

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7th August 2018 at 2.00 pm
PC108 Room, Creative Industries Building, Wolverhampton Science Park

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 the 3rd July 2018	Chair	1 - 6
5	Matters Arising from the Minutes	Chair	Verbal
6	Committee Action Points	Chair	7 - 24
7	Quarterly Finance Report	Tony Gallagher	25 - 30
8	Pharmacy First Scheme or all Patients Progress Report	Deferred	
9	Primary Care Quality Report	Liz Corrigan	31 - 50
10	Domestic Violence Coding Update	Liz Corrigan	To follow
11	Primary Care Assurance Report	Sarah Southall	To follow
12	Primary Care Counselling Service	Ranjit Khular	To follow
13	CCG Benchmarking Project	Ranjit Khular	51 - 74
14	Primary Care Operational Management Group Update	Mike Hastings	75 - 82
15	Any Other Business	Chair	Verbal
16	Date of Next Meeting		

Tuesday 4th September 2018 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park

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

MEMBERSHIP	
Wolverhampton CCG	Ms McKie (Chair) Dr Bush Dr Hibbs Mr Marshall Dr Reehana Ms Roberts Mr Trigg
NHS England	Mr B Dhami
Patient Representatives	Sarah Gaytten
Invitees (Non-Voting)	Ms Cresswell (Healthwatch) Mr Denley (Health and Wellbeing Board)

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 3rd July 2018 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	No
Les Trigg	Lay Member (Vice Chair)	No

NHS England ~

Bal Dhami	Contract Manager	Yes
-----------	------------------	-----

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
---------------	------------------------------------	----

Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	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
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	No
Sarah Southall	Head of Primary Care (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Lucy Sherlock	Group Manager (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC246 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC247 Apologies were submitted on behalf of Gill Shelley, Dr Kainth, Jeff Blankley, Sally Roberts, Tracy Cresswell, Les Trigg and Sarah Gayten

Declarations of Interest

WPCC248 Dr Bush and Dr Reehana declared that, as GPs they have a standing interest in all items relating to Primary Care.

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

Minutes of the Meeting held on the 22nd May 2018

WPCC249 The minutes from the meeting held on the 22nd May 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC250 There were no matters arising from the minutes.

Committee Action Points

WPCC251 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
The cost directives are still awaited.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda retirement from a partnership to a single hander
The update is due in September 2018.

Minute Number WPCC186 - Pharmacy First Scheme for all patients
The report is due at the August 2018 meeting.

Minute Number WPCC215 - QOF+ Scheme 2018/19
The signed of DPIA for QOF+ is to be shared with the Committee.

Primary Care Quality Report

WPCC252 Ms Corrigan presented to the Committee the monthly Primary Care Quality Report which provides an overview of activity in primary care. The following key points were raised:

- Infection prevention - the data provided is May 2018 activity, which shows that the audits are scoring low. The main issues that have

been identified through the audits include sinks need updating, damage to decor and plaster.

- MRSA Bacteraemia - None to report in Primary Care. Work has commenced on improving sepsis identification and reporting in the community with collaboration between care homes, GPs and community services. It was noted that a number of practices have sepsis leads in place and they are looking to raise the profile at Team W Events.
- The 2018/19 Flu Season City Wide Steering Group met on 24th May and a Primary Care Group has been set up. The first meeting is scheduled for 4th July 2018. Flu training for practice nurses and HCAs has been booked for 24th July and 22nd August 2018.
- The Friends and Family data was shared within the report, there has been issues for practices to submit the data. This has been resolved and the last two months data has now been submitted.
- Quality Matters themes relate to information governance breaches, delayed or inappropriate treatment, and inappropriate referrals.
- The CCG continues to be copied in on new complaints from NHS England as they are reported, 21 GP complaints have been received since the beginning of November.
- There are two incidents that have recently been closed.
- There are two practices that have a CQC rating of Requires Improvement, they are being monitored by the Primary Care and Contracting Team with input from the Quality Team. One practice was previously rated requires improvement but at revisit was rated good.
- Work continues to refine the workforce development plan in line with STP and national drivers. There are a number of priority areas for workforce including development of the workforce dashboard, LWAB workstreams, developing Practice Manager Framework and the Practice Nurse Workforce Strategy.

Ms Corrigan presented to the Committee the Friends and Family Test Policy, the policy sets out the national guidance and contractual requirements and local procedures for supporting Friends and Family submission. The policy also goes into further detail on what happens with the data and the process taken if data is not submitted. The policy has been shared and approved by Wolverhampton LMC. There will also be qualitative element to reviewing the data in future, to review patient experiences and working with PPG Chairs in order to improve services.

RESOLVED: The Friends and Family Policy was approved by the Committee.

Governing Body Report /Primary Care Strategy Committee

WPCC253 Mrs Southall reported that since the last meeting there had not been a Governing Body Meeting. The next Primary Care Milestone Review Board meeting is taking place in July 2018, where a quarterly position on the projects will be reported.

RESOLVED: That the above was noted.

Primary Care Operational Management Group Meeting

WPCC254 Mr Hastings provided the following updates from the meeting which took place on the 6th June 2018:

- The MGS Medical Practice transition plan continues to be worked through, there have been a few issues which have either been resolved or are being monitored at the weekly monitoring meetings.
- The next system migration to take place is Dr Bilas.
- In terms of Estates the ETTF funded practices continue to move towards improving their current estate. One of which has been given the go ahead to start building an extension with the remaining practices close to agreeing leases.
- The practice issues and communication log was shared which highlights and issues or concerns arising within Practices.

RESOLVED: That the above was noted.

QOF+ Report

WPCC255 Ms Sherlock presented to the Committee a report which provides details of the final outcomes of the QOF prep service specification.

Ms Sherlock noted that funding was made available to practices to undertake some preparatory work in readiness for the QOF+ 2018/19 Scheme that is due to be launched June 2018. The preparatory work was designed to aid practices in identifying patients at risk of developing diabetes, who consumed too much alcohol and/or were overweight who could then be included on a practice level register.

The purpose of the QOF+ preparatory scheme was to fund practices to build 4 registers that would later serve as the basis for QOF+ 2018/2019 and to review the patients on these registers. It was envisaged that having this work done in advance of the QOF+ launch would give practices a good start in achieving the targets set out in the QOF+ 2018/19 service specification.

There were 37 practices that originally signed up to take part equating to 88% of practices in Wolverhampton and of these 20 practices 48% submitted a return. This was broken down as follows;

6 practices from Primary Care Home 1
6 practices from Primary Care Home 2

8 practices from Unity
0 practices from VI

The practices that took part will be in a good position to start work on the new QOF+ Scheme as soon as it is launched, whilst practices that didn't will have some preparatory work to do to create the new registers.

The learning from the QOF+ preparatory scheme highlighted that a number of practices struggled to run a set of searches on their clinical systems. This kind of work has previously been heavily supported by the CCG IM&T Team. It has been highlighted in future the practices would need to be trained or supported in the process of building searches.

The service specification was amended at various stages between the initial draft document production and final sign off of the scheme. Some practices had not realised the addition of a further search requirement around alcohol. It is important to ensure the practices are working to accurate up to date service specifications and that there are clear communication processes in place to ensure latest versions are circulated to all practices. This should reduce ambiguity regarding interpretation and delivery of the schemes.

There is a risk that practices may choose not to participate in the QOF+ 2018 service specification due to workload and perceived issues around searches and coding. There are mitigations in place for this including a full set of searches and templates being provided by the IM&T Team, a comprehensive service specification and other supplementary documents including frequently asked questions sheet.

Dr Hibbs asked once the work has completed what will be done with the data generated. Ms Southall noted they are working with the IM&T Team to review the data, they are not anticipating any impact in the 1st year as there will be only 9 months' worth of data. The following year will provide more meaningful data.

Mrs Southall also shared with the Committee the 2018/19 QOF+ implementation pack that has been issued to practices, which includes supporting information and a frequently asked question document.

RESOLVED: That the above was noted.

Governance Arrangements for Primary Care

WPCC256 Mr McKenzie informed the Committee the report is asking the Committee to endorse a proposal to clarify the governance arrangements for Primary Care strategic management and development. This proposal involves this Committee taking responsibility for monitoring the implementation and development of the Primary Care Strategy on behalf of the Governing Body.

Mr McKenzie provided an overview of the Committee and the Primary Care Strategy's current role and functions. The proposed new arrangements have been revised within the Terms of Reference which

were shared within the report. The proposed revision highlights that responsibility for managing and developing the Primary Care Strategy will be delegated to the Committee on behalf of the Governing Body. It is important to note that the Governing Body would retain overall ownership of the strategy and responsibility for signing it off whilst this Committee would be responsible for providing assurance that delivery was on track and managing any work to refresh or revise the strategy.

The Committee queried where the area of primary care spend would sit with the Primary Care Committee or the Commissioning Committee. It was highlighted that The Primary Care Committee would continue to review GMS/PMS, QOF+ and DES's as well as any start up programmes such as pilots. Once the area of work's finances becomes recurrent spend this would be reported through the Commissioning Committee.

RESOLVED: The Committee approved to the proposal of the new governance arrangements for the Primary Care Commissioning Committee and signed of the new terms of reference.

Any Other Business

WPCC257 There was no other business noted at the meeting

RESOLVED: That the above was noted.

Date of Next Meeting

WPCC258 Tuesday 7th August 2018 at 2.00pm in PC108, Creative Industries Building, 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> <p>07.11.17 - The CCG are still awaiting the cost directives.</p> <p>05.12.17 – CCG informed the cost directives will be made available in January 2018.</p> <p>06.02.18 - It was noted the CCG have been informed the cost directives were still awaited.</p> <p>22.05.18 - The cost directives are still awaited.</p> <p>03.07.18 - The cost directives are still awaited.</p>
--	--	--	--	--	--	--

Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
10	05.09.17	WPCC117	<p>Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract – Business Case</p> <p>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</p>	September 2018	Ms Shelley	<p>07.11.17 - Ms Shelley informed the Committee the report is not due back until 12 months' time. It was noted they are still awaiting confirmation as to what new model of care they are going to align to.</p> <p>05.12.17 – Report due September 2018</p>

			back in 12 months' time that they have a partner on the contract and that they have aligned to a new model of care			and confirmation received that the practice will align to primary Care Home 1. 06.02.18 - Report due September 2018 22.05.18 – Due in September 2018
13	06.02.18	WPCC186	Pharmacy First Scheme or all Patients Mr Patel to report on progress to the Committee in 6 months' time.	August 2018	Hemant Patel	22.05.18 – Due in August 2018
14	22.05.18	WPCC215	QOF+ Scheme 2018/19 The DPIA to be shared with the Committee.	July 2018	Sarah Southall	03.07.18 - The signed of DPIA for QOF+ is to be shared with the Committee.

Page 9
Closed Items - Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
01	02.05.17	WPCC31	Extended Opening Hours Schemes Joint Evaluation Report Ms Southall agreed to review attendance data for A&E to determine the level of demand from May 2016 to May 2017 focusing on each bank holiday period.	July 2017	Sarah Southall	04.07.17 – Action closed information provided at the meeting.
02.	06.06.17	WPCC52	Application to close Branch Site – Dunkley Street Ms Shelley to review the option of a coms strategy to support the patients and closure of the surgery.	July 2017	Gill Shelley	04.07.17 – Action closed update provided at the meeting.
03	04.07.17	WPCC71	Pharmacy First Scheme Report It was agreed David Birch to provide	August 2017	David Birch	01.08.17 - It was confirmed that David Birch had contacted Helen Ryan in

			information of the service which can be presented to the Practice Managers forum.			order to have the information regarding the service shared with the Practice Managers. Action closed.
04	04.07.17	WPCC72	Primary Care Quality Report The quality report to ensure that it is made clear that the Complaints to NHS England are the formal complaints and this does not include the complaints managed by GP Practices.	August 2017	Manjeet Garcha	01.08.17 - It was confirmed this action would be picked up and shared with Ms Corrigan under item 9 Primary Care Quality Report. Action closed.
05	01.08.17	WPCC93	Governing Body Report/Primary Care Strategy Committee Update Mr Marshall agreed to confirm with Mrs Southall how the Bank Holiday opening is being promoted and advise the Committee at the next meeting.	September 2017	Steven Marshall	05.09.17 - Mrs Southall confirmed that she had met with Ms Roberts regarding the bank holiday opening and how this is being advertised. Action closed.
06	01.08.17	WPCC93	Governing Body Report/Primary Care Strategy Committee Update The task and finish groups terms of references structure chart needs to be amended.	September 2017	Steven Marshall/Laura Russell	05.09.17 - Miss Russell confirmed the amendments to the structure chart within the Task and Finish Groups terms of reference have been completed. Action closed.
07	01.08.17	WPCC95	Primary Care Operational Management Group Update Ms Shelley to provide an initial report on the four practice merger to the September meeting.	September 2017	Gill Shelley	05.09.17 - Update to be provided within the Private Primary Care Commissioning Committee meeting. Action closed.
08	05.09.17	WPCC114a	Primary Care Quality Report Ms Garcha agreed that a snapshot of the risks could be circulated to the Committee.	October 2017	Ms Garcha	07.07.17 - Ms Corrigan agreed to provide a snap shot of the risks within future reports. Mr McKenzie noted that the risks were being discussed within the Private meeting. Agreed to close the action.
09	05.09.17	WPCC114b	Primary Care Quality Report Ms Garcha agreed to ensure that the tables/graphs within the report provide	October 2017	Ms Garcha	07.07.17 - Ms Corrigan noted the report now included charts with time series of information. Agreed to close the action.

			a time series of information so data can be reviewed in a more meaningful way			
11	05.12.17	WPCC159	Primary Care Quality Report Ms Corrigan to provide the NHS England's Complaints report to the next meeting.	February 2018	Liz Corrigan	06.02.18 - It was confirmed this had been included within the report. Action closed.
12.	05.12.17	WPCC	Governing Body Report/Primary Care Milestone Programme Review Board Update Mrs Southall and Mr Hastings to check with the provider of Sound Doctor to see when the first set of data will be made available.	February 2018	Sarah Southall and Mike Hastings	06.02.18 - It was reported the data had been received and continues to be monitored through the dashboard. The utilisation of sound doctor is low and work continues to look at driving improvement. Action closed.

Closed Items - Primary Care Joint Commissioning Committee Actions Log

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the 3 GP Locality Leads will attend on a rotational basis for the next 12 months. Mr McKenzie to inform Locality Leads of this arrangement.	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the review of the Committee Terms of Reference be in line with the two window a year permitted by NHS England for the CCG's constitution to be amended.	Peter McKenzie	14 January 2016	Action complete
Page 12	03.12.15	PCC05	Primary Care Commissioning Operations Management Group Terms of Reference That the Care Quality Commission will be invited to future meetings of this Group.	Mike Hastings	14 January 2016	14.01.16 – Mike Hastings confirmed that he has spoken to the Head of Quality and Risk at the CCG to confirm local CQC Lead contact details.
4	03.12.15	PCC06	Upcoming Issues for Provisional Work Programme That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.	Anna Nicholls	14 January 2016	14.01.16 – Anna Nicholls confirmed that the Showell Park Procurement will be brought to the Private Session of the Primary Care Joint Commissioning Committee in March 2016. 01.03.16 - It was noted that this item is on the private Committee agenda for discussion
5	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That the following items be included as standing items on the agenda: <ul style="list-style-type: none"> • NHS England Update • NHS England Finance Update • Wolverhampton CCG Update • Primary Care Delivery Board Update 	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.

			<ul style="list-style-type: none"> Primary Care Commissioning Operations Management Group Update 			
6	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That Charmaine Hawker, Assistant Head of Finance - Primary Care, from NHS England Finance is invited to attend future Committee meetings.	Jane Worton	14 January 2016	14.01.16 – Confirmed that Charmaine Hawker had been invited to attend future Committee meetings.
7	03.12.15	PCC08	Arrangements for future meetings That the first public meeting of this Committee will take place in March 2016.	Peter McKenzie	2 February 2016	02.02.16 - It was noted the schedule of Committee dates for 2016/17 have now been diarised. Item closed.
8	14.01.16	PCC17	Proposed Amendments to Committee Terms of Reference That the February 2016 WCCG Governing Body Meeting and Sub Regional Team will receive an Executive Summary from this Committee.	Pat Roberts	2 February 2016	02.02.16 - It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England. Item closed.
Page 13	14.01.16	PCC18	Primary Care Commissioning Operations Management Group Terms of Reference That the March 2016 Committee Meeting receive an update from the PCCOMG Meeting on 16 February 2016. That the risk register and Mike Hastings change in role title is reflected in the Terms of Reference.	Peter McKenzie	2 February 2016	02.02.16 - The updated Terms of Reference were discussed and the amendments agreed. Item closed.
10	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That the draft Primary Care Strategy is to be shared with NHS England.	Margaret Chirgwin	2 February 2016	02.02.16 - It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England. Item closed.
11	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That NHS England share the Operational Plan template with the Committee.	May 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. 05.04.16 - It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline. 03.05.16 - It was noted that Ms Shelley

						would raise the reporting template query with NHS England and report back to the Committee. 07.06.16 - Ms Shelley reported she had raised the reporting template query with NHS England and they no longer have this template. It was agreed to close the action.
12	14.01.16	PCC21	NHS England Finance Update That an update on financial planning will be presented to the Committee in February 2016.	Charmaine Hawker	2 February 2016	02.02.16 – The update on financial planning was provided. Item closed.
13	14.01.16	PCC21	Capital Review Group / Strategic Estates Forum That the Capital Review Group / Strategic Estates Forum minutes be reported to the PCCOMG Meetings.	Jane Worton	2 February 2016	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.
14	14.01.16	PCC21	WCCG Estates Strategy That the final Estates Strategy be brought to a future Committee Meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the private Committee agenda for discussion.
Page 14	02.02.16	PCC38	West Midlands MOU for the Primary Care Hub That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.	May 2016	Mike Hastings / Gill Shelley	01.03.16 – The Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being added. That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting. 05.04.16 - Ms Shelley to confirm amendments with regard to the status of WCCG commission of Primary Care as requested by the Governing Body NHS England colleagues and bring the final MOU to the May Committee meeting. 03.05.16 - Mr Hastings informed the Committee that the MOU has now been signed off by Wolverhampton CCG Governing Body and is currently being reviewed internally prior to being submitted to NHS England by 6 May 2016. 07.06.16 - Mr Hastings informed the

						Committee the MOU has now been signed off by Wolverhampton CCG Governing Body and has been submitted to NHS England. The Committee agreed to close the action.
16	02.02.16	PCC42	Pharmacy First That the Pharmacy First information be circulated to the Committee.	Jane Worton	1 March 2016	01.03.16 - It was noted that the information was circulated to the Committee on 11.02.16.
17	02.02.16	PCC37	Financial Planning A further report to be brought to the next Committee meeting.	Charmaine Hawker	1 March 2016	01.03.16 - It was noted that this report is included on the agenda for discussion.
18	01.03.16	PCC53	Minutes of the Meeting Held on 2 February 2016 That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record subject to the following amendments. (PCC39) Spelling of Alistair McIntyre to be amended to Alastair. (PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.	Jane Worton	5 April 2016	05.04.16 – Amendments made.
19	01.03.16	PCC54	Primary Care Models An update report on Primary Care Home and vertical integration models will be brought to the next Committee meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.
20	01.03.16	PCC61	Primary Care Commissioning Operations Management Group (PCOMG) Update That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.

			in private.			
21	01.03.16	PCC61	Pharmaceutical Involvement in Primary Care That following discussion at the January 2016 Committee Meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.	Mike Hastings / Jeff Blankley	5 April 2016	05.04.16 - It was noted that Mr Blankley now attends the PCOMG meetings.
22	05.04.16	PCC77	NHS England Update That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.	May 2016	Alastair McIntyre / Gill Shelly	03.05.16 - The NHS England Update was included on this meeting's agenda. Item closed.
Page 16	05.04.16	PCC78	NHS England Finance Update That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.	May 2016	Charmaine Hawker	03.05.16 - The NHS England Finance Update was included on this meeting's agenda. Item closed.
24	03.05.16	PCC100	GP Communication That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.	June 2016	Mike Hastings	07.06.16 - Mr Hastings confirmed with the Committee it has been agreed until the Wolverhampton Clinical Commissioning Group (WCCG) are full delegated all correspondence will continue by NHS England.
25	03.05.16	PCC101	PMS Premium Schemes That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.	June 2016	Sharon Sidhu	07.06.16 - PMS Premium Schemes included on the Private Primary Care Joint Commissioning Committee meeting agenda.
26	03.05.16	PCC103	Protected Learning Time for GPs That the CCG will explore protected learning time options for GPs and update	August 2016	Mike Hastings / Steven Marshall	07.06.016 - Mr Marshall noted further discussions need to take place to determine the details and requirements for protected

			the Committee.			learning time for GPs. It was agreed a further update would be provided for the next meeting. 05.07.06 - Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting. August Agenda Item. 02.08.16 – Action covered within Primary Care Forward View. Item closed.
27	07.06.16	PCC121	Terms of Reference The Committee agreed to review the Terms of Reference in September 2016	September 2016	Peter McKenzie	05.07.16 - This agenda item is due to be presented at the September Committee Meeting. Presented at the September meeting - action closed.
28	07.06.16	PC122	NHS England Update – Primary Care Update Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.	August 2016	Gill Shelley	05.07.16 - Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting. August Update. 02.08.16 – Action covered on meeting agenda. Item closed.
			Wolverhampton CCG Update Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View. Mr Marshall agreed to develop and share a model of how the third sector organisations and other providers will link into Primary Care Services.	August 2016 July 2016	Steven Marshall Steven Marshall	05.07.16 – Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting. 02.08.16 – Item on meeting agenda and closed. 05.07.16 - Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.
30	05.07.16	PCC147	NHS England Update – Primary Care Update Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.	August 2016	Anna Nicholls	02.08.16 – Ms Nicholls confirmed that the process of adding and removing partners from practices which are involved in vertical integration remained the same as the contract is held by the partnership and not RWT.

31	02.08.16	PCC174	Wolverhampton CCG Update Mr Hastings to respond to Wolverhampton LMC queries within 7 days.	September 2016	Mike Hastings	06.09.16 - Mr Hastings confirmed he had responded to Wolverhampton LMC queries within in the 7 day deadline. Action closed.
32	02.08.16	PCC174	Primary Care Support England (PCSE) Communication to go out to all practices requesting PCSE feedback.	September 2016	Jane Worton	06.09.16 - Ms Worton confirmed an e-mail went out to all Practice Managers on the 11 th August requesting PCSE feedback. All the responses had been collated and sent to NHS England where the information will be discussed in a forum meeting between Capita Services and NHS England. It was confirmed any feedback would be escalated back to the CCG s this could be fed back to the GP Practices. Action closed.
33	02.08.16	PCC175	GP Peer Review Ms Garcha to present the GP Peer Review Terms of Reference at the September 2016 Committee meeting.	September 2016	Manjeet Garcha	06.09.16 - It was noted this item was on the meeting agenda. – Action closed.
Page 18	02.08.16	PCC176	Acute Discharge Process Mr Blankley to meet with Dee Harris to review the prescribing aspect of the acute discharge process.	September 2016	Jeff Blankley	06.09.16 - Mr Blankley confirmed he had met with Dee Harris and discussions have commenced regarding prescribing within the acute discharge process. – Action closed.
35a	02.08.16	PCC176	Premises Charges (Market Rent Reimbursement) Ms Nicholls to look into support available to GP practices with increased premises charges and provide an update at the September 2016 Committee meeting.	February 2017	Gill Shelley / Anna Nicholls	06.09.16 - Mr Hastings agreed to chase Anna Nicholls regarding this action. 04.10.16 - Ms Shelley confirmed that details on the management of transitional funding are to be confirmed and would provide an update at the next meeting. 01.11.16 - It was advised NHSE are still awaiting the financial processes, Ms McGee agreed to take back to Charmaine Hawker as its non-recurrent funding for this financial year 2016/2017. 06.12.16 - Ms Payton informed the Committee they are still seeking further advice as NHS England have not been notified and once this is received it will be

						<p>shared with the CCG.</p> <p>03.01.17 - It was confirmed NHS England are still awaiting further assurance from the National Guidance. It was agreed as the Local Medical Committee had raised this initial concern and the CCG needed to inform them of this position.</p> <p>08.02.17 - Ms Payton informed the Committee the National Team have developed local process and procedures. The application will be sent from The NHS England's Premises Team for circulation and should be returned to them once completed.</p> <p>07.03.17 - Ms Payton confirmed she had provided the contact details regarding accessing funding for NHS Property Services/Community Health Partnership Premises Charges. This information had been shared with Practices on the 2nd March 2017. Action closed.</p>
36	02.08.16	PCC177	<p>Workforce Strategy</p> <p>Ms Garcha to bring an update on the Workforce Strategy, with specific reference to GP growth, to the October 2016 meeting.</p>	October 2016	Manjeet Garcha	<p>06.09.16 - This item is due to be presented at the October meeting.</p> <p>04.10.16 - It was noted that this item is on the agenda for discussion. Item closed.</p>
37	06.09.16	PCC186a	<p>NHS England Update – Primary Care Update</p> <p>Primary Care Commissioning Activity return to be shared with the Committee in October 2016.</p>	February 2017	Mike Hastings	<p>04.10.16 – Mr Hastings to contact the Deputy Head of Primary Care at NHS England to share a copy of the final submission with the Committee.</p> <p>01.11.06 - Mr Hastings agreed to chase.</p> <p>06.12.16 - Mr Hastings confirmed the CCG had made the submission to NHE England and highlighted this would not cascade back to the CCG it was agreed to share what the</p>

						CCG had submitted to the Committee. 03.01.17 - Mr Hastings confirmed to send the CCG Primary Care Commissioning Activity return to the Committee following the meeting. shared with the Committee on the 4th January 2017.
38	06.09.16	PCC186b	NHS England Update – Primary Care Update Mr Hastings agreed to report back if the CCG had/or needed to make a response on the GP Resilience Programme document.	October 2016	Mike Hastings	04.10.16 - Mr Hastings informed the Committee that an details on the GP Resilience Programme was included in the Wolverhampton CCG Update on the agenda. Item closed.
39	04.10.16	PCC209	NHS England GP Resilience Programme (GPRP) Ms Shelley agreed to confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.	November 2016	Gill Shelley / Anna Nicholls	Ms Shelley will confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received. 01.11.16 - Ms Shelley has confirmed there is only 1 practice for Wolverhampton on the GPRP programme. Action agreed to be closed.
40	04.10.16	PCC209	WCCG Primary Care Workforce Draft Strategy Ms Garcha stated that there had been difficulty in confirming an NHS England lead for this work and Ms Shelley agreed to confirm details and feedback.	November 2016	Gill Shelley / Anna Nicholls	01.11.16 - Ms Garcha had been in touch with Jacqueline Barns regarding an NHS England Lead for Primary Care Workforce. Action agreed to be closed.
41	04.10.16	PCC211	Vertical Integration That the minutes from the VI assurance meeting on 3 October 2016 be shared with the Committee.	February 2017	Mike Hastings	01.11.16 - Mr Hastings confirmed the minutes from the VI assurance visit had not been received once provided they will be shared with the Committee. 06.12.16 - Mr Hastings advised the CCG are still waiting for the minutes from the VI assurance visit. It was agreed Ms Shelley would chase the relevant department at NHS England.

						03.01.17 – Mr Hastings informed the Committee the CCG have received the minutes from the VI assurance visit and they will be circulated following the meeting. VI assurance visit minutes shared on the 4th January 2017
42	04.10.16	PCC213	Patient Engagement That Ms Shelly would confirm the level of patient engagement required when a practice was merging / closing.	November 2016	Gill Shelley / Anna Nicholls	01.11.16 - Ms Shelley advised the level of patient engagement is not in the contract as to what's relevant/appropriate to the number of patients and the changes being made within the practice. They would expect the level of engagement to be proportionate to the level of change. It was highlighted the WCCG have a policy in place for engagement and this should be followed around the proportionate of change taking place.
43	04.10.16	PCC214	WCCG Primary Care Workforce Draft Strategy Ms Garcha to confirm how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis.	December 2016	Manjeet Garcha	01.11.16 - Ms Garcha confirmed a sense check had been undertaken on the data and that 2 out of the 3 VI's had been included within the analysis. Ms Garcha had been unable to speak with the author who undertook the analysis to ask the question regarding the method of recording and confirmed to feed this back at the next meeting.
44	04.10.16	PCC215	Social Prescribing Report Ms Skidmore to feedback Mr McIntosh's queries to Andrea Smith.	November 2016	Claire Skidmore	01.11.16 - Ms Skidmore confirmed she had spoken to Andrea Smith regarding Mr McIntosh's queries. Action to be closed.
45	01.11.16	PCC234b	Application to Close Brach Surgery An addendum or revised business case to the December meeting on the progress of the previous business case and give further assurance on what support would be available from the	December 2016	Gill Shelley	

			practice to patients during the closure. The business case needs to state categorically that there is no expectation of patients to access services from Bilston or move to an Intrahealth practice, rather that they can exercise free patient choice.			
46	01.11.16	PCC234b	<p>Application to Close Brach Surgery Further work is required to inform the patient body on the following;</p> <p>a) of the reason for closure i.e. CQC, failure of building and prohibited costs of renovation and the current closure due to recent maintenance event regarding infection prevention and lack of hot water etc.</p> <p>b) to answer the petition participants concerns and have a further public meeting if required.</p>	December 2016	NHS England	
47	06.12.16	PCC259	<p>NHS England Finance Update Ms Skidmore agreed to review, sign and return the MOU to NHS England.</p>	January 2017	Claire Skidmore	03.01.17 - Ms Skidmore confirmed the MOU had been reviewed, signed and returned to NHS England. Closed.
48	06.12.16	PCC260	<p>Wolverhampton CCG Update Ms Southall and Ms Shelley to liaise following the meeting to ensure the pharmacy rota is incorporated within the pilot for extend opening hours at Group level.</p>	January 2017	Sarah Southall	03.01.17 - Mrs Southall advised the pilot for extended opening hours had been commenced on Christmas Eve and plans were submitted to NHS England on the 23rd December 2016. Closed.
49	03.01.17	PCC283	<p>Wolverhampton CCG Update Ms Southall to provide Evaluation Reports on extended opening hours at the March and May Meetings.</p>	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>07.03.17 - It was confirmed that Ms Southall</p>

						<p>will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting.</p> <p>04.04.17 - It was confirmed that Ms Southall will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting.</p> <p>02.05.17 – Action completed.</p>
50	08.02.17	PCC304	NHS England Finance Update The Month 10 position to be provided at the March Meeting.	March 2017	NHS England Finance	07.03.17 - The month 10 report has been provided and is on the agenda for discussion. Action closed.
51	08.02.17	PCC305	Wolverhampton CCG Update Mrs Southall to provide the General Practice Five Year Forward Plan to the March Meeting.	March 2017	Sarah Southall	07.03.17 - The General Practice Five Year Forward Plan has been provided and is an agenda item for discussion. Action closed.
Page 23	08.02.17	PCC307	Primary Care Operational Management Group Meeting Mr McKenzie to provide a report to the March Meeting on the full delegation agreement as this will need formal sign off by the Committee.	March 2017	Peter McKenzie	07.03.17 - The full delegation agreement has been shared and is on the agenda. Action closed.
53	07.03.17	PCC329	Wolverhampton CCG Update 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.	April 2017	Tracy Cresswell	04.04.17 - 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>02.05.17 – Action completed.</p>
54	07.03.17	PCC333	General Practice Forward View Implementation Plan Mr Marshall agreed to meet with Ms Jervis to ensure Public Health are sighted on the Primary Care programmes.	April 2017	Steven Marshall and Ros Jervis	04.04.17 - 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.

WOLVERHAMPTON CCG
Public Primary Care Commissioning Committee
7th August 2018

TITLE OF REPORT:	Financial Position as at Month 3, June 2018
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 3, June 2018
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"> • M3 assumed breakeven • 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 2018/19 as at month 3 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The CCG planning metrics for 2018/19 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.

2. Allocations

- The CCG at month 3 has received an allocation of £823k from NHSE to fund GPFV Improving Access to General Practice. The allocation is non recurrent for 18/19 only.
- The CCG has also been notified of a further £285k for accelerating the trajectory for GP access. The allocation should be received in month 4.
- In month 3 the budget was reduced by £285k on a non recurring basis as a result of national guidance whereby the inflationary costs associated with GP indemnity funding for GPFV programmes was funded in delegated budgets in error when in fact they should be in CCG Primary Care budgets.

3. M03 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	5,511	5,577	66	22,043	22,043	0	●	0	0
General Practice PMS	475	368	(107)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	603	670	67	2,412	2,412	0	●	0	0
Premises	704	616	(88)	2,817	2,817	0	●	0	0
Premises Other	24	12	(11)	94	94	0	●	0	0
Enhanced services Delegated	222	182	(40)	887	887	0	●	0	0
QOF	950	884	(67)	3,802	3,802	0	●	0	0
Other GP Services	441	759	317	1,765	1,765	0	●	0	0
Delegated Contingency reserve	46	0	(46)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	91	0	(91)	366	366	0	●	0	0
Total	9,067	9,067	0	36,267	36,267	0	●	0	0

A full forecast review has been carried out in month 3 which includes the following updates:

- Global Sum has been updated based on Q1 list sizes 18/19
- Out of Hours has been updated based on Q1 list sizes 18/19
- QOF has been updated using the latest CQRS for 17/18 outturn
- Extended hours is based on £1.90 registered list size for Q1 18/19
- Violent Patients Forecasts are based on 17/18 outturn
- Minor Surgery Forecasts are based on 17/18 outturn plus demographic growth
- Premises Forecast is based on information provided by premises team

- Review of Locum reimbursements (maternity/paternity etc.) is based on approved applications to date.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund and a 0.5% contingency in line with the 18/19 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. This is still available at Month 3.
- The 0.5% contingency is still available at Month 3

5. PMS premium reserves

- The PMS premium will grow each year as a result of the transition taper of funding of PMS practices; as a CCG we need to ensure we have investment plans in place to recognise this increasing flexibility. Over the next four years the anticipated cumulative position of the PMS premium is shown in the table below and the actual resource flexibility will depend on how effective expenditure is controlled.

Year	£000
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 and will report any variance accordingly on a quarterly basis, including the use of reserves and contingency funding. As the year progresses, more detailed reporting will be available. The position of the delegated budgets has to be seen within the context of the CCG financial position and resources should be committed during the financial year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

- Note the contents of this report.
- Continue to mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2019.

Name: Sunita Chhokar
Job Title: Senior Finance Manager
Date: 17/7/18

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	12/07/18
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	17/07/18

This page is intentionally left blank



WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE AUGUST 2018

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Yvonne Higgins
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

Data for April 2018		
Issue	Concern	RAG rating
Infection Prevention	New cycle of audits has begun. Flu planning for 2018/19 season has commenced.	1b
MHRA	Nil to report	1a
Serious Incidents	New SIs to be managed by practices supported by Quality Team	1b
Quality Matters	Currently up to date	1b
Complaints	Quarter 1 2018 now data available	1a
FFT	In June 2018 <ul style="list-style-type: none"> 8 practice submitted no data 1 zero submission 4 submitted fewer than 5 responses (supressed data) 	1b
NICE Assurance	NICE assurance to be linked to GP Peer Review system	1a
CQC	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
Workforce Activity	Work continues around: <ul style="list-style-type: none"> Recruitment Portfolio careers Workforce and GPN strategies 	1a
Training and Development	Training has been provided for: <ul style="list-style-type: none"> HCA's – Respiratory and Weight Management Nurses – Nurse Education Forum and flu training All GP staff – care navigation; domestic violence 	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. PATIENT SAFETY

2.1. Infection Prevention

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link nurse for primary care. Information for the most recent visits and audits are shown below.

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

Figure 1: Infection Prevention Audits April 2018

Site	Overall audit	Waste management	Management of equipment	IP management	Environment	PPE	Sharps handling and disposal	Minor surgery room	Practice nurse room
Gold	1	4	6	4	1	9	9	N/A	3
Silver	7	0	4	4	1	0	1	N/A	5
Bronze	2	8	1	0	4	2	2	N/A	4
No rating	1	0	1	4	6	1	0	N/A	0

Issues identified within primary care:

- Ensure audits are being undertaken
- Cleaning schedules needed
- Bins need replacing
- Clinical wipe holders needed
- Damage to plaster and décor
- Sinks need replacing
- Wipeable notice boards needed
- Wipeable blinds needed



- Couches must be moveable
- Paper roll holder position
- Ensure air vents are cleaned
- Ensure soap dispensers are cleaned
- Legionella risk assessment needed

MRSA Bacteraemia:

None to report this month.

Influenza vaccination programme:

The final flu vaccine figures show:

Under 65s uptake – 16% under 65s declined – 18%

Over 65s uptake – 13% over 65s declined – 15%

6% of over 65s and 4% of under 65s who had a flu vaccine had it at a pharmacy; 9% of under 65s had the vaccine at school. Approximately 5% of all eligible patients had their flu vaccine via “other” provider, this may have been via the acute trust or via their employer.

Childhood immunisation programme:

Figures show that 89.4% of 9 months olds have received 3 doses of hexavalent vaccine and 86.3% have received 1 dose of MMR.

Screening programmes:

Awaiting uptake data – will report verbally.

Assurances:

Monitoring of IP audits is undertaken by the Primary Care Quality Assurance Coordinator in conjunction with the IP team and by the Primary Care Team, a new audit cycle has now commenced. Vaccine uptake is monitored by Public Health and by



Continued monitoring of flu vaccine ordering and uptake is being undertaken by Public Health and NHSE and a city wide flu vaccine task group is now in place, set up by the PH Health Improvement team as well as a primary care steering group that is exploring ways to improve uptake and novel ways of reaching groups with low uptake, the group met on 4th July and are due to meet again on 1st August. Flu training was held on 24th July, with a second session in August (100 places in total).

2.2. MHRA Alerts

The government has issued the following relevant to primary care since 1st April 2018:

- 16 weekly field safety bulletins with all medical device information included.
- 2 device alerts/recalls
- 4 drug alerts/recalls

Overview:

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.

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 to date links are below – these are managed centrally by the government and forwarded directly to practices by NHS England:

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

Assurances:



The management of alerts is part of both the GP contract and a requirement under CQC registration. Practices are required to keep a record of alerts and actions taken for scrutiny. At present this is monitored by the CCG via collaborative contracting visits. There are currently no direct actions required by CCG.

2.3. **Serious Incidents**

There is one serious incidents currently under investigation in Primary Care.

There are two closed incidents.

Assurances:

All serious incidents are reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

2.4. **Quality Matters**

Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

Assurances:

Quality Matters continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG or to the Serious Incident Scrutiny Group for further consideration. The Quality Team plan to share lessons learned from Quality Matters in primary care as part of an on-going programme.



2.5. Escalation to NHS England

There are several QM incidents due to be reported to PPIGG pending response and closure from RWT.

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. PPIGG outcomes are shared with Primary Care Contract Manager and Primary Care Liaison Manager and practice visits set up if necessary. Data is triangulated with other information i.e. Quality Matters, FFT, IP audits and complaints.

3. PATIENT EXPERIENCE

3.1. Complaints

The CCG continues to be copied in on new complaints from NHSE as they are reported, 25 new GP complaints have been received since the beginning of November. The breakdown of reports for Q1 of 2018 are as follows.

Figure 2: NHSE Complaints Data

Month	Number
January	4
February	2
March	1

Actions were identified in all incidents around:

- Reflection on incidents
- Reviewing local and national policies and ensuring they are applied
- Review at practice meetings
- Reviewing of protocols



Since April there have been 5 new complaints and 3 closed complaints.

Assurances:

The CCG does not have oversight of GP complaints dealt with within the surgery. NHSE is now sharing complaints data and this can be 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, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.

Page 38

3.2. Friends and Family Test

Uptake:

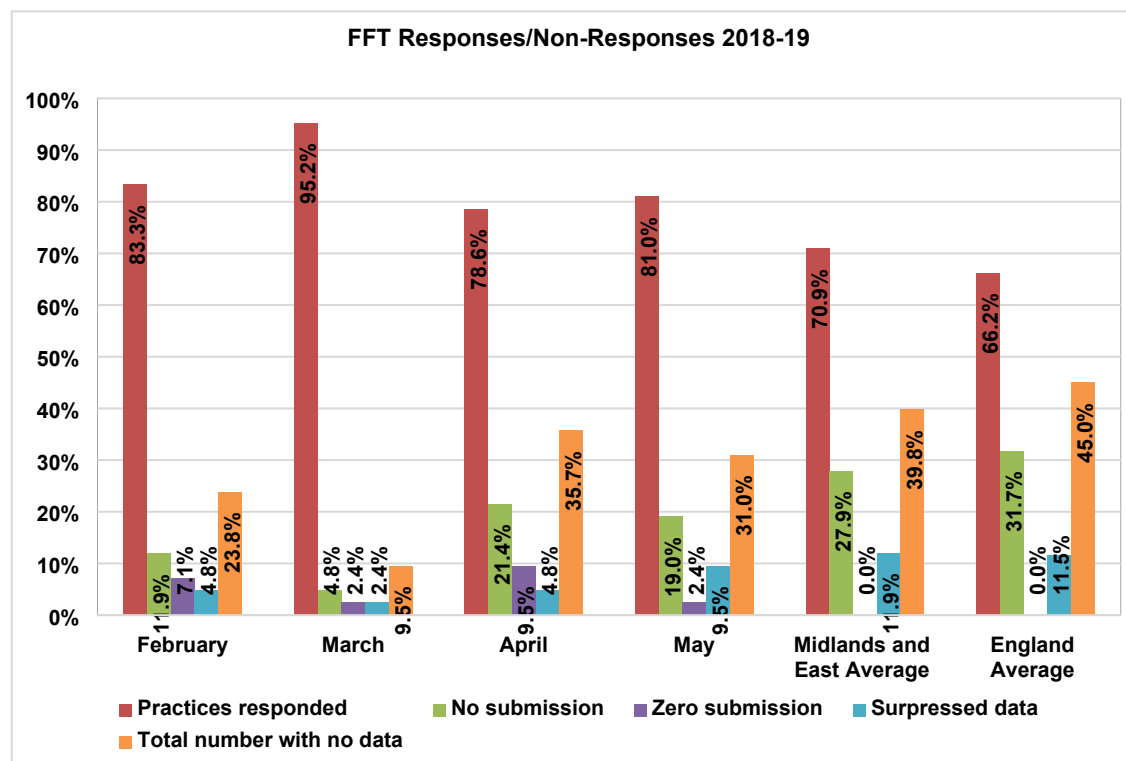
The figures for June 2018 FFT submissions (data collected in May 2018) are shown below compared with the previous two months and the regional and national averages.

Figure 3: FFT 3 Month Data

Percentage	March	April	May	West Midlands	England
Total number of practices	42	42	42	2154	7226
Practices responded	95.2% ↑ 40/42	78.6% ↓ 33/42	81% ↑ 34/42	70.9% 33/42	66.2% 34/42
No submission	4.8% ↓ 2/42	21.4% ↑ 9/42	19% ↓ 8/42	27.9% 9/42	31.7% 8/42
Zero submission	2.4% ↓ 1/42	9.5% ↑ 4/42	2.4% ↓ 1/42	N/A 4/42	N/A 1/42
Suppressed data	2.4% ↓ 4/42	4.8% ↑ 15/42	9.5% ↑ 4/42	11.9% 15/42	11.5% 4/42
Total number with no data	9.5% ↓ 4/42	33.3% ↑ 15/42	31% ↓ 13/42	39.8% 15/42	45.0% 13/42
Response rate	1.8% ↑	1.4% ↓	1.7% ↑	0.6%	0.5%



Figure 4: 3 Month FFT Data Comparison



There were improvements in none submissions this month despite on-going issues with CQR, overall response rate was up on the previous months as shown in Figures 6 and 7. Response for WCCG as a proportion of list size was 1.7% which is an increase on last month and still significantly better than both the regional and national averages.

Nine practices are also identified as having a higher than average (1.7%) uptake and this has been shared with locality managers as an on-going matter to encourage sharing of good practice, the use of electronic media (SMS, check in screens, website/app) appears to have a significant impact on uptake:

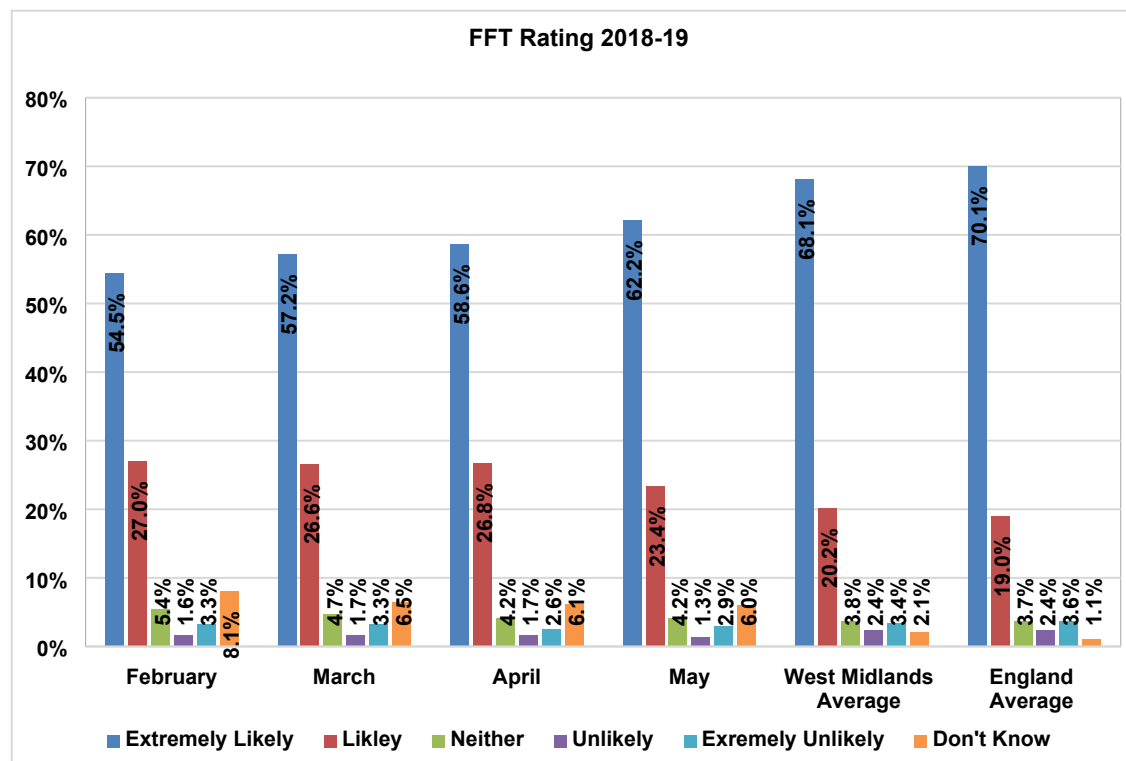
Ratings:

Figure 5: FFT 3 Month Ratings

Percentage	March	April	May	West Midlands Average	England Average
Extremely Likely	57.2%	58.6%	62.2%	68.1%	70.1%
Likely	26.6%	26.8%	23.4%	20.2%	19.0%
Neither	4.7%	4.2%	4.2%	3.8%	3.7%
Unlikely	1.7%	1.7%	1.3%	2.4%	2.4%
Extremely Unlikely	3.3%	2.6%	2.9%	3.4%	3.6%
Don't Know	6.5%	6.1%	6.0%	2.1%	1.1%



Figure 6: FFT 3 Months Ratings Data Comparison



Overall responses remain positive (86% overall would recommend their practice, 4% would not) and ratings are better than last month, and lower than regional and national (89% would recommend 5% and 6% would not) averages. This month 10.2% gave either a “don’t know” or “neither” answer compared to 5.8% regionally and 4.9% nationally and this has reduced slightly. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed.



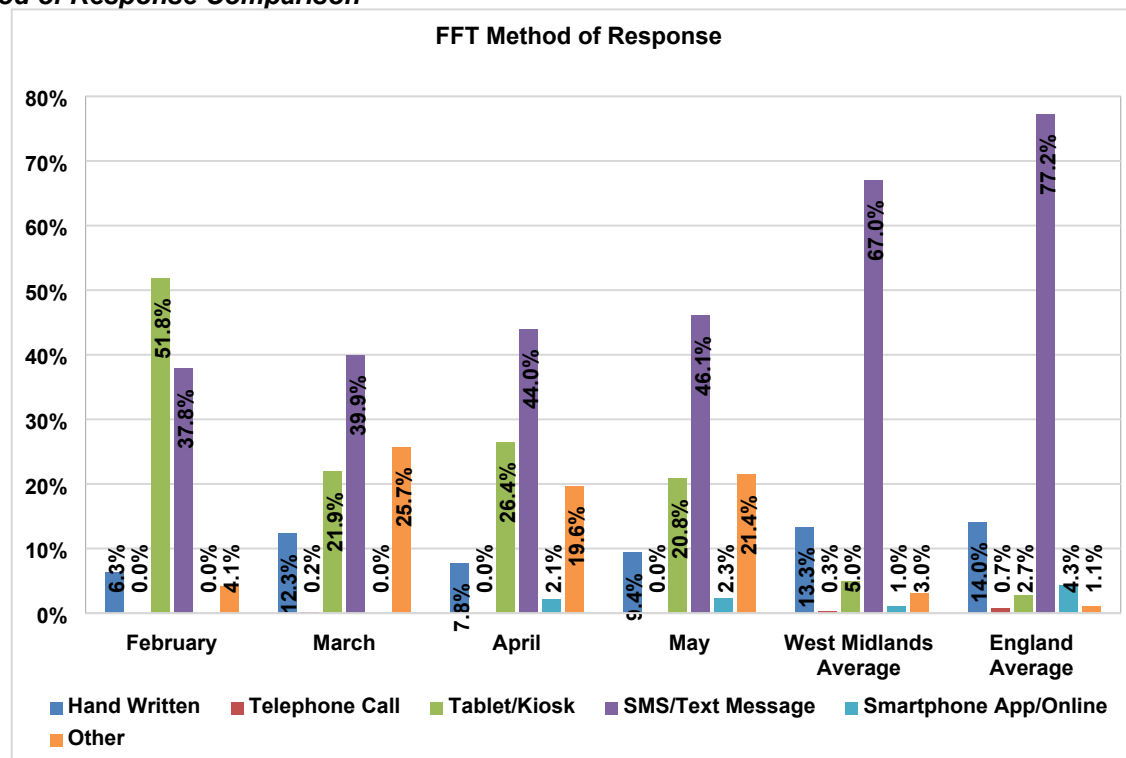
Method of Response:

Figure 7: FFT 3 Month Method of Response

Percentage	March	April	May	West Midlands Average	England Average
Hand Written	12.3%	7.8%	9.4%	13.3%	14.0%
Telephone Call	0.2%	0.0%	0.0%	0.3%	0.7%
Tablet/Kiosk	21.9%	26.4%	20.8%	5.0%	2.7%
SMS/Text Message	39.9%	44.0%	46.1%	67.0%	77.2%
Smartphone App/Online	0.0%	2.1%	2.3%	1.0%	4.3%
Other	25.7%	19.6%	21.4%	3.0%	1.1%



Figure 8: FFT 3 Month Method of Response Comparison



This month the majority of responses have again come via electronic media, SMS text and Tablet/Kiosk, with an increase in use of website/app (see Figure 12), this continues to increase while other methods e.g. handwritten continue to decrease. Please note that some practices do not appear to record the method of collection.

Assurances



The FFT policy has now been approved by the Primary Care Commissioning Committee for approval and will be embedded into the GP contract.

FFT activity continues to be monitored on a monthly basis by the Operational Management Group, and via the NHSE Primary Care Dashboard. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

4. CLINICAL EFFECTIVENESS

4.1. NICE Assurance

The NICE assurance group met in May 2018 where the latest guidelines were discussed, this is currently under review and up to date information will be presented at the next meeting. Guidance relevant to primary care from the last NICE meeting is shown below. For the latest list of published guidance please see [this link](#).

Figure 9: NICE Guidance Relevant to Primary Care

Guideline	Date	Linked to Peer Review
Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups (QS167)	May-18	
Epilepsies: diagnosis and management (CG137)	Apr-18	
Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173)	Apr-18	Yes
Bipolar disorder: assessment and management (CG185)	Apr-18	
Depression in adults: recognition and management (CG90)	Apr-18	
Lyme disease (NG95)	Apr-18	
Drug misuse prevention (QS165)	Mar-18	
Otitis media (acute): antimicrobial prescribing (NG91)	Mar-18	Yes
Stop smoking interventions and services (NG92)	Mar-18	



Emergency and acute medical care in over 16s: service delivery and organisation (NG94)	Mar-18	
Physical activity and the environment (NG90)	Mar-18	
Heavy menstrual bleeding: assessment and management (NG88)	Mar-18	Yes
Attention deficit hyperactivity disorder (QS39)	Mar-18	
Heavy menstrual bleeding (QS47)	Mar-18	Yes

Assurances:

The assurance framework around NICE guidance will be applied in line with the peer review system for GPs, the following clinical areas are part of the peer review process and relevant guidance will be discussed in line with these areas:

- Urology
- Trauma & Orthopaedics
- ENT
- Ophthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology
- Gynaecology

Relevant NICE guidance is identified by Dr A. Booshan and forwarded to GPs for consideration.

5. REGULATORY ACTIVITY
5.1. CQC INSEPECTIONS AND RATINGS



Figure 10: CQC Report Status

CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	Families, children and young people	Older people	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable	People with long term conditions	Working age people (including those recently retired and students)
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	32	30	33	34	34	32	32	32	32	32	32	32
Requires Improvement	2	4	1	0	0	1	2	2	2	2	2	2
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0

Themes:

Themes for improvement identified within the CQC reports are as follows:

- Ensuring safe recruitment of locums.
- Providing assurances around responses to safety alerts.
- Ensuring systems for good governance.
- Ensuring appropriate responses to best practice guidance.
- Engaging in service improvement audit.
- Improvement around communication with staff within the practice around performance.
- Ensuring equipment is safely managed.
- Performing health and safety audits and ensuring they are updated.
- Providing evidence of sepsis management as per NICE guidance.
- Awareness and investigation of low patient satisfaction ratings.

Assurances:



The two practices with a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to the practice teams. Additional information is provided in Appendix 1 – CQC Report.

6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

Work continues to refine the workforce development plan in line with STP and national drivers. The following areas have been identified as priority and included on the Workforce Development Action Log:

- Workforce dashboard being finalised for showcasing at August Workforce Task and Finish Group meeting.
- LWAB work streams being finalised – stronger links and feedback being made with Primary Care leads.
- Practice Nurse Workforce Strategy development continues across STP with input from Dudley and Training Hub, this will be open for consultation with GPNs following this initial work.
- CCT Fellowships for GPs will be re-advertised later in the year.
- Work continues to promote the apprenticeship agenda.
- Initial links with local secondary schools made via Training Hub to promote primary care as a work experience site.
- Monthly returns for GPN 10 Point Action plan are being submitted in collaboration with STP partners.

Recruitment

- Work continues around international recruitment of GPs and CCT fellows.
- Links with University of Wolverhampton maintained and student and newly qualified nurse CVs shared with practices as required.
- Work with Physician’s Associate ambassador initiated to explore the scope of this role within practice.



Retention

Further work around retention will be undertaken as part of STP, GPFV and national drivers from the GPN 10 Point Action Plan, this will be undertaken at regional and national level and focus on intensive support, Wolverhampton has been identified as an intensive support site for General Practice.

Assurances:

Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work. GPN Strategy fits in with this workstream.

6.2. Training and Development:

Practice Nurse Education forum continues all session dates are finalised and most have been booked in advance. We plan to further develop this with additional training sessions currently being explored with support from Dovetail and Training Hub with sessions requested on:

- Wound care
- Compression
- Diabetic foot checks
- Long-term conditions
- Sexual health
- Cytology

Training needs analysis and business case from July 2017 will be refreshed and re-submitted to Workforce Task and Finish Group

Flu training has commenced across the Black Country arranged by Training Hub, with 100 spaces available in Wolverhampton, first session was held on 24th July and feedback was positive. Second session is due to be held in August.

HCA training continues with two sessions already completed:

- Respiratory training 20th April – 12 attendees



- Weight Management training 15th June – 10 attendees

Two further sessions are booked for September (Respiratory) and February (Weight Management)

Domestic violence training provided by Wolverhampton Domestic Violence Forum as part of the Primary Care Pathway has now been provided to 15 practices with a further 16 in the process of arranging a date for their sessions.

Dudley CCG have identified that they are planning a short intensive introductory course for GPNs and HCAs new to practice in conjunction with the Training Hub – further details have been requested.

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

Retention:

Further work around retention will be undertaken as part of STP, GPFV and national drivers from the 10 Point Action Plan.

Assurances:

The workforce implementation plan has been revised to reflect new initiatives and programmes of work, 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

7. ADDITIONAL PAPERS

Appendix 1 – CQC Report



This page is intentionally left blank

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
AUGUST 2018

TITLE OF REPORT:	CCG Benchmarking Project
AUTHOR(s) OF REPORT:	Ranjit Khular, Primary Care Transformation Manager
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	<p>To provide Primary Care Commissioning Committee with an update on work that has been undertaken with regards of the CCG Benchmarking project and to present an overview of how the work will be taken forward in future.</p> <p>The purpose of the Benchmarking concept is to allow the organisation to be measured against others with a view to recognise relative strengths and areas for improvement.</p> <p>The report proposes a series of actions on how the CCG can robustly monitor a number of indicators on key areas such as Patient Experience, provision of Enhanced services and the configuration of the Primary Care This will enable the CCG to recognise areas for improvement and to develop actions to address these.</p>
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<p>The Primary Care project is a recently developed project by the NHS Benchmarking Network, focused on supporting CCGs (Clinical Commissioning Group) with their commissioning of Primary Care services. During the late part of 2017 the Benchmarking Network undertook a comprehensive data collection and analysis process looking in detail at each of the CCGs within regional Peer Groups.</p> <p>This report summarises the key points of the first report of the Primary Care Project based on 2016/17 data. The report recognised that the CCG was working to the fully delegated model of primary care commissioning and had a programme of formal contractual meetings with all practices. The data also recognised a lower than average number of locums within the primary care workforce. Within the report are proposed a series of actions as to how the CCG can</p>



	monitor delivery against the key measurables within the scope of the project. By implementing a tracker for this purpose the Primary Care Team will be able to review data on a regular basis and identify areas for improvement.
RECOMMENDATION:	To note the contents of the report and support the recommendations that the CCG participates in the Benchmarking project going forward.
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 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	a. <u>Improve and develop primary care in Wolverhampton</u> – 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



1. BACKGROUND AND CURRENT SITUATION

- 1.1 The NHS Benchmarking Network facilitates a series of Benchmarking projects across the full range of NHS services from primary to tertiary care, with a view to influence service improvement through peer to peer collaboration, sharing of good practice.

The concept of Benchmarking was adopted from industry, where it had been used as a structured approach to quality measurement and improving services since the late 1970s. This process was competitive, with businesses striving to meet or surpass the best performer.

Benchmarking was first introduced to the NHS at the launch of the Benchmarking Club, sponsored by the NHS Management Executive, in January 1991.

- 1.2 The benchmarking theory is built upon performance comparison, gap identification, and changes in the management process. From a review of benchmarking literature it is easy to conclude that benchmarking:

- identifies strengths and weaknesses within organisations

- identifies the level of performance possible by looking at the performance of others, and how much improvement can be achieved

- promotes changes and delivers improvements in quality, productivity and efficiency

- helps to better satisfy the customers' need for quality, cost, product and service by establishing new standards and goals.

- 1.3 The Primary Care project is a recently developed project by the NHS Benchmarking Network, focused on supporting CCGs (Clinical Commissioning Group) with their commissioning of Primary Care services. During the late part of 2017 the Benchmarking Network undertook a comprehensive data collection and analysis process looking in detail at each of the CCGs within regional Peer Groups. This was the first time the network focussed on Primary Care, it is expected that the project will evolve over time, informed by the feedback of participating organisations. The aim of the project is to provide lead Primary Care Commissioners and their colleagues with useful information/analysis that supports their work and can inform their decision making. While the project aims to use existing data sources, a short additional data collection was used to examine CCG's processes and other data not available elsewhere. This was kept to a minimum size to reduce the workload required of participants. The project seeks to provide meaningful analysis of this data, to make it useful.

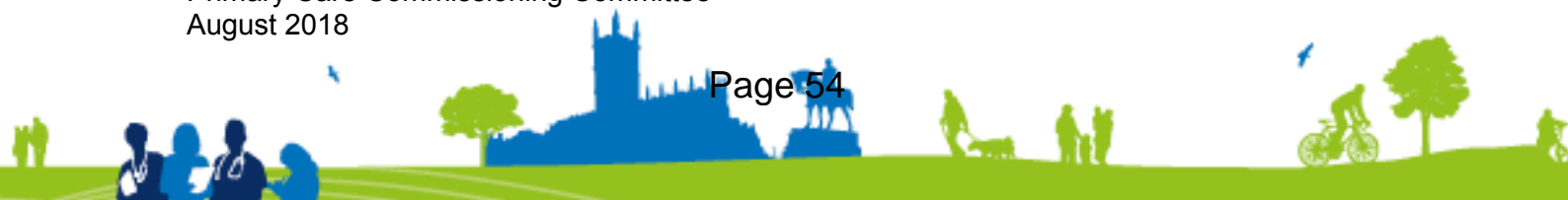


- 1.4 The project is aimed at enabling the CCG to be benchmarked against other CCGs and the CCG averages across Midlands and the East. The benchmarking project is due to run again in 2018, with a an intended launch in autumn 2018, it is recommended that in order to influence the scope of the benchmarking and to provide direct input it is recommended that representation from NHS Wolverhampton CCG is involved in the Steering Group.

For the purpose of this project NHS Wolverhampton CCG is part of the Midlands and East Peer Group. It is however noted in the report that future rounds of the work may use other peer groups. This will be based on feedback from participating CCGs. There is therefore an opportunity to influence the programme in future by recommending future benchmarking takes place over a different cluster of CCGs, either geographically determined, or through comparing the CCG with it's statistical neighbours.

- 1.5 The key findings from the Benchmarking project across all participating CCGs were as follows:

Midlands/ East CCGs	Wolverhampton CCG
On average, 4 WTE GPs work in each GP practice.	In Wolverhampton there are an average of 3.1 GPs working in each practice
18% of GP practices are co-located with another GP practice.	In Wolverhampton 14% of practices are co-located with another practice
87% of respondents stated that GP services are commissioned by the delegated commissioning model.	GP services in Wolverhampton are commissioned by the delegated commissioning model
Locum GPs comprise of 3.6% of the total GP workforce	In 2016/17 locums comprised 1.7% of the total GP workforce
The average DES payments made to CCGs per 100,000 registered population is £701,166.	The DES payments made to Wolverhampton practices in 2016/17 per 100,000 registered population were £549,547
The average LES payments made to CCGs per 100,000 registered population is £774,128	The LES payments made to Wolverhampton practices in 2016/17 per 100,000 registered population were £221,761
On average, 80% of patients would recommend their GP surgery to someone who had just moved to the local area.	On average 76% of Wolverhampton patients would recommend their GP surgery to someone who had just moved to the local area.
27% of CCGs have formal contractual meetings with GP practices in their CCG.	Wolverhampton CCG has a programme of formal contractual meetings with practices in the CCG. This is completed under a collaborative approach with Public Health,



	and each practice is visited once every 2 years.
48% of CCGs work collaboratively with other CCGs in relation to commissioning primary care.	NHS Wolverhampton works in collaboration with CCGs within the local STP footprint.

- 1.4 The purpose of this report is to provide PC Commissioning Committee with an overview of the key points raised by the Benchmarking report and makes a series of recommendations for action pertaining to the different sections of the report to ensure the data is used to inform the ongoing development of Primary Care services. In order to facilitate this a Benchmarking Tracker has been prepared within which each of the key indicators would be measured, and where resulting actions would be recorded and monitored.

2. FINDINGS FROM THE BENCHMARKING EXERCISE

- 2.1 The following sections of the report:

Summarise the key findings from the Benchmarking exercise and propose some actions for further enquiry/investigation to enable the CCG to track it's status against the different indicators. Wherever possible the proposed actions are expected to be monitored through the CCG's current infrastructure such as existing forums and groups.

2.2 Practice Overview

Key findings:

Number of GPs per 100,000 registered patients in Wolverhampton 47.0 wte compared with Mids/ East average of 49.7.

The average number of patients registered at each of the 42 practices is 6612. This is a lower average list size compared with the Midlands/ East average of 8140 patients.

Action	Lead	Assurance
Monitor the number of patients registered at each practice	CCG Finance / Contracting	Monthly updated list in place with actual and weighted list, presented at practice/ practice group level. This is in place.



2.3 Workforce

Action	Lead	Assurance
<p>To track practice workforce through Practice Workforce dashboard:</p> <p>GP Partners Salaried GPs Registrars Total Doctors</p> <p>Which will enable calculation of: Number of GPs per 1000 registered patients Number of patients per 1.0 wte GP GP wte per practice</p> <p>In addition to monitor the numbers of the following in the Primary Care Workforce:</p> <ul style="list-style-type: none"> • Advanced Nursing Practitioners (ANPs) • Practice Nurses (PNs) • Healthcare Assistants (HCAs) • Total Nurses • Practice Managers • Receptionists • Administrators • Total Non-clinical Staff <p>all per 1000 registered population</p>	<p>Primary Care Workforce Task and Finish Group via Workforce Dashboard</p>	<p>Refresh of Workforce Dashboard.</p> <p>Comparison with other CCGs within the CCG Peer Group</p>
<p>To ensure the data feeds into refresh/ updates to the Primary Care Workforce Strategy and informs discussions/ plans around new roles aligned with the Primary Care Workforce GP5YFV.</p>	<p>Primary Care Team via the Primary Care Workforce Task and Finish Group</p>	<p>Updates to the Workforce strategy/ delivery plan.</p>



2.4 Direct Enhanced Services

The table below details the name of the service, the payments per 100,000 registered patients registered in 2016/17 and the total payment for Wolverhampton's registered population in 2016/17. The table shows that across all services Wolverhampton's activity was less than the Midlands/ East averages

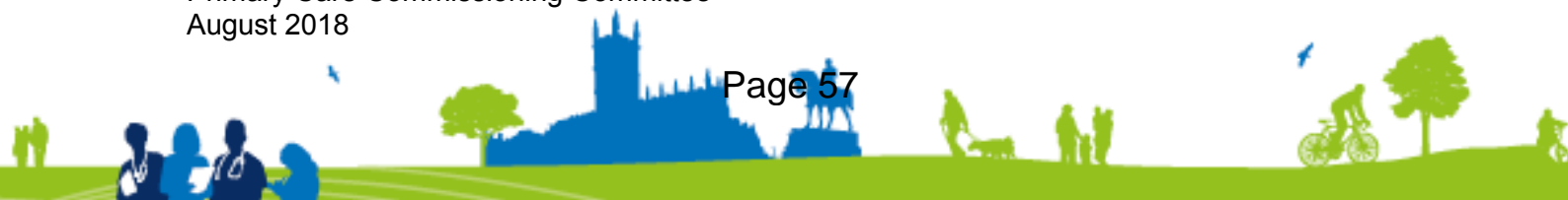
Direct Enhanced Service	2016/17 DATA	
	WTON	MIDS/EAST
Avoiding unplanned admissions	220,077	239,415
Childhood Vaccinations and Imms	157,944	176,601
Extended Hours Access payments	87,576	129,403
Influenza and Pneumococcal Imms	164,479	190,833
LD Healthcheck	23,725	26,255
Minor surgery Enhanced service	83,270	122,617
Zero tolerance/ service for Violent patients	0	4,610

The CCG is currently seeking validated data of delivery against each of the Enhanced services in 2017/18. This will enable the CCG to review activity against any DESs where there is a further variation from the peer group average.

This will be monitored on a quarterly basis by the Practices as Providers Task and Finish Group, any area where the CCG is underdelivering against the Peer Group average will require a deep dive into understanding the reason for this variation, and a remedial action put in place where indicated.

As an example of this approach, in 2017/18 the CCG was recognised by NHSE as an outlier for the LD Health check DES with a lower than average rate of completion for patients on practice registers. A local Improvement Plan has been developed and is being implemented in response to this.

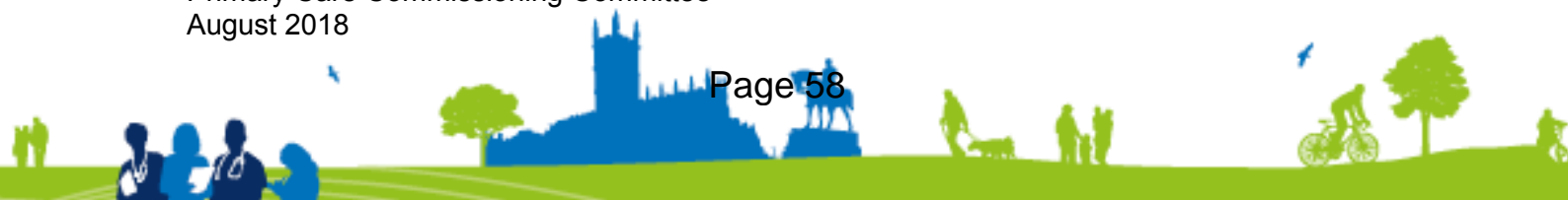
The Local Enhanced Services in place at the time of the report being published (2016/17) were as follows:



Primary Care In-reach Team
Minor Injuries
Suture Clip Removals
Pre and post op checks
Simple dressings
Complex dressings
ECG
Pessary change
Ear Syringing
Demosumab
Testosterone
HCD
Asthma Enhanced Review
COPD Enhanced Review

Actions proposed:

Action	Lead	Assurance
To track on a monthly basis the volume of activity and associated spend against each of the Direct Enhanced Services	Primary Care Team with Contracting (CCG) and NHSE Finance hub	Regular activity report (frequency to be agreed) to the Practices as Providers Task and Finish Group
To monitor CCG activity for DES's against the Peer Group to measure delivery against others in the Peer Group.		
Clarification on the process for extracting activity and finance data on a real time basis from CQRS (in respect of DESs)	Primary Care Team with IM&T	Regular validated report received by the Practices as Providers Task and Finish Group
To track on a monthly basis the volume of activity against each of the	Primary Care Team with Contracting/	Regular activity report to feed into



Local Enhanced services by practice/ practice group. To cover: Number of practices taking part in the LES If practices are taking part independently or at scale Activity per quarter	Public Health	tracker (quarterly at present)
---	---------------	-----------------------------------

If future iterations of the Benchmarking project are to be undertaken at local geographical cluster level, or with CCGs deemed to be statistical neighbours, the inclusion of the following metrics would be a valuable metric to include in the report:

- List of Local Enhanced Services commissioned by the CCG,
- scope of these services and
- the local tariff for these services.
- associated actual spend and spend per 100,000 registered populations for each LES.
This will allow for comparative analysis between the CCG and its peers.

2.5 Patient Experience

Patient experience across all GP practices is currently measured through the annual GP survey. The key headlines for Wolverhampton practices as reported in the survey for 2016/17, compared with the Midlands and East average are presented below:

Patient Satisfaction Indicator	Wolverhampton	Mids/ East
Patient satisfaction with opening hours	80%	79%
% stating it's easy to get through to someone on the phone	72%	73%
Able to get an appointment to see or speak to someone % saying Yes	83%	87%
% saying they have confidence and trust in their GP	92%	93%
% saying their overall experience of using Out of Hours GP services is good	92%	93%



% who would recommend their GP surgery to someone who has moved to the local area	76%	80%
---	-----	-----

The findings above indicate that the overall feedback for Wolverhampton practices is marginally below the benchmark group averages on a number of indicators.

Although the CCG does receive some data from the GP survey, this data is received in retrospect. Going forward it is recommended that the GP Survey data is shared when the survey closes and for the feedback to be analysed at practice and practice group level. This will facilitate a more timely response to the matters/ issues raised and to consider local responses to these. Some recommended thresholds as to where the practice/ practice group need to consider remedial actions are included in the tracker.

Actions proposed:

Action	Lead	Assurance
To receive practice level data from the annual GP survey	Primary Care Team, Practices as Providers Task and Finish Group	Report to Group Leads
To analyse and present the data at practice group level	Primary Care Team, with Group Leads	
To triangulate the feedback from the GP survey with Friends and Family Test data, Quality Matters feedback, Serious Incidents, Complaints	Group Managers with Primary Care Quality Assurance Co-ordinator	
To produce Group Level responses/ action plans on areas within the survey where performance is below the benchmark average, and to share areas of good practice where performance is Good	Practice Groups/ Group Managers	Submitted action plan to address areas of shortfall, and to highlight areas of good practice.

2.6 Finance

The finance data in this report has been sourced from the publicly available NHS Payments to General Practice, from NHS Digital.



The payments have been split into four cohorts, and a description of what is included in each of the cohorts is detailed in the table below:

NHS England payments to GP practices	WTON	MIDS/EAST
<i>payments per head of registered population</i>		
Global sum and MPIG	69	64
PMS	14	17
QOF	13	12
Premises	9	13
All Other	36	58

Actions proposed

Action	Lead	Assurance
To monitor the General Practice payments profile across all practices/ practice groups	Primary Care Finance Manager	Annual finance statement

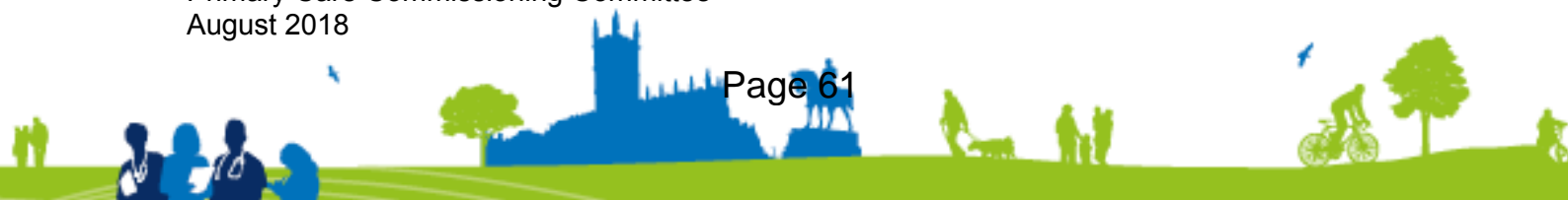
Quality and Outcomes Framework (QOF)

One of the domains within the finance section of the tool is the monitoring of CCG delivery against QOF. The data presented shows that practices generated the equivalent of £13 per head of registered patients for QOF in 2016/17.

To enable improvement in the delivery of QOF a process is being established with the local IM&T team which will enable the CCG to have an oversight of practice level in year QOF data (within Q2). This will enable the CCG to monitor progress, identify areas / indicators that are not being widely achieved and to consider remedial actions. This level of data should allow local benchmarking between practices within practice groups, and will inform local improvement plans at practice group level.

Actions proposed

Action	Lead	Assurance
To provide practices with feedback on QOF performance in Q2, highlighting areas of good achievement, and where improvement is required	IM&T Team with Insight Business Solutions	Report to Practices as Providers Task and Finish Group



To implement local improvement plan for areas where achievement against QOF indicators is below Practice group benchmark	Primary Care Team	Report to Practices as Providers Task and Finish Group
--	-------------------	--

2.7 CCG Operations Regarding Primary Care

According to the report the numbers of staff supporting the CCG's Primary Care Programme of work in 2016/17 were as follows:

Contractual work includes financial management, GP contracting, managing estates, QOF and ES, as well as supporting mergers. The average for this is 1.06 WTE per 100,000 registered population

Transformational work includes locality/place-based commissioning, General Practice Forward View, Primary Care strategy and other support/mentoring. The average for this is 0.89 WTE per 100,000 registered population.

Staff wtes per 100,000 registered population supporting the Contracting process in Wolverhampton	0.54 wte
Staff wtes per 100,000 registered population supporting the Transformation process in Wolverhampton	3.78 wte

Actions proposed

Action	Lead	Assurance
To continue to monitor wte's working within the Primary Care programme of work	Primary Care Finance Manager	Annual finance statement

2.8 Medicines Management

In 2016/17:

no Wolverhampton practices were dispensing practices.

There were 4 clinical pharmacists who work in GP practices within the CCG per 100,000 registered population

7% of practices were co-located with a clinical pharmacy.

Prescribing fee payments per 100,000 registered population were £90,531 against a Midlands/ East average of £48,950.

Reimbursement of drug payments per 100,000 registered population was £442,648 against a Midlands/ East average of 1,625,752



Actions proposed:

Action	Lead	Assurance
To monitor the number of Clinical Pharmacists in post via the Workforce dashboard	Primary Care Workforce Task and Finish Group	Primary Care Workforce Dashboard
To continue to monitor the level of re-imburement of drug payments	To be agreed with the Medicines Optimisation Team	To be confirmed
To continue to monitor the level of prescribing fee payments received by the CCG	Primary Care Finance Lead	To be confirmed

2.9 Recommendations to the Benchmarking Network:

In order to ensure that the project adds value and recognises the overall Primary Care transformation work programme it is recommended that:

- The project includes the Transformation funds allocated to CCGs to deliver the requirements of the GP 5 Year Forward View to enable a more comprehensive profile of Primary Care funds to be in place.
- To use the Benchmarking project to monitor the delivery of the following developments within the GP 5 Year Forward View Programme of Work, to include as a minimum:

Provision of extended access

Expansion of the primary care workforce e.g. the development of roles such as Mental Health therapists, Physicians Associated, Clinical Pharmacists and to benchmark the level of activity attributed to each patient group. This will enable the monitoring of appointments offered and completed by different professional groups:

- e.g Doctor,
- Practice Nurse,
- ANP,
- Mental health Therapist,
- Clinical pharmacist.

Discussions have taken place locally around monitoring the availability and uptake of appointments by each professional group as part of the Extended Access provision.

The amount of funding allocated to training the Primary Care workforce, by professional group (clinical and non-clinical)



DNA rates for appointments (aligned with the 10 High Impact Actions to release time for care)

If future iterations of the Benchmarking project are to be undertaken at local geographical cluster level, or with CCGs deemed to be statistical neighbours, the inclusion of the following metrics would be a valuable metric to include in the report:

- List of Local Enhanced Services commissioned by the CCG,
- the local tariff for these services.
- associated actual spend an spend per 100,000 registered populations for each LES.

2.10 Recommendations to the CCG

To implement the Benchmarking tracker(in Appendix 1) to enable the monitoring against Benchmarking indicators on an ongoing basis

It is also recommended that the CCG considers involvement in the next Benchmarking exercise that is due to take place from Autumn 2018 with a view to contribute towards the scope and form of the Benchmarking exercise so that the resulting data and report can be used as credible intelligence in the future commissioning of primary care services.

3. CLINICAL VIEW

Not obtained at this point.

4. PATIENT AND PUBLIC VIEW

The patient and public view of patients registered with Wolverhampton practices will be recognised within the feedback from the GP survey, and where overall satisfaction is below the Peer Group average, responsive action plans will be developed.

5. KEY RISKS AND MITIGATIONS

The key risks associated with implementing this project would be the impact on the time of the Primary Care team in collating the required data and submitting it to the Benchmarking project. However the tracker will enable the Primary Cate team to collate data and local analysis in preparation for submission to the Benchmarking project.

6. IMPACT ASSESSMENT

Financial and Resource Implications

Primary Care Commissioning Committee
August 2018

There are no financial impacts to the CCG for participating in the project.

Quality and Safety Implications

6.1. The monitoring of practice level QOF data is intended to have a positive impact on practices achieving their QOF targets which should result in improved patient care.

The systematic monitoring of Practice Satisfaction survey data will have a positive impact on patient care through the development of remedial action plans where patient satisfaction is below the benchmark averages.

Equality Implications

6.2. There are no known Equality implications for participating in the project.

Legal and Policy Implications

6.3. There are no known Legal and Policy implications for participating in the project.

Other Implications

N/A

Name	Ranjit Khular
Job Title	Primary Care Transformation Manager
Date:	30 July 2018

ATTACHED:

Benchmarking Project Activity Tracker



RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	L Corrigan	23/7/18
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.) IM&T Medicines Optimisation Primary Care	S Sanghera H Patel J Reynolds	July 2018
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	R Khular	30/7/18



NHS WOLVERHAMPTON CCG

PRIMARY CARE BENCHMARKING PROJECT TRACKER

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT

GP Practice and GP Numbers Overview

To be monitored by the Primary Care Workforce Dashboard

2016/17 DATA		2017/18 DATA		2018/19 DATA	
WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST

Indicators: Number of GP practices in the city	42	37		
Number of GP registered patients in City	277,718	290,168		
Average number of registered patients per practice	6612	8140		
GP wte per 100,000 registered population	47	49.7		
GP wte per GP practice (average)	2.8 wte			
Number of GP appointments per practice				

GP Practice Premises				
Premises payments per 100,000 registered patients	938,836	1,303,807		
Percentage of GP practices that are co-located with another practice	14%	15%		
Percentage of GP practices in purpose built buildings	45%	51%		

GP age profile

Monitor the numbers of GPs in the following age groups:

Data to be populated from the PC Workforce Dashboard

Under 30

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

Over 70

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT
 Direct Enhanced Services

Inventory of Direct Enhanced Services that practices signed up to:

	2016/17 DATA		TOTAL PAYMENT WTON CCG	2017/18 DATA		2018/19 DATA	
	Payments per 100,000 registered popn			WTON	MIDS/EAST	WTON	MIDS/EAST
Direct Enhanced Service							
Avoiding unplanned admissions	220,077	239,415		xxxx		xxxx	
Childhood Vaccinations and Imms	157,944	176,601					
Extended Hours Access payments	87,576	129,403					
Influenza and Pneumococcal Ims	164,479	190,833					
LD Healthcheck	23,725	26,255					
Minor surgery Enhanced service	83,270	122,617					
Zero tolerance/ service for Violent patients	0	4,610					
SUMMARY	549,547	701,166					

Summary of activity against the Enhanced services

ENHANCED SERVICE	METRIC
Avoiding unplanned admissions	Care Plans completed
Childhood Vaccinations and Imms	Vaccines administered
Extended Hours Access payments	Number of practices undertaking the scheme within a hub
Influenza and Pneumococcal Ims	Ims administered
LD Healthcheck	Checks completed
Minor surgery Enhanced service	Procedures completed
Zero tolerance/ service for Violent patients	

Page 69

From 2018/19

Local Enhanced Services

	2016/17 DATA		2017/18 DATA		2018/19 DATA	
	WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST
Primary Care Inreach Team		xxxx				
Minor Injuries		xxxx				
Suture Clip Removals		xxxx				
Pre and post op chekcs		xxxx				
Simple dressings		xxxx				
Complex dressings		xxxx				
EDG		xxxx				
Pessary change		xxxx				
Ear Syringing		xxxx				
Demosumab		xxxx				
Testosterone		xxxx				
HCD		xxxx				
Asthma Enhanced Review		xxxx				
COPD Enhanced Review		xxxx				

From 2018/19

QOF +

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT
GP Practice and GP Numbers Overview

	2016/17 DATA		2017/18 DATA		2018/19 DATA		ACTIONS REQUIRED If local indicator is less than regional average or where satisfaction is below 95%	LEAD	TIMESCALE
	WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST			
Patient satisfaction with opening hours (Source GP Patient Survey)	80%	79%							
% stating it's easy to get through to someone on the phone	72%	73%							
Able to get an appointment to see or speak to someone % saying Yes	83%	87%							
% saying they have confidence and trust in their GP	92%	93%							
% saying their overall experience of using Out of Hours GP services is good	92%	93%							
% who would recommend their GP surgery to someone who has moved to the local area	76%	80%							

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT

Finance and Resources

	2016/17 DATA		2017/18 DATA		2018/19 DATA	
	WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST
Average GP payments per weighted population	131	351				
Average GP payments per registered population	136	0				
NHS England payments to GP practices						
Global sum and MPIG	69	64				
PMS	14	17				
QOF	13	12				
Premises	9	13				
All Other	36	58				
From 18/19 QOF data: average QOF points per practice across the group						
			PCH1			
			PCH2			
			Unity			
			VI			

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT

Pharmacy services- to be developed with Meds Optimisation Team

	2016/17 DATA		2017/18 DATA		2018/19 DATA	
	WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST
Percentage of GP practices that are dispensing practices		0%		8%		
Number of Clinical Pharmacists who work in GP practices within the CCG per 100,000 registered population		4		2		
Prescribing Fee Payments per 100,000 registered population		£90,531		£48,950		
Dispensing Fee Payments per 100,000 registered population		0		£463,439		
Reimbursement Of Drugs payments per 100,000 registered population		442,648		£1,625,752		

NHS WOLVERHAMPTON CCG TRACKER/ ACTION PLAN IN RESPONSE TO NHS BENCHMARKING NETWORK REPORT
Primary Care Team

	2016/17 DATA		2017/18 DATA		2018/19 DATA	
	WTON	MIDS/EAST	WTON	MIDS/EAST	WTON	MIDS/EAST
Contractual work WTE total per 100,000 registered population	0.54		0.85			
Transformational work WTE total per 100,000 registered population	3.78		1.51			

This page is intentionally left blank

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
7th August 2018

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain.
KEY POINTS:	<p><u>General Practice Forward View Update</u></p> <ul style="list-style-type: none"> • QOF+ has been launched • Access within surgeries has increased by 20% this month, 25 minutes 87% in July and August • All hubs are now opening evenings and weekends
RECOMMENDATION:	To provide the Committee with an update on the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.

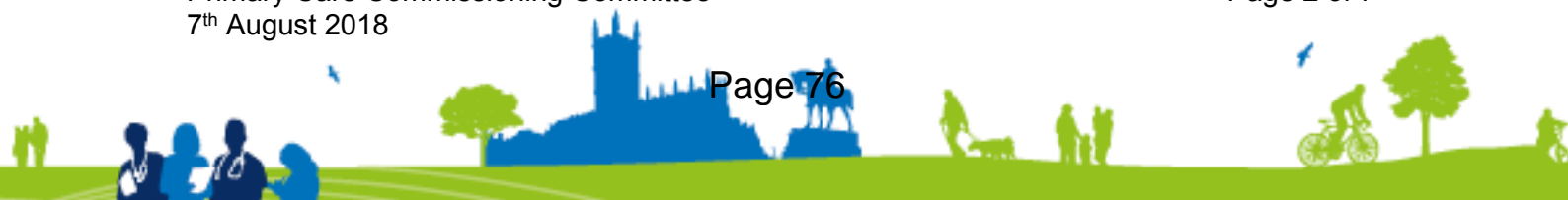
1. BACKGROUND AND CURRENT SITUATION

1.1. Notes from the last Primary Care Operational Management Group are set out below.

Present:

Mike Hastings	(MH)	WCCG Director of Operations
Peter McKenzie	(PMck)	WCCG Corporate Operations Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager
Jo Reynolds	(JR)	WCCG Primary Care Development Manager
Tally Kalea	(TK)	WCCG Commissioning Operations Manager
Ramsey Singh	(RS)	WCCG IM&T Infrastructure Project Manager
Liz Corrigan	(LC)	WCCG Primary Care Quality Assurance Co-ordinator
Charmaine Hurd	(CH)	Student Nurse
Ankush Mittal	(AM)	Consultant Public Health
Dr Bhavin Mehta	(BM)	Local Medical Committee Representative
Yvette Delaney	(YD)	CQC Inspector for Primary Medical Services
Carol McNeil	(CM)	Assistant Contract Manager, NHS England
Jeff Blankley	(BM)	Local Pharmaceutical Chair

Item		Action
1.	<u>Declarations of Interest</u> BM declared his interest as a GP.	
2.	<u>Apologies</u> Hemant Patel (HP) WCCG Head of Medicines Optimisation Sarah Southall (SS) WCCG Head of Primary Care	
3.	<u>Welcome & Introductions</u> MH welcomed everyone to the meeting.	
4.	<u>Notes and Action Log from the Last Meeting</u> The previous meeting notes were accepted and action log updated.	
5.	<u>Draft Notes of Clinical Reference Group Meeting</u> No comments were made.	
6.	<u>Matters Arising</u> There were no matters arising.	
7. 7.1	<u>Discussion Items/Assurance</u> <u>Review of Primary Care Matrix</u> JW provided an update following MGS Medical Centre leaving the VI Programme. It was noted that the CCG continue to support the Practice through fortnightly	



	Transition Meetings with the Contract Holders and that the Practice are maintaining a risk log which is monitored via this forum.	
7.2	<p><u>Forward Plan for Practice System Migrations Mergers and Closures</u> RS provided the following update:</p> <ul style="list-style-type: none"> • Coalway Road Surgery migration process went well and was successful. • some issues with ICE which were resolved • Paperwork for Dr Bilas practice has been submitted and completed ready to go live according to schedule 	
7.3	<p><u>Estates Update/LEF</u> TK provided the following updates on ETTF practices:</p> <ul style="list-style-type: none"> • There are 2 practices who are still having issues with services changes, rents and rates, who are saying they are not happy to sign any paperwork until issues are resolved • There are 7 practices within NHS Property services buildings, who are having issues with invoices, rates and service charges 	
7.4	<p><u>Primary Care Quality Update</u> LC presented the quality report, highlighting the following updates:</p> <ul style="list-style-type: none"> • Mike Christy has taken over at Infection Prevention visits • Flu season has now finished, after PC OMG meeting there is a Primary Care Flu meeting • There is no NICE update in the Quality Report due to IT issues, the last meeting was in May and there were a few updates which LC will report next month • Friends and Family test has faced a technical problem with CQRS, as practices couldn't submit their data which has resulted in figures not being very good, there was also a problem in May which seems to resolve itself • It was noted patients are using text and check in screens at practices which is a good success • There have been 2 serious incidents within Primary Care which have now been closed 	
7.5	<p><u>General Practice Forward View Update</u> JR provided the following update:</p> <ul style="list-style-type: none"> • QOF+ has been launched • Access within surgeries has increased by 20% this month, 25 minutes 87%in July and August • All hubs are now opening evenings and weekends • Doc Management is a training programme which means receptionists will be able to code letters without them having to go to the GPS • Fellowships Programme – 3 offers have been made and it is up to the individual where they want to go. • Special access service, the CCG has served notice to the current provider • Choose and Book paper free is near completion and due to go out in the next few weeks 	



	<ul style="list-style-type: none"> • STP retention plan has been assured • Primary Care Counselling contract, there are a few issues around this • Transformation Fund Plans – developments plans are in and activity is due to start • Primary Care, Care Navigation Phase 2 – have identified with stakeholders which additional services the CCG will navigate to 	
7.6	<p><u>Contract Visit Programme</u> JW reported a visit was made to Primrose Lane and an action plan has been shared with the Practice with a 28 day deadline for response.</p>	
7.7	<p><u>Collaborative Working Model: Practice Issues and Communication Log</u> New items have been added onto the Communication log. There are no ongoing issues.</p>	
7.8	<p><u>Care Query Panel</u> There was nothing new to report.</p>	
7.9	<p><u>Relocation Policy for Discussion</u> PM provided the following update:</p> <ul style="list-style-type: none"> • There is a new Risk Assessment which is brought to the meeting for discussion; should there be a new action log? • The current programme is reviewed through the Milestone Review Board • There have been a few queries around Business Continuity • It was decided the policy does not need to be on a risk log, however it was noted the activity code needs to be coded correctly • JR reported if unsure of the code then should not code activity • No concern was reported to flag at Primary Care Commissioning Committee • PMc to pick up and pull together action log as it comes up 	
7.10	<p><u>Strategic Review</u></p> <p>Action: KL to ask Helen Cook for updated Strategy containing Primary Care section and send out to the group</p>	
7.11	<p><u>Internal Audit Report 201/2018 - Draft (Primary Care Commissioning)</u> The Internal Audit report was presented at the meeting and Mike highlighted the report was sent to himself, Steven Marshall, and Sarah Southall. It was suggested the report would come to the Primary Care OMG meeting to ensure the actions were being dealt with. MH suggested he and JR needed to come up with an action log from the report.</p>	
8.	<p><u>CQC: Primary Care</u> YD provided an update around the CQC's planned roll out of inspections for quarter 3 and 4.</p>	
9.	<p><u>Primary Care Commissioning/Contracting Update</u> There was no update from Primary Care Commissioning/Contracting.</p>	

10.	<p><u>Public Health: Primary Care</u> It was noted that the main focus within Public Health was the Flu Vaccinations. Public Health is aiming to start early and provide training for Practice Nurses. Information will be provided on how to help and support Vaccinations and Immunisations. It was also highlighted LTB screening is within the early stages as of yet. Public Health are aiming to work with the CCG and Partners to improve their services.</p>	
11.	<p><u>NHS England</u> There was no update from NHS England.</p>	
12.	<p><u>LMC Update</u> There was no update from LMC.</p>	
13.	<p><u>Pharmaceutical Involvement in Primary Care</u> There was no update from Pharmaceutical Involvement in Primary Care.</p>	
14.	<p><u>AOB</u> The group was informed Google Chrome had been approved this morning.</p>	
15.	<p><u>Date and Time of Next Meeting</u> Wednesday 1st August, 2.30pm-4.00pm Main Meeting Room, Wolverhampton Science Park, WV10 9RU</p>	

2. CLINICAL VIEW

- 2.1. A clinical representative from LMC attends the meetings and gives views on all discussions.

3. PATIENT AND PUBLIC VIEW

- 3.1. Patient and public views are sought as required.

4. KEY RISKS AND MITIGATIONS

- 4.1. Project risks are reviewed as escalated from the programme.

5. IMPACT ASSESSMENT

Financial and Resource Implications

- 5.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

5.2. A quality representative is a member of the Group.

Equality Implications

5.3. Equality and Inclusion views are sought as required.

Legal and Policy Implications

5.4. Governance views are sought as required.

Other Implications

5.5. Medicines Management, Estates, HR and IM&T views are sought as required.

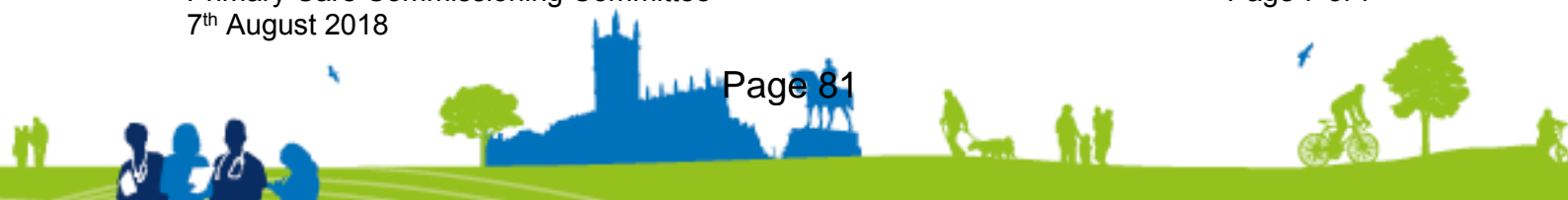
Name: Mike Hastings
Job Title: Director of Operations
Date: 02.08.18



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Mike Hastings	02.08.19



This page is intentionally left blank