

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
Tuesday June 4th 2019

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	<input type="checkbox"/> Information <input type="checkbox"/> Assurance
PUBLIC:	This report is for public committee
KEY POINTS:	<ul style="list-style-type: none"> To provide information and assurance to the primary care committee on primary medical services
RECOMMENDATION:	That the committee note the information provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost



1. Quality and Outcome Framework (QOF) Post Payment Verification (PPV) for year 17/18

Four practices, one from each practice group, was chosen at random by the LMC to undergo a PPV of QOF 17/18.

A template was devised with support from the 2 GP assessors with two disease areas chosen for review along with exception reporting and prevalence in general.

A visiting team comprising of a contract manager, GP assessor and IT support visited the practices during February and March 218/19.

In three of the four practices there were no concerns/issues identified at the visit. Of the fourth practice there were staffing issues which were out of the practice control on the day of the visit resulting in the assessors not being able to find the information they required in the patients records regarding an area of exception reporting. However on a follow up visit the practice was able to provide the required evidence to the visiting team.

Overall this was a satisfactory process with no concerns or issues identified, well supported by the GP assessors and will be repeated for QOF 18/19 with the review of different disease areas.

2. Tettenhall Medical Centre: Consultation on closure of Branch Surgery, Tettenhall Wood Surgery

The consultation commenced on May 6th 2019 and is being supported by the communications team of Arden and Gem CSU.

Letters were sent to every patient over the weekend prior to and week beginning May 6th 2019.

The practice has had 4 drop in sessions for patients and public with another planned for the end June 2019.

To date there has been a very high response to the online survey and 157 people attended the drop in sessions. The CCG has also responded to telephone calls and email correspondence.

There has also been some media interest which is being managed by the communications team.

3. CLINICAL VIEW

Not applicable

4. PATIENT AND PUBLIC VIEW

Not applicable

5. KEY RISKS AND MITIGATIONS

Not applicable

6. IMPACT ASSESSMENT

Financial and Resource Implications

Not applicable

Quality and Safety Implications

Not applicable

Equality Implications

Not applicable

Legal and Policy Implications

Not applicable

7. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name Gill Shelley
Job Title Primary Care Contracts Manager
Date: 4/6/19

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	4th June 2019
Public/ Patient View	N/A	4th June 2019
Finance Implications discussed with Finance Team	N/A	4th June 2019
Quality Implications discussed with Quality and Risk Team	N/A	4th June 2019
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	4th June 2019
Information Governance implications discussed with IG Support Officer	N/A	4th June 2019
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	4th June 2019
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	4th June 2019
Any relevant data requirements discussed with CSU Business Intelligence	N/A	4th June 2019
Signed off by Report Owner (Must be completed)	G Shelley	4th June 2019



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	<p>a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>
2. Reducing health inequalities in Wolverhampton	<p>a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p>b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>
3. System effectiveness delivered within our financial envelope	<p>a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p>b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p>c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p>d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

