

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)  
Tuesday 4 June 2019 at 2.00pm**

**PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU**

**MEMBERS ~**

**Wolverhampton CCG ~**

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

**NHS England ~**

Bal Dhani	Senior Contracts Manager – Primary Care, NHSE	Yes
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**Non-Voting Observers ~**

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chair of Wolverhampton LPC	No

**In attendance ~**

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Dawn Bowden	Quality Assurance Co-ordinator (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Administrator (WCCG)	Yes

## **Welcome and Introductions**

WPCC515 Mr Trigg (Vice Chair) welcomed attendees to the meeting and introduced Dawn Bowden who was presenting the Primary Care Quality Report on behalf of Liz Corrigan.

## **Apologies**

WPCC516 Apologies were received from –  
Sue McKie, Committee Chair  
Helen Hibbs, WCCG Chief Officer  
Tony Gallagher, WCCG Director of Finance  
Liz Corrigan, Primary Care Quality Assurance Co-ordinator  
John Denley, Director of Public Health, City of Wolverhampton Council  
Jeff Blankley, Chair of Wolverhampton LPC  
Dr B Mehta, Wolverhampton LMC  
Dr M Kainth, Locality Chair/GP  
Dr D Bush, Locality Chair/GP  
Tracy Cresswell, Healthwatch Wolverhampton

## **Declarations of Interest**

WPCC517 No declarations of interest were made.

## **Minutes of the Meeting held on the 7<sup>th</sup> May 2019**

WPCC518 The minutes of the meeting held on 7th May 2019 were agreed as an accurate record.

**RESOLVED: That the above was noted.**

## **Matters Arising from Previous Minutes**

WPCC519 There were no matters arising from the previous minutes.

**RESOLVED: That the above was noted.**

## **Committee Action Points**

WPCC520 **Action 30 (Minute No: WPCC452) – Primary Care Strategy Update**  
Delegated authority was granted 14<sup>th</sup> March by Governing Body for Primary Care Commissioning committee to approve the draft Primary Care Strategy. On the agenda for the meeting. Action closed.

**Action 31 (Minute No: WPCC468) – Primary Care Networks**  
On the agenda for the meeting. Action closed.

**Action 35 (Minute No: WPCC499) – NHS Benchmarking Network-Primary Care 2018.**  
On the agenda for the private meeting. Action closed.

## Primary Care Update Reports:

### Primary Care Quality Report

The following highlights from the report were given:-

- WPCC521
- The serious incident referred to on page 2 had since been reviewed and closed and will be logged with NHS England Performers Information Gathering Group (PIGG).
  - There were 4 incidents for the next PIGG meeting.
  - The Friends and Family Test (FFT) had seen an increased uptake this year, which, it was felt, was due to the new texting system.
  - A new action plan was in place for collaborative contracting visits.
  - Work was on-going for the Practice nurse retention programme and there would be regular meetings across the STP about the Training Hubs.

**RESOLVED: That the report and highlights above were noted.**

### Primary Care Operational Management Group Update

The following highlights from the report were given:-

- WPCC522
- The closure of Tettenhall Medical Practice's branch site at Wood Road was currently in mid-patient consultation. Arden & GEM Commissioning Support Unit (AGCSU) had supported the consultation and patient feedback so far had been good.
  - Estates & Technology Transformation (ETTF) funded building work at Newbridge surgery was fast approaching completion. Work at the East Park site had commenced and completion was expected to take 6 months. Comms would be going out in relation to this.
  - Wolverhampton CCG was supporting NHS England with national Contract Variations. The City of Wolverhampton Contracting team were liaising with individual practices.
  - The NHS England Policy Guidance Manual had been updated and shared across the CCG.
  - A new system of bookable space within Primary care would be introduced by the Estates team to minimise some of the existing issues, in particular around non-GMS services running out of GP Practices and confusion between practices on claiming.

**RESOLVED: That the update was noted.**

### Primary Care Contracting Update

- WPCC523
- The report provided an update on the QOF Post Payment Verification for 17/18 concluding it had been a satisfactory process with no specific concerns or issues and was well supported by GP assessors. It will be repeated for QOF 18/19, reviewing different disease areas.

- Ms Shelley provided an update on the consultation of the closure of Tettenhall Wood Surgery and advised that the next drop-in session would be 3 July 2019, with a further 2 additional drop-in sessions proposed for patients and members of the public. There had been an extremely high response to the online survey and from earlier drop-in sessions and although patients were not particularly happy about the proposed closure of the surgery, they had provided much positive feedback about the surgery and the services they provided.
- There had been some queries raised at Audit and Governance committee around the contract management and review process, which is a rolling programme. The concern was that a number of practices had not yet been seen in the 3 years since it began. It was advised that this was a result of resources within the team and had since been addressed with the addition of two staff members to the process (one of which was Ms Shelley). It was confirmed that there were 11 practices still to see and that these would be completed by the end of July.

A query was raised about the media interest surrounding the closure of Wood Road Surgery and it was acknowledged that the Express & Star had run a piece in their newspaper when the letters first went out to patients. Following one of the drop in sessions, the Express and Star also wanted to know the reasons for the closure and had focused on Property Services and the increases in charges. A response to this had been provided by the CSU. There was a further piece in the Express and Star and on social media around councillors demanding answers. It was felt that Practices, like any other independent business, would need to make these sort of decisions faced with a fall in profits. Mr Marshall stated that he was due to attend a meeting with local councillors tomorrow, 5<sup>th</sup> June, which was more about the CCG's influence on these sort decisions and whether a new buyer could be found.

**RESOLVED: That the update was noted.**

### **Primary Care GP Networks**

WPCC524

- The report provided the outcomes of decisions made in response to the Primary Care Network application process considered at CCG Panel on 16<sup>th</sup> May 2019. It defined the configuration of each of the networks including the name of the Clinical Director and which practices were within each network and provided assurance that signatures had been obtained from all practices.
- The network Direct Enhanced Service (DES) required that a number of items be submitted as part of the application process and the panel were able to approve four applications on 16<sup>th</sup> May. There were queries around the other two applications but these were subsequently resolved meaning the CCG was able to ensure at 21<sup>st</sup> May that there were six networks approved for Wolverhampton.
- Assurance was provided by NHS England on 21<sup>st</sup> May to confirm the outcome of panel decisions and a subsequent repeat submission had

occurred on 4 June confirming there were no subsequent changes since 21<sup>st</sup> May.

- Group Leads meet presently at monthly intervals and these meetings will change to clinical directors meetings from July, a draft terms of reference has been prepared in readiness and is awaiting sign off by the Executive Team. A series of assurance statements have been prepared, which clinical directors will be required to support the CCG in achieving. The assurance statements have been defined by NHS England and are a series of statements required to report on a quarterly basis on behalf of Wolverhampton but also as part of the wider STP and constitute the minimum expectations for Primary Care Networks. Locally there will be a task and finish group that forms part of the Primary Care Strategy governance and associated work programme.
- Network agreement and milestone dates were provided on page 3. Currently, the CCG was at the stage where a large number of practices were signing up to the DES via the national system and variations were being made to GMS, PMS and APMS contracts in conjunction with colleagues at NHS England.
- The practices within each of the networks were actively working together, with the clinical directors, to develop detailed network agreements. There were a number of schedules that formed the basis for the network agreement and were due to be submitted to the CCG later in June ahead of the national submission date to NHSE. This would enable the CCG to review the content to ensure it was pitched at the right level with priorities clearly defined. Networks would be required to publish their development plans in July.
- A number of new roles were being phased in, the first being Social Prescribing Link workers. An initial workshop took place in May. A further session was planned for June. A similar approach would be adopted for Clinical Pharmacists and other roles in conjunction with Clinical Directors.
- The maturity assessment within the paper complemented the network formation and provided an indication of where all the networks were on an aggregate basis for Wolverhampton and demonstrated progression made based on work done over 2 - 3 of years putting us in a very good place within the STP to achieve the required standards by next Summer.

A query was raised about why some of the assurance statements were listed in white such as the evaluation of high impact activity. It was confirmed that the evaluation had been prepared for consideration and was a piece of work taking place not only in Wolverhampton but across the STP and that the data analytics meeting was not due to take place until week commencing 10<sup>th</sup> June 2019. The preparatory work had been done and just needed to ensure the data provisions were in place for July when the networks would go live.

A question was asked regards the PCN Maturity Assessment, whether there were plans in place to deal with the items with exclamation marks. It was confirmed that these items would form the basis of the Primary Care Networks Development Plan and the CCGs Task and Finish Group and would be linked

to each of the network agreements being developed. The network agreements would indicate the areas of work for focus within the programme of work and it was hoped to be able to confirm these at the next committee in July.

The hard work involved was acknowledged by the committee and it was felt that the whole process had been really well managed from a CCG perspective.

It was highlighted that since the report the national guidance had been updated by NHS England and there were some slight amendments around practices joining networks across borders provided all parties were harmonious and agreeable. It was queried if this would open up the opportunity for challenge and potentially it could, however discussions that had taken place with neighbouring commissioners had concluded with a stance Staffordshire Practices would remain within their STP/ICS footprint.

**RESOLVED: That the update was noted.**

### **Primary Care Strategy (Wolverhampton)**

With regard to the Wolverhampton Primary Care strategy, the first draft had been prepared on behalf of the CCG by the CSU and was a working draft that would be developed & strengthened further. Feedback from a public engagement event that took place on 23<sup>rd</sup> May 2019 would be incorporated. It was intended to have a wider debate at the forthcoming members meeting in order to ensure that the content, particularly the vision and priorities were mutually agreed with Clinical Directors and the document flowed accordingly. A further iteration, anticipated for the August committee, will be shared for final comment.

WPCC525 A query was raised about workstreams as the strategy listed separate workstreams for practices as providers and PCNs. It was felt that focusing on PCNs as providers would be the way forward however it was acknowledged that the two elements existed. The network task and finish group would support provision at scale, linking into the assurance statements, and the practices as providers workstream would focus on the activities taking place at practice level e.g. QOF activity, QOF+ with the assurances around GMS, PMS and AMPS contract provisions. Mr McKenzie felt there was potential for overlap, which was acknowledged as an area for review as the programme of work developed.

**RESOLVED: That the update was noted.**

### **Primary Care Strategy (STP)**

WPCC526

- The committee had been granted delegated authority by the Governing Body to approve the Primary Care Strategy in principle. This was due to the time constraints placed on the STP to submit the strategy by 20 June 2019.

- The strategy was considered by the committee and recognition given to the fact it was a draft. Comments would be received up to 14 June before the final draft version be submitted to NHS England on 20 June. The committee agreed the strategy in principle but confirmed their expectation to be kept apprised of developments and requested sight of the final draft version and any feedback and amendments.
- Clarity was sought on how the STP Strategy related to the CCG Strategy and whether the STP Strategy created limits within which the CCG Strategy should work. It was confirmed that NHS England had advocated, as part of the long-term plan, that the STP would have its own strategy and this would be prepared based on the template issued. The STP strategy aggregated the Black Country position and presented an overall position and direction of travel for the future. The local CCG strategy would include more detail on local place-based primary care services and the needs of the local population and the vision for primary care in Wolverhampton.

The STP strategy had been developed in a very short timescale. Originally, it was required for the Autumn of 2019 however at the end of April 2019, NHS England had issued a template requesting completion and submission by 20<sup>th</sup> June. Today's submission was by no means the final version and it was recognised there were areas that needed strengthening but the aim was to get the document out so that committees had sight of it, giving them chance to comment before the submission deadline. Due to the short timelines it was reiterated that comments would need to be submitted by next Friday 14<sup>th</sup> June so that they could be considered and incorporated into the final draft for 20<sup>th</sup> June. NHS England would then provide feedback and there would be a short window of opportunity for final amendments to be made before re-submission.

The Chair asked for clarification of who would do the actual sign-off of the final Strategy. It was defined that this committee needed to be comfortable with the content within the strategy and that similar conversations were taking place in each of the CCGs and STP Joint Commissioning Committee.

It was acknowledged that the template provided did not flow particularly well. Some priorities needed to be cross-referenced with the STP operating plan and clinical strategy to ensure a consistent message.

The Committee agreed to support the first draft of the document in principle. Feedback on progress would be submitted to committee before the next meeting and following submission to NHS England.

**RESOLVED: That the update was noted.**

## Quarterly Primary Care Assurance Report

WPCC527 The Primary Care Assurance Pack was presented for committee assurance and had been considered at Milestone Review Board in April and accepted in principle. The Milestone Review Board had raised a number of queries as

detailed on the cover sheet of the report. It was acknowledged that some of the information in the report was now a bit outdated, in particular the Primary Care Networks map and the QOF+ document which had since been improved and finalised. The Milestone Review Board were able to accept the content and the assurance that was provided with the caveats around the queried items that would be worked up further.

**RESOLVED: That the update was noted.**

### **Any Other Business**

WPCC528      There was no further business raised by Committee.

### **Date of Next Meeting**

WPCC529      **Tuesday 2<sup>nd</sup> July at 2.00pm in PA125 Stephenson Room, 1<sup>st</sup> Floor,  
Technology Centre, University of Wolverhampton Science Park WV10  
9RU**