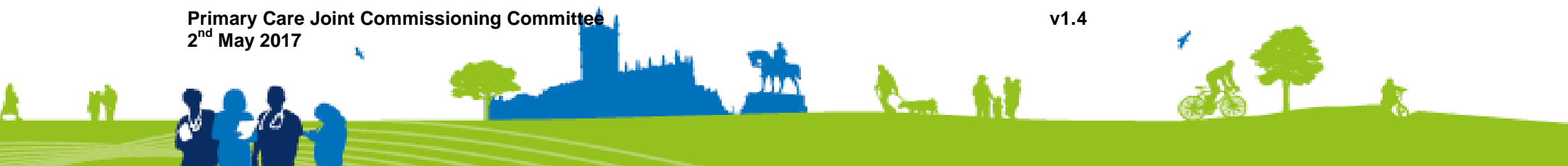
Christmas and New Year CCG Scheme // Winter Pressures NHSE Scheme.																
Date(s)	Primary Care Home Hubs (x3).				Lea Road .				Mayfields.				Showell Park.			
	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual
24.12.16	24	10	0	41.7%	18	18	2	100%					24	23	1	96%
26.12.16					18	16	1	89%					24	12	0	50%
27.12.16					18	20	1	111%	18	24	0	133%	24	22	2	92%
31.12.16	24	14	0	58.3%									24	23	0	96%
2.1.17													24	22	0	92%
Total	48	24	0	50%	54	54	4	100%	18	24	0	133%	120	102	3	85%



**Table 2**

Saturday Hub Sessions.																				
Date(s)	Primary Care Home : Grove.				Primary Care Home : Newbridge.				Primary Care Home : Ashfield Road.				Lea Road.				Showell Park.			
	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual
24.12.16	See Christmas & New Year												See Christmas & New Year				See Christmas & New Year			
31.12.16	See Christmas & New Year																See Christmas & New Year			
7.1.17	24	3	0	13%	24	4	0	17%	24	5	0	21%					24	20	0	83%
14.1.17	24	1	0	4%	24	9	0	38%	24	7	0	29%					24	23	0	96%
21.1.17	24	14	0	58%	24	8	0	33%	24	15	0	63%					24	20	0	83%
28.1.17	24	9	0	38%	24	3	0	13%	24	10	0	42%					24	22	2	92%
4.2.17	24	12	0	50%	24	14	0	58%	24	5	0	21%					24	24	0	100%
11.2.17	24	9	0	38%	24	12	0	50%	24	16	0	67%					24	24	0	100%
18.2.17	24	6	0	25%	24	19	0	79%	24	16	1	67%					24	24	0	100%
25.2.17	24	20	2	83%	24	20	3	83%	24	8	0	33%					24	22	1	92%
04.3.17	24	3	2	13%	24	14	0	58%	24	22	0	92%					24	23	1	96%
11.3.17	24	6	0	25%	24	13	0	54%	24	20	1	83%					24	19	1	79%
18.3.17	24	14	0	58%	24	15	0	63%	24	16	1	67%					24	22	2	92%
25.3.17.	24	16	0	67%	24	11	0	46%	24	7	0	29%					24	23	1	96%
Total	288	113	4	39%	288	142	3	49%	288	147	3	51%					288	266	8	92%

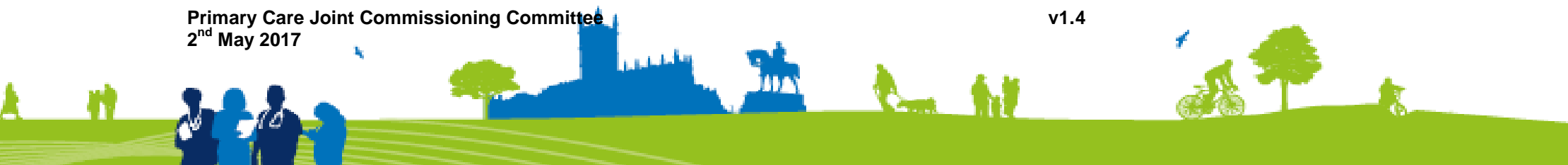
\*Dates and performance highlighted in grey were part of the CCG's Extended Winter Pressures - CCG Scheme  
All other data relates to the Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.



**Table 3**

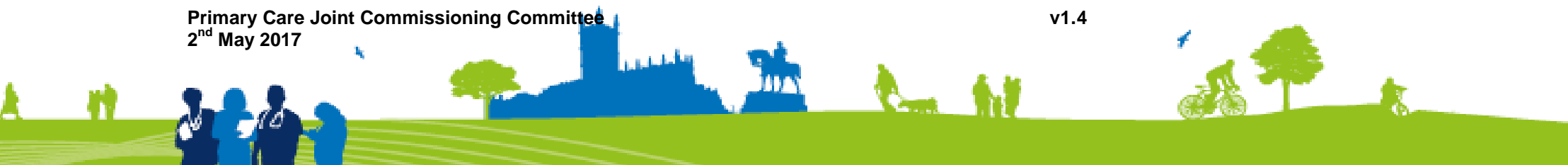
Weekdays																														
Week	Alfred Squire.					Ashmore Park.					Duncan Street.					IntraHealth (All Sites x2).					Mayfields.					Lea Road.				
	Day(s)	Plan	Actual	DNAs	%Perform ance Plan vs Actual	Day(s)	Plan	Actual	DNAs	%Perform ance Plan vs Actual	Day(s)	Plan	Actual	DNAs	%Perform ance Plan vs Actual	Day(s)	Plan	Actual	DNAs	%Perform ance Plan vs Actual	Days	Plan	Actual	DNAs	%Perform ance Plan vs Actual	Days	Plan	Actual	DNAs	%Perform ance Plan vs Actual
1 20-20-12-18											Mon to Fri	0	0	0	N/A	3	120	0	0	0%	Tue/ Wed	18	19	0	106%					
2 20-6-17	Tuesday to Friday	102	12	0	12%	Tue/ Thu	24	25	1	104%		120	120	0	100%	4	150	0	0	0%	Tue	18	19	0	106%					
3 7-12-17	Mon to Friday	89	89	0	100%	None	24	0	0	0%		150	29	1	19%	5	210	0	0	0%	Wed	18	20	1	111%					
4 14-20-17	Monday to Friday	72	72	1	100%		24	0	0	0%		150	131	6	87%	5	210	147	6	70%	Wed	18	19	0	106%					
5 21-27-17	Monday to Friday	90	63	0	70%		0	0	0	N/A		150	114	3	76%	5	210	218	8	104%	Wed	18	17	1	94%					
6 16-22-17	Monday to Friday	136	134	1	99%	Mon /Tue/ Thu	24	22	0	92%		150	143	7	95%	5	210	232	12	110%	Wed	18	19	0	106%					
7 4-10-17	Mon/Tue/ fri	97	95	0	98%	Wed /Thu	22	22	0	100%		150	128	4	85%	5	210	189	11	90%	Wed	18	19	0	106%					
8 11-17-17	Tue/Wed/ Fri	37	37	1	100%	None	0	0	0	N/A		150	145	5	97%	5	210	1691	17	805%	Wed	18	18	2	100%					
9 18-24-17	Monday to Friday	150	0	0	0%	Tue/ Wed /Thu	16	16	0	100%		150	147	3	98%	5	210	143	21	68%	Wed	18	16	2	89%					
10 25-31-17 2-17	Mon/Wed /Thu	71	80	1	113%	None	0	0	0	N/A		150	145	5	97%	5	210	159	16	76%	Wed	18	20	0	111%	Wed /Thu	30	30	2	100%
11 8-10-17	Mon/Wed /Thu	48	47	1	98%		0	0	0	N/A		150	90	0	60%	5	210	142	8	68%	Wed	18	18	0	100%	Wed /Thu	64	53	1	83%
12 12-17-17	Mon/Wed	51	51	1	100%		0	0	0	N/A		150	130	3	87%	5	210	169	8	80%	Tue	18	17	1	94%	Mon /Tue	61	52	7	85%
13 20-24-17	Wed	34	34	1	100%	Mon /Tue/ Wed	18	18	0	100%		150	115	5	77%	5	210	140	7	67%	Wed	18	18	1	100%	N/A.	0	0	0	0%
14 27-31-17	Wed/Thu	33	33	0	100%	Fri	6	6	0	100%		150	88	2	59%	5	210	123	10	59%	Mon	18	20	1	111%		0	0	0	0%
Total		1010	747	7	74%		134	85	1	63%		1920	1525	1920	79%		2790	3353	124	120%		252	259	9	103%		155	135	10	87%

\*Dates and performance highlighted in grey were part of the CCG's Extended Winter Pressures - CCG Scheme  
All other data relates to the Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.



**Table 4 - Performance Overview**

NHS Choices ratings of services.	
Alfred Squire Road	No feedback regarding opening hours or weekend opening on NHS Choices.
Mayfields	1 positive review following patient who was able to gain a same day (weekday) appointment after new year's day.
Grove MC	No feedback regarding opening hours or weekend opening on NHS Choices.
Newbridge MC	No feedback regarding opening hours or weekend opening on NHS Choices.
Ashfield Road	No feedback regarding opening hours or weekend opening on NHS Choices.
Showell Park	No feedback regarding opening hours or weekend opening on NHS Choices.
IntraHealth (X2)	No feedback regarding opening hours or weekend opening on NHS Choices <i>(for any of the sites)</i>
Ashmore Park	No feedback regarding opening hours or weekend opening on NHS Choices.
Duncan Street	No feedback regarding opening hours or weekend opening on NHS Choices.
FFT responses.	
Alfred Squire Road	No Data.
Mayfields	No Data.
Grove MC	94% feedback score for month however non-specific to opening times etc.
Newbridge MC	No Data.
Ashfield Road	96% feedback score for month however non-specific to opening times etc.
Showell Park	100% feedback score for month however non-specific to opening times etc.
IntraHealth (X2)	75% feedback score for month however non-specific to opening times etc.
Ashmore Park	Only 3 responses for month, non-specific to opening.
Duncan Street	No Data.
Alfred Squire Road	83% feedback score for month however non-specific to opening times etc.



**Table 5.**

Nb. Upper table displays capacities pre scheme, Lower table displays total utilisation on upper table,

Dates	Totals			Caerleon Surgery			Newbridge			East Park			Whitmore Reans			Church Street		
	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts
24-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
26-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
27-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
31-Dec	116	0	116	24	0	24	24	0	24	20	0	20	48	0	48	0	0	0
02-Jan	116	0	116	24	0	24	24	0	24	20	0	20	48	0	48	0	0	0
accum totals	655	75	730	120	0	120	120	0	120	100	0	100	240	0	240	75	75	150

Table 2

Dates	Totals												
	Total patients seen	Pre-booked Appts	Appts booked on-day	Avail'ble GP appts	Booked GP App'ts	Avail'ble Nurse appts	Booked Nurse App'ts	Total avail'ble appts	DNA's	No. from 111 or ano GP	Patients via phone triage	Total patients dealt with	Total Appoin't Util'n
24-Dec	92	55	30	141	85	25	7	166	3	0	4	96	58%
26-Dec	82	54	17	141	78	25	4	166	3	1	3	85	51%
27-Dec	124	66	36	141	116	25	8	166	3	7	12	136	82%
31-Dec	58	44	19	116	58	0	0	116	8	2	3	61	53%
02-Jan	85	56	31	116	85	0	0	116	2	1	2	87	75%
accum totals	441	275	133	655	422	75	19	730	19	11	24	465	64%

