

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
4th SEPTEMBER 2018

TITLE OF REPORT:	Primary Care Report
AUTHOR(S) OF REPORT:	Liz Corrigan
MANAGEMENT LEAD:	Content reviewed by Sally Roberts
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:	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	
3. System effectiveness delivered within our financial envelope	



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
<u>Infection Prevention</u>	No new IP audits in August due to annual leave – update on action plans requested. All practices have now reported on aTIV flu vaccine ordering.	1b
<u>MHRA</u>	Since 1 st April 2018 <ul style="list-style-type: none"> 19 weekly field safety bulletins with all medical device information included. 3 device alerts/recalls 6 drug alerts/recalls 	1a
<u>Serious Incidents</u>	None to report at present	1a
<u>Quality Matters</u>	Currently up to date: 7 open 2 overdue 3 closed	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	Details of 30 complaints received since 1 st November 2017 27 now closed 3 still under investigation	1a
<u>FFT</u>	In June 2018 <ul style="list-style-type: none"> 6 practice submitted no data 2 zero submission 2 submitted fewer than 5 responses (supressed data) 	1b
<u>NICE Assurance</u>	NICE assurance to be linked to GP Peer Review system	1a
<u>CQC</u>	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
<u>Workforce Activity</u>	Work around recruitment for GPs, and development of GPN 10 Point Action Plan continue.	1b
<u>Training and Development</u>	A training business case is due to be presented to Workforce Task and Finish Group. Work continues on Practice Nurse Strategy and documents.	1a
<u>Training Hub Update</u>	TBC	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.

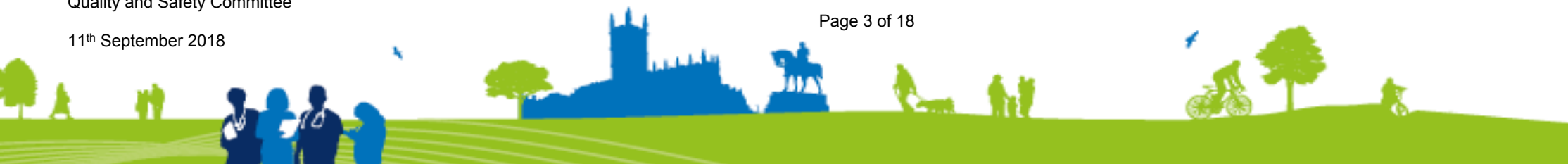
2. PATIENT SAFETY

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%

Infection Prevention Audits 2018/19		
Rating	Number	Percentage
Gold	1	8.3%
Silver	7	58.3%
Bronze	2	16.7%
No rating	2	16.7%
Issues identified within primary care:		Exceptions and assurance:
<ul style="list-style-type: none"> • 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 		<p>A follow up regarding red rated practices has been requested from Mike Christie IP liaison for Primary Care. Support will be provided for practices where appropriate via liaison with IP and CCG Operations Team.</p> <p>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.</p>



- Ensure soap dispensers are cleaned
- Legionella risk assessment needed

MRSA Bacteraemia:

None to report this month.

Influenza vaccination programme:

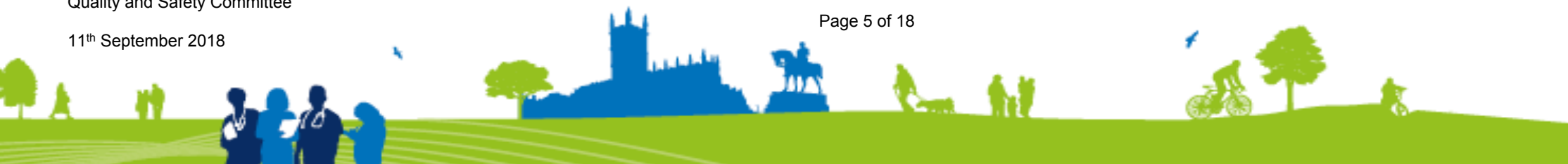
2017/18 Influenza Vaccine Programme activity		Exceptions and assurances:
Numbers of practices with sufficient orders of aTIV		
39/42 (93%)		Continued monitoring of flu vaccine ordering and uptake is being undertaken by Public Health and NHSE the primary care flu vaccine task group has met twice and is due to meet again on 7 th September and continues to explore ways to engage with traditionally hard to reach groups through working at scale. Flu training for primary care staff was held on 24 th July and 16 th August with 100 staff trained.
Final 2017/18 Flu Season Vaccine Uptake		
Under 65s uptake 45.5%	Under 65s declined 18%	

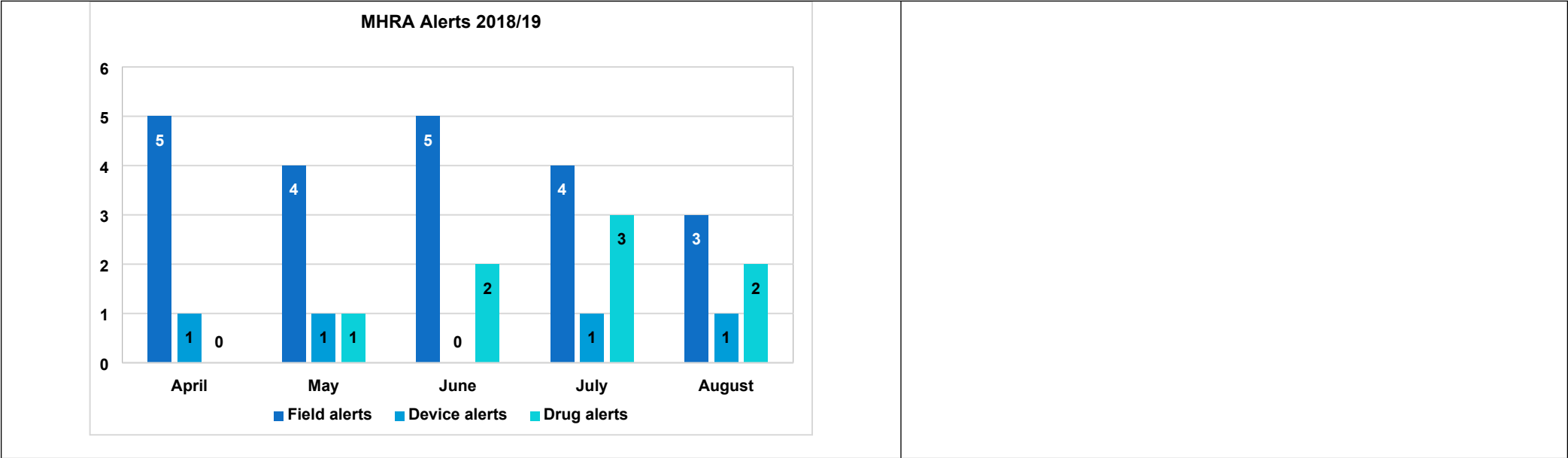


Over 65s uptake 68.5%	Over 65s declined 15%	
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2.2. MHRA Alerts

MHRA Alerts from April 1st 2018		Exceptions and assurances
Alert Type	Number	
Field Safety Bulletin	21	<p>There are currently no direct actions required by CCG.</p> <p>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. 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.</p> <p>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).</p> <p>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</p>
Device alerts/recalls	4	
Drug alerts/recalls	8	





2.3. Serious Incidents

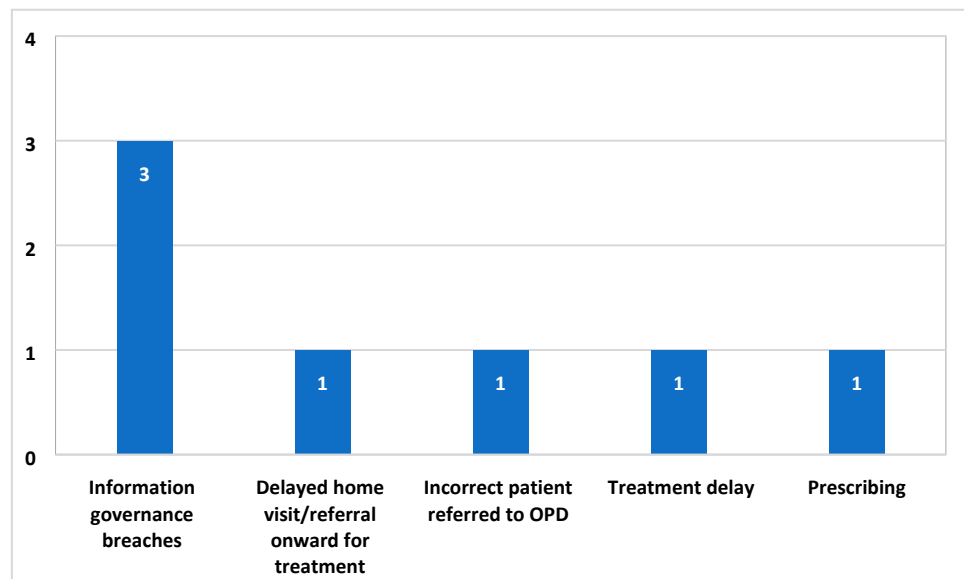
There are currently no serious incidents being investigated in primary care. All serious incidents are reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

2.3. Quality Matters

Quality Matters Status 2018/19 and Variance		
Status in August 2018	Number	Exceptions and assurances:
Open	7	Overdue incidents are currently being chased with practices.

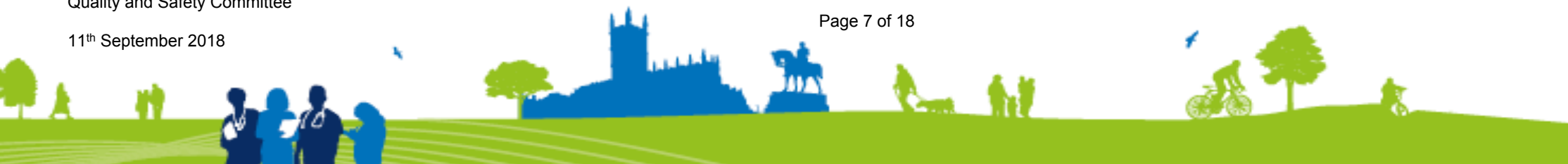


Overdue	2
Closed	3
Quality Matters Themes:	



- Information governance breaches – incorrect blood forms given to patients
- Delayed home visit/referral onward for treatment
- Incorrect patient referred to OPD (2 patients with same name)
- Treatment delay

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.



2.4. Escalation to NHS England

Incidents submitted for review August 2018

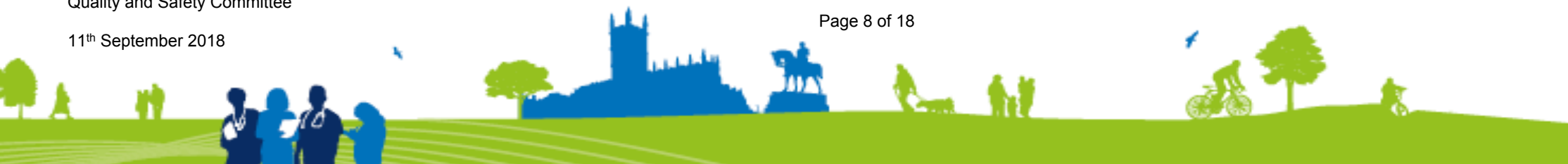
Three issues have been referred to PPIGG recently. Assurances around NHSE escalation are provided by bi-weekly feedback from action logs from PPIGG meetings and quarterly reports relating to complaints raised and their outcomes. Any action from escalation is shared via PPIGG and reports, however comprehensive 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.

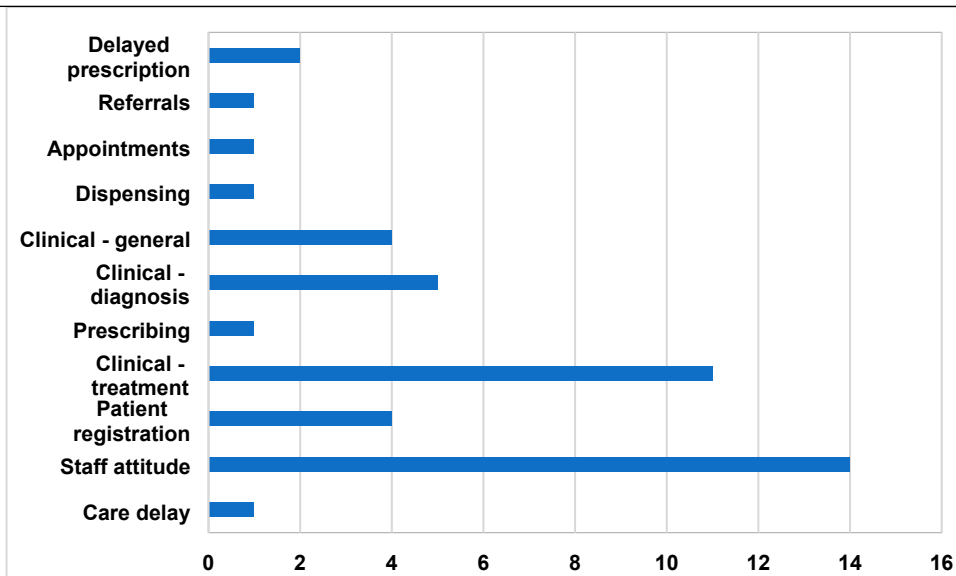
3. PATIENT EXPERIENCE

3.1. Complaints

Complaints Data 2018/19

	April	May	June	July	August	Exceptions and assurances:
Number	2	2	3	1	2	<ul style="list-style-type: none"> • Actions and lessons learned identified are: • Reflection • Sharing of pathways and treatment plans – revision of current processes • Audit • Review of records • Discussion at practice meetings • Review of telephone calls and processes <p>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</p>
Complaints Numbers and Themes:	<p>30 complaints have been received from NHSE since the new process began on 1st November 2018. Please note that each complaint may have more than one theme.</p>					

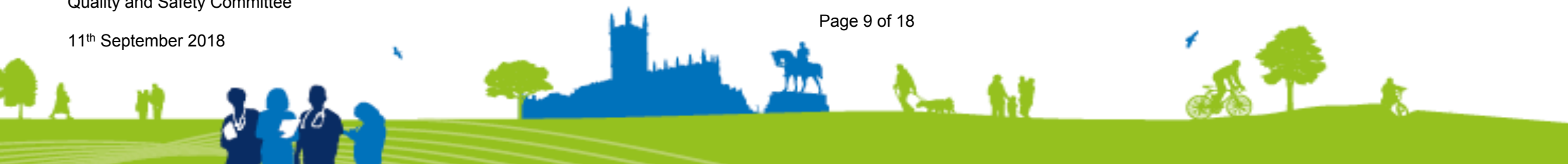




lessons learned for CQC and for the CCG Collaborative Contracting team.

3.2. Friends and Family Test

Friends and Family Test Data Overview 2018/19						
Percentage	March	April	May	June	West Midlands	England
Total number of practices	42	42	42	42	2154	7222
Practices responded	95.2% ↑ 40/42	78.6% ↓ 33/42	81% ↑ 34/42	86% ↑ 36/42	70.9%	66.2%
No submission	4.8% ↓ 2/42	21.4% ↑ 9/42	19% ↓ 8/42	14.3% ↓ 6/42		
Zero submission (zero value submitted)	2.4% ↓ 1/42	9.5% ↑ 4/42	2.4% ↓ 1/42	4.8% ↑ 2/42	N/A	N/A
Suppressed data (1-4 responses submitted)	2.4% ↓	4.8% ↑	9.5% ↑	4.8%	11.9%	11.5%



	4/42	15/42	4/42	2/42		
Total number with no data	9.5% ↓	33.3% ↑	31% ↓	23.8%		
	4/42	15/42	13/42	10/42	39.8%	45.1%
Response rate	1.8% ↑	1.4% ↓	1.7% ↑	1.7% ↔	0.6%	0.5%

<p>Data Comparison</p> <p style="text-align: center;">FFT Total Responses/Non-responses 2018/19</p> <table border="1"> <caption>FFT Total Responses/Non-responses 2018/19 Data</caption> <thead> <tr> <th>Month/Category</th> <th>Practices responded</th> <th>No submission</th> <th>Zero submission</th> <th>Surpressed data</th> <th>Total number with no data</th> </tr> </thead> <tbody> <tr> <td>February</td> <td>83.3%</td> <td>11.9%</td> <td>7.1%</td> <td>4.8%</td> <td>23.8%</td> </tr> <tr> <td>March</td> <td>95.2%</td> <td>4.8%</td> <td>2.4%</td> <td>2.4%</td> <td>9.5%</td> </tr> <tr> <td>April</td> <td>78.6%</td> <td>21.4%</td> <td>9.5%</td> <td>4.8%</td> <td>35.7%</td> </tr> <tr> <td>May</td> <td>81.0%</td> <td>19.0%</td> <td>2.4%</td> <td>9.5%</td> <td>31.0%</td> </tr> <tr> <td>June</td> <td>85.7%</td> <td>14.3%</td> <td>4.8%</td> <td>4.8%</td> <td>23.8%</td> </tr> <tr> <td>Midlands and East Average</td> <td>70.9%</td> <td>27.9%</td> <td>0.0%</td> <td>11.9%</td> <td>39.8%</td> </tr> <tr> <td>England Average</td> <td>66.2%</td> <td>31.7%</td> <td>0.0%</td> <td>11.5%</td> <td>45.1%</td> </tr> </tbody> </table>	Month/Category	Practices responded	No submission	Zero submission	Surpressed data	Total number with no data	February	83.3%	11.9%	7.1%	4.8%	23.8%	March	95.2%	4.8%	2.4%	2.4%	9.5%	April	78.6%	21.4%	9.5%	4.8%	35.7%	May	81.0%	19.0%	2.4%	9.5%	31.0%	June	85.7%	14.3%	4.8%	4.8%	23.8%	Midlands and East Average	70.9%	27.9%	0.0%	11.9%	39.8%	England Average	66.2%	31.7%	0.0%	11.5%	45.1%	<p>Exceptions and assurances:</p> <p>There were improvements in none submissions again this, overall response rate remains at 1.7%, still significantly better than both the regional and national averages.</p> <p>Submissions are now being monitored as per FFT Policy.</p>
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Practice FFT Uptake in July 2018
No data, suppressed data and zero submissions
Ten practices submitted no data, or suppressed data (fewer than 5 responses). All practices submitting no data have been contacted directly by the Quality Team, Locality and Contract managers are aware of these practices and those with zero and suppressed data and have contacted them for further assurances around any issues within practices and increasing uptake as per FFT Policy.
Above average uptake



Nine practices had above average uptake. All practices have been contacted by Locality Managers to share their data.

FFT Ratings and Method of Response 2018/19																																																									
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<p>A brief survey of practice activity around the collation qualitative data and how FFT data is used within practice has been undertaken. Responses have been low, and the general consensus:</p> <ul style="list-style-type: none"> • “you said we did” exercises • Discussion at practice meetings • Inclusion of action plans within business plans • Data published on websites and within practice annual report <p>GP survey data for patient experience shows:</p>																																																									

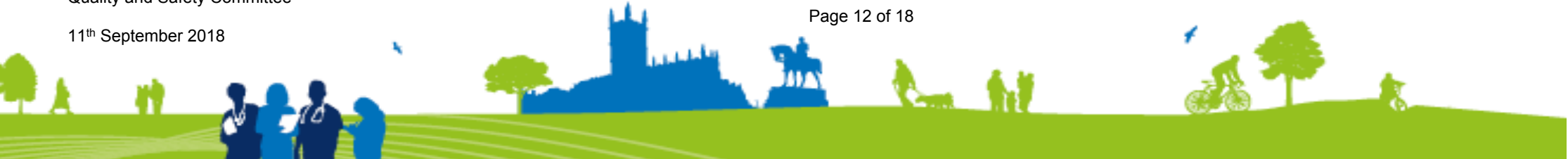


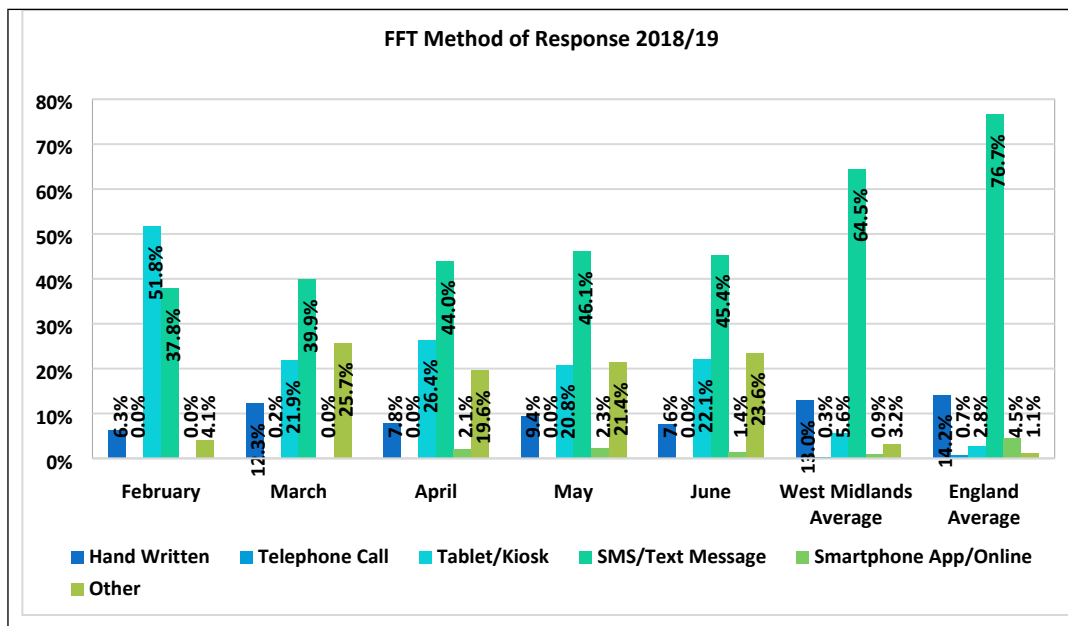
Overall 79% good and 8% poor compared to 84% good and 6% poor nationally.
There is some correlation between practices with low FFT scores and this data, however there are differences and this may be due to the way in which questions are asked in the two different surveys, with the GP survey being more specific about:

- Phone service
- Online services
- Receptionists
- Appointments
- Care at last appointment
- Managing health conditions
- Out of hours provision

Method of Response Data Comparison

Exceptions and assurance





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, 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.

4. CLINICAL EFFECTIVENESS

4.1. NICE Assurance

Guideline	Date	Linked to Peer Review	Exceptions and assurances:
Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups (QS167)	May-18		The next NICE meeting is due to be held on 12 th September 2018. 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
Epilepsies: diagnosis and management (CG137)	Apr-18		
Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173)	Apr-18	Yes	



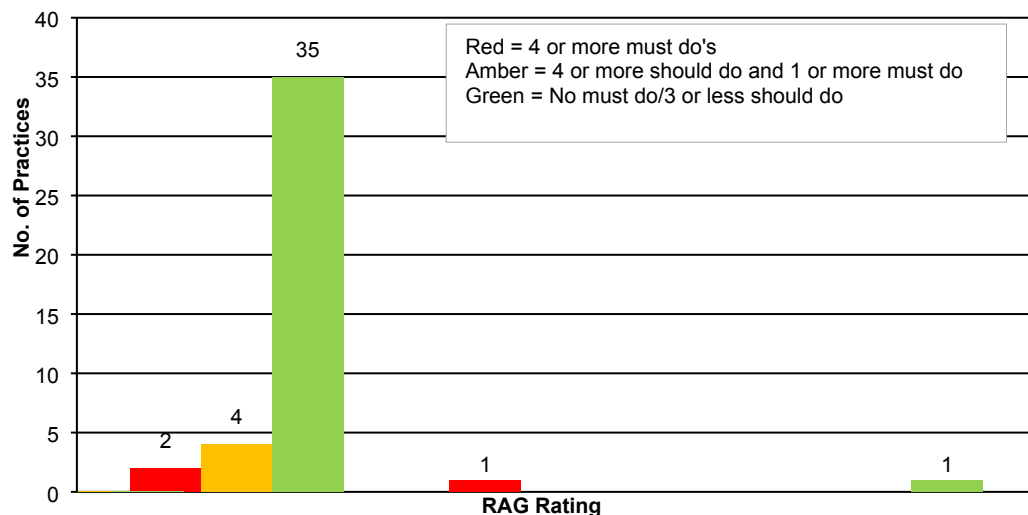
Bipolar disorder: assessment and management (CG185)	Apr-18		and relevant guidance will be discussed in line with these areas: <ul style="list-style-type: none"> • Urology • Trauma & Orthopaedics • ENT • Ophthalmology • Pain Management • Gastroenterology • Haematology • Cardiology • Dermatology • Rheumatology • Gynaecology
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	

5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

CQC Inspections and Ratings to date 2018/19												
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	33	31	34	35	35	33	33	33	33	33	33	33
Requires Improvement	3	5	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
RAG Ratings – actions from CQC inspections:							Exceptions and assurances					





There are currently two practices with a Requires Improvement rating (the third practice is now under different registration and has not yet been inspected) these are being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to both practice teams.

Collaborative contracting visits are carried out where appropriate and CQC actions plans reviewed.

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.



6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

	Activity	Exceptions and assurance	
Recruitment and retention	<p>Work continues to promote CCT fellowships in Wolverhampton.</p> <p>Student nurses at University of Wolverhampton are now sharing CVs with the CCG and these are being forwarded to GP practices with consent.</p> <p>Work is due to commence on work experience pilot.</p> <p>Stronger links with apprenticeship providers are being developed through Training Hub.</p>	No exceptions noted.	
Workforce Numbers	Group	WTE	NB - Figures are taken from NHS Digital data – some practices have not agreed to share their information and there may be higher numbers of staff than shown here. Locality Managers are encouraging practices to tick the data sharing agreement to allow CCG to view data.
	Nurses (all levels)	58.5	
	Health Care Assistants	22.3	
	Junior doctors (inc registrars)	25.1	
	Locum GPs	2.1	
	Salaried GPs	35.5	
	GP partners	73.4	
	Administration/Receptionists	244.3	
	Practice Managers	42.2	
	Apprentices	8.7	
GPN 10 Point Action Plan	<p>Action 1 - Continuation of student nurse CVs being sent to CCG and forwarded to practices</p> <p>Action 2 – Continue to support leadership programmes.</p> <p>Action 3 - Work continues to ensure student mentors have updates in conjunction with university.</p> <p>Action 4 - Induction and preceptorship is now being incorporated into the Black Country GPN Strategy. Training Hub to develop pilot programme to support this.</p> <p>Action 5 – Continue to promote Return to Practice programmes.</p> <p>Action 6 - Work Experience pilot to be developed with school on Walsall/Wolverhampton border to include practices from both areas.</p> <p>Action 7 - Sponsored places funding now confirmed. Additional training around spirometry and diabetes proposed via business case to Workforce T&F group.</p> <p>Action 8 –Advanced Clinical Practice funding decision now made, numbers low across</p>	Monthly returns are provided to NHSE on behalf of the Black Country, collated by Wolverhampton CCG.	



	<p>the Black Country. Action 9 - training programme for HCAs funding agreed by LWAB via Training Hub, this will be bolstered by additional sponsorship from pharma. Action 10 - to work with CCG re: practice resilience funding to identify opportunities to improve retention.</p>	
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6.2. Training and Development

	Activity	Exceptions and assurance
<p>Nurse</p>	<p>A business case is due to be presented to Workforce Task and Finish Group covering costs and logistics of training in:</p> <ul style="list-style-type: none"> • Spirometry – to meet with requirements of ARTP guidelines/CQC requirements • Diabetes – to ensure knowledge base in order to fulfil requirements of QoF+ • HCA training – to ensure equity of training/updates available to HCAs. <p>Practice Makes Perfect continues as per agenda. Flu training is now complete – 100 places were available and all were taken. HCA LTC training continues provided by Education for Health – respiratory update to be provided in September with 15 places available.</p> <p>Wolverhampton CCG have been approached to take part in digital clinical supervision pilot for nurses, this is at an early stage and discussions are due to be held with IM&T and senior leaders.</p>	<p>Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.</p>
<p>Non-clinical staff</p>	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> • Care navigation • Dementia friends • Practice Manager development programme 	



6.3. Training Hub update

		Exceptions and assurance
Black Country Training Hub	Awaiting update – to be provided verbally.	TBC

