

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)  
Tuesday 2 July 2019 at 2.00pm**

**PA125 Stephenson Room, Technology Centre, Wolverhampton Science Park WV10  
9RU**

**MEMBERS ~**

**Wolverhampton CCG ~**

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

Helen Hibbs	Chief Officer (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Co-ordinator	Yes
Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Claire Morrissey	Strategic Transformation Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Awa Jallow	Work Experience Student (Observer)	Yes

## **Welcome and Introductions**

WPCC530 The Chair welcomed attendees to the meeting and introduced Awa Jallow who was shadowing Ms Corrigan as part of her work experience placement with the CCG.

## **Apologies**

WPCC531 Apologies were received from Sally Roberts, John Denley and Dr Ankush Mittal (who was due to attend on John Denley's behalf), Jeff Blankley and Drs Bush, Reehana and Mehta.

## **Declarations of Interest**

WPCC532 The Chair declared that she had an interest in items relating to Primary Care in her role with the Child Death Overview Panel for Walsall and Wolverhampton. As this did not constitute a Conflict of Interest, she remained in the meeting.

## **Minutes of the Meeting held on the 4<sup>th</sup> June 2019**

WPCC533 The minutes of the meeting held on 4 June 2019 were agreed as an accurate record.

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

## **Matters Arising from Previous Minutes**

WPCC534 There were no matters arising from the previous minutes.

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

## **Committee Action Points**

WPCC535 **Action 37 (Minute No: WPCC525) – Wolverhampton Primary Care Strategy update**  
An update to be provided to committee in Sept (as Aug meeting cancelled)

**Action 38 (Minute No: WPCC526) – STP Primary Care Strategy Update**  
An update had been provided to committee members. Further update due at Sept meeting.

**Action 39 (Minute No: WPCC481) – Tettenhall Medical Practice – Wood Road Branch Closure**

This had been transferred from the Private meeting and an update was due to be provided at the meeting in September.

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

## Primary Care Update Reports:

### Primary Care Quality Report

- WPCC536 Ms Corrigan presented the report, highlighting the following key points:-
- The Serious incident reported to NHS England's Practice Performer Intelligence Gathering Group (PPIGG) had been closed with no further action.
  - Four issues raised through Quality Matters were being referred to PPIGG but no significant action was anticipated.
  - The annual programme of Infection Prevention Audits was due to commence, further details, including exact dates, were awaited.
  - Uptake of Friends and Family Test (FFT) continued to outperform regional and national benchmarks.
  - The programme of collaborative contracting visits to practices was due to be completed by the end of July.
  - The STP Practice Nurse strategy approved by the committee had been endorsed by the STP Clinical Leadership Group and was being considered by the other CCGs' Primary Care Commissioning Committees.

In response to a query around the timescale for approval of the Practice Nurse strategy, Ms Corrigan confirmed that, following agreement at the STP clinical leadership group, the other CCGs were developing timescales for approval to allow consultation with appropriate stakeholders, including local medical councils.

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

*Ms Corrigan and Ms Jallow left the meeting.*

### Primary Care Operational Management Group Update

- WPCC537 Mr Hastings presented the report, highlighting the following key areas of discussion at the June meeting of the group:-
- Patient feedback from the consultation on the proposed closure of the Wood Road branch surgery of Tettenhall Medical Practice continued to be gathered. The local MP had arranged a public meeting at which the CCG would be represented.
  - The planned IT system migration for Bilston Urban Village had been pushed back in agreement with the new providers.
  - Estates work funded through the NHS England Estates and Technology Fund (ETTF) had been completed at Newbridge Surgery and work at East Park was almost complete. Discussions around potential rationalisation of estate in the Oxley area was underway with the local GPs.

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

## Primary Care Networks Update

WPCC538

Ms Southall presented the report, which provided an update on the development of Primary Care Networks (PCNs), including a request from the Royal Wolverhampton Trust network for approval to change their designated clinical director.

The report highlighted work by the Primary Care and Finance teams to ensure that appropriate payments related to the new network Directed Enhanced Service (DES) would be made in line with requirements. These payments included reimbursement for Clinical Director time and new roles including Social Prescribing Link Workers and Clinical Pharmacists. The PCNs had agreed that provision for Social Prescribing should link in with the existing service provided by Wolverhampton Voluntary Sector Council and a Service Level Agreement was being developed to support this.

In response to questions in relation to social prescribing, Ms Southall confirmed that the funding available was to employ link workers for each PCN in addition to those employed through the existing service. She highlighted that the long term plan would require additional link workers to be in place in future years and the PCNs were working with the Voluntary Sector Council to understand how this would be implemented in a complementary way to existing provision.

The report also highlighted the offer available to PCNs, in line with a self-assessment of their maturity, for support with their development. A national prospectus provided eight modules across a range of issues that would support the development of mature PCNs. In response to a question, Ms Southall confirmed that PCNs would have flexibility in which modules they took up, based on the needs identified through the maturity matrix self-assessment. The CCG's Primary Care Group Managers were working with PCNs to identify areas where they would benefit from the development offer available. In response to further questions, she also confirmed that PCNs were working to understand their population health needs to identify service requirements and that, in line with on-going assurance processes and measures identified in the NHS Long Term Plan implementation Framework, measures of success would continue to be developed.

The Chair highlighted the importance of continued patient engagement as PCNs matured and it was noted that PCNs were being supported in meeting their responsibilities in these areas. In response to a question around the identification of risks associated with the development of PCNs, Ms Southall confirmed that, as networks matured and the STP and CCG Primary Care priorities crystallised, risks would be identified and assessed.

The Committee were informed that, when the Royal Wolverhampton

Trust PCN had submitted their network application they had not completed the process of identifying a substantive Clinical Director and had named Dr Julian Parkes as an interim Clinical Director. Following the conclusion of the process, Dr John Burrell was now nominated as the Clinical Director and the committee were asked to approve this change.

**RESOLVED:**

- 1) **That approval be given to the change of Clinical Director for the Royal Wolverhampton Trust Primary Care Network to Dr John Burrell.**
- 2) **That the update was noted.**

**Primary Care Training Hub Proposal**

WPCC539 Ms Southall advised the committee that a proposal for the Primary Care Training Hub provision for Wolverhampton had been developed but that, due to commercial confidentiality, would be discussed during the private part of the agenda.

**Quality Assured Spirometry Business Case (revised costs)**

WPCC540 Ms Morrissey presented the report, which advised the committee that, following discussion with Clinical Directors, the costs associated with the development of a Primary Care Spirometry service had increased. The Business case for the proposal had been revised and the committee's attention was drawn to the revised costs which were now calculated to be £62,440 for 2019/20 and around £126,500 in future years.

Ms Morrissey also advised that each of the Primary Care Networks (PCNs) had been asked to develop an implementation plan for the service and that not all networks would be in a position to commence the service until Quarter 4. In response to a question about the activity and costing levels outlined in the report, she highlighted that they were projections, there was likely to be an element of season variation and that data suggested current patient registers did not match with expected prevalence. It was noted that, whilst this meant that the cost for Spirometry could therefore be higher, investment in earlier diagnosis would lead to savings through preventative measures across the broader pathway. In response to a further question about arrangements in the Royal Wolverhampton Trust PCN, it was confirmed that discussions continued with all PCNs to develop their implementation plan.

The Chair raised a query in relation to the uptake of training for practice nurses and Ms Southall confirmed that one date had been cancelled as, whilst practices were working on their implementation plan, they needed to clarify their workforce requirements as a number of nurses had already been trained. The committee asked that an update on the implementation of the service be provided in October 2019.

**RESOLVED:**

- 1) That the revised costs for the Quality Assured Spirometry Service in Primary Care be noted.
- 2) That an update on the implementation of the service be provided in October 2019.

### **Any Other Business**

WPCC541

#### **Practice Resilience Funding**

Ms Southall advised that the STP GP Forward View programme board received funding to support practice resilience and had asked each CCG to consider how this might be used in each area. The Operational Management Group was due to discuss potential funding requirements for Wolverhampton and a proposal would be circulated for virtual approval by the committee prior to its next meeting.

#### **Committee Meeting Frequency**

The Committee agreed to cancel the August 2019 meeting and consider whether a Bi-monthly programme of meetings would be possible.

### **Date of Next Meeting**

WPCC542

**Tuesday 3 September at 1.30pm in PA125 Stephenson Room, 1<sup>st</sup> Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU**