# 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
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# Independent Patient Representatives ~

Sarah Gaytten Independent Patient Representative No	
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# 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 Gaytten

#### **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 22<sup>nd</sup> May 2018

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

RESOLVED: That the above was noted.

#### **Matters Arising from the Minutes**

WPCC250 There were no matters arsing 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 6<sup>th</sup> June 2018:

- The MGS Medical Practice transition plan continues to be worked through, there have been a few issues which have either being 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 as 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 1<sup>st</sup> 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 7<sup>th</sup> August 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park.