

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**

**5<sup>th</sup> March 2019**

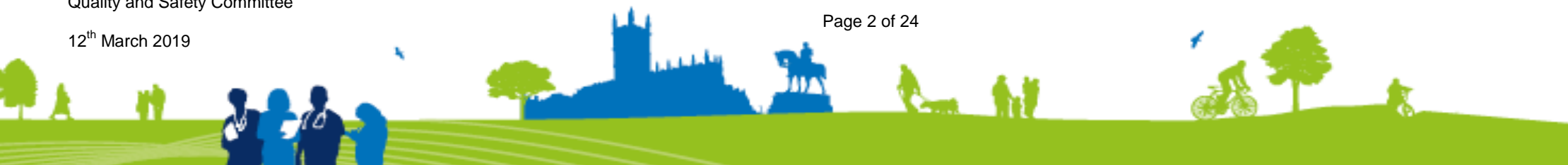
<b>TITLE OF REPORT:</b>	Primary Care Report
<b>AUTHOR(s) OF REPORT:</b>	Liz Corrigan
<b>MANAGEMENT LEAD:</b>	Yvonne Higgins
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<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	

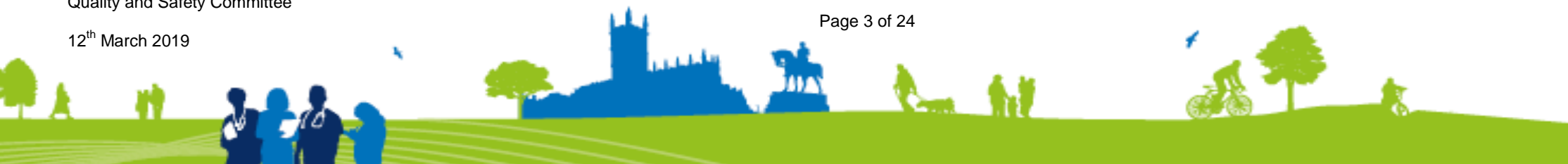


## PRIMARY CARE QUALITY DASHBOARD

RAG Ratings: 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Concern	RAG rating
<u>Infection Prevention</u>	Three IP audit have been undertaken so far in February– the overall average rating is silver. The flu vaccination programme continues and stock of all vaccines is available across the city, some flu outbreaks have been noted in care homes. Work continues to drive the improvement in the management of sepsis in primary care.	1b
<u>MHRA</u>	Since 1 <sup>st</sup> April 2018 <ul style="list-style-type: none"> <li>44 weekly field safety bulletins with all medical device information included.</li> <li>5 device alerts/recalls</li> <li>15 drug alerts/recalls</li> </ul>	1a
<u>Serious Incidents</u>	One serious incident currently under investigation at the practice	1b
<u>Quality Matters</u>	Currently up to date: 9 open 2 of these are overdue	1b
<u>Practice Issues</u>	Issues relating to DocMan, and one practice around notes returns and complaints are being managed.	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	No new complaints to report	1a
<u>FFT</u>	In January 2018 <ul style="list-style-type: none"> <li>2 practices did not submit</li> <li>2 submitted fewer than 5 responses (supressed data)</li> </ul>	1a
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
<u>CQC</u>	One practice currently have a Requires Improvement rating and is 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>	Spirometry training, Nursing Associate and HCA apprenticeship business case are currently being finalised. 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 the risk around this has been reviewed. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process.	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

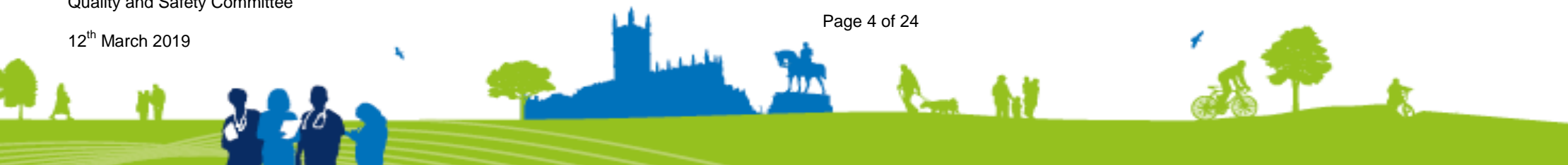
### 2.1. Infection Prevention

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.

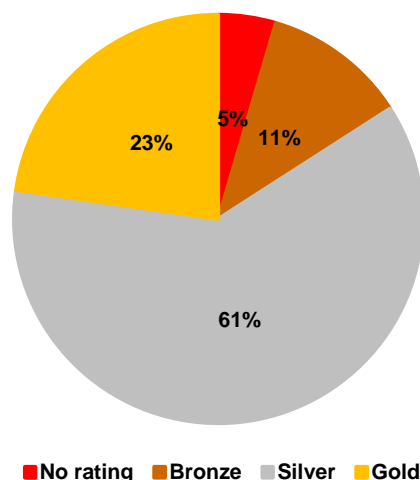
**IP Audit Ratings:** Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

*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 IP Audit Scores		94%	86%	98%	93%	89%	97%	98%	96%	94%
Ratings overview and issues identified within primary care:					Exceptions and assurance:					



**IP Audit Ratings 2018-19**



Primary Care Facilitator met with IPC Lead to discuss use of safer sharps in Primary Care, a training session was undertaken with Practice Nurses in January to highlight this and included a session on sepsis which has evaluated very positively. A further audit will be undertaken by the IP team later in the year.

Support will be provided via contracting for practices to rectify some of the cosmetic and minor estates issues affecting audit ratings.

### 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 and there are spare stocks of both aTIV and QIV available. Practices continue to vaccinate and to prioritise those in care homes and with LTCs, some outbreaks have been noted – GP surgeries to be confirmed. NHSE continue to monitor CCG and PH activity and support around this. Guidance has now been provided by NHSE around ordering for 2019/20 and practices have been made aware.

#### Exceptions and assurances:

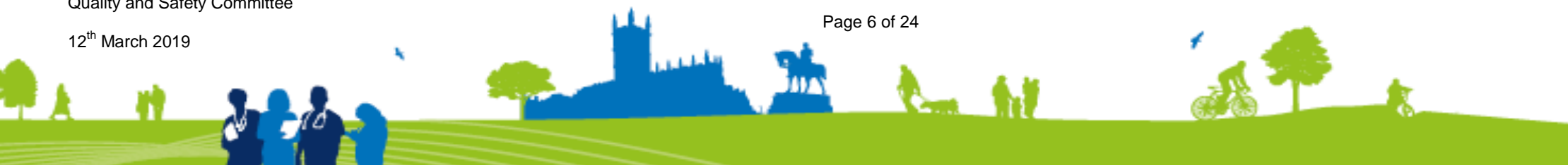
Continued monitoring of flu vaccine uptake is being undertaken. Practices are still working to vaccinate patients and are using a variety of methods to increase their uptake:



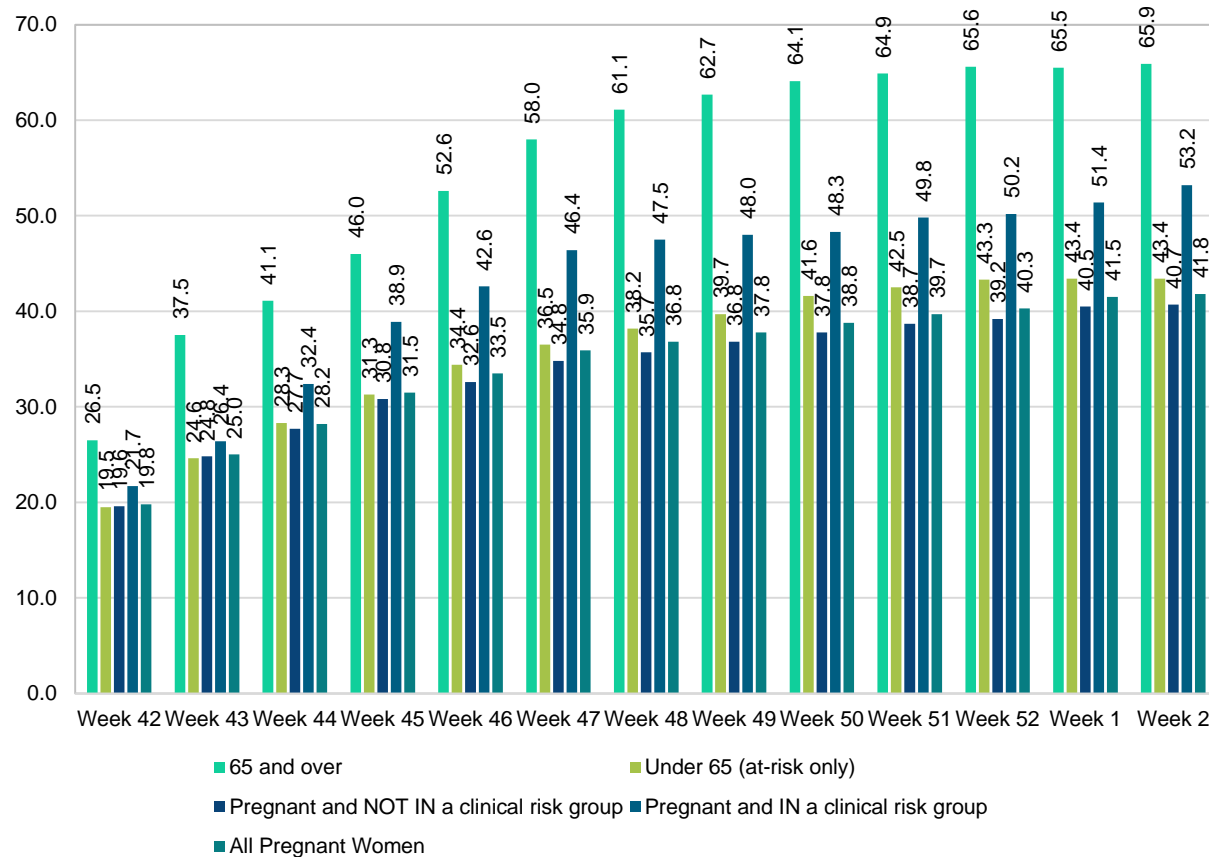
- Text messaging
- Phone calls
- Drop-in clinics
- Opportunistic vaccinations
- Signposting to pharmacy

The primary care flu group meeting will be held on 6<sup>th</sup> March and the regional screening and immunisation meeting which will have a focus on flu will be held in Birmingham on 11<sup>th</sup> March Liz Corrigan and Steve Barlow to attend.

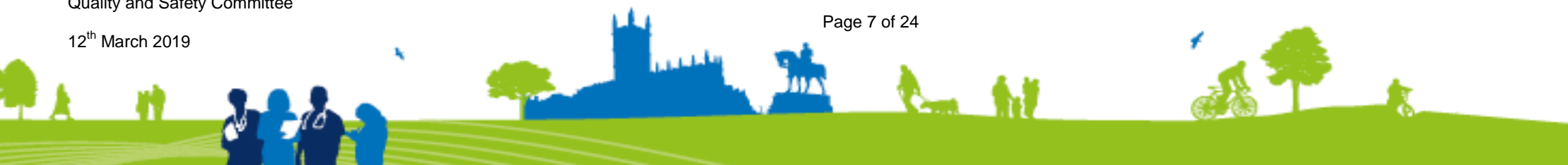
#### Flu vaccination uptake



**Overall Flu Uptake % 2018-19**



Please note there have been some issues with the electronic upload to Immform and data may not be complete. Once flu season is complete practices will be asked to provide their completed figures to ensure a full picture is available.



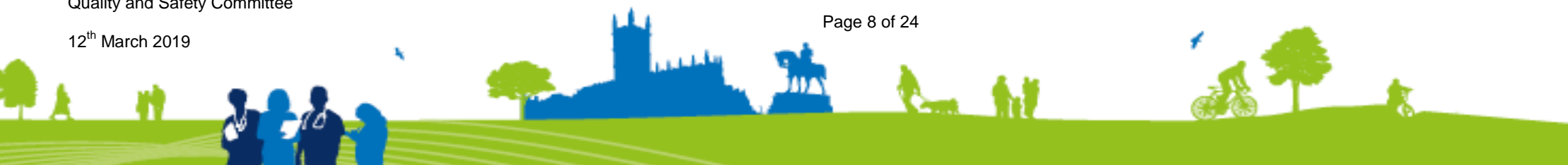
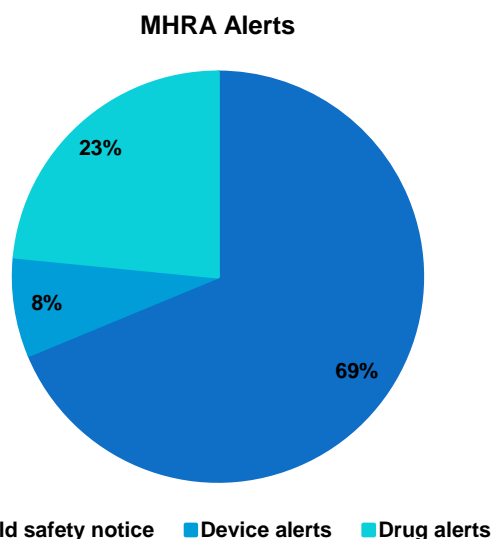
## Sepsis:

We are currently working on a sepsis action plan that includes primary care, training will be offered via Team W in March 2019. Additional work is being carried out to identify sepsis leads in primary care, and to ascertain if practices have access to pulse oximetry and what their safety netting and escalation processes are. Practice nurse and GP representation is now available in the e-coli steering group.

## 2.2. MHRA Alerts

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

Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	44	<p>There are currently no direct actions from alerts required by the CCG.</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>
Device alerts/recalls	5	
Drug alerts/recalls	15	





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## 2.3. Serious Incidents

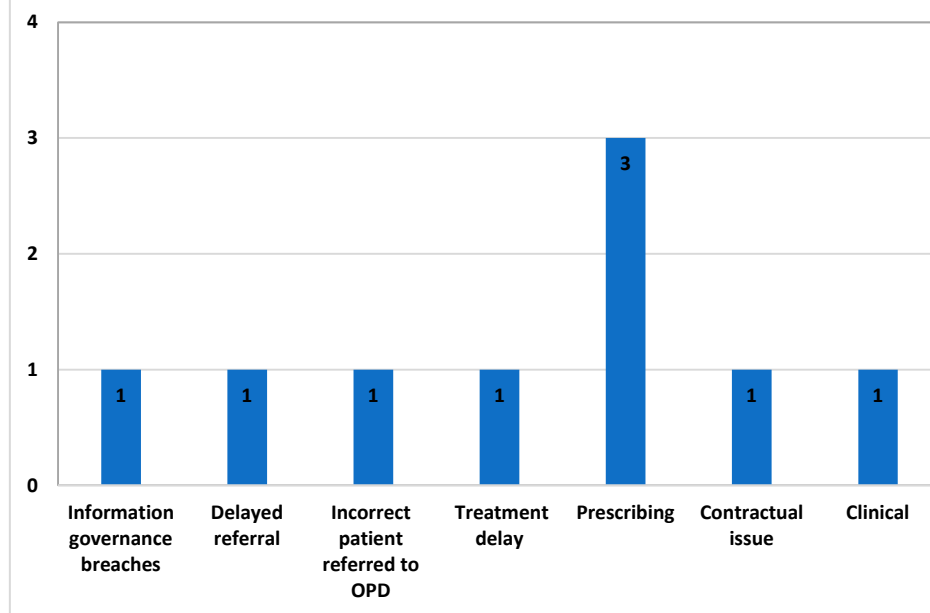
There is currently one serious incidents being investigated in primary care. All serious incidents are investigated by the practice and reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG

## 2.3. Quality Matters

**Figure 4: Quality Matters Status 2018/19 and Variance**

Figure 4: Quality Matters Status 2018/19 and Variance		Exceptions and assurances:
Status in November 2018	Number (running total)	
Open	9	
Overdue	2	
Closed	0	
Quality Matters Themes:		Overdue QMs are currently being reviewed, two are outstanding. There are currently 9 incidents open
		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.





**Closed QMs: None this month**

**Figure 5: MGS Practice Quality Action Log**



## 2.4. Escalation to NHS England

**Figure 6: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE**

Incidents submitted for review February 2018	Outcome from PPIGG
No incidents reported for February	
<b>Exceptions and assurances:</b>	
Nothing to report at present.	

## 3. PATIENT EXPERIENCE

### 3.1. Complaints

**Figure 7: Complaints Data 2018/19**

	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Exceptions and assurances:
<b>Num</b>	2	3	13	3	0	0	0	0	1	0	<p>Actions and lessons learned identified include:</p> <ul style="list-style-type: none"> <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> <li>• Conflict resolution training has been provided by the CCG</li> </ul> <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</p>



											CQC and for the CCG Collaborative Contracting team.
<b>Complaints Numbers and Themes:</b> An overview was provided in the January report. Quarter 3 figures are pending.											

### 3.2. Friends and Family Test

*Figure 8: Friends and Family Test Data Overview 2018/19*

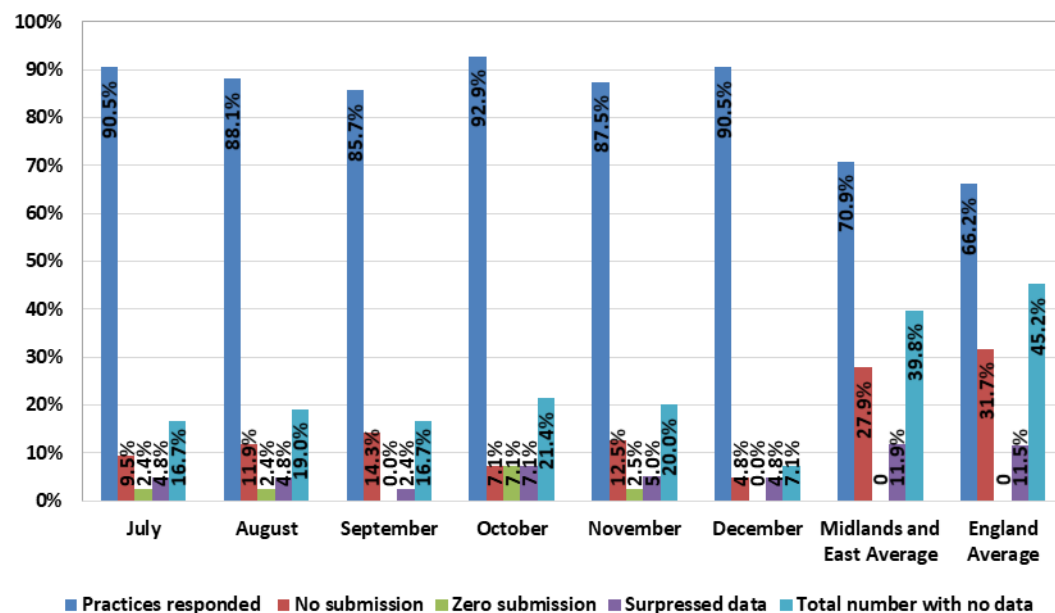
*Figure 9: Practices with no submission or suppressed data in July 2018*

Percentage	April	May	June	July	August	Sept	Oct	Nov	Dec	West Midlands	England
<b>Total number of practices</b>	42	42	42	42	42	42	42	40	40	2043	6908
<b>Practices responded</b>	78.6% 33/42	81.0% 34/42	86.0% 36/42	90.5% 38/42	88.1% 37/42	85.7% 36/42	92.9% 39/42	87.5% 35/40	90.5% 38/40	62.8%	63.3%
<b>No submission</b>	21.4% 9/42	19.0% 8/42	14.3% 6/42	9.4% 4/42	11.9% 5/42	9.5% 4/42	7.1% 3/42	12.5% 5/40	4.8% 1/40	37.2%	36.7%
<b>Zero submission (zero value submitted)</b>	9.5% 4/42	2.4% 1/42	4.8% 2/42	2.4% 1/42	2.4% 1/42	4.8% 2/42	7.1% 3/42	2.5% 1/40	0.0% 0/40	N/A	N/A
<b>Suppressed data (1-4 responses submitted)</b>	4.8% 15/42	9.5% 4/42	4.8% 2/42	4.8% 2/42	4.8% 2/42	2.4% 1/42	7.1% 3/42	5.0% 2/40	4.8% 2/40	9.4%	7.2%
<b>Total number with no data</b>	33.3% 15/42	31.0% 13/42	23.8% 10/42	16.7% 7/42	19.0% 8/42	16.7% 7/42	21.4% 9/42	20.0% 8/40	7.1% 3/40	46.7%	44.2%
<b>Response rate</b>	1.4% 1/42	1.7% 1/42	1.7% 1/42	1.8% 1/42	1.8% 1/42	2.1% 1/42	2.2% 1/42	1.8% 1/42	2.2% 1/42	0.6%	0.5%

Data Comparison	Exceptions and assurances
	Submission rates were up again this month, overall response rate



FFT Total Responses/Non-responses 2018/19



was 2.2%, which still remains significantly better than both the regional and national averages.

The LMC are providing support for practices with no or low submissions via the FFT. An action plan must be provided when a practice has 3 instances of no submission or zero/supressed data to outline how they intent to improve uptake and responses. There have been some instances where practices have had technical issues with the MJog text system but these are now resolved and were identified as human error.

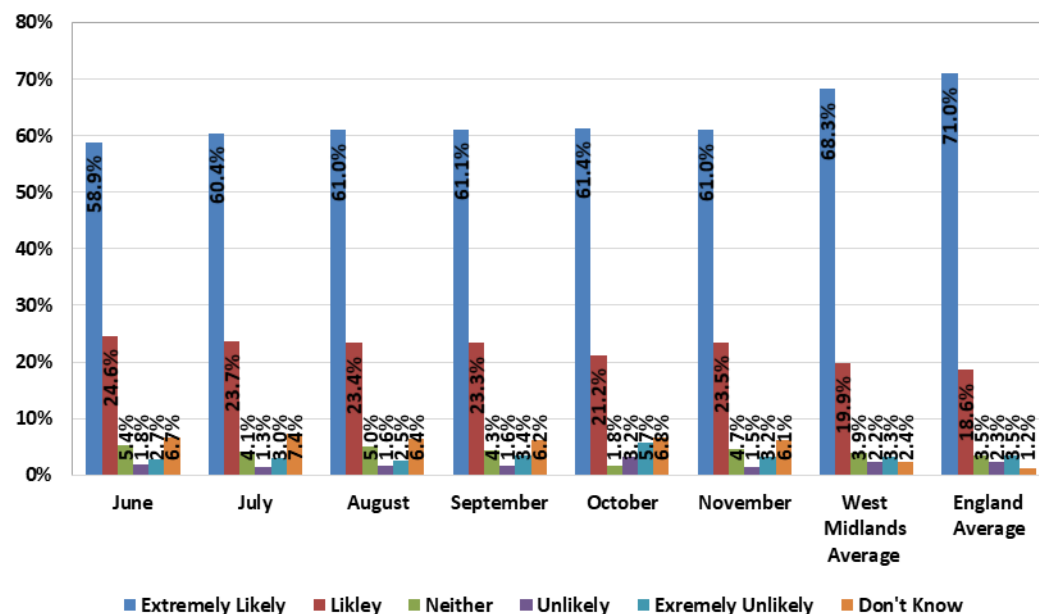


**Figure 10: FFT Ratings and Method of Response 2018/19**

Ratings								
Percentage	July	August	September	October	November	December	West Midlands Average	England Average
<b>Extremely Likely</b>	60.4%	61.0%	61.1%	61.4%	61.0%	65.6%	68.5%	71.2%
<b>Likely</b>	23.7%	23.4%	23.3%	21.2%	23.5%	20.8%	19.7%	18.4%
<b>Neither</b>	4.1%	5.0%	4.3%	1.8%	4.7%	4.0%	3.8%	3.4%
<b>Unlikely</b>	1.3%	1.6%	1.6%	3.2%	1.5%	1.7%	2.2%	2.3%
<b>Extremely Unlikely</b>	3.0%	2.5%	3.4%	5.7%	3.2%	4.0%	3.3%	3.5%
<b>Don't Know</b>	7.4%	6.4%	6.2%	6.8%	6.1%	3.9%	2.4%	1.2%
Ratings Data Comparison					Exceptions and assurance:			
					<p>Overall 86% would recommend their practice, 6% would not with ratings similar to last month, and lower than regional and national (89% and 90% respectively would recommend, 5% and 6% would not recommend) averages. The response rate for Wolverhampton is significantly higher once more so the figures may again reflect a more accurate response. This month 7.9% gave either a “don't know” or “neither” answer compared to 4.6% regionally nor 3.5% nationally. There is still a strong correlation between these responses and submission via practice check in screens as previously discussed.</p> <p>10 practices had higher than average not recommended ratings which is higher than last month, but the FFT response rates were low and this may have skewed some of the figures so it should be interpreted with caution. There were 12 practices lower than average would recommend ratings (with some correlation between the two but this varies on a monthly basis), this is higher than last month, but again, there are some low response rates that will have skewed the figures, and some of the ratings are very close to the average – these have been discussed with Locality Managers.</p>			



FFT Ratings 2018/19



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	July	August	September	October	November	December	West Midlands Average	England Average
Hand Written	4.4%	5.5%	11.3%	11.0%	5.3%	5.0%	13.1%	13.4%
Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.6%
Tablet/Kiosk	24.4%	19.3%	12.3%	8.0%	7.9%	19.0%	6.6%	2.7%
SMS/Text Message	64.0%	50.9%	59.4%	63.5%	64.4%	69.9%	66.9%	77.8%
Smartphone App/Online	1.9%	1.5%	0.9%	1.5%	1.6%	0.9%	1.1%	4.3%

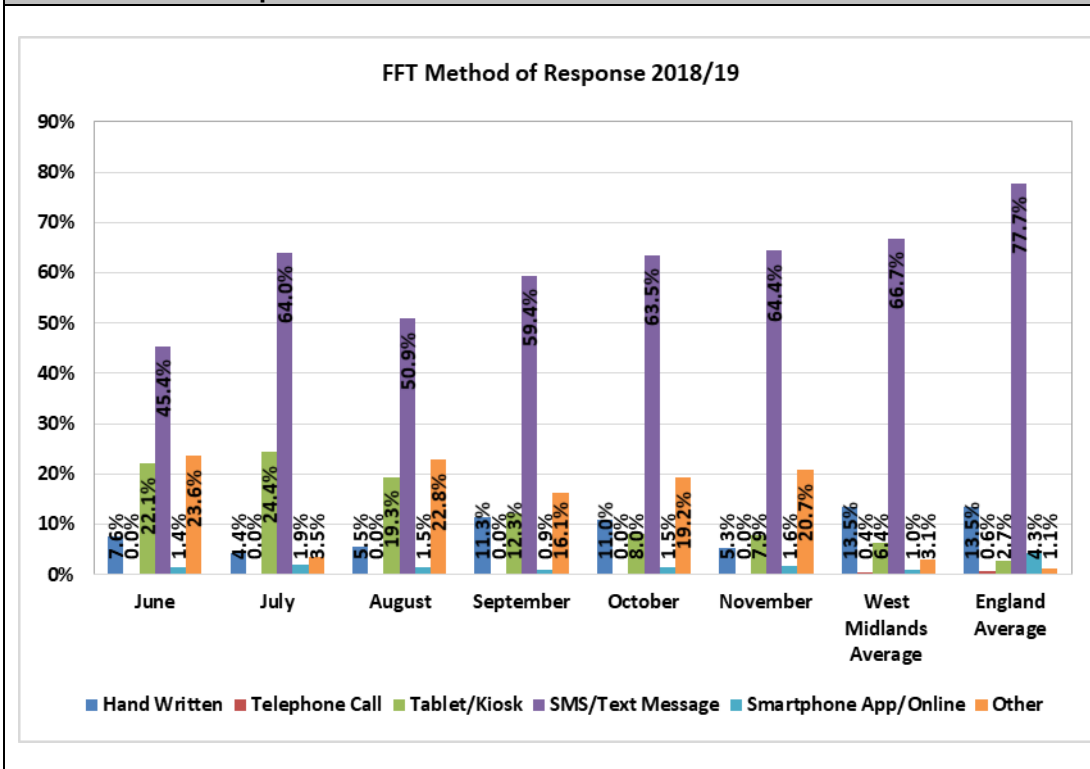
Quality and Safety Committee

12<sup>th</sup> March 2019



Other	3.5%	22.8%	16.1%	19.2%	20.7%	5.0%	3.0%	1.2%
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Methods Data Comparison	Exceptions and assurance
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This month the majority of responses have again come via electronic media, SMS text (now on a par with national and regional averages) and Tablet/Kiosk (check in screens), 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) as the practices have been unsure what the term means. Please note that some practices do not record the method of collection.

## 4. CLINICAL EFFECTIVENESS

### 4.1. NICE Assurance

Guideline	Ref	Linked to Peer Review
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Quality and Safety Committee

12<sup>th</sup> March 2019





<a href="#">Neuropad for detecting preclinical diabetic peripheral neuropathy</a>	MTG38	
<a href="#">Pancreatitis</a>	NG104	x
<a href="#">Preventing suicide in community and custodial settings</a>	NG105	
<a href="#">Chronic heart failure in adults: diagnosis and management</a>	NG106	x
<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	x
<a href="#">Intermediate care including reablement</a>	QS173	
<a href="#">Rheumatoid arthritis in adults: management</a>	NG100	x
<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	
<a href="#">Spondyloarthritis</a>	QS170	x
<a href="#">Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over</a>	NG36	
<a href="#">Rheumatoid arthritis in over 16s</a>	QS33	x
<a href="#">Chronic heart failure in adults</a>	QS9	x
<a href="#">Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease</a>	TA217	
<b>Exceptions and assurances:</b>		
<p>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:</p> <ul style="list-style-type: none"> <li>• Urology</li> <li>• Trauma &amp; Orthopaedics</li> </ul>		



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

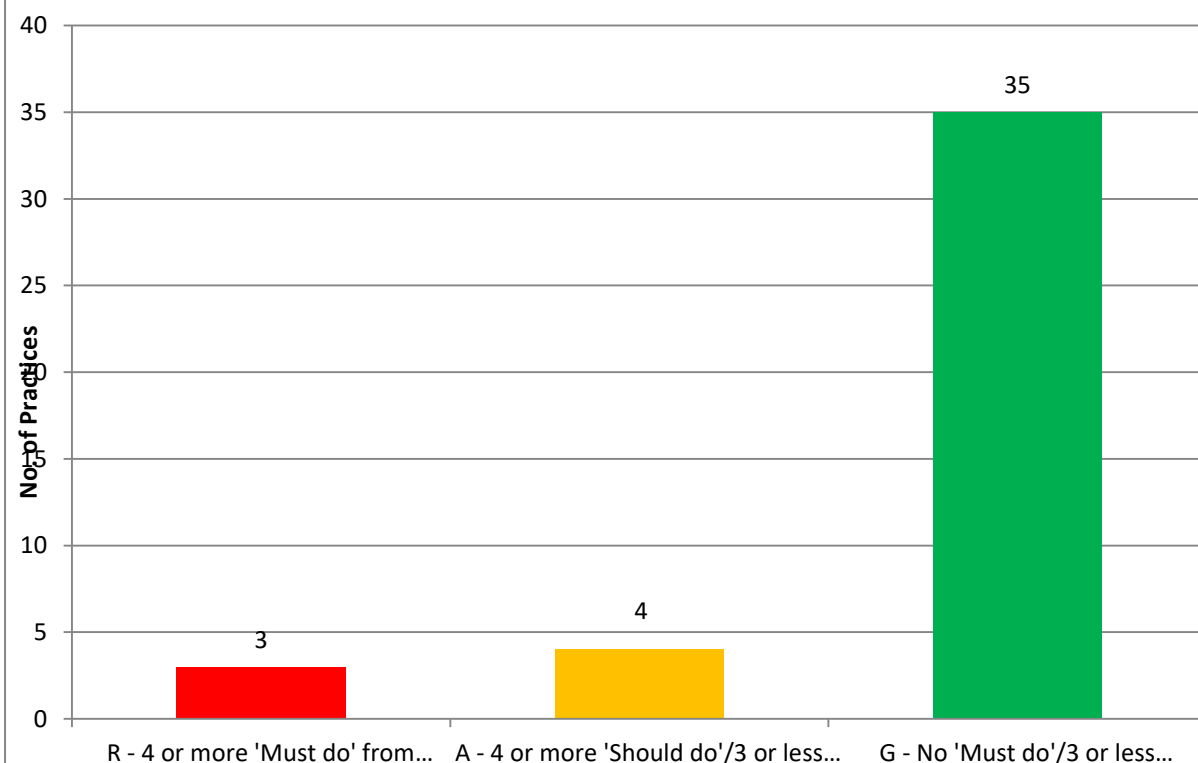
## 5. REGULATORY ACTIVITY

### 5.1. CQC Inspections and Ratings

*Figure 11: 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	38	34	39	40	40	37	38	38	38	37	37	37
Requires Improvement	3	7	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 is currently one practice with a Requires Improvement rating (one practice has now merged with another provider and 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) this is being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to 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.
- Effective systems in place for prescribing and monitoring high risk medication required

**Figure 12: Collaborative Contracting Visit Schedule 2018/19**

## 6. WORKFORCE DEVELOPMENT

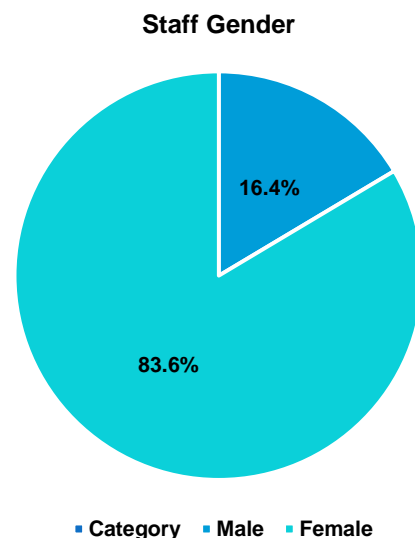
### 6.1. Workforce Activity

	Activity	Exceptions and assurance
<b>Recruitment and retention</b>	<p>The practice nurse retention scheme is being developed the same vein as the GP programme – an event was held on 13th February and funding has been secured from NHSE for £32,500. The outcomes from this meeting will be presented once all events have been held across the Black Country.</p> <p>A fast-track practice nurse induction programme has been developed by Dudley CCG which will get staff practice ready within 12 weeks, 4 nurses from Wolverhampton are booked on this programme.</p>	No exceptions noted.



	The Physicians Associate internship programme has gone out to advert and will commence later this year.																								
Workforce Numbers	Group	FTE	Variance last month	Figures taken from NHS Digital data are for September 2018 with the next update due next month – 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. There is some variance which may reflect this.  A breakdown of staff ages shows that 36.5% are over the age of 55.  A new workforce tool is now available from NHS Digital.																					
	Advanced Nurse Practitioners	19.6	-0.2																						
	Practice Nurse	51.2	+1.5																						
	Health Care Assistants	25.8	+0.1																						
	Registrars	6.6	-1.8																						
	Locum GPs	2.5	-0.6																						
	Salaried GPs	34.2	+0.8																						
	GP partners	91.7	+4.1																						
	Administration/Receptionists	274.5	+17.2																						
	Practice Managers	54.1	+0.8																						
Apprentices	4.8	-1																							
<div>Breakdown of Staff Ages</div> <table><thead><tr><th>Age Group</th><th>Percentage</th></tr></thead><tbody><tr><td>Under 18</td><td>0.4%</td></tr><tr><td>18-29</td><td>7.6%</td></tr><tr><td>30-34</td><td>8.2%</td></tr><tr><td>35-39</td><td>8.6%</td></tr><tr><td>40-44</td><td>8.6%</td></tr><tr><td>45-49</td><td>11.2%</td></tr><tr><td>50-54</td><td>18.8%</td></tr><tr><td>55-59</td><td>18.5%</td></tr><tr><td>60-64</td><td>13.2%</td></tr><tr><td>65 and over</td><td>4.8%</td></tr></tbody></table>				Age Group	Percentage	Under 18	0.4%	18-29	7.6%	30-34	8.2%	35-39	8.6%	40-44	8.6%	45-49	11.2%	50-54	18.8%	55-59	18.5%	60-64	13.2%	65 and over	4.8%
Age Group	Percentage																								
Under 18	0.4%																								
18-29	7.6%																								
30-34	8.2%																								
35-39	8.6%																								
40-44	8.6%																								
45-49	11.2%																								
50-54	18.8%																								
55-59	18.5%																								
60-64	13.2%																								
65 and over	4.8%																								





**GPN 10 Point Action Plan**

- Action 1, 2, 4, 5, 7, 8, 9 and 10: work on the GPN Strategy is continuing this is now open for consultation with nurses, practice managers and the LMC.
- Action 1: Work experience pilot has been set up between a local secondary school, CCG, Public Health, Pharmacy and GP practices and to promote the role of the GPN through case studies.
- Action 2, 4 and 10: Wolverhampton CCG are now taking part in the national Digital Clinical Supervision pilot, the first sessions have been held - technical issues persist but a work around has been identified that will continue for the duration of the pilot.
- Action 3: there are currently 16 practices offering student nurse placements, there are plans by the university to further increase this with the changes to NMC mentorship standards. The CCG continue to offer student placements and to date 5 student nurses have been hosted.
- Action 4: Fast-track induction for GPNs in conjunction with other CCGs and Training

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, the next face to face meeting will be in April.



	<p>Hub is due to commence in March this also forms part of the strategy with 4 nurses booked on.</p> <ul style="list-style-type: none"> <li>Action 5: Further work is being developed to promote the Return to Practice programme.</li> <li>Action 7: Nurse Education forum continues on a monthly basis. An International Nurse's Day event is being planned for the May session.</li> <li>Action 9: An options paper around support for Nursing Associate apprenticeships in primary care was tabled and discussed at Milestone Review Board, this will be discussed further at Primary Care Commissioning Committee.</li> <li>Action 9: HCA long term condition training workshops are now complete. Further sessions have been developed further in conjunction with the Training Hub.</li> <li>Action 9: A business case has been presented considering HCA apprenticeships to allow current non-clinical staff in practice to develop clinical skills as part of a development programme linked with the NAA programme. This is to be discussed at STP level before commencing.</li> <li>Action 10: Work is due to commence on developing a local Nurse Retention plan which will now be led across the STP with an engagement session due in February.</li> </ul>	
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## 6.2. Training and Development

	Activity	Exceptions and assurance
<b>Nurse Training</b>	<ul style="list-style-type: none"> <li>Spirometry training in primary care is now booked for April and June with 16 places available.</li> <li>The Nursing Associate Apprenticeship business case is due to be discussed at Primary Care commissioning Committee.</li> <li>HCA apprenticeship business case is awaiting final approval from STP – funding for this is set by NHSE and can only be used for this initiative.</li> <li>Practice Makes Perfect continues on a monthly basis, uptake has increased slightly.</li> <li>Additional clinical training sessions are being provided by the Black Country Training Hub.</li> <li>Clinical HCA training provided from the Training Hub is due to start early in March.</li> </ul>	Business cases to be reviewed at Primary Care Commissioning Committee following revisions.



	<ul style="list-style-type: none"> <li>Fast-track GPN induction programme is due to start early in March 2019 led by Dudley with logistical support from the Training Hub – 4 new nurses are booked on this programme.</li> <li>New NMC validated pre-registration nursing course has been launched there is scope to embed skills required in general practice in this programme.</li> </ul>	
<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> <li>Practice Manager training</li> <li>Customer services</li> <li>Bid writing</li> </ul>	No exceptions.

### 6.3. Training Hub update

		<b>Exceptions and assurance</b>
<b>Black Country Training Hub</b>	Procurement has been put on hold as a national solution is being proposed. The risk around this has been reviewed.	<p>HEE continue to liaise with the Training Hub around the procurement process.</p> <p>As the Training Hub project manager has now left post a temporary PM will be brought in to support the CCG. Awaiting approval via SMT on 20/12/18.</p>
<b>LWAB</b>	Bi-monthly update, next update due in April.	

