WOLVERHAMPTON CCG

GOVERNING BODY MEETING
9 APRIL 2019

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 5 February and 5 March 2019
AUTHOR(s) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 5 February and 5 March 2019.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	Primary Care Networks (PCNs) The Head of Primary Care presented a report which provided an introductory outline of requirements for GP practices to establish formal PCNs from May 2019. It was noted that practices were required to establish PCNs to support the delivery of services at scale and to facilitate measures to support developments in the skill mix of the Primary Care workforce and leadership in Primary Care.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness	Primary Care issues are managed to enable Primary Care Strategy delivery.

delivered within our financial envelope	

1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Commissioning Committee met on 5 February and 5 March 2019. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 5 February 2019

2.1 Finance Position – Month 9 Update

2.1.1 The Deputy Chief Finance Officer (WCCG), Lesley Sawrey, presented the report on behalf of the Chief financial Officer (WCCG), which gave a summary of the regular quarterly update on Primary Care finances. It was noted that, in response to previous feedback from the Committee, the report not only gave details of financial performance in relation to NHS England delegated budgets but also funding from the CCG's own allocation used to fund Primary Care Services.

2.1.2 Ms Sawrey advised that at Month 9 the delegated budget was forecasted to breakeven and to meet the required financial metrics set by NHS England, including achieving a 1% level of contingency. It was 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.

2.2 Primary Care Operational Management Group Update

2.2.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting and highlighted the following:

- Work to plan for the mobilisation of the Alternative Primary Medical Service (APMS) contracts awarded at the last meeting was now underway.
- Discussion had taken place with NHS England around the support provided via the Primary Care Hub. It was confirmed that the Hub would continue to provide equivalent support to that currently available.
- Work continues to develop options to deliver improvements in Primary Care estates, including the Bilston and Oxley areas.

2.3 Primary Care Contracting Update

2.3.1   The Primary Care Contracts Manager (WCCG), Gill Shelley, provided an update on primary care contracting and noted that the Quality Outcomes Framework (QOF) Post Payment Verification (PPV) process reported to the last meeting of the Committee would take place in February 2019.

2.4   **Primary Care Strategy Quarterly Assurance Update**

2.4.1   The Head of Primary Care (WCCG), Sarah Southall, presented the report on behalf of the Primary Care Transformation Manager, giving an update on the implementation of the CCG's Primary Care Strategy and GP Forward View (GPFV) programmes of work.

2.4.2   The report included highlights of the work of each of the individual workstreams associated with both the strategy and GPFV, which it was advised would be combined into a single Primary Care work programme aligned with STP priorities for 2019/20 onwards. The following key points were also highlighted:

- 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.
- A programme of training for administrative and reception staff in GP practices on key areas of work had now commenced.
- Work was underway to consider enhancements to the Quality Outcomes Framework (QOF+) scheme for 2019/20 following successful sign up across practices for 2018/19.

2.5   **Primary Care Quality Report**

2.5.1   The Chief Nurse and Director of Quality (WCCG), Sally Roberts, presented the report on behalf of the Primary Care Quality Assurance Co-ordinator (WCCG) and updated the Committee around primary care quality, providing an overview of activity in primary care and assurances around mitigation and actions taken where issues have arisen.

2.5.2   In relation 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.

2.6   **Minor Surgery Enhanced Service**

2.6.1   The Head of Primary Care, Sarah Southall, presented a report on the behalf of the Group Manager (WCCG) which 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 and would now be commissioned as a Local Enhanced Service by the CCG.

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

2.7 Pharmacy First Scheme

2.7.1 The Head of Primary Care, Sarah 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.

2.7.2 The Committee approved the decision for the Pharmacy First Scheme to be re-commissioned for 2019/20.

2.8 Primary Care Commissioning Committee (Private) – 5 February 2019

2.8.1 The Committee met in private to receive updates on feedback from the recent Local Medical Committee meeting, changes to enhanced services, Infection Prevention – Estates improvement, Patient Participation Group (PPG) Chairs Forum and the closure of a Wolverhampton Practice.

Primary Care Commissioning Committee – 5 March 2019

2.9 Primary Care Quality Report

2.9.1 The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, updated the Committee around primary care quality, providing an overview of quality improvement in primary care. The report gave detail around a number of issues including infection prevention, flu vaccination programmes, serious incidents, friends and family test responses and workforce development in primary care.

2.9.2 The rates of flu vaccination was discussed, in particular the low rates amongst pregnant women. Ms Corrigan advised that the CCG's overall rate was lower than other areas in the STP, partially as a result of issues with vaccine supply for practices. A de-brief meeting to ensure lessons were learned for future flu seasons was planned.

2.10 Primary Care Operational Management Group Meeting Update

2.10.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting and highlighted the following:

- Following discussion at the last Primary Care Commissioning Committee, the Group was working with practices and NHS Property Services to understand the impact of changes in service charges for practices.

- An outline business case for estates improvements in the Bilston area was being produced and would be shared with the Committee in April or May 2019.
- A GP Practice Nursing Strategy was being produced as part of the CCG's Workforce Task and Finish Group.

2.11 Primary Care Contracting Update

2.11.1 The Primary Care Contracts Manager, Gill Shelley, provided an update on primary care contracting. The report highlighted the work that was underway with both the exiting and incoming providers to mobilise the contracts that had been awarded for the two APMS practices.

2.11.2 The report also outlined details of changes in General Medical Services (GMS) contracts from April 2019. This included emphasis on building Primary Care Networks to provide support for general practice through expanding and diversifying the primary care workforce, retaining GPs and investing in digital solutions for patient care.

2.12 Corporate Governance – Primary Care Strategy: Audit Recommendations

2.12.1 The Head of Primary Care presented the report which introduced the outcomes of an internal audit review into the development and implementation of the CCG's Primary Care Strategy. The report highlighted that since the Strategy had been written, a number of developments had occurred including establishment of the primary care groupings and publication of the NHS England GP Forward View. The recommendations highlighted the need to update the Strategy to reflect these developments and an action plan had been produced to respond to them. It was noted that an update to the Strategy will be received by the Committee in May 2019.

2.13 GP Forward View – Extended Assurance Visit: Audit Recommendations

2.13.1 The Head of Primary Care presented a report which outlined the outcome of the NHS England Assurance visit into the CCG's work to commission extended access to primary care. The report highlighted that the CCG had been assessed as fully or partially compliant against all of the relevant components and made a number of recommendations to support achieving full compliance. An action plan was now in place to respond to all recommendations which included work around developing website advertising and access to wider services.

2.14 Primary Care Networks

2.14.1 The Head of Primary Care presented a report which provided an introductory outline of requirements for GP practices to establish formal Primary Care Networks (PCNs) from May 2019.

2.14.2 The report highlighted that, in line with the NHS Long Term Plan and the General Medical Services (GMS) contract for 2019/20, practices were required to establish PCNs to support the delivery of services at scale and to facilitate measures to support developments in the skill mix of the Primary Care workforce and leadership in Primary Care. PCNs were required to serve a list size of between 30,000 and 50,000 patients, designate a clinical director and develop a work agreement amongst the constituent practices. Funding to support this development was being made available through a Directed Enhanced Service (DES) at Network level. Further guidance on the establishment of PCNs, along with the Network DES were expected at the end of March 2019.

2.14.3 The report also highlighted that, in order to identify PCNs in Wolverhampton, the CCG was working with the existing practice groupings to ensure that this development built on the work undertaken to establish these groups over the previous two years.

2.14.4 It was noted that the Committee will receive a further update on the development of Primary Care Networks when further guidance has become available.

Primary Care Commissioning Committee (Private) – 5 March 2019

2.15.1 The Committee met in private to receive updates on Sound Doctor, Extended Access 2019/20 Report and Service and Specification, Nursing Associate Apprenticeship Support Programme and information around the closure of a Wolverhampton Practice branch site.

3. CLINICAL VIEW

3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed by the Primary Care Operational Management Group.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Any Financial implications have been considered and addressed at the appropriate forum.

Quality and Safety Implications

6.2.   A quality representative is a member of the Committee.

Equality Implications

6.3.   Equality and inclusion views are sought as required.
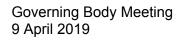
Legal and Policy Implications

6.4.   Governance views are sought as required.

Other Implications

6.5.   Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Sue McKie
Job Title: Lay Member for Public and Patient Involvement, Committee Chair
Date: 19 March 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)	**Sue McKie**	**19/03/19**