

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
6TH NOVEMBER 2018

TITLE OF REPORT:	Primary Care Report
AUTHOR(S) OF REPORT:	Liz Corrigan
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:	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 October 2018		
Issue	Concern	RAG rating
<u>Infection Prevention</u>	Four IP audits were undertaken in October – 3 silver 1 bronze. All practices have now have aTIV flu vaccine orders Awaiting uptake figures from Immform	1b
<u>MHRA</u>	Since 1 st April 2018 <ul style="list-style-type: none"> • 29 weekly field safety bulletins with all medical device information included. • 5 device alerts/recalls • 10 drug alerts/recalls 	1a
<u>Serious Incidents</u>	None to report at present	1a
<u>Quality Matters</u>	Currently up to date: 12 open 5 overdue 3 closed	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	Details of 36 complaints received since 1 st November 2017 28 now closed 8 still under investigation	1a
<u>FFT</u>	In August 2018 <ul style="list-style-type: none"> • 5 practices submitted no data (one later supplied the data) • 1 zero submission • 2 submitted fewer than 5 responses (supressed data) 	1b
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – last meeting on 12 th September	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 and development for all staff groups including new roles continue.	1a
<u>Training and Development</u>	A training business was presented to Workforce Task and Finish Group – for further discussion. Work continues on Practice Nurse Strategy and documents. Training for nurses and non-clinical staff continues as per GPFV	1a
<u>Training Hub Update</u>	Procurement of new Training Hub provision is currently on hold – contract will be rolled over if necessary	2



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	Date	Overall audit	Waste management	Management of equipment	IP management	Environment	PPE	Sharps handling and disposal	Minor surgery room	Practice nurse room
Average Scores		93%	85%	97%	92%	87%	97%	98%	97%	93%
Ratings overview and issues identified within primary care:					Exceptions and assurance:					



<p style="text-align: center;">IP Audit Ratings 2018-19</p> <table border="1"> <caption>IP Audit Ratings 2018-19 Data</caption> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>No rating</td> <td>9%</td> </tr> <tr> <td>Bronze</td> <td>13%</td> </tr> <tr> <td>Silver</td> <td>57%</td> </tr> <tr> <td>Gold</td> <td>22%</td> </tr> </tbody> </table> <p style="text-align: center;"> ■ No rating ■ Bronze ■ Silver ■ Gold </p>	Rating	Percentage	No rating	9%	Bronze	13%	Silver	57%	Gold	22%	<p>Meeting arranged with IP to discuss use of safer sharps in primary care.</p> <p>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>
Rating	Percentage										
No rating	9%										
Bronze	13%										
Silver	57%										
Gold	22%										

MRSA Bacteraemia:

None to report this month.

Influenza vaccination programme:

Figure 2: 2017/18 Influenza Vaccine Programme activity

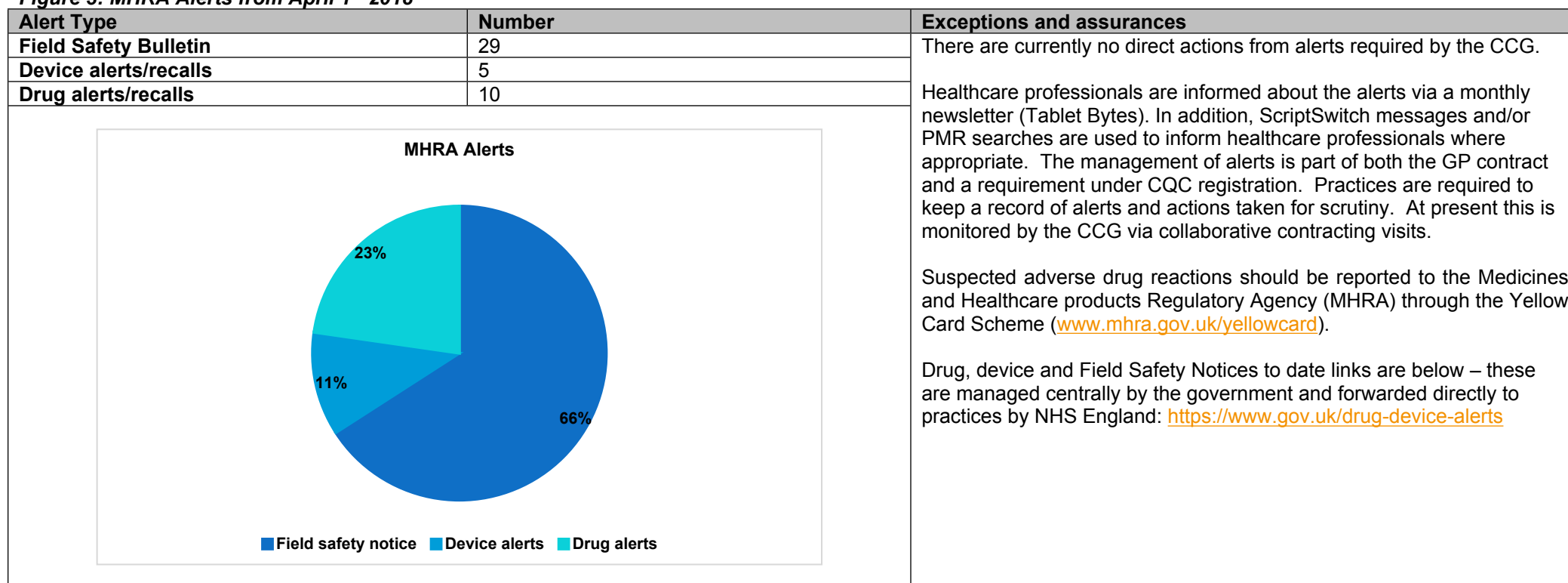
<p>Overview of practice aTIV ordering</p>
<p>All practices have flu vaccine orders.</p>
<p>Exceptions and assurances:</p>
<p>Continued monitoring of flu vaccine uptake is being undertaken by Public Health and NHSE figures will be available via Immform.</p>



The primary care flu vaccine task group has met four times and is due to meet again on 7th November to discuss the programme so far and continue to explore ways to increase uptake and ensure timely reporting.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018



2.3. Serious Incidents

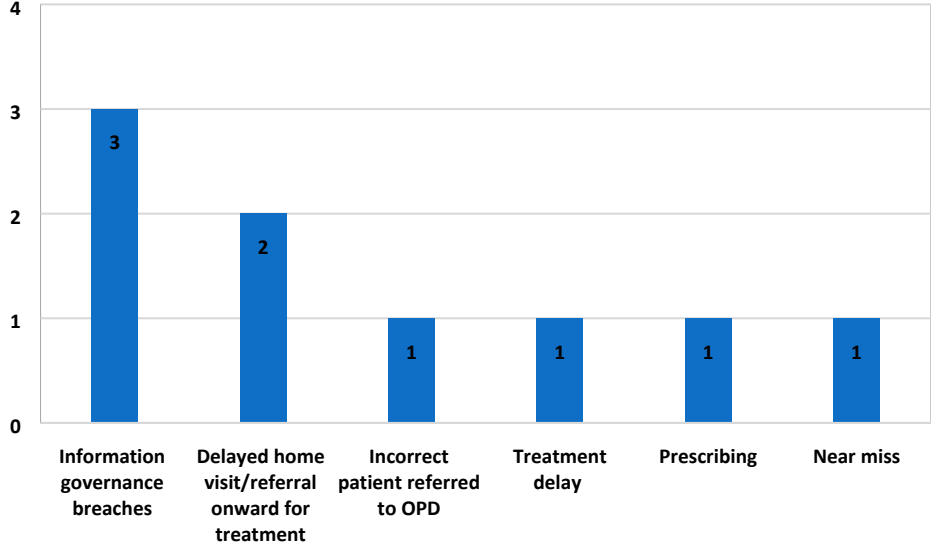
There are currently no serious incidents being investigated in primary care. All serious incidents are reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

2.3. Quality Matters

Figure 4: Quality Matters Status 2018/19 and Variance

Status in September 2018	Number (running total)	Exceptions and assurances:
Open	12	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.
Quality Matters Themes:		





Closed QMs:
No QMs were closed in October.

2.4. Escalation to NHS England

Figure 5: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review October 2018	Outcome from PPIGG
None	N/A
Exceptions and assurances:	
Nothing to report for October.	



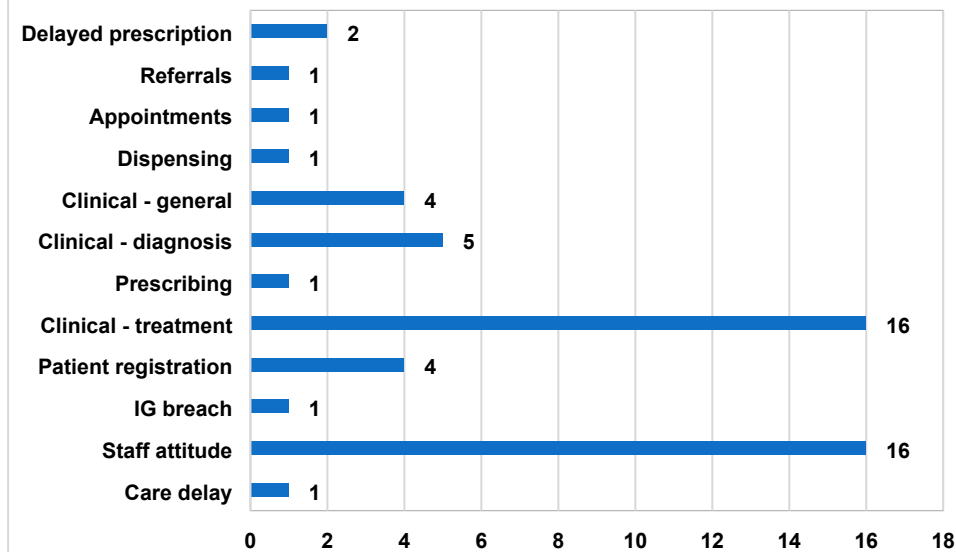
3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

	April	May	June	July	August	Sept	Oct	Exceptions and assurances:
Number	2	2	3	13	3	0	0	
<p>Complaints Numbers and Themes: Quarter 2 figures are pending.</p> <p>Where complaints have been upheld these have predominantly involved clinical issues such as treatment, delayed diagnosis or refusal to refer. There have also been issues around confidentiality breaches and staff attitude.</p> <p>36 complaints have been received from NHSE since the new process began on 1st November 2017. Themes for complaints are all shown below, please note that each complaint may have more than one theme.</p>								<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 lessons learned for CQC and for the CCG Collaborative Contracting team.</p>





3.2. Friends and Family Test

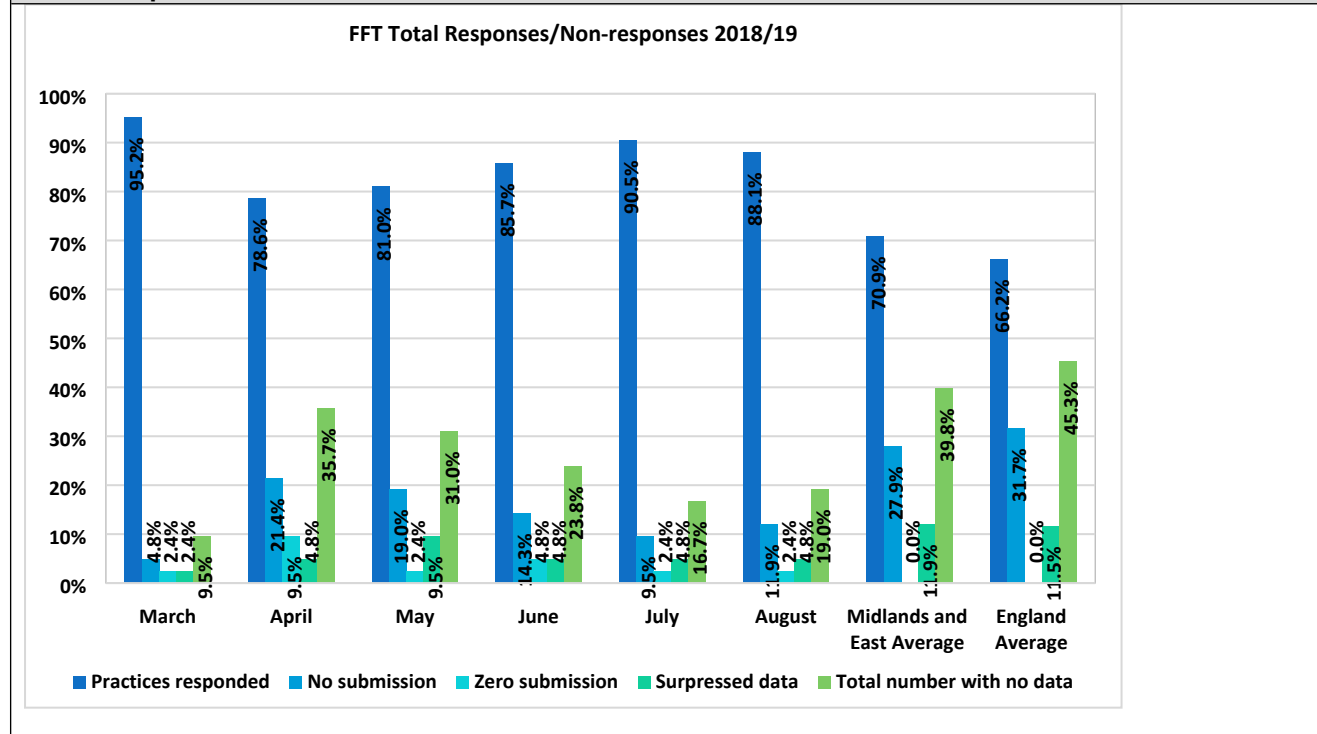
Figure 7: Friends and Family Test Data Overview 2018/19

Percentage	March	April	May	June	July	August	West Midlands	England
Total number of practices	42	42	42	42	42	42	2154	7222
Practices responded	95.2% ↑ 40/42	78.6% ↓ 33/42	81% ↑ 34/42	86% ↑ 36/42	90.5% ↑ 38/42	88.1% ↓ 37/42	70.9%	66.2%
No submission	4.8% ↓ 2/42	21.4% ↑ 9/42	19% ↓ 8/42	14.3% ↓ 6/42	9.4% ↓ 4/42	11.9% ↑ 5/42	27.9%	31.7%
Zero submission (zero value submitted)	2.4% ↓ 1/42	9.5% ↑ 4/42	2.4% ↓ 1/42	4.8% ↑ 2/42	2.4% ↓ 1/42	2.4% ↔ 1/42	N/A	N/A



Suppressed data (1-4 responses submitted)	2.4% ↓	4.8% ↑	9.5% ↑	4.8% ↓	4.8% ↔	4.8% ↔	11.9%	11.5%
	4/42	15/42	4/42	2/42	2/42	2/42		
Total number with no data	9.5% ↓	33.3% ↑	31% ↓	23.8% ↓	16.7% ↓	19.0% ↑	39.8%	45.1%
	4/42	15/42	13/42	10/42	7/42	8/42		
Response rate	1.8% ↑	1.4% ↓	1.7% ↑	1.7% ↔	1.8% ↑	1.8% ↔	0.6%	0.5%

Data Comparison **Exceptions and assurances:**



Submission rates were stable this month, overall response rate was 1.8%, still significantly better than both the regional and national averages.

Submissions are now being monitored as per FFT Policy and practices have been contacted.

Figure 8: Practices with no submission or suppressed data in July 2018

Exceptions and assurances:

Quality and Safety Committee



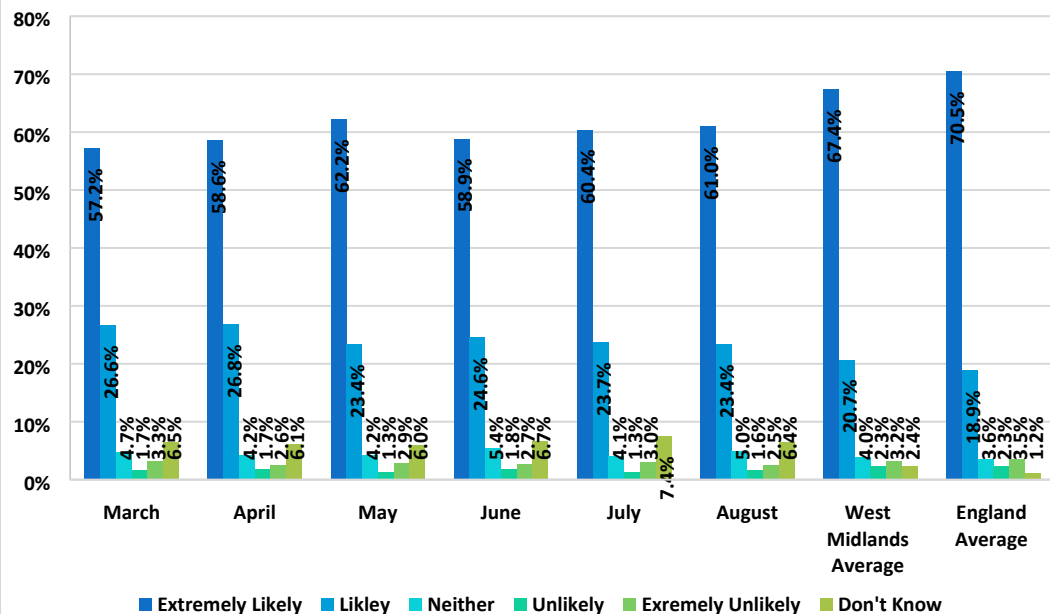
Five practices submitted no data, or suppressed data (fewer than 5 responses), one practice had had a technical issue and subsequently provided their data, a further two practices reported staff sickness as a reason for not submitting. All practices submitting no data have been contacted directly by 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.

Figure 9: FFT Ratings and Method of Response 2018/19

Ratings								
Percentage	March	April	May	June	July	August	West Midlands Average	England Average
Extremely Likely	57.2%	58.6%	62.2%	58.9%	56.7%	61.0%	67.5%	70.4%
Likely	26.6%	26.8%	23.4%	24.6%	23.7%	23.4%	20.6%	18.9%
Neither	4.7%	4.2%	4.2%	5.4%	4.1%	5.0%	3.9%	3.6%
Unlikely	1.7%	1.7%	1.3%	1.8%	1.3%	1.6%	2.4%	2.4%
Extremely Unlikely	3.3%	2.6%	2.9%	2.7%	3.0%	2.5%	3.3%	3.6%
Don't Know	6.5%	6.1%	6.0%	6.7%	7.4%	6.4%	2.3%	1.2%
Ratings Data Comparison					Exceptions and assurance:			



FFT Ratings 2018/19



Overall 84.4% would recommend their practice, 4.1% would not with ratings similar to last month, and lower than regional and national (88%/89% would recommend and 6%/5% would not) averages. This month 11.4% gave either a “don’t know” or “neither” answer compared to 6.4% regionally nor 4.8% nationally this is the same as last month. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed.

17 practices had higher than average not recommended ratings, and 15 practices lower than average would recommend ratings (with some correlation between the two), this is an increase on last month – these have been discussed with Locality Managers. Figures may be skewed as response numbers were low in some of these practices.

FFT activity continues to be monitored on a monthly basis by the Operational Management Group, and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager or locality managers and appropriate advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Wolverhampton LMC have offered to support the process to avoid the need for breach notices to be applied. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

Method of response

Percentage	March	April	May	June	July	August	West Midlands Average	England Average
Hand Written	12.3%	7.8%	9.4%	7.6%	4.4%	5.5%	13.3%	14.0%



Telephone Call	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.7%
Tablet/Kiosk	21.9%	26.4%	20.8%	22.1%	24.4%	19.3%	5.0%	2.7%
SMS/Text Message	39.9%	44.0%	46.1%	45.4%	64.0%	50.9%	67.0%	77.2%
Smartphone App/Online	0.0%	2.1%	2.3%	1.4%	1.9%	1.5%	1.0%	4.3%
Other	25.7%	19.6%	21.4%	23.6%	3.5%	22.8%	3.0%	1.1%

Methods Data Comparison	Exceptions and assurance																																																															
<p style="text-align: center;">FFT Method of Response 2018/19</p> <table border="1"> <caption>FFT Method of Response 2018/19 Data</caption> <thead> <tr> <th>Month/Region</th> <th>Hand Written</th> <th>Telephone Call</th> <th>Tablet/Kiosk</th> <th>SMS/Text Message</th> <th>Smartphone App/Online</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>March</td> <td>12.3%</td> <td>0.2%</td> <td>21.9%</td> <td>39.9%</td> <td>0.0%</td> <td>25.7%</td> </tr> <tr> <td>April</td> <td>7.8%</td> <td>0.0%</td> <td>26.4%</td> <td>44.0%</td> <td>2.1%</td> <td>19.6%</td> </tr> <tr> <td>May</td> <td>5.4%</td> <td>0.0%</td> <td>20.8%</td> <td>46.1%</td> <td>2.3%</td> <td>21.4%</td> </tr> <tr> <td>June</td> <td>7.1%</td> <td>0.0%</td> <td>22.1%</td> <td>45.4%</td> <td>1.4%</td> <td>23.6%</td> </tr> <tr> <td>July</td> <td>4.4%</td> <td>0.0%</td> <td>24.4%</td> <td>64.0%</td> <td>1.9%</td> <td>3.5%</td> </tr> <tr> <td>August</td> <td>5.5%</td> <td>0.0%</td> <td>19.3%</td> <td>50.9%</td> <td>1.5%</td> <td>22.8%</td> </tr> <tr> <td>West Midlands Average</td> <td>12.9%</td> <td>0.3%</td> <td>6.5%</td> <td>63.6%</td> <td>1.0%</td> <td>2.9%</td> </tr> <tr> <td>England Average</td> <td>14.1%</td> <td>0.6%</td> <td>2.8%</td> <td>76.9%</td> <td>4.4%</td> <td>1.1%</td> </tr> </tbody> </table>	Month/Region	Hand Written	Telephone Call	Tablet/Kiosk	SMS/Text Message	Smartphone App/Online	Other	March	12.3%	0.2%	21.9%	39.9%	0.0%	25.7%	April	7.8%	0.0%	26.4%	44.0%	2.1%	19.6%	May	5.4%	0.0%	20.8%	46.1%	2.3%	21.4%	June	7.1%	0.0%	22.1%	45.4%	1.4%	23.6%	July	4.4%	0.0%	24.4%	64.0%	1.9%	3.5%	August	5.5%	0.0%	19.3%	50.9%	1.5%	22.8%	West Midlands Average	12.9%	0.3%	6.5%	63.6%	1.0%	2.9%	England Average	14.1%	0.6%	2.8%	76.9%	4.4%	1.1%	<p>This month the majority of responses have again come via electronic media, SMS text (on a par with national and regional averages) and Tablet/Kiosk, with an increase in use of website/app and a decrease in written responses. Please note that some practices do not record the method of collection.</p>
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4. CLINICAL EFFECTIVENESS

Quality and Safety Committee

6th October 2018



4.1. NICE Assurance

Guideline	Ref	Linked to Peer Review
Neuropad for detecting preclinical diabetic peripheral neuropathy	MTG38	Yes
Pancreatitis	NG104	Yes
Preventing suicide in community and custodial settings	NG105	
Chronic heart failure in adults: diagnosis and management	NG106	Yes
Emergency and acute medical care in over 16s	QS174	
Community pharmacies: promoting health and wellbeing	NG102	
Flu vaccination: increasing uptake	NG103	
Endometriosis	QS172	Yes
Intermediate care including reablement	QS173	
Rheumatoid arthritis in adults: management	NG100	Yes
Early and locally advanced breast cancer: diagnosis and management	NG101	
Brain tumours (primary) and brain metastases in adults	NG99	
Medicines management for people receiving social care in the community	QS171	
Dementia: assessment, management and support for people living with dementia and their carers	NG97	
Hearing loss in adults: assessment and management	NG98	Yes
Spondyloarthritis	QS170	Yes
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	NG36	Yes
Rheumatoid arthritis in over 16s	QS33	Yes
Chronic heart failure in adults	QS9	Yes
Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease	TA217	
Exceptions and assurances:		
<p>The NICE meeting was held on 12th September 2018. The assurance framework around NICE guidance is 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:</p> <ul style="list-style-type: none"> • Urology • Trauma & Orthopaedics 		

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- ENT
- Ophthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology
- Gynaecology

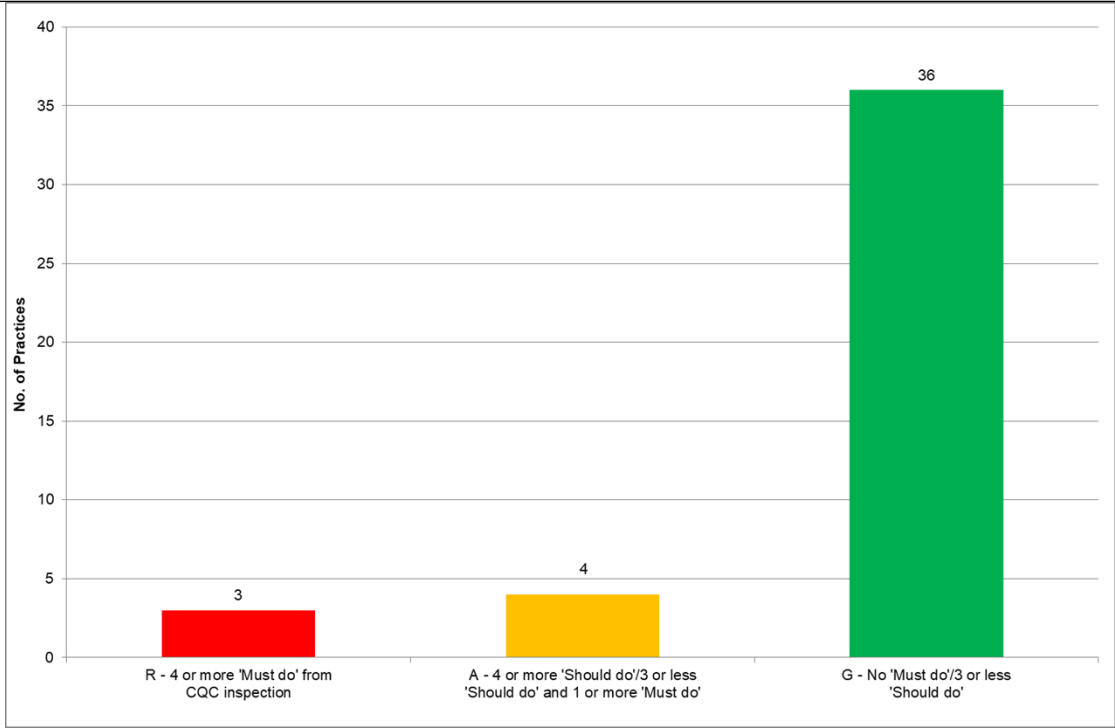
5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

Figure 10: 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	35	35	35
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, the practice manager is due to be interviewed by CQC on 25/9/18) 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 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.
- Ensure complaints are investigated fully in a timely manner.
- 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.
- Improve the number of carers registered.



6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	<p>A GP retention scheme has been agreed across the Black Country a co-design event was held at Bescot Stadium on 25th September 2018, areas identified were:</p> <ul style="list-style-type: none"> • Portfolio careers • Peer mentoring support • Pre-retirement coaching <p>International recruitment programme for GPs continues expressions of interest from practices now closed. It is hoped that 57 recruits will be attracted across the STP. NHSE are funding the first year of a 3 year contract, a revised application will be submitted at the end of October.</p> <p>A Physicians Associate internship programme is due to commence with 3 practices</p>	No exceptions noted.



	<p>now confirmed. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice offers the PA a substantive post. RWT will be working with practices with a view to twinning PAs with departments in the trust.</p> <p>Work continues to promote the Nursing Associate apprenticeship programme with scope to develop a proposal of support for practices to employ a NA apprentice or develop existing staff into this role.</p> <p>Work continues with the university to promote student placements across all professional groups (nursing, physiotherapy, PAs and paramedics)</p>																					
<p>Workforce Numbers</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>WTE</th> </tr> </thead> <tbody> <tr> <td>Nurses (all levels)</td> <td>58.5</td> </tr> <tr> <td>Health Care Assistants</td> <td>22.3</td> </tr> <tr> <td>Junior doctors (inc registrars)</td> <td>25.1</td> </tr> <tr> <td>Locum GPs</td> <td>2.1</td> </tr> <tr> <td>Salaried GPs</td> <td>35.5</td> </tr> <tr> <td>GP partners</td> <td>73.4</td> </tr> <tr> <td>Administration/Receptionists</td> <td>244.3</td> </tr> <tr> <td>Practice Managers</td> <td>42.2</td> </tr> <tr> <td>Apprentices</td> <td>8.7</td> </tr> </tbody> </table>	Group	WTE	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	<p>Figures 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.</p> <p>Further data from CCG dashboard will be shared.</p>
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Apprentices	8.7																					
<p>GPN 10 Point Action Plan</p>	<p>Action 7: A business case has been presented to Workforce Task and Finish Group for NMP to offer funding for 4 places. Business case to be discussed at committee.</p> <p>Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy continues to be developed and now includes suite of documents covering education, competencies with preceptorship and induction, and clinical supervision to be developed further. No change in September - to re-send documents for comments.</p> <p>Action 7: Wolverhampton CCG have been approached by NHSE for proposed inclusion in digital GPN clinical supervision platform pilot, discussion with IT and senior leaders due early September. Meeting regarding this will be held on 8th October.</p> <p>Action 9: Potentially 2 TNAs as part of Black Country pilot due to commence March 2019 – one may undertake the RN apprenticeship. EOIs for this programme will now be gathered by contacting HCAs directly.</p> <p>Action 9: HCA long term condition training workshops continue. These will now be developed further in conjunction with the Training Hub.</p>	<p>Monthly returns are provided to NHSE on behalf of the Black Country, collated by Wolverhampton CCG. The steering group meets on a monthly basis and includes members from all 4 CCGs and the Black Country Training Hub. It has been decided that the group will now meet face to face quarterly with virtual updates in between.</p>																				



	<p>Action 9: Currently looking at developing a pathway for Nursing associates including backfill and support from the CCG, business case from Sandwell to be shared to LC.</p> <p>Action 2 and 7: The digital clinical supervision pilot is due to go live on 1st November. This will initially only be for Wolverhampton, Blackburn and Bexley Heath but with plans to roll out across England. This will allow support sessions using Skype and LC is in the process of getting Skype for business added onto her computer so she can lead on the project.</p> <p>Action 9: Good expression of interests for Nursing associate program.</p> <p>Action 1, 2, 4, 5, 7, 8, 9 and 10: Work on the GPN Strategy is continuing and will be shared with Practice Nurse Forums for consultation.</p> <p>Action 7 Work is currently underway at looking at protected learning time across the board and continuing to work with the training hub, a service level agreement is now in place with the hub.</p> <p>Action 4: Induction plan for new Nurses currently being set up.</p> <p>Action 10: CCG are currently developing a Nurse Retention plan.</p>	
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6.2. Training and Development

	Activity	Exceptions and assurance
Nurse Training	<ul style="list-style-type: none"> • Business case covering a range of training options discussed at Workforce Task and Finish Group –currently under discussion. • A meeting is due to be held with Diabetes team at RWT around education for primary care staff. • Bid/EOI submitted to take part in Digital Nurse Champion’s pilot was unsuccessful in this round. • Wolverhampton CCG met with NHSE regarding Clinical Supervision Digital Tool pilot, this is due to start on 1st November with sessions being held via Skype, and this is currently being set up. • Practice Makes Perfect continues on a monthly basis with the 2019 programme being arranged. • Additional training sessions are being provided by the Black Country Training Hub. 	Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.



<p>Non-clinical staff</p>	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution <p>The practice manager support offer is underway. PMs have developed a skills mix matrix and identified where they have skills they can support with. A TNA has been undertaken with gaps in training identified. PMs have undergone coaching and mentoring training with more planned. Training on bid and business case writing has been identified as a need.</p> <p>NHSE will fund one place per PM on the diploma programme (Wolverhampton has also funded places)</p>	<p>No exceptions.</p>
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6.3. Training Hub update

		Exceptions and assurance
Black Country Training Hub	Procurement has been put on hold as a national solution is being proposed.	HEE continue to liaise with the Training Hub around the procurement process.

