

**WOLVERHAMPTON CCG**  
**GOVERNING BODY MEETING**  
**14 May 2019**

**Agenda item 15**

<b>TITLE OF REPORT:</b>	Summary – Primary Care Commissioning Committee – 2 April 2019
<b>AUTHOR(s) OF REPORT:</b>	Sue McKie, Primary Care Commissioning Committee Chair
<b>MANAGEMENT LEAD:</b>	Mike Hastings, Associate Director of Operations
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 2 April 2019.
<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.
<b>KEY POINTS:</b>	<p><b>Primary Care Networks</b></p> <p>The Head of Primary Care (WCCG), Sarah Southall, provided an update on the requirement for GP practices to establish formal Primary Care Networks giving timelines for the process that had been established at STP level. The process enables a consistent approach to be adopted across all 4 CCGs.</p> <p>A members meeting was planned for 4 April 2019 with the aim of confirming the outline geographies for each network and to discuss the DES in more detail.</p>
<b>RECOMMENDATION:</b>	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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 delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.



## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The Primary Care Commissioning Committee met on 2 April 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 – 2 April 2019**

#### **2.1 Primary Care Quality Report**

- 2.1.1 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 a new practice infection prevention audit cycle which would enable a comparison with 2018/19 ratings.
- 2.1.2 Ron Daniels, Chief Executive of the Sepsis Trust, had attended a well-received session at Team W. A steering group involving relevant professionals had been established to improve sepsis diagnosis and prevention work across primary care and care homes.
- 2.1.3 A successful GP Intensive Support Event had been held at the Molineux on 27 March 2019. This highlighted work being done to retain GP trainees in the Black Country and offer alternative options for those wanting to retire or reduce their workload.

#### **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:
- The Rosevillas branch site closure had been completed.
  - The national NHS app is to go live on 17 June 2019. This shared app brings together multiple provision that patients can access.
  - Primary Capital Horizons (PCH) are conducting an estates gap analysis following on from the six facet survey which was conducted on Wolverhampton estate in 2014.
  - The Group had considered a proposal that the GP Forward View programme of work be aligned across the STP and recommended to the Committee to progress on this basis.

## **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 a contract change at Woden Road Surgery where Dr Jones had come off the contract as a partner but remained as a salaried GP.
- 2.3.2 The Committee also noted that the mobilisation of the new APMS contracts was now complete and the new providers were in place post 1 April 2019.

## **2.4 Primary Care Strategy Update**

- 2.4.1 The Director of Strategy and Transformation (WCCG), Steven Marshall, provided an update around a workshop that had taken place to develop a vision of where Primary Care needed to be, based on the 10 year plan and 5 year forward view. It was noted that the Commissioning Support Unit had been commissioned to develop a draft strategy based on the outcome of this session by the end of May 2019. Following this, there will be a period of engagement with GPs, public and patients after which a 2 year plan (on a rolling refresh) will be produced. This would then feed into the development of the STP Primary Care Strategy for submission to NHS England in Autumn.

## **2.5 QOF+ 2019/20**

- 2.5.1 The Head of Primary Care (WCCG), Sarah Southall, informed the Committee that the 2018/19 QOF had closed and work was taking place to reconcile activity to allow payments to be confirmed. A draft scheme for 2019/20 would be available by the end of April for the Committee to consider in May 2019. Scheme value increased from £1.2m to £2.1m in 2019/20 and includes alcohol, diabetes and obesity being carried forward.

## **2.6 Primary Care Networks**

- 2.6.1 The Head of Primary Care (WCCG), Sarah Southall, provided an update on the requirement for GP practices to establish formal Primary Care Networks giving timelines for the process that had been established at STP level. The process enables a consistent approach to be adopted across all 4 CCGs.
- 2.6.2 A members meeting was planned for 4 April 2019 with the aim of confirming the outline geographies for each network and to discuss the DES in more detail.

## **2.7 Delegated Commissioning: Audit Report and Action Plan**

- 2.7.1 The Primary Care Contracts Manager (WCCG), Gill Shelley, presented the action plan following the CCG's internal audit report 2018/19 for delegated commissioning. The audit rated the CCG as a low risk with a recommendation that practice patient list sixes are presented to the Primary Care Operational Management Group on a

quarterly basis. It was agreed that the figures would be presented on the Primary Care Dashboard.

2.7.2 There was also one recommendation to regularly assess practices on quality, safety and performance.

## **2.8 Black Country GP Nursing Strategy**

2.8.1 The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, presented the General Practice Nursing (GPN) Strategy Report and supporting documents. The aim being to provide a forward view for general practice / primary care nursing for the Black Country.

2.8.2 The strategy had built on work undertaken in Walsall and received input from all CCGs, Nursing Staff and GP Practices. The frameworks include guidance on competency and induction for practice nurses as well as information on education and career development. As the frameworks are relatively lengthy documents, consideration is being given to the development of a website for ease of reference.

2.8.3 The frameworks were intended to be used by nurses across the lifespan of their career by standardising and defining nurse roles across primary care. The skills frameworks were based on the Royal College of General Practitioners (RCGP) toolkit with additional sections including learning disabilities, mental health, end of life and frailty.

2.8.4 The Committee recognised the hard work undertaken by Mrs Corrigan to develop the strategy.

## **2.9 Primary Care Commissioning Committee (Private) – 4 April 2019**

2.9.1 The Committee met in private to receive feedback from a recent LMC meeting, Thrive into Work and it was noted that Dr Bilas had written to the CCG to advise that he wished to subcontract all clinical services to RWT as from 3 June 2019.

## **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:** 23 April 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Sue McKie</b>	<b>23/04/19</b>

