

WOLVERHAMPTON CCG
GOVERNING BODY
12 February 2019

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body Members on matters relating to all the overall running of Wolverhampton Clinical Commissioning Group (WCCG).

2. CHIEF OFFICER REPORT

2.1 Extended Access in Wolverhampton

- 2.1.1 There have been a number of exciting developments and improvements in the provision of access to Primary Care appointments within Wolverhampton. The four groups of GPs in Wolverhampton (Wolverhampton Total Health, Wolverhampton Care Collaborative, Unity and Vertical Integration) which are made up of different GP Practices working together, have delivered key improvements for patients and these have been positively recognised by NHS England following an assurance visit.
- 2.1.2 Patients are able to access appointments from 6:30pm – 8:00pm on Monday to Friday and access is also provided on Saturdays, Sundays and Bank Holidays (hours determined by the groups) at four hubs in different geographical locations in Wolverhampton. Routine and urgent clinical appointments are both available within these hubs, and specialist clinics are also available at some of these sites. These include Diabetes Clinics and NHS Health Checks.
- 2.1.3 Currently, over 2700 additional primary care appointments are available each month across Wolverhampton. The utilisation rate of these appointments is approximately 85%. As the number of appointments available has grown over the year and promotion of services offered has increased due to a robust communications plan, the number of patients accessing them has grown. Did Not Attend (DNA) rates are lower in the hubs than in Practices offering appointments during core hours. To date, patient feedback has been very positive. This is measured using satisfaction surveys, information on NHS Choices websites, and from feedback from Patient Participation Groups (PPG).
- 2.1.4 Over the Christmas period all four hubs offered appointments on Christmas day, Boxing Day and New Year's Day, making Primary Care Services easier to access for Wolverhampton patients over the busy bank holiday period. All of the hub providers considered last year's utilisation figures to support them with planning opening hours and how many clinicians needed to be available. The groups wanted more available access to appointments on Boxing Day to ensure practices weren't saturated with demand on the 27th when they reopened. The hubs offered various types of appointments with GPs, Advanced Nurse Practitioners, Pharmacists and Practice Nurses.
- 2.1.5 Communications and advertising of the extended access has taken many forms. Information is circulated to practices, pharmacies and community venues. Practices receive information leaflets and posters to distribute themselves or via the PPG. There is also advertising in the form of a bus campaign, online advertising, and in local press. This message is supported by the national promotional campaign which uses radio advertising along with other methods.

2.1.6 The CCG Primary Care team have been working with the IT team to extend access to online services for patients. Implementation of different consultation types is a priority in both the General Practice Forward View (GPFV) and also the recently published Long Term Plan. Pilots are currently being undertaken to support the roll out and development of online services (triage and consultation) and these services are in addition to a wider plan that also includes raising awareness of prescription ordering, online booking of appointments and improved patient access. Alongside this, the introduction of a two way texting system for practices and patients to use has led to reduced DNA rates as text reminders sent to patients include a message asking patients to text back if they wish to cancel.

2.2 **Sustainability and Transformation Plan (STP)**

2.2.1 Work with the Black Country STP continues. The NHS Long Term Plan has made it clear that all STP areas are expected to evolve to become Integrated Care Systems by 2021. The previous development work done across the Black Country puts us in a good position to move this work forward. In this year's planning round the STP has to submit an annual plan based on CCG local planning to cover the next year and later in the summer, it has to submit a longer term plan as a response to the NHS Long Term Plan. The last STP stocktake meeting took place on 14 December 2018. Performance issues and system development were discussed and the STP was commended on progress and improved engagement.

2.3 **Vocare Care Quality Commission (CQC) Inspection**

2.3.1 A re-inspection of Wolverhampton Urgent Care Centre (Vocare) undertaken on 8 November 2018 has resulted in the service being rated as "good" overall. Every key question resulted in good rating. The service had previously been rated as "Requires Improvement" in February 2018. Inspectors recognised the significant improvements that had been made to the quality of care provided by the service and confirmed that it would be taken out of special measures.

2.3.2 A copy of the full report can be viewed on the CQC website: Wolverhampton Urgent Care Centre CQC Report (https://www.cqc.org.uk/sites/default/files/new_reports/AAAH9556.pdf).

2.4 **WeCAN Multi-agency Neglect Assessment Tool**

2.4.1 The Deputy Designated Nurse for Safeguarding Children (DDNSC) presented a Neglect Assessment tool that was written during her previous role, to Wolverhampton Safeguarding Board (WSB). Following the endorsement of the WSB, the tool, now named the WeCAN (Wolverhampton's Children's Assessment of Neglect) has been adapted to be in line with Wolverhampton's Thresholds of Need document and is due to become the new multi-agency assessment tool for Neglect for Wolverhampton.

2.4.2 At present, it is in the process of becoming an electronic document that is a live and ongoing assessment of each individual child that all agencies will be able to access and update whenever they have contact with a family. The vision for this is to reduce the amount of assessments that a child is having and provide the family and professionals with a clear, up to date and current plan to address any aspect of Neglect.

2.4.3 An implementation plan is in place from the WSB that is being supported by the DDNSC to ensure a robust roll out of the tool is carried out across all agencies.

2.4.4 The WeCAN will enrich and support Wolverhampton's new Neglect Strategy which is due to be launched later this year.

2.5 **Estates / IM&T**

2.5.1 IT work has started to support the transition of Bilston Urban village to the EMIS clinical system and the subsequent merger with Ettingshall Medical Centre followed by the migration of Pennfields Medical Centre from TTP to EMIS.

2.5.2 The IT team have also started the Windows 10 project, initially being rolled out at CCG Headquarters and then across the GP estate.

2.5.3 Progress has been made within the South East (Bilston) Locality with regards to Utilisation studies being completed and options papers being developed for an Estates solution in the locality. We are working with the Local Authority and Royal Wolverhampton NHS Trust and we have commissioned a building projects company, RLB to take the project up to an Outline Business Case. Meetings have taken place with the local GP Practice senior partners for input and have these have been well received. The Estates team continue to work with the North East locality and have received further Estates and Technology Transformation Fund (ETTF) funding so that business cases and options papers similar to the Bilston locality can be developed.

2.5.4 Previously agreed and supported ETTF projects are progressing and the first practice (Newbridge Surgery) in the South West Locality have targeted 1 June 2019 as a completion date for the re-development of their building which includes a large extension to add consulting rooms.

2.5.5 We are working with STP colleagues to develop our Operating Plans over both 12 months and five years. Both of these will be written from an STP perspective however we need to write our own plans to support this, particularly as we have a transition year in line with the NHS Long Term Plan.

2.6 **Expansion of Medicines Reviews in Care Homes Service**

2.6.1 NHSE provided funding for an 18 month programme across the STP. Wolverhampton already has an excellent care homes review service run by clinical pharmacists in conjunction with elderly care consultant across the city. This new service will allow for greater service provision in Wolverhampton whilst providing others across the STP to pilot a similar service in their respective area. The Medicines Optimisation Team in Wolverhampton are the leading on this programme on behalf of the STP.

2.7 **The Black Country Integrating Pharmacy and Medicines Optimisation Programme**

2.7.1 The black country STP were one of 7 pilot sites to be chosen by NHS England / NHS Improvement to explore opportunities towards embedding a cultural shift towards systems leadership. Creating the right environment and incentives to support the integration of services. Developing sustainable and autonomous systems, that can make the decisions

required to improve care in their area within their share of the budget. The Black Country Medicines Optimisation and Pharmacy Group have decided to prioritise, Transfer of Care, Medicines Safety, Mental health prescribing and polypharmacy. The Wolverhampton Medicines Optimisation Team are acting as lead CCG for this programme and plan to showcase its work at a regional event for the region.

3. CLINICAL VIEW

3.1 Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable to this report.

5. KEY RISKS AND MITIGATIONS

5.1. Not applicable to this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name	Dr Helen Hibbs
Job Title	Chief Officer
Date:	29 January 2019



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)	Dr Helen Hibbs	29/01/19

