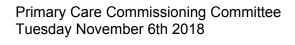


#### **WOLVERHAMPTON CCG**

### Primary Care Commissioning Committee Tuesday 6<sup>th</sup> November 2018

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	□ For Information Only
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	To provide updates to the primary care committee on primary medical services
RECOMMENDATION:	That the committee note the information provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
Reducing Health     Inequalities in     Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
System effectiveness     delivered within our     financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost





#### 1. Alternative Provider Medical Contracts Procurement

The advertisement has been live throughout October and the evaluation and moderation will take place during November with a view to bringing a paper to committee in December with the outcome of the procurement and preferred bidders.

# 2. Post Payment Verification (PPV) of the Quality and Outcome Framework (QOF) NHS England is supporting us with the above process. Four practices have been chosen at random (one from each Model of care group) by the LMC and will be visited throughout November and December for review of a number QOF of indicators in order to verify correct payment for year 2017/18.

The outcome will be presented to committee at a future date.

#### 3. Post Payment Verification (PPV) of Local Enhanced Services (LES)

NHS England is supporting us with the above process. The areas to be reviewed are simple and complex dressings and ear syringing.

An exercise will be undertaken to identify those practices where there appears to be higher than average activity/claims and review visits will follow.

The outcome will be presented to committee at a future date

## 4. Practice mergers: Grove Medical Centre with Bradley Medical Centre and Church Street Surgery, Bilston.

The dates for merger of clinical systems and contracts are as follows Bradley Medical Centre: 9<sup>th</sup> November 2018 Church Street Surgery, Bilston, 26<sup>th</sup> November 2018

Dr Suryani, Hill Street, Bradley has decided to withdraw from the merger process at this moment in time. The option to merge with Grove Medical Centre will be considered at some point in the future by both parties.

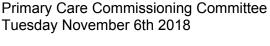
#### 5. CLINICAL VIEW

Two GP assessors will be employed to support the QOF PPV and will advise on the template to be used and indicators to be reviewed.

#### 6. PATIENT AND PUBLIC VIEW

Not applicable









#### 7. KEY RISKS AND MITIGATIONS

Not applicable

#### 8. IMPACT ASSESSMENT

#### Financial and Resource Implications

There will some financial outlay in that the GP QOF assessors will need payment. This will be at the normal hourly payment for GPs as per the GP payment policy. There may be a possibility of 'claw back' of payments to practices following both the QOF & LES PPV, although it is unlikely there will be 'claw back' form QOF payments as this a randon process and not a targeted review. The PPV of the LES may provide an opportunity for 'claw back' of payments.

#### **Quality and Safety Implications**

Not applicable

#### **Equality Implications**

Not applicable

#### Legal and Policy Implications

Not applicable

#### 8. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name Gill Shelley

Primary Care Commissioning Committee

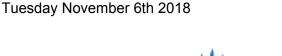
Job Title Primary Care Contracts Manager

Date: November 6th 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/	Date	







	Name	
Clinical View	N/A	6/11/18
Public/ Patient View	N/A	6/11/18
Finance Implications discussed with Finance Team	Yes	6/11/18
Quality Implications discussed with Quality and Risk Team	N/A	6/11/18
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	6/11/18
Information Governance implications discussed with IG Support Officer	N/A	6/11/18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	6/11/18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	6/11/18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	6/11/18
Signed off by Report Owner (Must be completed)	G Shelley	4/9/18



#### **BOARD ASSURANCE FRAMEWORK NOTES**

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims		Strategic Objectives		
1. Improving the quality	a.	Ensure on-going safety and performance in the system		
and safety of the		Continually check, monitor and encourage providers to improve		
services we		the quality and safety of patient services ensuring that patients		
commission		are always at the centre of all our commissioning decisions		
2. Reducing health	a.	<del></del>		
inequalities in		our Primary Care Strategy to innovate, lead and transform the		
Wolverhampton		way local health care is delivered, supporting emerging clinical		
	١.	groupings and fostering strong local partnerships to achieve this		
	b.	Deliver new models of care that support care closer to home and		
		improve management of Long Term Conditions Supporting the		
		development of Multi-Speciality Community Provider and Primary		
		and Acute Care Systems to deliver more integrated services in		
2 System offsetiveness	-	Primary Care and Community settings  Proactively drive our contribution to the Black Country STP Play a		
3. System effectiveness delivered within our	a.	leading role in the development and delivery of the Black Country		
financial envelope		STP to support material improvement in health and wellbeing for		
inancial envelope		both Wolverhampton residents and the wider Black Country		
		footprint.		
	b.	Greater integration of health and social care services across		
		Wolverhampton		
		Work with partners across the City to support the development		
		and delivery of the emerging vision for transformation; including		
		exploring the potential for an 'Accountable Care System.'		
	C.	Continue to meet our Statutory Duties and responsibilities		
		Providing assurance that we are delivering our core purpose of		
		commissioning high quality health and care for our patients that		
		meet the duties of the NHS Constitution, the Mandate to the NHS		
		and the CCG Improvement and Assessment Framework		
	a.	Deliver improvements in the infrastructure for health and care		
		across Wolverhampton The CCG will work with our members and other key partners to		
		encourage innovation in the use of technology, effective		
		utilisation of the estate across the public sector and the		
		development of a modern up skilled workforce across		
		Wolverhampton.		
		Workernampton.		





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