

**Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7th November 2017 at 2.00 pm
Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science
Park, WV10 9RU**

A G E N D A

1	Welcome and Introductions	Chair	Verbal
2	Apologies	Chair	Verbal
3	Declarations of Interest	All	Verbal
4	Minutes of the meeting held on 5th September 2017	Chair	1 - 6
5	Matters Arising from the Minutes	Chair	Verbal
6	Committee Action Points	Chair	7 - 8
7	Primary Care Quality Report	Liz Corrigan	9 - 22
8	WCCG Quarterly Finance Report	Lesley Sawrey	23 - 28
9	Governing Body Report/Primary Care Strategy Committee Update	Sarah Southall	29 - 42
10	Primary Care Operational Management Group Update	Sarah Southall	Verbal
11	Any Other Business	Chair	Verbal
12	Date of Next Meeting	Chair	Verbal

Tuesday 5th December 2017 at 2.00pm in PC108, 1st Floor, 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 01902 444613 or email laura.russell4@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Dr Kainth Mr S Marshall Dr Reehana Les Trigg Sue McKie
NHS England	Bal Dhani
Patient Representatives	Sarah Gaytten
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Katie Spence (Health and Wellbeing Board Representative)

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 5th September 2017, Commencing at 2.00 pm in the in the Stephenson
Room, 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	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes
Les Trigg	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	No

Non-Voting Observers ~

Katie Spence	Consultant in Public Health on behalf of the Health and Wellbeing Representative	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
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
Jim Oatridge	Interim Chair (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Jo Reynolds	Primary Care Development Manager (WCCG)	Yes
Tally Kalea	Commissioning Operations Manager (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC108 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC109 Apologies were submitted on behalf of Tony Gallagher, Dr Helen Hibbs, Jeff Blankley and Sarah Gaytten.

Declarations of Interest

WPCC110 Dr Bush declared that, as GP he had a standing interest in all items related to primary care.

As these declarations did not constitute a conflict of interest Dr Bush remained in the meeting whilst these items were discussed.

RESOLVED: That the above is noted.

Minutes of the Primary Care Commissioning Committee Meeting Held on the 1st August 2017

WPCC111 RESOLVED:

That the minutes of the previous meeting held on 1st August 2017 were approved as an accurate record.

Matters arising from the minutes

WPCC112 Mr Oatridge asked if the following three patient experience reports shared at the previous meeting could be circulated to all GPs so they are aware of the results;

- Healthwatch Wolverhampton GP Access: Patient Experience April 2017
- Healthwatch Wolverhampton Urgent Care Centre: Patient Experience May 2017
- National NHS England GP Patient Survey: Wolverhampton CCG results

RESOLUTION: That the above patient experience reports are to be circulated to GPs

Committee Action Points

WPCC113 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**
The CCG are still awaiting the cost directives. Action to remain open.

Minute Number WPCC93 - Governing Body Report/Primary Care Strategy Committee Update

Mrs Southall confirmed that she had met with Ms Roberts regarding the bank holiday opening and how this is being advertised. Action closed.

Minute Number WPCC93 – Governing Body Report/Primary Care Strategy Committee Update

Miss Russell confirmed the amendments to the structure chart within the Task and Finish Groups terms of reference have been completed. Action closed.

Minute Number WPCC95 – Primary Care Operational Management Group Update

Update to be provided within the Private Primary Care Commissioning Committee meeting. Action closed.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC114 Ms Gracha presented the quality report to the Committee which provides an overview of activity in primary care and assurances around mitigation and the actions taken when issues have arisen.

The following was highlighted to the Committee;

- **Infection prevention** - the service is provided by Royal Wolverhampton Hospitals and the most recent visits and audit ratings were shared with the Committee.
- **Medicines Alert** – further information regarding assurance on how the process is undertaken will be included within the next report.
- **Friends and Family Test** - the Quality Team and Contracts Team are working together to review the data in particular when data has not been submitted or suppressed. It has been highlighted some practices can evidence submitting data but the system is not registering the data and the system is being investigated.
- **Quality Matters** – the majority of current incidents relate to information governance breaches and is being reviewed in depth by the Quality Team.
- **Risk Register** – There are currently no low risks, 4 moderate risks, 13 high risks and no extreme risks. Ms Roberts queried when the Committee were going to be presented with the full register so the committee can discuss the risks in more detail. Ms Garcha agreed that a snapshot of the risks could be circulated to the Committee.
- **Workforce** – a working group has been set up to develop effective communication and engagement including a video promoting primary care in the City and the development of the primary care web pages.

Mr Oatridge asked in future reports where tables/graphs are used could this be provided within a time series to display the data in a more meaningful way.

RESOLUTION:

**Ms Garcha agreed that a snapshot of the risks could be circulated to the Committee.
Ms Garcha agreed to ensure that the tables/graphs within the report provide a time series of information so data can be reviewed in a more meaningful way.**

Primary Care Strategy Committee Update

WPCC115 Mrs Southall shared with the Committee the minutes of the Primary Care Strategy Committee which took place on the 17th August 2017. Mrs Southall provided an overview of each of the Task and Finish Groups programmes of work and reported upon the GP Five Year Forward View training tracker.

RESOLVED: That the above was noted.

Primary Care Operations Management Group Update

WPCC116 Mrs Southall informed the Committee of the discussions which took place at the Primary Care Operational Management Group meeting on the 22nd August 2017 and highlighted the following points;

- The contract for the caretaking arrangements for Ettingshall Medical Practice has now been signed by The Royal Wolverhampton NHS Trust.
- A contract monitoring visit has been arranged with Tettenhall Medical Practice, Lower Green Health Centre due to the CQC rating of 'requires improvement'.
- Castlecroft Medical Practice is the next practice to be scheduled to migrate to EMIS Web.
- Following the introduction of the new infection prevention audit tool which is a more thorough process, practices have received a lower rating than previous years.
- It was highlighted that treatment for minor eye conditions can now be accessed through pharmacists, GP appointments, community optometrists and hospital appointments if urgent.

RESOLUTION: That the above was noted

Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract – Business Case

WPCC117 Ms Shelley presented to the Committee a report regarding Dr N Mudigonda and Dr V Mudigonda requesting a decision of Dr N Mudigonda retirement and

removal from the GMS contract, resulting in Dr V Mudigonda being the sole contract holder.

Dr N Mudigonda and Dr V Mudigonda are father and son and hold a GMS contract to provide primary medical services from Bilston Health Centre holding c3,800 patients. Dr N Mudigonda has submitted an application to retire from the practice and provided a business plan identifying the proposal for clinical cover following his retirement.

The practice proposal for clinical cover following Dr N Mudigonda's retirement includes the following;

- Dr N Mudigonda has already reduced his clinical commitment in the practice from 9 sessions to 5 sessions per week in October 2013, and a salaried GP has been covering these sessions since then.
- An additional salaried GP has been employed for 4 sessions per week with a view to this GP becoming a partner on the contract in the future.
- The practice has a robust nursing team in a health care assistant and advanced nurse practitioner (ANP).
- The practice is also a training practice and have part time female registrar who will be in the practice for 2.5 years and while it is understood she is a trainee and supernumerary she will be able to offer some continuity and additional choice to those patients who wish to see a female GP in the immediate future.

The business case plan also highlights that they are in active discussions with one of the Primary Care Home groups with a view of joining them in the future. As well as taking on an extra salaried doctor with a view to making them partner in the near future. Mr Marshall asked if they have a timeframe of securing a new a new partner onto the contract. Discussions took place regarding the timeframe and the Committee agreed to request in line with the business case they should meet the expectation of reporting back in 12 months' time regarding the appointment of a partner and aligning to a new model of care.

The Committee agreed to the recommendation that the committee give approval for Dr V Mudigonda to continue as a sole contract holder following the removal of Dr N Mudigonda given the assurance provided by the practice. The Committee also agreed that the practice have 12 months to secure a new partner onto the contract and be aligned to a new model of care. Ms Shelley agreed to report back to the practice.

RESOLUTION: Ms Shelley agreed to report back to the practice that the Committee request in line with the with the business case they meet the expectation of reporting back in 12 months' time that they have a partner on the contract and that they have aligned to a new model of care

Any Other Business

WPCC118a The Committee highlighted there were no new risks identified during the discussions of the meeting.

WPCC118b Mr Oatridge on behalf of the Committee acknowledged that this was Ms Roberts last meeting as Chair of the Committee before her retirement at the end of month. Ms Roberts was thanked for all her hard work and commitment to the Committee and CCG and was wished all the best for her retirement.

RESOLVED: That the above is noted.

WPCC119 **Date, Time & Venue of Next Committee Meeting**
Tuesday 3rd October 2017 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park.

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
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> <p>06.06.17 - The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open.</p> <p>07.06.17 – Action to remain open cost directives still awaited.</p>

						<p>01.08.17 – Action to remain open the CCG have received advice and guidance from NHS England regarding the use of rooms for none GMS. The CCG are still awaiting the cost directives.</p> <p>05.09.17 - The CCG are still awaiting the cost directives.</p>
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Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
08	05.09.17	WPCC114a	<p>Primary Care Quality Report Ms Garcha agreed that a snapshot of the risks could be circulated to the Committee.</p>	October 2017	Ms Garcha	
09	05.09.17	WPCC114b	<p>Primary Care Quality Report Ms Garcha agreed to ensure that the tables/graphs within the report provide a time series of information so data can be reviewed in a more meaningful way</p>	October 2017	Ms Garcha	
10	05.09.17	WPCC117	<p>Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract – Business Case Ms Shelley agreed to report back to the practice that the Committee request in line with the with the business case they meet the expectation of reporting back in 12 months' time that they have a partner on the contract and that they have aligned to a new model of care</p>	October 2017	Ms Shelley	

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
7th NOVEMBER 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Steven Forsyth
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	<ul style="list-style-type: none"> • Overview of Primary Care Activity
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	N/A
3. System effectiveness delivered within our financial envelope	N/A



PRIMARY CARE QUALITY DASHBOARD

RAG Ratings: 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Concern	RAG rating
IP	Low IP audit rating for one practice in August review on-going	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for two practices	1b
	Repeat suppressed data (low submission) for two practices	1b
Quality Matters	One Quality Matter logged as a concern due to repeat incidents and other concerns within the practice	1b
Complaints	No formal complaints to report	1a
Serious Incidents	One incident currently being processed	1b
Escalation to NHSE	Four incidents to be referred to NHS England in November 2017	1a
NICE	Nil to report	1a
CQC	Two practices have received a “Requires Improvement” rating and are being monitored.	1b
Workforce	Workforce implementation plan revision undertaken, workforce strategy under development	1a

1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

2. INFECTION PREVENTION

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Three reports have been received in the last month with two practices scoring bronze and one silver.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste
- Equipment
- IP Management
- Environment
- Sharps
- PPE



- Minor Surgery Room
 Practice Nurse Room

Assurances: Primary Care Liaison for IP is supporting the practice who had a red rating in August and will undertake a 3 month follow up and will provide a progress report. Monitoring is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with IP and by the Primary Care Team. Any additional support or actions will be discussed following the 3 month review.

CCG staff also attended the Infection Prevention event on 5th October 2017 which covered the following areas and was attended by GP staff:

- New audit – issues around environment e.g. décor, damage to buildings etc. were identified as the main reason that gradings have reduced which is in line with a brief overview undertaken in August.
- Changes to pathology services in line with STP
- Waste management and sterile services

3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.

Click to view [Tablet Bytes](#)

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).

Drug, device and Field Safety Notices for October links are below – these are forwarded directly to practices by NHS England:

<https://www.gov.uk/drug-device-alerts>

4. FRIENDS AND FAMILY TEST

The figures for July FFT submissions (August 2017 figures) are shown below.

Data:

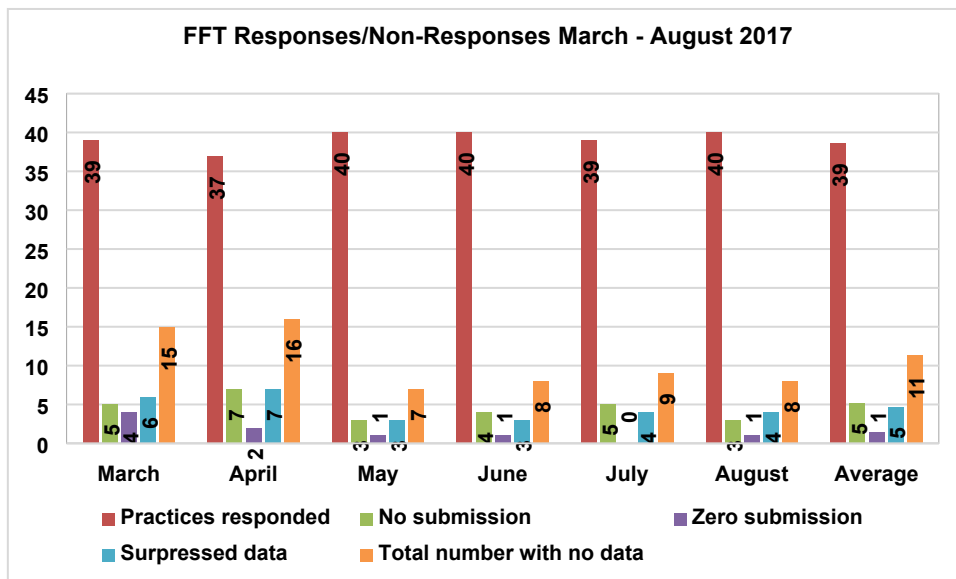
GP FFT	August Data (September Submission)		
	WCCG	West Mids	England
Percentage Recommended	82%↑ (81%) (2835/3464)	88%↓ (89%)	89%↔ (89%)

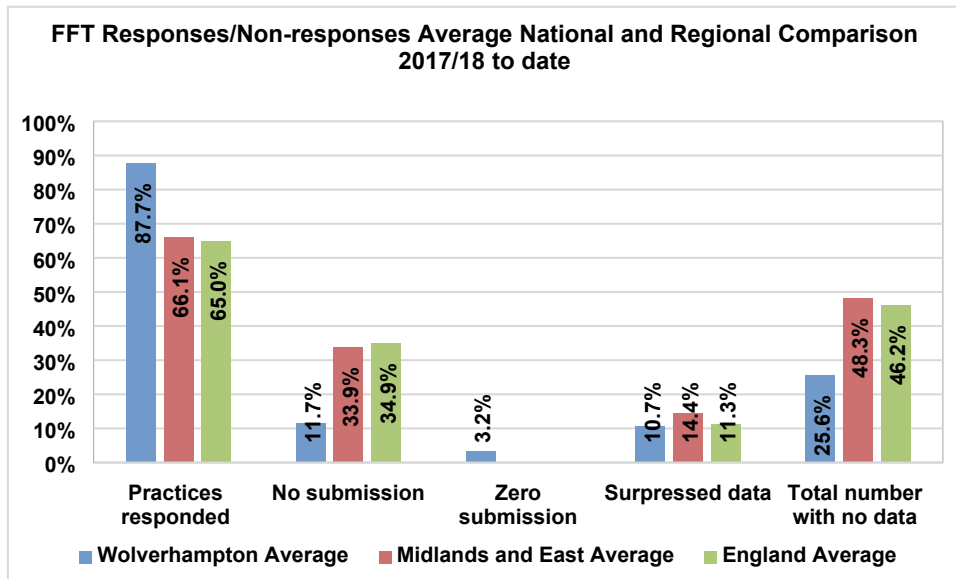


Percentage recommended	Not	4%↔ (4%) (136/3464)	6%↔ (6%)	6%↔ (6%)
Overall response % of total list size		1.2%↔ (1.2%) (3464/277369)	0.6%↔ (0.6%)	0.5%↔ (0.5%)
Wolverhampton CCG				
		Number	Percentage	
No of Practices with no submission		3 (5)	7%↓	
No of Practices had data suppressed <i>(returns with less than 5 responses are not included in the final analysis by NHSE)</i>		4 (4)	9%↔	
No of practices with zero responses		1 (0)	2.3%↑	
Total number practices with no data		8 (9)	18%↓	

Overall practices with no submission have reduced this month (7% compared to 11% in July). Suppressed data has remained the same at 4 practices (9%) and the total number of practices with no data available is 8 (18%) compared to 9 (20%) in July. Regionally and nationally no submissions are at 34% and suppressed data is at 11% and 14% respectively.

The numbers/percentages of submission and non-submission are shown below:

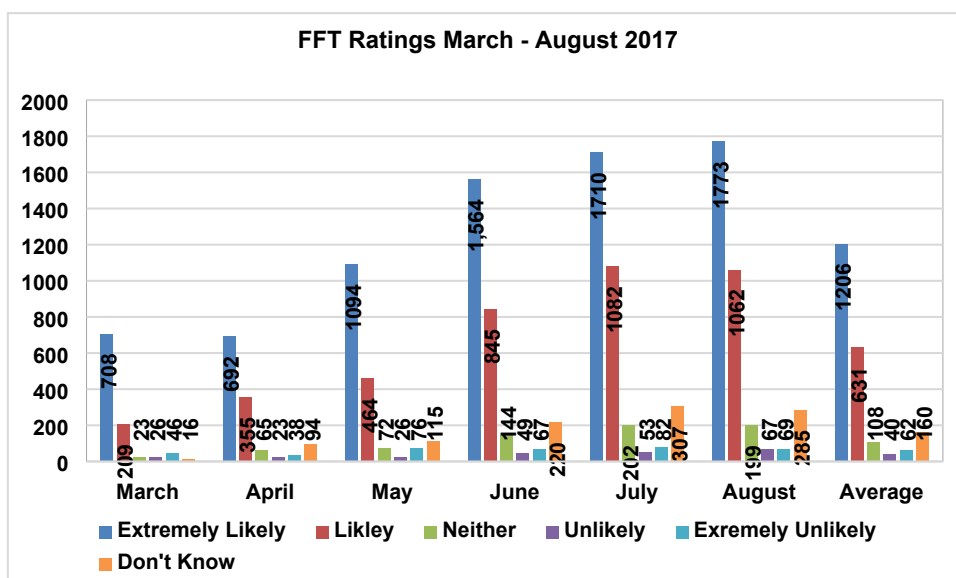


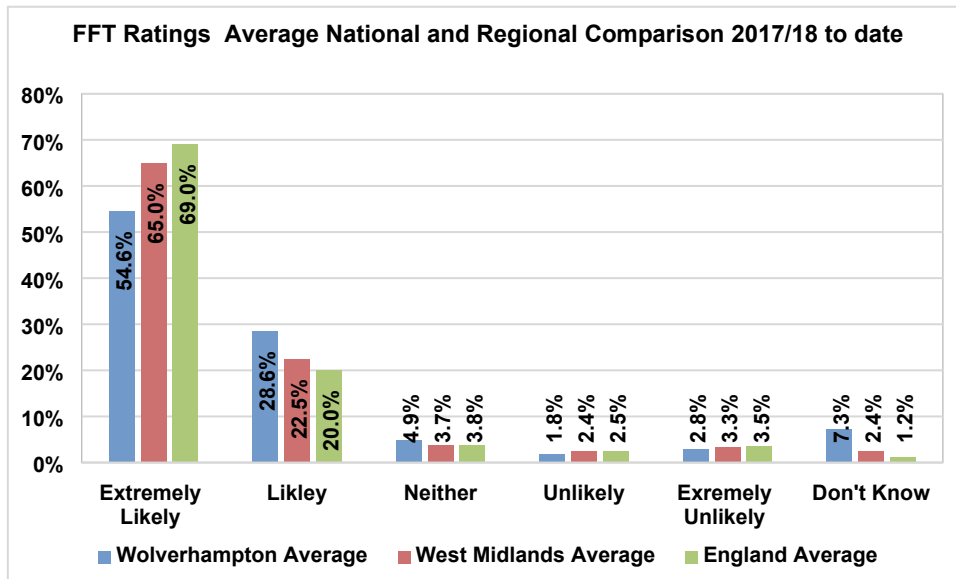


Overall response for WCCG as a proportion of list size was 1.2% which is the same as for the previous month and was significantly better than both the regional (0.6%) and national (0.5%) average.

Ratings:

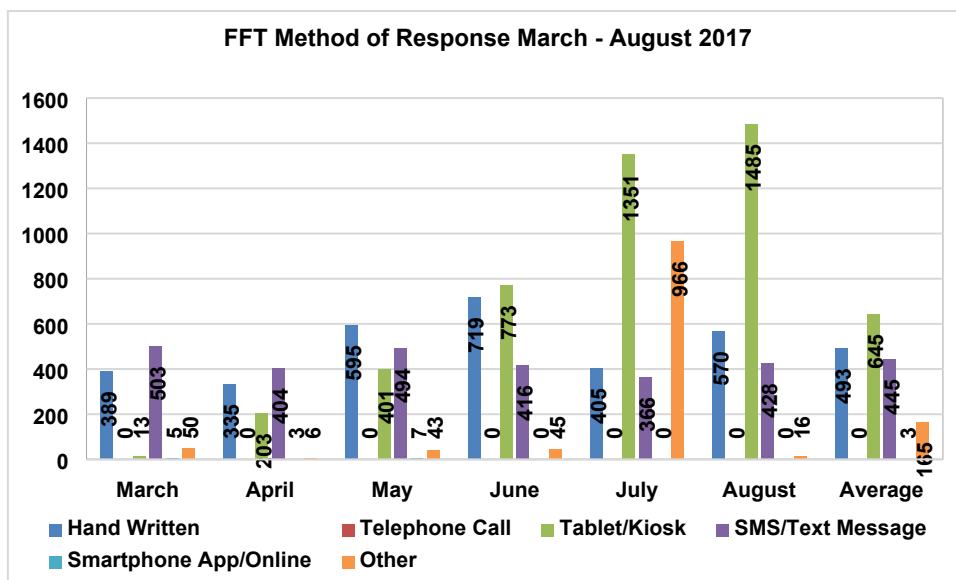
82% (3464) of responses were positive (extremely likely or likely with all except for one practice providing a response in these categories) which again is more individual responses and a slightly percentage than last month (81%). This is lower than the national and regional averages of 88% and 89%. 4% (136 – with responses from 20 practices – list available) were unlikely or extremely unlikely to recommend which is the same as last month, and is lower than the national and regional averages of 6%. However, 14% (484) of respondents also gave a neither or don't know answer to this question which is again, higher than the national and regional averages (4.3% WM and 3.6% England) and higher than last month at 11%.

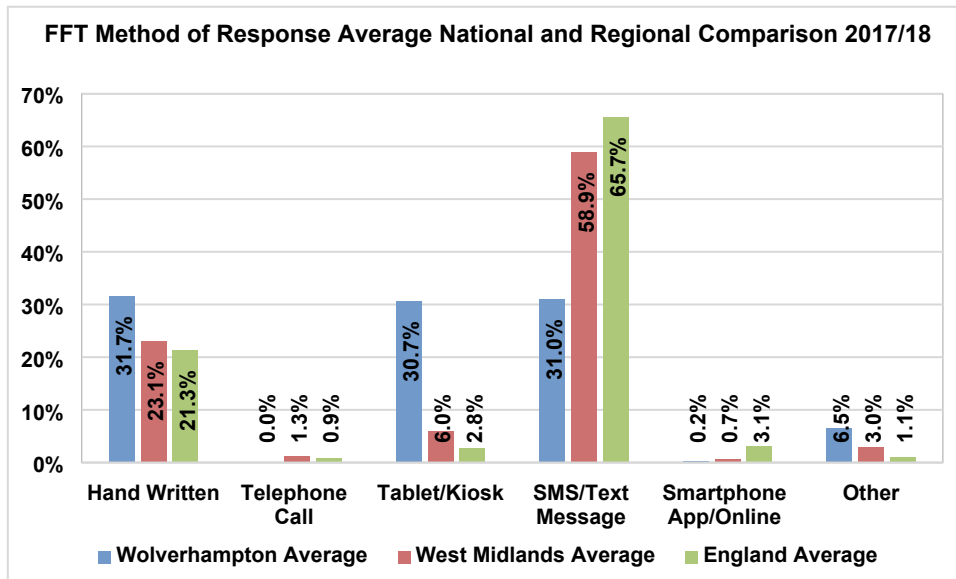




Method of Response:

This month the majority of responses have again come via tablet/kiosk (check in screens at 59.4%) and then handwritten cards (22.8%). There has been an increase in SMS text (17.1%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (30.7% on average over the last 6 months compared to 6.0% and 2.8%), but SMS texts remain lower at 31% on average over the last 6 months compared to 58.9% and 65.7%, however an SMS service is due to commence shortly.





Please note that some practices do not appear to record the method of collection.

Assurances: FFT activity is being monitored on a monthly basis by the Operational Management Group and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager and appropriate advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

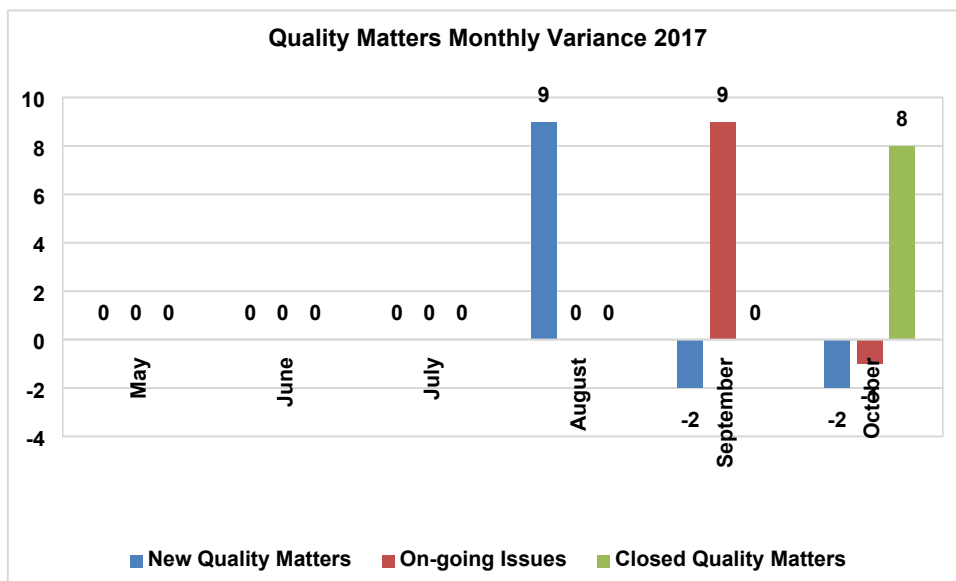
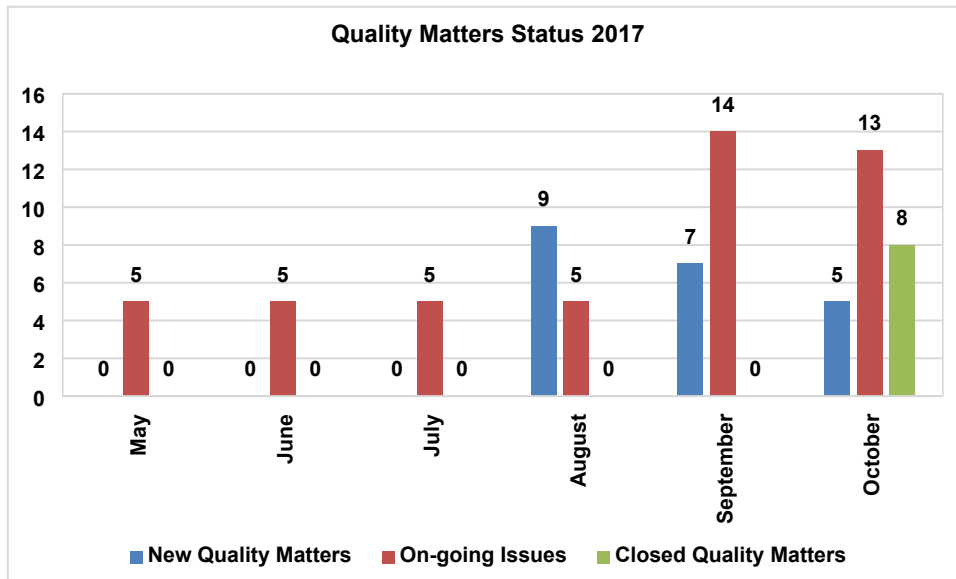
An options paper around increasing uptake and analysis of qualitative data from FFT was presented to the Primary Care Operational Management Group on 24th October – outcome awaited.

5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

Status	Number	Variance from last month
New	5	-2
On-going	13	-1
Closed	8	8





All incidents here will reported to PPIGG for logging and escalation once the practice has responded to the request for further information:

Assurances: Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practice. One practice has been asked to complete an investigation and assurances around repeated incidents.

6. COMPLAINTS



No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data for Quarter 1 is due imminently.

Assurances: GP complaints are dealt with within the surgery or via NHS England and the CCG does not have oversight of these during this process, however an overview of complaints data is provided by NHSE on a quarterly basis and a brief report is provided with information triangulated with other data e.g. SIs and Quality Matters. All complaints reported to NHSE are logged via PPIGG for appropriate escalation, this includes local actions e.g. additional training or serious incident reporting. Practices must provide evidence of their complaints procedure and handling for CCG.

7. SERIOUS INCIDENTS

One incident is currently being investigated within Primary Care; this is currently being investigated at the practice and has been escalated to NHSE and will be logged at PPIGG and further action taken as directed.

Assurances: The SI is in the process of being reported back to the Quality and Risk Team under the SI Framework, following this it will be scrutinised and the practice involved must provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident will be reported to NHS England PPIGG group for logging and appropriate escalation.

The CCG provided SI training to GPs in October via the Team W platform – this included an overview, SI framework process and who and how to report SIs.

8. ESCALATION TO NHS ENGLAND

From the Professional and Practice Information Gathering Group (PPIGG) meeting on 14th September one issue was referred; the group were happy with the CCG and GP response to this.

The meeting from 28th September included four issues, three were referred by the CCG, and the PPIGG group were happy with the responses and asked for no further action. A fourth issue was referred directly by NHSE:

- Closed complaint – referred to PAG

The meetings on 12th and 26th October did not include any issues from Wolverhampton CCG.

Four incidents are awaiting referral following responses provided to CCG.

Assurances:

Assurances around NHSE escalation are provided by bi-weekly feedback from action logs from PPIGG meetings and quarterly reports relating to complaints raised and their outcomes. Any action from escalation is shared via PPIGG and reports, however comprehensive information is not always available.

9. NICE/CLINICAL AUDIT

The NICE assurance group met in July 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see [this link](#).

Guidance
DG30 - Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care
NG71 - Parkinson's disease in adults
QS155 - Low back pain and sciatica in over 16s
QS150 - Haematological cancers
QS152 - Liver disease
QS153 - Multi-morbidity

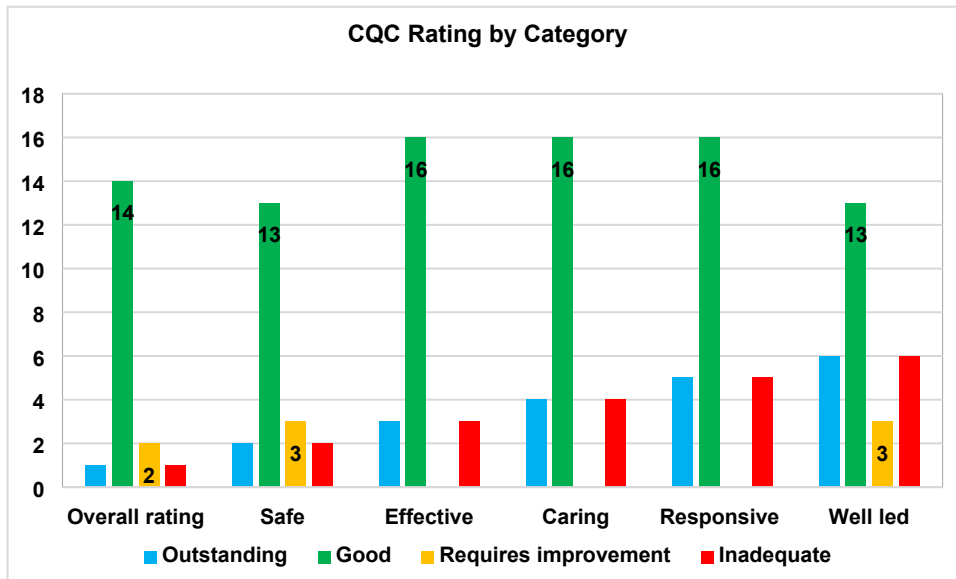
Assurances: The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs.

10. CQC INSEPECTIONS AND RATINGS

Two inspections were reported in October with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
Dr Nicola Whitehouse	25/10/2017	Good
Probert Road Surgery	23/10/2017	Good





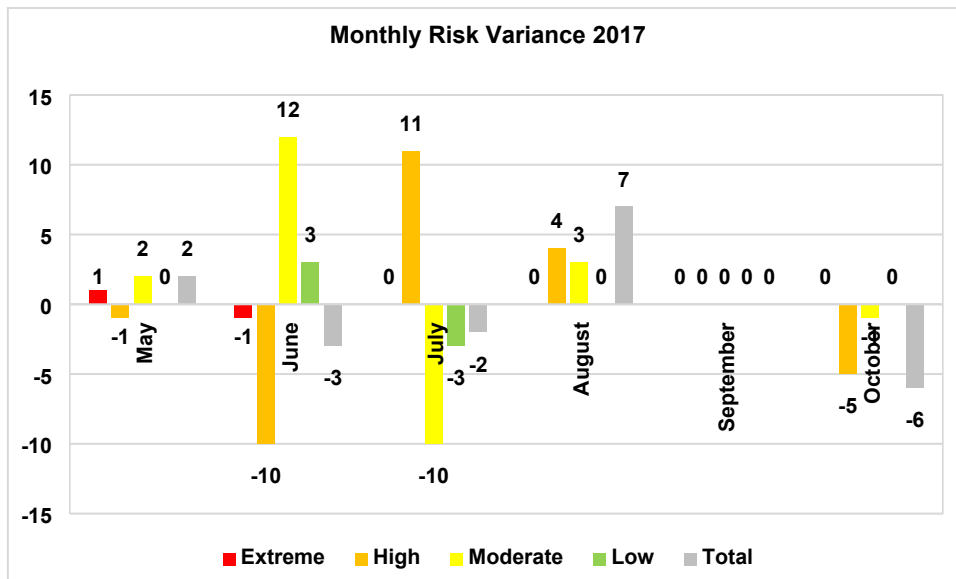
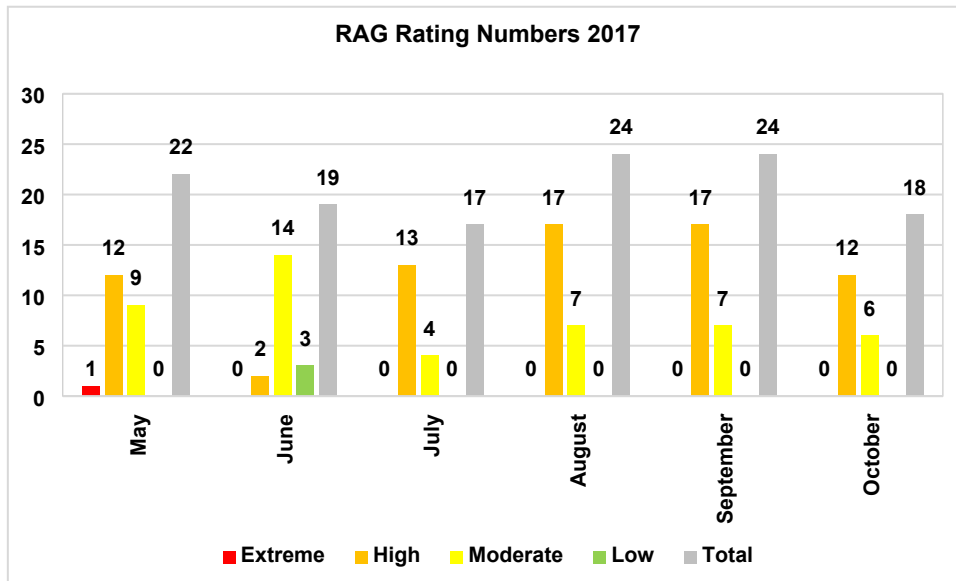
Assurances: Two practices currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team. Site visits have been undertaken and outstanding issues and concerns escalated as appropriate. In both cases Collaborative Contracting visits have been brought forward to reflect the rating and additional support given where there were concerns to help the practice improve their rating. One practice has already received their visit, and the team had no concerns that the practice was not addressing the action plan as set by CQC.

11. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number (inc. confidential risks)	Percentage	Variance from previous month
Extreme	0	0.0%	0
High	12	70.8%	0
Moderate	7	29.2%	0
Low	0	0.0%	0
Total	24	0.0%	0
Confidential risks	2		0





RAG rating:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Assurances:

The risk register is monitored by the Quality Team and by the Primary Care Committee with feedback provided to the risk handlers regarding updates and closure of risk to ensure that issues are being dealt with in a timely manner.



12. WORKFORCE

The workforce implementation plan has been revised in line with new milestones and action points from STP and national drivers. This includes:

- Workforce succession planning
- Medical workforce attraction and retention
- Nursing workforce attraction and development
- Newer roles within primary care
- Development of non-clinical workforce

A project manager for workforce is now in place working within the Primary Care Team.

Attraction:

A working group has been set up to develop the fair and ensure a wider and more effective marketing campaign, which includes a video promoting primary care in the city. Focus will now be on robust communications, a meeting was held on 10th October 2017. Work on the video will continue with filming this month, and CSU will be collating information to amend the CCG intranet site to include more comprehensive information around workforce and training.

Recruitment:

A workforce gap analysis report has been provided by all groups identifying current and future needs, and this will be aligned with the workforce strategy as this is amended by the project manager.

Development:

The Trainee Nursing Associates are now on placement and the nurses undertaking Fundamentals of Practice Nursing are due to finish their course in October. The TNAs have been invited to a conference in London on 22nd November to discuss their experiences in primary care.

The local Practice Nurse Education forum will now be organised by the CCG from January 2018 and this programme of work has already commenced. All session dates are finalised and speakers are currently being arranged.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training.

Funding allocation for practice nurse and Advanced Clinical Practice courses have been agreed and 2 individuals have applied for Fundamentals in Practice Nursing (due to commence January 2018) and 4 for ACP course (commenced September).

Retention:

Further work around retention will be undertaken as part of STP and national drivers from the 10 Point Action Plan. This includes programmes such as Return to Nursing.

Assurances:

The workforce implementation plan has been revised following a review of the programme in the light of expansion of the Primary Care Team and the release of the 10 Point Action plan



and the workbook is now also revised. Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work. Members of the Quality and Primary Care Teams attended the Best Practice Event on 18th and 19th October in Birmingham. This included sessions on workforce development particularly focusing on the future of the Community Education Provider Network and on Return to Practice for both Nurses, GPs and other clinicians.

13. CLINICAL VIEW

Not applicable

14. PATIENT AND PUBLIC VIEW

Not applicable

15. KEY RISKS AND MITIGATIONS

See section 9.

16. IMPACT ASSESSMENT

Not applicable.



WOLVERHAMPTON CCG
Public Primary Care Commissioning Committee
7th November 2017

TITLE OF REPORT:	Financial Position as at Month 6, September 2017
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance Manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 6, September 2017
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • M6 slight underspend • Financial metrics being met • Additional allocations
RECOMMENDATION:	The Committee note the content of the report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton –</u> Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way



	<p>local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p><u>Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions</u> by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Continue to meet our Statutory Duties and responsibilities</u> 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><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> 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. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at month 06 are £35.513m. The forecast outturn is £35.013m delivering a underspend position.

The planning metrics for 2017/18 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 therefore the resource can be committed on a non recurring basis.

2. Allocations

The CCG has not received any additional allocations since month 03, the last presented report.

3. M06 Forecast position

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	10,501	10,526	25	21,002	21,002	0	●	0	0
General Practice PMS	905	899	(5)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	1,149	1,271	122	2,298	2,298	0	●	0	0
Premises	1,342	1,325	(17)	2,684	2,684	0	●	0	0
Premises Other	45	26	(19)	90	90	0	●	0	0
Enhanced services Delegated	422	405	(17)	845	845	0	●	0	0
QOF	1,811	1,764	(47)	3,622	3,622	0	●	0	0
Other GP Services	1,320	1,540	219	2,641	2,141	(500)	●	(500)	0
Delegated Contingency reserve	87	0	(87)	174	174	0	●	0	0
1% Reserves	174	0	(174)	348	348	0	●	0	0
Total	17,756	17,756	0	35,513	35,013	(500)	●	(500)	0

The forecast outturn indicates an underspend of £500k against other GP services which relates to pre delegation ie 16/17. The CCG has been given the income to offset the expenditure and consequently the CCG is reporting a non recurrent benefit of £500k

A full forecast outturn review has been carried out in month 06 which includes the following updates:

- Recalculation of Global Sum Payments, GMS PMS and APMS Contract payments based on the July 17 2017 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.

Primary Care Commissioning Committee

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7th November 2017



- Review of Seniority actual payments for quarters one to two.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2017/18 planning metrics.
- In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services.
- The 0.5% contingency

5. PMS premium reserves

The PMS premium will grow each year as a result of the transitional taper of funding of PMS practices and the CCG needs to ensure investment plans are in place to recognise this increasing flexibility. Over the next four years the anticipated cumulative position of the PMS premium is as below and the actual resource flexibility will depend on how effective expenditure control is over the previous years. The plan for the following 5 years is as follows:

Year	£'000
17/18	494,272
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

6. Conclusion

The CCG is monitoring the financial position of the GP Services budget allocated the CCG and will report any variance accordingly on a quarterly basis; including the use of reserves and contingency funding. The position of the delegated budgets has to be seen within the context of the CCG financial position. And resources should be committed in year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

- Note the contents of this report.

Primary Care Commissioning Committee

7th November 2017

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- Continue to mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2018.

Name: Sunita Chhokar
Job Title: Senior Finance Manager
Date: 24/10/17

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	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Sunita Chhokar	24.10.17
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Lesley Sawrey	24.10.17



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WOLVERHAMPTON CCG
Governing Body
10th October 2017

Agenda item 19

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following the last update presented on 12 th September 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Update from the discussions held at the PC Strategy Committee, influenced by the task and finish groups & corresponding programme of work. • Progress made towards on-going implementation of the General Practice Five Year Forward View Programme of Work. • Milestone plans have been developed for both programmes of work. • The committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October onwards.
RECOMMENDATION:	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> • Receive and discuss this report • Note the assurance provided by the Committee & recommendation for change of frequency for future meetings • Accept the milestone plans provided • Support the decision to reduce the frequency of meetings to quarterly from October onwards
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<ol style="list-style-type: none"> 1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system 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 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



1 BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work is closely monitored by the Primary Care Team via regular reports to the Primary Care Strategy Committee confirming progress and the effectiveness of action taken during the reporting period. This report confirms the findings from those discussions & the controls in place to safeguard delivery of the programme of work for the Primary Care Strategy and also the General Practice Forward View.
- 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. Our vision is that this will be achieved continued development of services available in the community and in general practice.

2 PRIMARY CARE STRATEGY COMMITTEE

2.1 Primary Care Strategy Implementation

The Primary Care Strategy Committee met on 21 September and received highlight reports from each task & finish group. The programme was running in accordance with anticipated timescales hence there was no slippage on any part of the programme. Workbooks were reviewed for all task and finish groups, with acknowledgement from the committee on current progress and next steps. The highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular), Jason Nash and Barry White in relation to the following projects:</p> <ul style="list-style-type: none"> - Collaboration between practices to improve access - Integration of Primary and Community services - Practices sharing back office functions - Review of identified pathways / redesign opportunities - An action was recorded to ensure that the latest work on the proposed shortness of breath clinic was duly shared with the Clinical Reference Group in order to consider the proposal before progressing any further.
Localities as Commissioners	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular) in relation to the following projects:</p> <ul style="list-style-type: none"> - Governance / functions of locality and clinical network groups - Commissioning and contracting cycle - Monitoring and quality - Engagement and development of services - Business intelligence and data - Revisions to the programme of work were approved by the committee.



<p>Workforce Development</p>	<p>The workbook was presented by Sarah Southall, based on a revised programme of work that had been supported by the Task & Finish Group this covered the following components:-</p> <ul style="list-style-type: none"> - Primary Care Workforce Strategy - Primary Care Strategy ie workforce analysis, recruitment at group level, development needs & workforce planning - Stakeholder engagement with education providers - Educational events for clinical & non clinical staff groups - GPFV / STP Collaborative Working - Practice Nurse 10 Point Action Plan - Workforce Communication & Engagement Sub Group have launched a centralised vacancy bulletin for primary care in Wolverhampton, 'working in Wolverhampton' video is being produced & website development to improve availability of information & publicity of Primary Care in Wolverhampton is also actively being progressed. - Interim support will be in place from September to March from dedicated a resource for Primary Care Workforce Development - The revised programme of work for the Task & Finish Group was approved by the committee.
<p>Clinical Pharmacists in Primary Care</p>	<p>The workbook was presented by David Birch, the committee is happy with progress made and agreed with the recommendation to close the task and finish group transferring the responsibility for ongoing monitoring of effectiveness to the Workforce Task & Finish Group. A dashboard will be prepared & shared for ongoing monitoring purposes, this will be presented at regular intervals to the task and finish group (workforce).</p>
<p>General Practice Contract Management</p>	<p>The workbook was presented by Sarah Southall on behalf of Vic Middlemiss, the Committee considered assurance provided in relation to the following projects:-</p> <ul style="list-style-type: none"> - Implementation of a virtual alliance contract - Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England
<p>Estates Development</p>	<p>The workbook was presented by Stephen Cook, on behalf of Tally Kalea, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> - Primary Care BCF hub - Primary Care Estates - Estates Prioritisation - A number of practices in Wolverhampton were currently involved in developments or consolidating estate. - There was also a reduction in void costs noted. The reduction had been viewed as a QIPP saving and further updates would be included in subsequent workbook records.
<p>IM&T</p>	<p>The workbook was presented by Stephen Cook, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> - Showell Park clinical system had fully migrated to EMIS in June 2017. The next practice to be migrated would be in October 2017 (Castlecroft) - The Sound Doctor is currently being rolled out, with presentations to practice managers forum and team W scheduled for September and October - Two text messaging project had been costed & a trial due commence prior to Christmas with a view to full rollout before the end of the financial year - Wolverhampton Babylon to be revisited



In addition, the committee considered a newly prepared milestone plan that summarised anticipated delivery of the programme from April 2017 to the end of March 2018. The plan was agreed and would be revisited at the end of each respective quarter to review progress.

2.2 General Practice Five Year Forward View Progress

Implementation in line with the CCGs local plan continues to make good progress, key areas of activity across the programme include:-

- Number of projects live - 39
- Number of projects completed - 3
- Number of projects due to commence – 3 (awaiting national guidance)

The committee also agreed that the milestone review plan for the GPFV would be reviewed at quarterly intervals to ensure timely progress was being made against each project within the programme.

During September particular activity had taken place in the following areas:-

2.2.1 Care Navigation Training

An initial development session has taken place with stakeholders from across the city following the recent soft launch of the city's Directory of Services (DOS). Care Navigation will enable administration & reception staff from across general practice to signpost patients to services that do not require a GP referral in a more timely manner, reducing waiting times and improving information available to patients about a series of pathways that have been identified and captured in Phases 1-3 of the roll out. Phase 1 pathways are due to be finalised at the next stakeholder event in October with a view to implementation shortly afterwards, Phase 2 and 3 will follow in 2018.

In addition, there will be 100 licences available for general practice administration & reception staff to access online & face to face training in the use of care navigation templates that are part of the CCGs Care Navigation Programme. Clinicians attending the general practitioner educational event (Team W) will also hear about the progress & next steps for the programme.

2.2.2 Sound Doctor

This project is currently in the implementation phase, the provider will be attending Practice Managers Forum and Team W to promote the service. This will be closely monitored at Practice Group Meetings from September onwards. A range of short videos have been identified to assist patients with long term conditions to manage their illness. This initiative is aligned to Self-Care, one of the 10 high impacts for general practice.

2.2.3 Resilience Funding

Funds had been secured earlier in the summer to enable a practice & practice groups to take part in the Resilience Programme. Memorandum(s) of Understanding have been signed between NHS England and the CCG (or contract holder for the practice(s) involved) and discussions are taking place with providers of the programme to agree start date(s).

2.2.4 Training & Development

An extensive range of training continues to be available for practices, currently availability has been advertised as follows:-

- Advanced Care Navigation Development Workshops 15/09/17 & 18/10/17
- Effective Telephone Conversations –Clinical Staff 11/10/17
- Effective Telephone Conversations –Non Clinical 11/10/17
- Patient Choice & e-RS Training 17/10/17
- Care Navigation & Signposting Training 19/10/17

A page has been developed on the website as a central reference point for training updates and promotion, to enable easier access for staff and frequent updates to be available.

2.3 Bank Holiday Opening

The committee considered a report pertaining to August Bank Holiday. There had been 4 Hubs open on Monday 28th August 2017. Analysis of uptake confirmed the following:-

- Appointments allocated via the practices are consistently utilised
- Poor utilisation of same day appointments by NHS111
- Low DNA rate & high levels of patient experience had been reported

The service specification for Bank Holiday Hubs advocates that 50% of available appointments should be assigned as pre-planned urgent available to practices from within the group, the remainder should be same day urgent appointments bookable via telephone contact with the hub and/or referral from NHS111. Whilst attendance for planned urgent appointments was high, utilisation of same day urgent appointments was less favourable. Discussions with NHS111 continue to take place regarding the reason(s) for poor utilisation. Allocation of appointment is likely to be revisited in preparation for bank holiday(s) over the festive season in order to achieve the highest rates of utilisation reasonably possible.

2.4 Transformation Fund Assurance

Each practice group has provided assurance against quarter 1 delivery plans, this includes Vertically Integrated Practices, Medical Chambers & Primary Care Home 1 & 2. The report confirmed how each group was making progress against each of the high impact actions and how practices were working together to deliver services as scale. Primary Care Home 1 & vertically integrated practices were providing improved access through opening on Saturday mornings, Medical Chambers (Unity) and Primary Care Home 2 were due to commence early in October. Practices have actively advertised this provision within practices via posters, websites, text messages (where possible), answerphone & practice leaflets.

A new emerging group of practices (Medical Chambers) in addition to Unity have commenced discussions to consider how they may satisfy the criteria for funding. Discussions continue with the primary care team, with a view to delivery plan being devised in quarter 3.

2.5 Frequency of Meetings

The committee considered the viability of future meetings, in recognition of the control measures in place & track record the decision was taken to reduce the frequency of meetings from October onwards to quarterly. The responsible Director would continue to undertake a monthly assurance review with the Head of Primary Care, any escalations during the intervening period would be made directly to the CCG Weekly Executive Meeting(s) as and when the need arose.

3 **CLINICAL VIEW**

3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at the committee along with involvement at task and finish group level too. This assist in delivery of a clinically driven programme.

4 **PATIENT AND PUBLIC VIEW**

4.1 Whilst patients and the public were engaged in the development of the Primary Care Strategy and Patient Participation Group Chairs are involved in discussions associated with both programmes of work the Governing Body lay member is also appraised of ongoing developments & intentions through regular liaison & discussions.

4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in September, and meetings at group level have been introduced on a quarterly basis 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 within their respective practice group.

5 **RISKS AND IMPLICATIONS**

Key Risks

5.1 The Primary Care Strategy Committee has in place a risk register that captures 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

5.2 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 task and finish group level will enable appropriate discussions to take place in a timely manner.

Quality and Safety Implications

5.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme has established is anticipated to be met with positive experiences of care. The quality team are actively engaged as service design / redesign takes place and evaluation of existing care delivery is undertaken.

Equality Implications

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

Medicines Management Implications

- 5.5 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

- 5.6 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 29 September 2017

Enclosure(s): Milestone Plans (GPFV & Primary Care Strategy)

SLS/GBR-PCSC/OCT17



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	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Steven Marshall	30.9.17



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Primary Care Strategy Committee Milestone Plan 2017/2018

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Primary Care Strategy Committee	Complete - Applied for authorisation for full delegation of Primary Care Commissioning	Primary Care Strategy Committee	Complete - Ensure alignment to CCG Strategies and standard operations: QIPP, Operating Plan, BCW, H&WB, STPs.	Primary Care Strategy Committee	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q3)	Primary Care Strategy Committee	Complete - Review formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.
	Complete - establish Primary Care Commissioning Committee following discussions refining remit and broader relationship to CCG		Complete - Develop Primary care Home Model and associated accreditation process at Locality level.		Complete - Develop delivery plan for integrated Primary Care and Community Services.		Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q4)
	Complete - Ensure alignment with CCG strategies and standard operations; QIPP, Operating Plan, BCW, H&WB, STPs		Start - Primary Care Contracting Strategy to be shared with the Primary Care Strategy Committee and Primary Care Commissioning Committee to clearly define direction of travel for commissioning services.		Complete - Ensure Locality level resource identified and funded		Complete - Review effectiveness of communication from within Localities to Localities Leads, Members Meetings and Governing Body.
	Complete - Maintain formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.		Start - Develop delivery plan for integrated Primary Care and Community Services.		Complete - Ensure Locality level resource identified and funded and implemented		
	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q1)		Start - Ensure Locality level resource identified and funded and implemented		Complete - Ensure Locality Development Plans are in place to address Locality population health care needs, locality specific projects, and joint initiatives with partners/stakeholders.		
	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q2)		Start - Reintroduce Locality Level Meetings led by Clinical Lead and Locality Manager.		Complete - Ensure Locality Development Plans include GP Forward View Implementation and links to Primary Care Strategy Task and Finish Groups.		
	Complete - Review governance arrangements for the programme of work.				Start - Ensure members engagement events are held at no longer than quarterly intervals (Q3)		
	Complete - Identify resource implications for New Models of Care (clinical & non clinical)						
	Start - Ensure Locality level resource identified and funded						
	Start - Develop Primary care Home Model and associated accreditation process at Locality level.						

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
New Model of Care Objectives	Complete - Back Office Function Review (Stage 1 - scoping)	New Model of Care Objectives		New Model of Care Objectives	Complete - Stage 2 - Back Office Function Review	New Model of Care Objectives	Complete - Launch 10 high impact action projects (IT etc)
	Strat - Launch 10 high impact action projects (IT etc)				Complete - Improve access (7DS)		Complete - Introduce new roles
	Start - Introduce new roles						Complete - Strengthen CNTs via our BCF (specialist nurses & paediatrics)
	Start - Strengthen CNTs via our BCF (specialist nurses & paediatrics)						
	Start - Care Navigation; Active Patient Management; Social Prescribing all in place						

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Practice as Providers	Complete - Revision of T&F Group terms of Reference and programme of work	Practice as Providers	Start - Practices collaborating to deliver improved access	Practice as Providers	Complete - development of ensuring primary and community services are integrated	Practice as Providers	Complete - Practices collaborating to deliver improved access
	Start - Practices are sharing back office functions to enable working at scale		Complete - Review of Clinical Pharmacy Role		complete - 6 month and evaluation of frailty pathway redesign.		
			Start - development of ensuring primary and community services are integrated				Complete- Practices are sharing back office functions to enable working at scale

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
General Practice as Commissioners	Complete - Revision of T&F Group terms of Reference and programme of work	General Practice as Commissioners	Start - Business Intelligence and Data	General Practice as Commissioners	Complete - Commissioning and Contracting Cycle	General Practice as Commissioners	Complete- Monitoring and Quality
	Start - Governance/ Functions of practice groups/ clinical network groups		Start - Commissioning and Contracting Cycle				Complete - Governance/ Functions of practice groups/ clinical network groups
	Start - Engagement and Development of Services (s)		Start - Monitoring and Quality				

Quarter 1	
Workforce Development	Complete - Revision of T&F Group terms of Reference and programme of work
	Start - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:
	Start - Practice Nurse Ten Point Action Plan

Quarter 2	
Workforce Development	Start - to deliver Primary Care Workforce Strategy
	Start - to deliver Primary Care Strategy
	Start - Establish and maintain strong links with stakeholder educational establishments

Quarter 3	
Workforce Development	Complete - Establish and maintain strong links with stakeholder educational establishments

Quarter 4	
Workforce Development	Complete - Primary Care Workforce Strategy
	complete- Primary Care Strategy
	Complete - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:
	complete - Practice Nurse Ten Point Action Plan

Quarter 1	
Clinical Pharmacist	

Quarter 2	
Clinical Pharmacist	Complete - Plan to be developed with GPs to promote the role of clinical pharmacist (in line with national GP five year forward view) and recommendations / solutions from plan to be shared with the Board
	Complete - Review and develop proposals to reconfigure current medicines optimisation service provisions
	Complete - Contribute to the training and development of clinical pharmacist

Quarter 3	
Clinical Pharmacist	

Quarter 4	
Clinical Pharmacist	

Quarter 1	
Primary Care Contract Management	Complete - Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting.
	Complete - Develop a standardised collaborative approach to contract review and development support to enable a single contract monitoring visits

Quarter 2	
Primary Care Contract Management	

Quarter 3	
Primary Care Contract Management	Complete - Implementation of a Virtual Alliance Contract
	Complete Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England

Quarter 4	
Primary Care Contract Management	

Quarter 1	
Estate Development	Complete - estate Survey
	Complete - Estates Strategy to be present and approved at LEF

Quarter 2	
Estate Development	Started - Prioritisation work of Primary Care Estate to be undertaken
	Started - Primary Care Void space to be reviewed

Quarter 2	
Estate Development	Completed - Prioritisation work of Primary Care Estate to be undertaken
	Started - Implement estates strategy

Quarter 4	
Estate Development	ETTF Funding to be spent for Cohort 1 practices

Quarter 1	
IM&T - Business Intelligence	IM & T Deep Dive Review
	Single Clinical System - Agrawal Passi & Handa Merger
	Single Clinical System - Showell Park Migration

Quarter 2	
IM&T - Business Intelligence	Integrated Working - Go Live EMIS Remote Consultation
	Improving Access (Lean) - Initialize SMS Text Project

Quarter 3	
IM&T - Business Intelligence	Integrated Working - Shared Clinical Record Migrate to new Server with GP Data.
	Integrated Working - Go live Secondary Care Data.
	Integrated Working - EMIS Anywhere Laptops deployed
	Single Clinical System - Castlecroft Migration
	Single Clinical System - Grove & All Saints Merger

Quarter 4	
IM&T - Business Intelligence	Complete - Improving Access- Increasing the range of contact modes
	Complete Improving Access - Lean
	Integrated Working - Go live EPaCCs.
	Integrated Working - Go live Mental Health Data.
	Improving Access (Lean) -Complete SMS Text Project
	Single Clinical System - Grove & Caerleon Merger

GPFV Milestone Plan 2017/2018

Quarter 1	
Investment In General Practice	New Models of care organisations established. Local Models PCH1 & PCH2, Medical Chambers and VI established
	Project commenced to explore feasibility of Consultant Connect - GP access to hospital consultant hotline for advice and support (discussed at CRG).
	Arrangement in place for additional Bank Holiday coverage via Practice Group Hubs (commenced Easter Bank Holiday).

Quarter 2	
Investment In General Practice	Transformation Fund Specification (Additional 20 minutes per 1,000 patients, working at scale & implementation of 6/10 high impact actions) delivery plans received & implemented VI & PCH1. PCH2 & Unity plan produced & implementation anticipated by October 2017.
	Arrangement in place for additional Bank Holiday coverage via Practice Group Hubs (August Bank Holiday).
	The Sound Doctor - self care provision commissioned and mobilised
	Transformation Fund Specification - Quarter 1 assurance reports received & shared with PCSC

Quarter 3	
Investment In General Practice	Accessing records across practices - all practices to be aligned with preferred MOC. Practices working at scale.
	Share draft Transformation Fund Specification (including improving access) for 2018/19 with Group Leads
	further consideration should be given to developing additional CAS(s) & Advice & Guidance
	Bank holiday cover provided by each practice group over christmas/new year bank holiday period.
	Transformation Fund Delivery Plan implemented by PCH2 and Medical Chambers
	Sound Doctor- Self Care Provision conclude launch.
	Transformation Fund Specification - Quarter 2 assurance reports received & shared with PCSC

Quarter 4	
Investment In General Practice	Transformation Fund Specification - Quarter 3 assurance reports received & shared with PCSC
	Finalise Transformation Fund Specification for 2018/19 with Practice Groups
	Sound Doctor- review effectiveness

Quarter 1	
Workforce	Practice Manager Development Programme launched (May 2017)
	Care Navigation Training/ WIN launch
	Occupational Health Service in place for GPs
	Interest in overseas recruitment scoped
	Monitoring of practices accessing training for staff through CEPN
	Healthy Living Pharmacy, in collaboration with PH, programme of work developed

Quarter 2	
Workforce	Practice Manager Development Programme on-going
	Care Navigation training/ WIN held
	Aspiring Practice Manager training held
	Advanced Care navigation development session
	Implemented Wolverhampton primary care vacancy webpage
	development of a 'Wolverhampton' video
	Wave 2 Clinical Pharmacists recruitment commenced
	Practice Nurses Mentors increased following completion of training.
	Continued involvement in the HLP programme of work, enabling joint working between practice(s) and
	Monitoring of practices accessing training for staff through CEPN

Quarter 3	
Workforce	Practice Manager Development Programme on-going
	Document Management System scoped
	Effective Telephone Consultations- Clinical and nonclinical held
	continuation of the development sessions and promotion of advanced care navigation. Programme launched with practices and online training resource available.
	Stakeholder list finalised for Wolverhampton Primary Care Vacancy Bulletin
	Launch Working in Wolverhampton video
	development of pages on intranet and external website to encourage potential workforce and increase engagement with new & existing staff
	overseas recruitment- STP level
	West Midlands Deanery candidates to be finalised
	Continue to increase number of Practice Nurses Mentors
	Monitoring of practices accessing training for staff through CEPN
	Continued involvement in the HLP programme of work, enabling joint working between general practice and community pharmacy

Quarter 4	
Workforce	Practice Manager Development Programme concludes
	Document Management System Project continues
	direct patient access to physiotherapists
	Review effectiveness of Care Navigation Training & implementation of new ways of working.
	Practice Makes Perfect facilitated by CCG Quality Team
	Pilot of Medical Assistant roles developed (pending availability of competency framework from HEWM)
	Monitoring uptake of training available to practices via CEPN
	Continued involvement in the HLP programme of work, enabling joint working between general practice and community pharmacy
	Mental Health therapists in PC - pending funding/guidance

Quarter 1	
Workload	Consultant Connect discussed at CRG (as above)

Quarter 2	
Workload	Bid for resilience funding submitted & approved.
	3 practices in receipt of 16/17 funding nearer completion of the programme.
	*6 programme for care homes rolled out via NHS 111
	111 Access to GP appointments developed by Urgent care lead
	QOF+ framework developed, best practice scoped

Quarter 3	
Workload	PCH to commence Quickstart Programme using resilience successful with resilience funding 17/18 to implement programme
	3 practices in receipt of Resilience funding 16/17 to finish programme
	Review effectiveness of resilience programme (2 practices due to conclude)
	Review take up of 111 appointments
	Further consideration should be given to developing additional CAS(s) & Advice & Guidance
	QOF+ framework plan to implement new model alongside Public Health

Quarter 4	
Workload	Review take up of 111 appointments following bank holiday period.
	Finalise QOF+ prepare for implementation April 2018

Quarter 1	
Practice Infrastructure	Programme of standardisation of GP clinical system (EMIS) across all practices continued (2017/18)
	Roll out of pharmacy summary care record

Quarter 2	
Practice Infrastructure	Standardisation of GP clinical system across remaining practices
	Ask NHS live across Wolverhampton

Quarter 3	
Practice Infrastructure	Standardisation of GP clinical system across remaining practices

Quarter 4	
Practice Infrastructure	standardisation of GP clinical system across remaining practices

Quarter 1	
Care Redesign	GP protected learning time (Team W) overseen by Group Leads, new format introduced.

Quarter 2	
Care Redesign	Emis remote consultation project (4 practice groups) including information sharing agreements & configuration
	GP protected learning time (Team W) working well, to continue to be planned and supported by Group Leads Meeting.

Quarter 3	
Care Redesign	EMIS remote consultation software to be utilised as part of extended access hub working
	Review effectiveness / attendance at protected learning time events (Team W) via Group Leads.

Quarter 4	
Care Redesign	Anticipate implementation of shadow year ACA (MCP light contract) by April 2018
	Review effectiveness / attendance at protected learning time events (Team W) via Group Leads.