

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 5 February 2019 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP (non-voting)	Yes
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes (part meeting)
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhani	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gayten	Independent Patient Representative	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Lesley Sawrey	Deputy Chief Finance Officer	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Jon Denley	Director of Public Health	Yes
Diane North	PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC443 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies

WPCC444 Apologies were submitted on behalf of Mr T Gallagher, Mrs L Corrigan and Drs H Hibbs, M Kainth and B Mehta (LMC).

Declarations of Interest

WPCC445 Drs Bush and Reehana declared that as a GP they had a standing interest in all the items relating to primary care.

Dr Bush declared an interest in Item 8a, Minor Surgery as his practice provided this service, however as the item under discussion was to note a virtual decision this did not constitute a conflict of interest.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care.

Mrs Gaytten declared that, as her employment with the University of Wolverhampton involved interaction with GP practices, she had a standing interest in all items relating to Primary Care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 4 December 2018

WPCC446 The minutes from the meeting held on 4 December 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC447 There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC448 **Minute Number WPCC436 – Healthwatch Wolverhampton: GP Communication Report (Action 24).** Discussions on the recommendations continued. An update to be provided at the next meeting.

Minute Number WPCC439 – Enhanced Services (Action 25). The revised service specification was circulated to committee members on 09/01/19. **Action closed.**

Minute Number WPC439 – Enhanced Services (Action 26). Operational Management Group to provide a process for urgent approvals.

Minute Number WPC440 – Unprocessed Files associated with Docman (Action 27). Investigations had been undertaken into potential alternatives to Docman however it was noted that none offered equivalent functionality, particularly as Royal Wolverhampton Trust (RWT) had invested in a Docman solution. It was noted that further assurance that the ongoing Docman 10 rollout would resolve the unprocessed files was required.

Minute Number WPC440 – Unprocessed Files associated with Docman (Action 28). It was confirmed that claims totalling c. £29,000 had been received from practices with the majority of claims now resolved. **Action closed.**

Finance Position – Month 9 Update

WPC449 Ms Sawrey presented the report on behalf of Mr Gallagher, which gave the committee its regular quarterly update on Primary Care finances. She highlighted that, in response to previous feedback from the committee, the report not only gave details of financial performance in relation to the budgets delegated from NHS England, but also funding from the CCG's own financial allocation used to fund Primary Care services.

Ms Sawrey advised that at Month 9 the delegated budget position was forecasted to breakeven and to meet the required financial metrics set by NHS England, including achieving a 1% level of contingency. She advised that the budget position included an additional uplift of £304,000 to provide for changes in the global sum based on Quarter 3 list sizes across the CCG. She also highlighted the funds available through the Primary Medical Services (PMS) premium. These were planned for investment in additional services in primary care, including in reach into care homes and social prescribing.

Details were also given of funds committed across Primary Care and the impact of additional cost pressures on the prescribing budget, including as a result of no cheaper stock being available. In response to a question, Ms Sawrey advised that a number of factors impacted on this element of the prescribing budget, including the UK's impending exit from the European Union. It was noted that the table in the report on the prescribing budget had been updated and would be circulated to committee members after the meeting.

Dr Bush referred to the recently announced GP contract for 2019/20 and asked whether the impact of the provisions within it had been modelled. Ms Sawrey advised that, it had not yet been modelled and that the CCG's draft financial plan submitted to NHS England assumed that any additional funding required for Primary Care as a result of the new contractual arrangements would be met from delegated rather than CCG budgets.

RESOLVED:

- **That the revised prescribing information be circulated to Committee members.**
- **That the update on the Month 9 finance position be noted.**

Primary Care Operational Management Group Update

WPCC450 Mr Hastings presented the Primary Care Operational Management Group Update, highlighting that matters discussed at the most recent meeting had included: -

- Work to plan for the mobilisation of the Alternative Primary Medical Service (APMS) awarded at the last meeting was now underway. Both the incoming and outgoing providers had engaged with the process and were actively participating.
- The clinical IT system work associated with the APMS mobilisation (which included both a merge and migration) was planned in to ensure resources were committed.
- Discussions had taken place with NHS England around the support provided via the Primary Care Hub. Mr Dhami confirmed that the hub would continue to provide equivalent support to that currently available.
- Work continued to develop options to deliver improvements in Primary Care estates, including in the Bilston and Oxley areas. In response to a question, Mr Hastings confirmed that in line with both ongoing work and the implications of the new GP contract, it was recognised that investment in estates would be required to support hub working across Primary Care networks.
- In response to work undertaken by the Primary Care team to develop a 12 month programme of work, the group would assess the operational requirements to support the implementation of the CCG's Primary Care priorities.

RESOLVED: That the update is noted.

Primary Care Contracting Update

WPCC451 Ms Shelley provided an update on primary care contracting to the committee

The report highlighted that the Quality Outcomes Framework (QOF) Post Payment verification (PPV) process reported to the last meeting of the committee would take place in February. In addition, a PPV would take place in relation to enhanced services, done via tabletop exercise to identify practices that were outliers in relation to the level of claims.

RESOLVED: That the update was noted.

Sally Roberts joined the meeting

Primary Care Strategy Quarterly Assurance Update

WPCC452 Ms Southall presented the report on behalf of Ms Reynolds, giving an update on the implementation of the CCG's Primary Care strategy and GP Forward View (GPFV) programmes of work.

The report included highlights of the work of each of the individual workstreams associated with both the Strategy and GPFV, which Ms Southall advised would be combined into a single Primary Care work programme aligned with STP priorities for 2019/20 onwards. The majority of actions in relation to both programmes of work were either completed or on track. Where a number of actions relating to the GPFV were not on track, the milestone review board had agreed a remedial action plan. This included a number of IT based projects such as online consultations where, although technical solutions had been implemented, work was still required to ensure uptake of the programme was sufficient to demonstrate the benefits in terms of patient access. She also highlighted the following key points:-

- The referral rates for both Social prescribing and the Primary Care Counselling service had been discussed in detail. A number of actions had been agreed with the providers of these services to continue to improve usage rates.
- As reported in the previous update report, a programme of training for administration and reception staff in GP practices on key areas of work had now commenced.
- The Home Visiting pilot service was now underway, with initial feedback on the value of the service very positive.
- Work was underway to consider enhancements to the Quality Outcomes Framework Plus (QOF+) scheme for 2019/20 following successful sign up across practices for 2018/19.
- The service specification for the CCG's clinical peer review scheme was being reviewed to ensure it remained fit for purpose and delivered improvements in outcomes for patients.

An update was also given on initiatives being delivered by practices working at scale across the Primary Care groupings. This included NHS health checks and Mr Denley highlighted the significant improvements achieved in this area with Wolverhampton moving from the bottom 8% in terms of uptake to the top quartile. He paid tribute to the partnership working across public health, primary care and the CCG that had helped to achieve this significant improvement in performance.

In response to a question about the social prescribing service, it was noted that whilst the service did have capacity to manage additional referrals, work would need to be targeted to ensure that they were drawn from appropriate sources. In particular it was noted that referral rates across individual practices remained variable and that, whilst there would be a benefit from increasing referrals from social care, this would need to be carefully managed.

Mr Marshall advised that, in line with the work to align work programmes, a refresh of the Primary Care Strategy itself would be undertaken and brought to

the committee for consideration in April 2019.

RESOLVED:

- 1) That the update on the implementation of the Primary Care Strategy be noted.
- 2) That an update to the Primary Care Strategy be considered at the April 2019 committee meetings.

Primary Care Quality Report

WPCC453 Ms Roberts introduced the report on behalf of Liz Corrigan. The report gave an update on quality improvement across Primary Care, highlighting performance in areas including Infection Prevention, Serious Incidents, Friends and Family uptakes and Care Quality Commission inspections of GP practices.

In response to a question relating to following up patients with flu jabs, raised as a result of patient feedback to Healthwatch, it was confirmed that lessons learned associated with the experience with flu vaccine would be incorporated into planning for 2019/20.

RESOLVED: That the update be noted.

Minor Surgery Enhanced Service

WPCC454 Ms Southall introduced the report on behalf of Lucy Sherlock. The report set out a revised service specification for an enhanced service for minor surgery which had previously been commissioned by NHS England as a Directed Enhanced Service (DES). Due to a change in commissioning arrangements, it was proposed that the service be commissioned as a Local Enhanced Service (LES) by the CCG. The service specification for the LES adopted the same payment arrangements and quality requirements as the DES but also allowed the flexibility for practices to offer this as a service across the primary care groupings as a service at scale.

The Committee noted that, due to urgency, the decision relating to this report had been taken virtually and the service specification had been agreed.

RESOLVED: That the urgent decision to commission a Minor Surgery Local Enhanced Service in line with the outlined service specification be noted.

Pharmacy First Scheme

WPCC455 Ms Southall introduced the report, which set out a proposal to continue commissioning a pharmacy first scheme for minor ailments. The report set out that, following a decision by NHS England to cease commissioning the pharmacy first scheme in 2018 the CCG had commissioned an equivalent service. The report set out the outcomes of a review of the service which gave details of utilisation, demonstrating that access to the scheme was supporting more appropriate use of GP appointments.

It was noted that, in commissioning a local scheme, the CCG had aligned its

arrangements with other CCGs in the Black Country which varied slightly from the service originally commissioned by NHS England.

A query was raised about the financial details given in the report and it was noted that the figures relating to GP consultations were illustrative of the cost that would be better utilised by continuing with the scheme rather than savings that would be realised. This meant that, financially the service was a cost to the CCG with its benefits realised in quality terms as a result of improved access for patients. It was noted that the outlined costs had been accounted for in the Primary Care budget and that any additional work to expand the scheme would incur additional costs.

RESOLVED: That the pharmacy first scheme be re-commissioned for 2019/20

Date of Next Meeting

WPCC456 Tuesday 5 March 2019 at 2.00pm in PA125 Stephenson Room, 1st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU