

WOLVERHAMPTON CCG

GOVERNING BODY MEETING 11 SEPTEMBER 2018

Agenda item 15

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 3 July 2018 and 7 August 2018
AUTHOR(s) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 3 July 2018 and 7 August 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:	Quarterly Finance Report An update was provided around the Financial Position as at Month 3, June 2018. The Delegated Primary Care Allocations for 2018/19 as at month 3 were notes as £36.267m. The forecast outturn was noted as £36.267m, delivering a breakeven position.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our	Primary Care issues are managed to enable Primary Care Strategy delivery.



financial envelope	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Commissioning Committee met on 3 July 2018 and 7 August 2018. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 3 July 2018

2.1 Primary Care Quality Report

- 2.1.1 Ms Corrigan updated the Committee around primary care quality, providing an overview of activity in primary care and assurances around mitigation and actions taken where issues have arisen. The following issues were highlighted:

- The data provided around Infection Prevention in May 2018 showed that the audits have resulted in lower scores, common issues encountered were around the sinks being updated and damage to décor and plaster.
- The Friends and Family data was shared and it was noted that there had been issues around practices submitting data, but this has now been resolved and the last 2 months data have now been submitted.
- Ms Corrigan also presented the Friends and Family Test Policy which sets out national guidance, contractual requirements and local procedures for supporting the friends and family submission. The Policy also sets out the process for when data is not submitted. The Committee approved the Policy and noted that there will be a qualitative element to reviewing the data in future, including patient experience and working with Patient Participation Group Chairs.
- The Committee noted that there are 2 practices that have a CQC rating of requires improvement which are being monitored and supported by the Primary Care and Contracting Team with input from the Quality Team. One Practice which was previously rated as 'requires improvement', has now been rated 'good' following a revisit.

2.2 Primary Care Operational Management Group Meeting

- 2.2.1 Mr Hastings provided an update from the meeting which took place on 6 June 2018 and noted the following:



- 2.2.2 The MGS Medical Practice transition work continues and any issues highlighted have either been resolved or are being monitored at fortnightly meetings between the CCG and Contract Holders.
- 2.2.3 The Committee noted that in terms of estates, Estates and Technology Transformation Fund (ETTF) funded work continues, with one Practice commencing building work.

2.3 QOF+ Report

- 2.3.1 Ms Sherlock informed the Committee that funding had been made available to practices to undertake some preparatory work in readiness for the QOF+ 2018/19 scheme that is due to be launched in June 2018. The purpose of the QOF+ preparatory scheme was to fund practices to build 4 registers that would later serve as the basis for QOF+ 2018/19. 37 practices originally signed up to take part equating to 88% of practices in Wolverhampton and of those 20 practices, 48% submitted a return. The learning from the preparatory scheme highlighted that a number of practices struggled to run a set of searches on their clinical systems. It was noted that, in future, practices would need to be trained / supported in the process of building searches.
- 2.3.2 It was noted that there is a risk that practices may choose not to participate in QOF+ 2018 due to workload and perceived issues around searches and coding. Ms Sherlock stated that there is mitigation in place to address this including a full set of searches and templates being provided by IM&T.

2.4 Governance Arrangements for Primary Care

- 2.4.1 Mr McKenzie presented a report to ask the Committee to endorse a proposal to clarify the governance arrangements for Primary Care strategic management and development. This proposal involves the Committee taking responsibility for monitoring the implementation and development of the Primary Care strategy on behalf of the Governing Body. It is proposed that, to clarify these arrangements, this committee is given delegated authority to develop and monitor the implementation of the CCG's Primary Care Strategy and the revised arrangements have been included in the updated terms of reference. The Committee approved the new governance arrangements and noted that the Governing Body would retain overall ownership of the strategy and sign-off responsibility.

Primary Care Commissioning Committee (Private) – 3 July 2018

- 2.5 The Committee met in private to receive updates on the GP Retention Plan, feedback from the last Local Medical Committee meeting and a review of the risk register.

Primary Care Commissioning Committee – 7 August 2018

2.6 Quarterly Finance Report

- 2.6.1 Mr Gallagher provided an update around the Financial Position as at Month 3, June 2018. The Delegated Primary Care Allocations for 2018/19 as at month 3 were notes as £36.267m. The forecast outturn was noted as £36.267m, delivering a breakeven position.
- 2.6.2 The CCG planning metrics for 2018/19 were 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

2.7 Primary Care Quality Report

- 2.7.1 Ms Corrigan updated the Committee around the monthly Primary Care Quality Report and highlighted the following:
- Infection prevention audits continued to take place during July 2018, with the majority scoring a silver rating.
 - The figures for Friends and Family have made a slight improvement on last month's submission. Overall responses remain positive (86% overall would recommend their practice, 4% would not).

2.8 Domestic Violence Coding Update

- 2.8.1 Ms Corrigan presented the Domestic Violence Multi Agency Risk Assessment Conference (MARAC) Data Reporting Specification alongside the associated EIA, DPA and QIA. The work will be funded by the Home Office and the purpose of the programme is to ensure that practices can accurately track and identify any repeat domestic violence incidents and patient records that need updating with any incidents that have occurred over the last 12 months. The Committee accepted and agreed the report and associated documents. It was agreed that further discussion would take place around consideration of data sharing of patient information.

2.9 Primary Care Assurance Report

- 2.9.1 Ms Southall outlined the content of the report to the Committee, which is based on the Primary Care Strategy and General Practice Forward View (GPFV) programmes of work which was presented to the quarterly Milestone Review Board Meeting in July 2018. The report also provides an overview of activity for enhanced services, commissioned services and practice referral data.

- 2.9.2 The variability between practices of take up on pre-enhanced services such as social prescribing, primary care counselling and care navigation was noted.
- 2.9.3 The Committee queried the care navigation activity as the data is quite varied across the practices and they noted that not all practices had been included. It was reported that initially there were coding problems with the recording of information. The Primary Care Team have been working with IM&T to resolve these issues and additional training has been provided.

2.10 Primary Care Counselling Service

- 2.10.1 Mrs Southall updated the Committee around the Primary Care Counselling Service. It was noted that 975 referrals have been made into the service since May 2018, although the volume of referrals identifies a clear need for the service, there are concerns around the capacity of the service with this level of demand. A further update report will be provided to the December Committee meeting.

2.11 CCG Benchmarking Project

- 2.11.1 Mrs Southall updated the Committee around work that has been undertaken as part of the CCG Benchmarking Project. It was noted that the purpose of the Benchmarking 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 primary care.

Primary Care Commissioning Committee (Private) – 7 August 2018

- 2.12 The Committee met in private to receive items around the business case of a practice merger and the risk register.

3. CLINICAL VIEW

- 3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

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

5. KEY RISKS AND MITIGATIONS

- 5.1. Project risks are reviewed by the Primary Care Operational Management Group.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Any Financial implications have been considered and addressed at the appropriate forum.

Quality and Safety Implications

- 6.2. A quality representative is a member of the Committee.

Equality Implications

- 6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

- 6.4. Governance views are sought as required.

Other Implications

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

Name: Sue McKie

Job Title: Lay Member for Public and Patient Involvement, Committee Chair

Date: 28 August 2018



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)	Sue McKie	28/08/18

