

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**  
**4th DECEMBER 2018**

<b>TITLE OF REPORT:</b>	Primary Care Report
<b>AUTHOR(S) OF REPORT:</b>	Liz Corrigan
<b>MANAGEMENT LEAD:</b>	Yvonne Higgins
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain OR This report is confidential for the following reasons
<b>KEY POINTS:</b>	Overview of Primary Care Activity
<b>RECOMMENDATION:</b>	Assurance only
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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 September 2018		
Issue	Concern	RAG rating
<u>Infection Prevention</u>	Four IP audits were undertaken in November – all silver rated. All practices have now have aTIV flu vaccine available but stocks are low	1b
<u>MHRA</u>	Since 1 <sup>st</sup> April 2018 <ul style="list-style-type: none"> <li>• 33 weekly field safety bulletins with all medical device information included.</li> <li>• 5 device alerts/recalls</li> <li>• 10 drug alerts/recalls</li> </ul>	1a
<u>Serious Incidents</u>	None to report at present	1a
<u>Quality Matters</u>	Currently up to date: 1 open 5 overdue 8 closed	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	Awaiting quarter 2 complaints figures	1a
<u>FFT</u>	In October 2018 <ul style="list-style-type: none"> <li>• 6 practices submitted</li> <li>• 1 submitted fewer than 5 responses (supressed data)</li> </ul>	1b
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – last meeting in early November	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 costings paper was presented to Workforce Task and Finish Group – for further development 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. The risk around this to be reviewed. Other work around training and promotion of sponsored courses continues	2

**1. BACKGROUND AND CURRENT SITUATION**

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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.

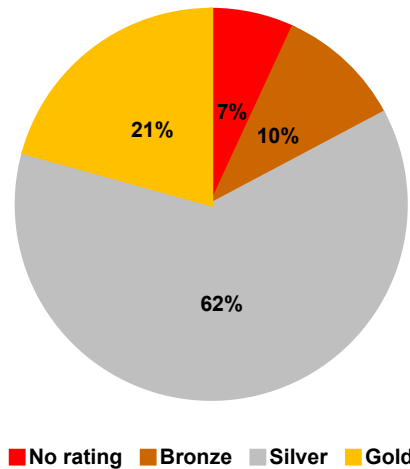
**IP Audit Ratings:** Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

**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
<b>Ave Audit Scores</b>		93%	85%	98%	92%	87%	97%	98%	97%	93%
<b>Ratings overview and issues identified within primary care:</b>					<b>Exceptions and assurance:</b>					



**IP Audit Ratings 2018-19**



Meeting held to discuss use of safer sharps in primary care – action plan in place.

Support will be provided for practices where appropriate via liaison with IP and CCG Operations Team.

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.

Liz is to shadow an IP audit visit on 29<sup>th</sup> November.

**MRSA Bacteraemia:**

None to report this month.

**Influenza vaccination programme:**

**Figure 2: 2017/18 Influenza Vaccine Programme activity**

**Overview of practice aTIV ordering**

All practices now have access to aTIV flu vaccine but stocks are low and several practices have asked for assistance to identify extra stock. NHSE continue to monitor CCG and PH activity and support around this.

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Guidance has now been provided by NHSE around ordering for 2019/10

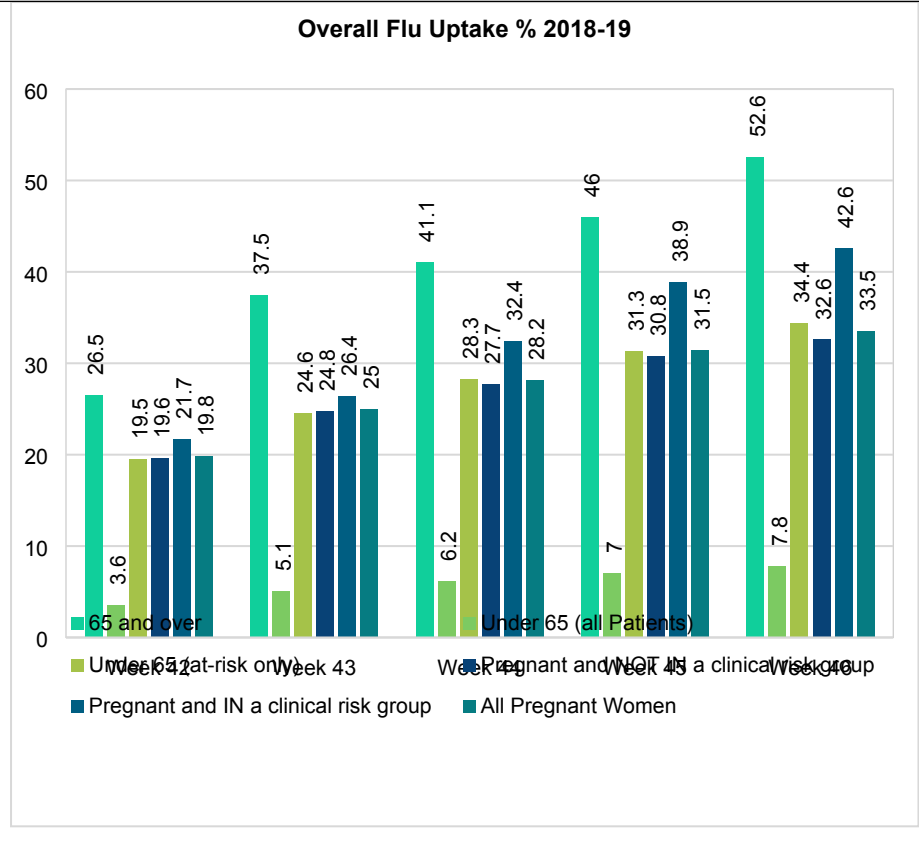
**Exceptions and assurances:**

Continued monitoring of flu vaccine uptake is being undertaken by Public Health and NHSE figures are now available via Immform but there have been issues with uploads from the practice end.

The primary care flu vaccine task group has met four times and is due to meet again in January to reflect on the 2018/19 season and prepare for 2019/20 season to discuss the programme so far and continue to explore ways to increase uptake and ensure timely reporting.

**Flu vaccination uptake**





Please note there have been some issues with the electronic upload to Immform and data may not be wholly accurate.

**2.2. MHRA Alerts**

**Figure 3: MHRA Alerts from April 1<sup>st</sup> 2018**

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11<sup>th</sup> December 2018



Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	33	<p>There are currently no direct actions from alerts required by the CCG. Learning is due to be disseminated from a coroner's report into calcium channel blocker toxicity.</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 (<a href="http://www.mhra.gov.uk/yellowcard">www.mhra.gov.uk/yellowcard</a>).</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: <a href="https://www.gov.uk/drug-device-alerts">https://www.gov.uk/drug-device-alerts</a></p>
Device alerts/recalls	5	
Drug alerts/recalls	10	

Alert Type	Percentage
Field safety notice	69%
Device alerts	10%
Drug alerts	21%

■ Field safety notice ■ Device alerts ■ Drug alerts

### 2.3. Serious Incidents

There are currently no serious incidents being investigated in primary care, however there have been two incidents relating to incorrect flu vaccines being given, one has been logged on Datix reviewed as a near miss with no further action and one is pending. 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 November 2018	Number (running total)	Exceptions and assurances:													
Open	1	Overdue QMs are currently being reviewed and closed.													
Overdue	5														
Closed	8														
<b>Quality Matters Themes:</b>		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.													
<table border="1"> <caption>Quality Matters Themes Data</caption> <thead> <tr> <th>Theme</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Information governance breaches</td> <td>3</td> </tr> <tr> <td>Delayed home visit/referral onward for treatment</td> <td>2</td> </tr> <tr> <td>Incorrect patient referred to OPD</td> <td>1</td> </tr> <tr> <td>Treatment delay</td> <td>1</td> </tr> <tr> <td>Prescribing</td> <td>1</td> </tr> <tr> <td>Near miss</td> <td>1</td> </tr> </tbody> </table>			Theme	Count	Information governance breaches	3	Delayed home visit/referral onward for treatment	2	Incorrect patient referred to OPD	1	Treatment delay	1	Prescribing	1	Near miss
Theme	Count														
Information governance breaches	3														
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Prescribing	1														
Near miss	1														





## 2.4. Escalation to NHS England

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

Incidents submitted for review November 2018	Outcome from PPIGG
One clinical issue referred to PPIGG	Awaiting meeting for outcome
<b>Exceptions and assurances:</b>	
Nothing to report at present.	

## 3. PATIENT EXPERIENCE

### 3.1. Complaints

**Figure 6: Complaints Data 2018/19**

	April	May	June	July	August	Sept	Oct	Nov	Exceptions and assurances:
<b>Num</b>	2	2	3	13	3	0	0	0	<ul style="list-style-type: none"> <li>• Actions and lessons learned identified are:</li> <li>• Reflection</li> <li>• Sharing of pathways and treatment plans – revision of current processes</li> <li>• Audit</li> <li>• Review of records</li> <li>• Discussion at practice meetings</li> <li>• Review of telephone calls and processes</li> </ul>
<p><b>Complaints Numbers and Themes:</b> Quarter 2 figures are pending.</p>									
<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>									

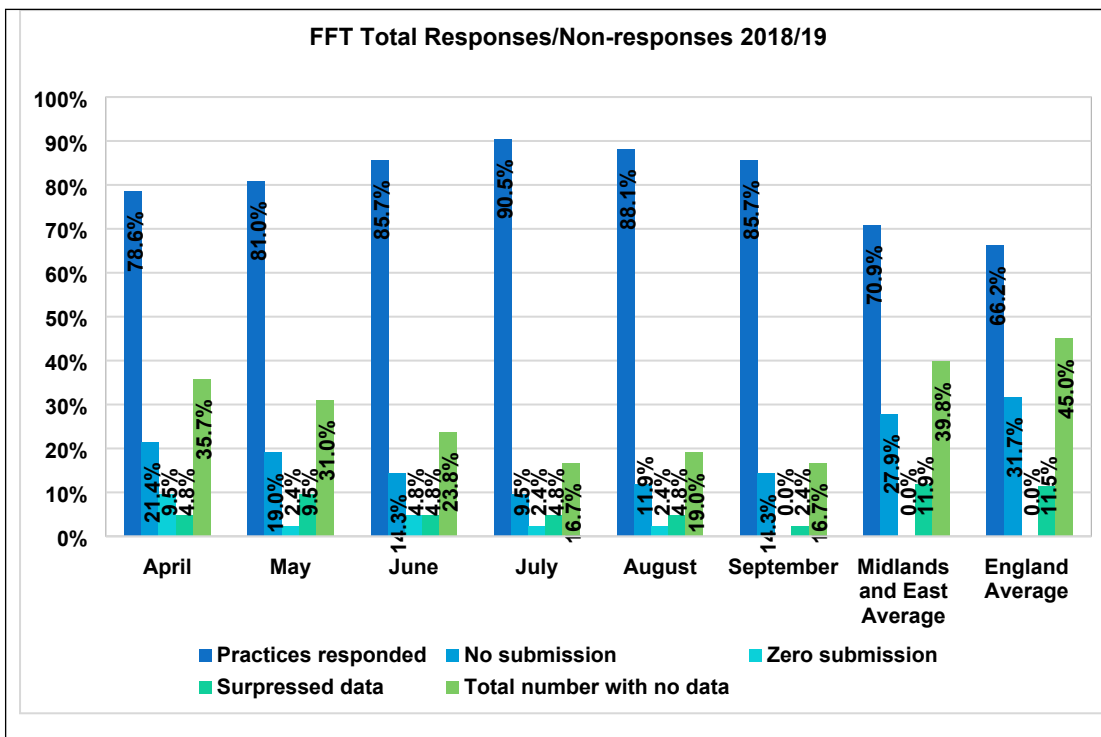


### 3.2. Friends and Family Test

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

Percentage	April	May	June	July	August	September	West Midlands	England
Total number of practices	42	42	42	42	42	42	2,037	6,866
Practices responded	78.6%	81.0%	86.0%	90.5%	88.1%	85.7%	66.4%	66.0%
	33/42	34/42	36/42	38/42	37/42	38/42		
No submission	21.4%	19.0%	14.3%	9.4%	11.9%	9.5%	27.9%	31.7%
	9/42	8/42	6/42	4/42	5/42	4/42		
Zero submission (zero value submitted)	9.5%	2.4%	4.8%	2.4%	2.4%	4.8%	N/A	N/A
	4/42	1/42	2/42	1/42	1/42	2/42		
Suppressed data (1-4 responses submitted)	4.8%	9.5%	4.8%	4.8%	4.8%	2.4%	11.9%	11.5%
	15/42	4/42	2/42	2/42	2/42	1/42		
Total number with no data	33.3%	31.0%	23.8%	16.7%	19.0%	16.7%	39.8%	45.1%
	15/42	13/42	10/42	7/42	8/42	7/42		
Response rate	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	0.6%	0.5%
Data Comparison							Exceptions and assurances:	





Submission rates were increased this month, overall response rate was 2.1%, which remains 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 supressed data in July 2018**

**Exceptions and assurances:**  
Seven practices submitted no data, or suppressed data (fewer than 5 responses including zero submissions), the overall number of practices with no or suppressed data is lower than previous months and the overall uptake has increased. 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.

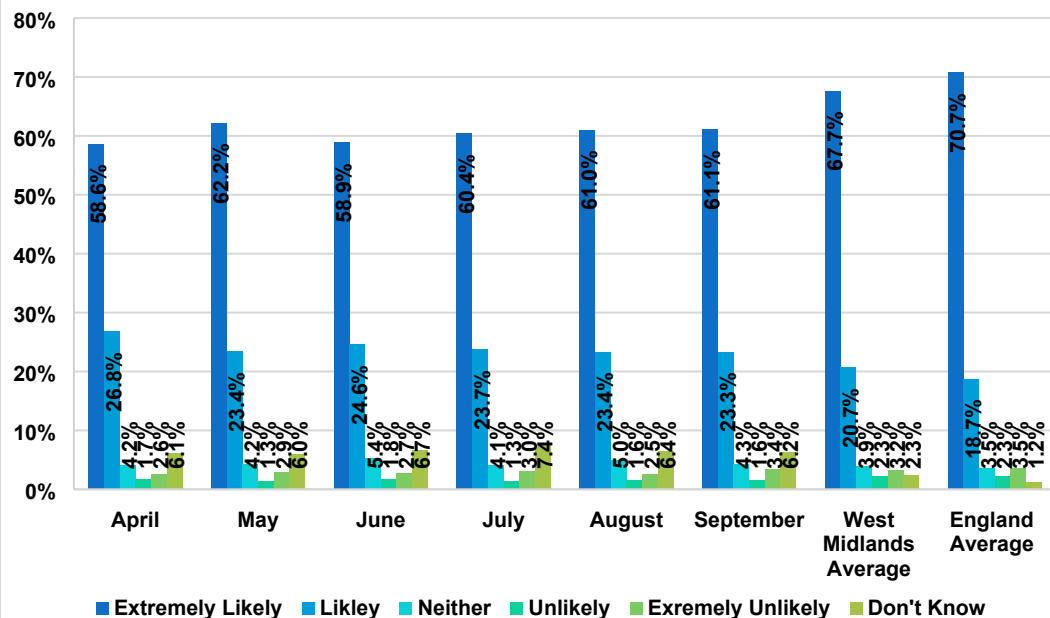


**Figure 9: FFT Ratings and Method of Response 2018/19**

Ratings								
Percentage	April	May	June	July	August	September	West Midlands Average	England Average
<b>Extremely Likely</b>	58.6%	62.2%	58.9%	60.4%	61.0%	61.1%	67.7%	70.7%
<b>Likely</b>	26.8%	23.4%	24.6%	23.7%	23.4%	23.3%	20.7%	18.7%
<b>Neither</b>	4.2%	4.2%	5.4%	4.1%	5.0%	4.3%	3.9%	3.5%
<b>Unlikely</b>	1.7%	1.3%	1.8%	1.3%	1.6%	1.6%	2.3%	2.3%
<b>Extremely Unlikely</b>	2.6%	2.9%	2.7%	3.0%	2.5%	3.4%	3.2%	3.5%
<b>Don't Know</b>	6.1%	6.0%	6.7%	7.4%	6.4%	6.2%	2.3%	1.2%
<b>Ratings Data Comparison</b>					<b>Exceptions and assurance:</b>			



FFT Ratings 2018/19



Overall 84.4% would recommend their practice, 5% would not with ratings similar to last month, and lower than regional and national (90% respectively would recommend and 5% would not) averages. This month 10.5% gave either a “don’t know” or “neither” answer compared to 6.2% regionally nor 4.7% 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.

12 practices had higher than average not recommended ratings, and 10 practices lower than average would recommend ratings (with no major 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	April	May	June	July	August	September	West Midlands Average	England Average
Hand Written	7.8%	9.4%	7.6%	4.4%	5.5%	11.3%	13.6%	13.9%



Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.6%
Tablet/Kiosk	26.4%	20.8%	22.1%	24.4%	19.3%	12.3%	6.2%	2.7%
SMS/Text Message	44.0%	46.1%	45.4%	64.0%	50.9%	59.4%	64.2%	77.4%
Smartphone App/Online	2.1%	2.3%	1.4%	1.9%	1.5%	0.9%	1.0%	4.3%
Other	19.6%	21.4%	23.6%	3.5%	22.8%	16.1%	2.9%	1.1%

Methods Data Comparison	Exceptions and assurance																																																															
<p style="text-align: center;"><b>FFT Method of Response 2018/19</b></p> <table border="1"> <caption>Data for FFT Method of Response 2018/19</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>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>9.4%</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>7.6%</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>September</td> <td>11.3%</td> <td>0.0%</td> <td>12.3%</td> <td>59.4%</td> <td>0.9%</td> <td>16.1%</td> </tr> <tr> <td>West Midlands Average</td> <td>13.6%</td> <td>0.3%</td> <td>6.2%</td> <td>64.2%</td> <td>1.0%</td> <td>2.9%</td> </tr> <tr> <td>England Average</td> <td>13.9%</td> <td>0.6%</td> <td>2.7%</td> <td>77.4%</td> <td>4.3%</td> <td>1.1%</td> </tr> </tbody> </table>	Month/Region	Hand Written	Telephone Call	Tablet/Kiosk	SMS/Text Message	Smartphone App/Online	Other	April	7.8%	0.0%	26.4%	44.0%	2.1%	19.6%	May	9.4%	0.0%	20.8%	46.1%	2.3%	21.4%	June	7.6%	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%	September	11.3%	0.0%	12.3%	59.4%	0.9%	16.1%	West Midlands Average	13.6%	0.3%	6.2%	64.2%	1.0%	2.9%	England Average	13.9%	0.6%	2.7%	77.4%	4.3%	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 (check in screens), with an increase in use of website/app and a decrease in written responses. There are also a number of responses marked as “other”, anecdotally this tends to relate to those collected via check in screens (Tablet/Kiosk). Please note that some practices do not record the method of collection.</p>
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## 4. CLINICAL EFFECTIVENESS

Quality and Safety Committee

11<sup>th</sup> December 2018



#### 4.1. NICE Assurance

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

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

## 5. REGULATORY ACTIVITY

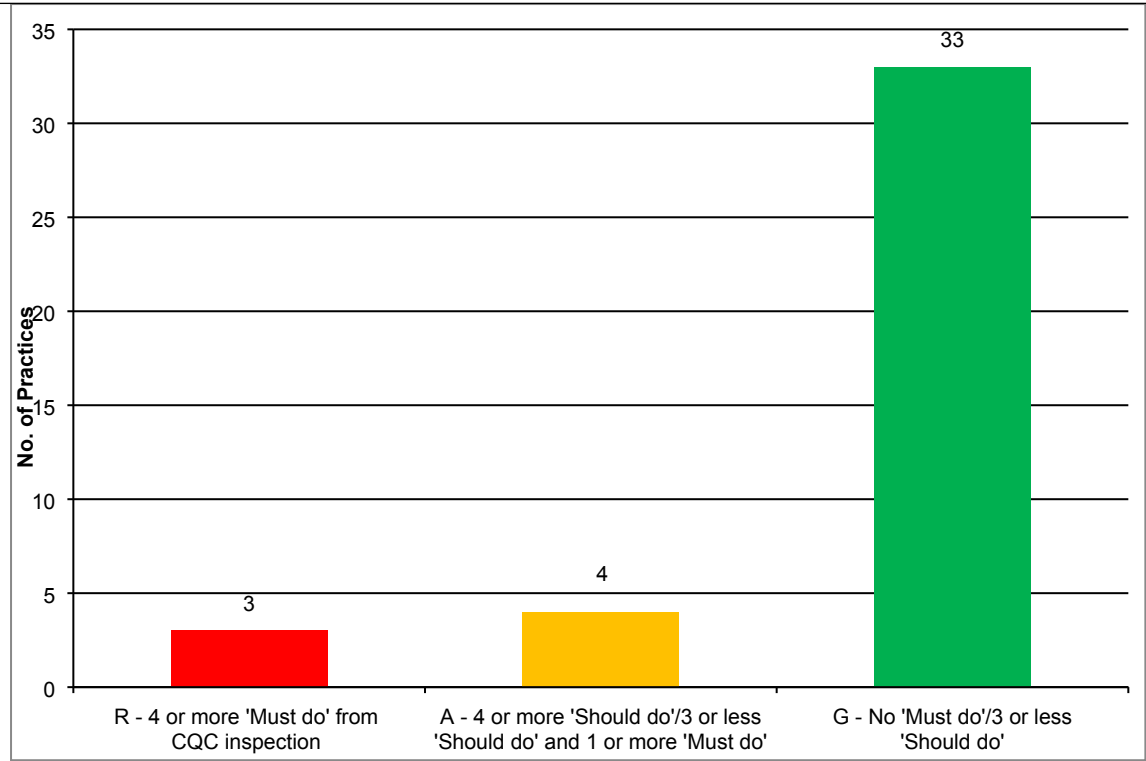
### 5.1. CQC Inspections and Ratings

*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	37	34	38	39	39	37	37	37	37	37	37	37
Requires Improvement	3	6	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
<b>RAG Ratings – actions from CQC inspections:</b>							<b>Exceptions and assurances</b>					







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 was interviewed by CQC for registration purposes 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
<b>Recruitment and retention</b>	<p>A GP retention scheme has been agreed across the Black Country several co-design events have been with areas identified:</p> <ul style="list-style-type: none"> <li>• Portfolio careers</li> <li>• First fives</li> <li>• Peer mentoring support</li> <li>• Pre-retirement coaching</li> </ul> <p>These programmes are now either being recruited to, or are out for expressions of interest.</p> <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 was</p>	No exceptions noted.



	<p>submitted at the end of October.</p> <p>A Physicians Associate internship programme is due to commence with 3 practices 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 a proposal for practices to or develop existing staff into this role being developed with support from HEE.</p> <p>Work continues with the university to promote student placements across all professional groups (nursing, physiotherapy, PAs and paramedics). There are currently 9 non-VI practices able to take on student nurses.</p>																					
<p><b>Workforce Numbers</b></p>	<table border="1"> <thead> <tr> <th>Group</th> <th>WTE</th> </tr> </thead> <tbody> <tr> <td><b>Nurses (all levels)</b></td> <td>58.5</td> </tr> <tr> <td><b>Health Care Assistants</b></td> <td>22.3</td> </tr> <tr> <td><b>Junior doctors (inc registrars)</b></td> <td>25.1</td> </tr> <tr> <td><b>Locum GPs</b></td> <td>2.1</td> </tr> <tr> <td><b>Salaried GPs</b></td> <td>35.5</td> </tr> <tr> <td><b>GP partners</b></td> <td>73.4</td> </tr> <tr> <td><b>Administration/Receptionists</b></td> <td>244.3</td> </tr> <tr> <td><b>Practice Managers</b></td> <td>42.2</td> </tr> <tr> <td><b>Apprentices</b></td> <td>8.7</td> </tr> </tbody> </table>	Group	WTE	<b>Nurses (all levels)</b>	58.5	<b>Health Care Assistants</b>	22.3	<b>Junior doctors (inc registrars)</b>	25.1	<b>Locum GPs</b>	2.1	<b>Salaried GPs</b>	35.5	<b>GP partners</b>	73.4	<b>Administration/Receptionists</b>	244.3	<b>Practice Managers</b>	42.2	<b>Apprentices</b>	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 once available and a new workforce tool will be available from NHS Digital in 2019.</p>
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<p><b>GPN 10 Point Action Plan</b></p>	<p>Action 7: A business case/options paper 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. A STP wide meeting will be held to discuss development and implementation.</p> <p>Action 7: Wolverhampton CCG are now included in a national digital GPN clinical supervision platform pilot, but there are currently some technical issues with the platform.</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: An options paper around supporting HCAs into the NA role is being discussed by the Workforce group.</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>Action 10: Currently developing a Nurse Retention plan in conjunction with STP leads.</p>	
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## 6.2. Training and Development

	Activity	Exceptions and assurance
<b>Nurse Training</b>	<ul style="list-style-type: none"> <li>• Business case/options paper covering a range of training options discussed at Workforce Task and Finish Group –currently under discussion.</li> <li>• A meeting is due to be held with Diabetes team at RWT around education for primary care staff.</li> <li>• Wolverhampton CCG Clinical Supervision Digital Tool pilot, was due to start on 1<sup>st</sup> November with sessions being held via Skype, but there are currently technical issues with the platform.</li> <li>• Practice Makes Perfect continues on a monthly basis with the 2019 programme being finalised, a protocol for management of sessions has been developed and all are now accessed via Eventbrite.</li> <li>• Additional training sessions are being provided by the Black Country Training Hub.</li> </ul>	Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.
<b>Non-clinical staff</b>	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> <li>• Care navigation</li> <li>• Medical assistant/document management</li> <li>• Dementia friends</li> <li>• Conflict resolution</li> </ul> <p>NHSE will fund one place per PM on the diploma programme (Wolverhampton has also funded places)</p>	No exceptions.



### 6.3. Training Hub update

		<b>Exceptions and assurance</b>
<b>Black Country Training Hub</b>	<p>Procurement has been put on hold as a national solution is being proposed. The risk around this will be reviewed.</p> <p>Low uptake of ACP noted across the patch – the change in rules for funding for this has probably affected the take up, practices now have to guarantee an ACP role at the end of the programme.</p> <p>A summary business case has been submitted, requesting funding for 20 V300 places across the Black Country. All LWAB money has been allocated for the current year but not spent so this would be funded through slippage – this cannot be guaranteed.</p> <p>HCA training funding is pending imminently and the Training Hub will arrange sessions.</p>	HEE continue to liaise with the Training Hub around the procurement process.

