

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7th August 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	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	No
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	No
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Tony Gallagher	Chief Finance Officer	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
John Denley	Director of Public Health (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC310 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC311 Apologies were submitted on behalf of Dr Reehana and Sally Roberts.

Declarations of Interest

WPCC312 Dr Bush, Dr Kainth and Dr Asghar declared that, as GPs they have a standing interest in all items relating to Primary Care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care

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

Minutes of the Meeting held on the 3rd July 2018

WPCC313 The minutes from the meeting held on the 3rd July 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC314 Ms McKie noted that a last meeting under any other business the Committee were reminded of the importance of sending in reports on time to ensure people had enough time to read the papers prior to the meeting.

RESOLVED: That the above was noted.

Committee Action Points

WPCC315 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
The cost directives are still awaited. Mr Hastings reported he had picked up through the BMA that they may not be released until the premises review had been undertaken. It was agreed to close the action and Mr Hastings would bring to the Committee once the cost directives had been released.

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 had been deferred to the September Committee meeting.

Minute Number WPCC215 - QOF+ Scheme 2018/19

The signed DPIA for QOF+ is to be shared with the Committee. It was highlighted this is still outstanding from the Governance Lead and it would be chased.

Quarterly Finance Report

WPCC316 Mr Gallagher reported to the Committee the quarterly report on the CCGs financial position at Month 3. The delegated Primary Care Allocations for 2018/2019 as of month 3 are £36.267m. It was noted that although there was slippage on individual headings it is assumed we will achieve an overall breakeven position at this stage.

A full forecast review has been carried out in month 3, and an assessment of likely slippage of development areas will be undertaken at the end of month, and future updates will be provided within the next report.

It was noted that in terms of PMS premium reserves any developments within the PMS contracts on future savings are ring-fenced within the Primary Care delegated budget.

There were no questions raised by the Committee and they accepted the report as assurance of the CCGs Primary Care financial position.

RESOLVED: That the above is noted

Mr Gallagher left the meeting

Pharmacy First Scheme of all Patients Progress Report

WPCC317 This item has been deferred to the September 2018 meeting.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC318 Ms Corrigan provided 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 audits continued to take place during July 2018, with the majority are scoring a silver rating. The main issues that have been raised were around the need to update the decor issues. They are working with practices to resolve issues and re-audits are undertaken on a three month basis.
- A City wide flu vaccine group is now in place and vaccine uptake is

being monitored and the group are exploring ways to improve the uptake.

- There are no MHRA alerts reported within the month.
- The report states there is one serious incident, this has since been deescalated. There are currently no serious incidents to report.
- Quality Matters continues to be monitored and all Primary Care incidents have been forwarded to the relevant practices and to NHS England where appropriate.
- The CCG continues to be copied in on new complaints from NHS England as they were reported. There have been 25 new GP complaints received since the beginning of November 2017.
- The figures for Friends and Family Test have made a slight improvement on last month's submission. Overall responses remain positive (86% overall would recommend their practice, 4% would not).
- Work continues to refine the workforce development plan in line with STP and national drivers.

Mrs Southall asked in relation to 2.1 infection prevention, 84% have no rating, have they been supported and do they have action plans in place. Ms Corrigan noted these practices were visited last month and action plans are in place to support the practices.

Dr Hibbs queried the data for influenza vaccination programme for the over 65's take up as it states 13%. Ms Corrigan noted this was an error within the report and agreed to update with the correct figures.

RESOLVED:

- **The report was accepted by the Committee.**
- **Ms Corrigan to amend the influenza vaccination programme data.**

Domestic Violence Coding Update

WPCC319 Ms Corrigan presented to the Committee the Domestic Violence Multi Agency Risk Assessment Conference (MARAC) Data reporting specification, QIA, EIA and DPIA.

The work will be funded by the Home Office to run this programme within Primary Care. This programme will ensure that practices can accurately track and identify any repeat domestic violence incidents. In order to do this patient records need updating with any incidents that have occurred within the last 12 months. This information has already been identified and now needs including on the patient record at the patients practice. Practices will receive a payment of £2.50 per update and records are to be updated within 4 weeks of signing up to the service.

It was noted a full EIA did not need to be undertaken, but concerns under the DPIA regarding data sharing agreement. Ms Corrigan stated the Domestic Violence Forum have an agreement in place which is overarching data sharing agreement which is covered by the safeguarding

adults and crime disorder act.

The committee asked if this is look back and review exercise how do we make sure we continue this going forward. It was noted that this would become business as usual; they have worked with IM&T to ensure the clinical systems are set up with the appropriate read codes. The practices have received training and have the programme set up, so awareness has been promoted and will continue to be promoted.

Discussions took place regarding data sharing and whether patients are aware their information is being shared amongst different stakeholders. It was noted if a patient raised an issue with domestic violence, then a risk assessment would be undertaken with the patient and part of the consent would be inform them of the data sharing. Mr Hastings noted consideration is needed for data sharing as patients may be happy to share this information with the GPs but not on a wide scale and it is how this is managed and handled sensitively. In terms of the system there is a list of exception codes that can be used, it was agreed that Mr Hastings and Ms Corrigan would meet to discuss.

RESOLUTION:

Mr Hastings and Ms Corrigan would meet to discuss the exception coding and how this can be managed to protect patient's data.

The Committee accepted and agreed the report and the EIA,DPIA and QIA.

Ms Corrigan left the meeting

Primary Care Assurance Report

WPCC320 Mrs Southall stated the report format has changed into a reporting pack of quarter 1 (2018/2019) activity. Mrs Southall outlined the content of the report, which is based on the primary care strategy and GPFV programmes of work that was presented to the quarterly Milestone Review Board Meeting in July 2018. It also provides an overview of activity for enhanced services, commissioned services activity and practice referral data.

Mr Marshall stated in relation to the pre-enhanced services such as social prescribing, care navigation and primary care counselling there is a great deal of variability between the practices on the take up to these. Mr Marshall asked in terms of social prescribing the CCG have received funding from the Department of Health to employ X6 FTE support workers, what are we doing to ensure they are fully utilised according to the funding available. Mrs Southall noted in terms of social prescribing this will form part of the second phase of care navigation, there will also be an increase of support workers across the City. It has not been decided on where the support workers will be located. The practice groups will be scrutinising the referral rates of the services at their meetings.

Dr Bush asked in terms of the graph presentation could the rate be presented in per thousand as this will be easier to interpret in terms of practice list size. It was agreed this would be included within the next report.

Ms Mckie queried the care navigation activity as the data is quite varied across the practices and not all practices have been included. Ms Southall reported that initially there were a few problems with practices recoding the information as not appropriate coding on the clinical system had been identified. The team have been working with IM&T to resolve the issue and more training has been provided. A launch will be undertaken for the second phase of care navigation and will include a relaunch of phase one.

RESOLUTION: The graphs in the report need to be amended to reflect/interpret by practice size.

Primary Care Counselling Service

WPCC321

Mrs Southall presented to the Committee on behalf of Mr R Khular an update report on the Primary Care Counselling Service. This includes work that has been undertaken to address issues that have been raised by the referring practices such as access to the service and waiting times.

There have been 975 referrals into the service since May, although the volume of referrals identifies a clear need for the service, there are concerns regarding capacity of the service with this level of demand. A number of patients had been referred to the service by the Healthy Minds service at BCPFT. The provider had questioned whether these referrals should be accepted, or whether BCPFT should refer the patient back to the GP. It has also been identified that local practitioners had reported that they do not understand the difference between Healthy Minds and the Primary Care Counselling Service. The referrals for May are broken down as follows:

- Referrals received - 975
- No contact from the patient - 264 (28%)
- Open - 481(49%)
- Completed -110 (12%)
- Unsuitable referral - 52 (5%)
- Client doesn't wish to access service at this time - 68 (6%)
- Total – 975 (100%)

An assurance visit was undertaken to the service by members of the Primary Care Team in July 2018. Mrs Southall outlined the findings from the report and noted that a case not audit is to take place mid-September by members of the Primary Care and Quality Team. A further report will be provided at the December Committee Meeting.

RESOLUTION:

The Committee accepted the report and approved the DPIA and QIA, the EIA is to be shared at the next meeting.

Primary Care Counselling Service Update report to be provided at the December Committee Meeting.

CCG Benchmarking Project

WPCC322 Mrs Southall provided the Committee with an update on work that has been undertaken with regards of the CCG Benchmarking project and presented an overview of how the work will be taken forward in the future.

Mrs Southall noted that 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. 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.

The Committee raised no questions and accepted the assurance provided.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC323 Mr Hastings gave the Committee an overview of the discussions that took place at the Primary Care Operational Group Meeting, which took place on the 4th July 2018. There were no issues raised by the committee.

RESOLVED: That the above is noted.

Any Other Business

WPCC324 There was no other business noted at the meeting

RESOLVED: That the above was noted.

Date of Next Meeting

WPCC325 Tuesday 7th August 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park.