

**WOLVERHAMPTON CCG**  
**Primary Care Commissioning Committee**  
**September 2019**

<b>TITLE OF REPORT:</b>	Milestone Review Board (Quarter 1 2019/20)
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Head of Primary Care
<b>MANAGEMENT LEAD:</b>	Sarah Southall, Head of Primary Care
<b>PURPOSE OF REPORT:</b>	To provide assurance to the committee on primary care work programmes based on assurance provided to the Milestone Review Board in July 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>	<ul style="list-style-type: none"> <li>• Milestone Review Board considered the assurance pack (Quarter 1) and concluded that there were a number of actions to progress in order to afford consistency and clarity in future iterations. An updated copy of the document is provided in Appendix 1</li> <li>• One new risk was identified and a briefing note is provided in Appendix 2 for consideration regarding Digital First Primary Care.</li> <li>• Recruitment of Social Prescribing Link Workers has commenced and employment model agreed in principle.</li> <li>• The Primary Care Strategy has been reviewed and finalised for consideration by the Committee and can be found in Appendix 3.</li> </ul>
<b>RECOMMENDATION:</b>	<p>The committee should consider the content of the report provided and accompanying appendices particularly:-</p> <ul style="list-style-type: none"> <li>• Accept the assurance provided in the Primary Care Assurance Pack (Appendix 1)</li> <li>• Confirm if there are any queries and/or further considerations arising from the Briefing Note on Digital First Primary Care (Appendix 2)</li> <li>• Agree the employment model for Social Prescribing Link Workers aligned to Primary Care Networks.</li> <li>• Confirm if there are any amendments required to the Primary Care Strategy. If not the committee should recommend to the Governing Body that the strategy be ratified and implemented.</li> </ul>



<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"><li>1 Improving the quality and safety of the services we commission</li><li>2 Reducing Health Inequalities in Wolverhampton</li><li>3 System Effectiveness delivered within our financial envelope</li></ol>
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## 1.0 Background

The committee receive formal assurance from the Primary Care Milestone Review Board on a quarterly basis in line with governance arrangements set out in terms of reference for both the board and this committee. The initial source of assurance is provided in the form of an assurance pack. However there are a number of other items detailed in this report that the committee should be sighted on.

## 2.0 Primary Care Assurance Pack (Quarter 1 2019/20)

The Milestone Review Board considered and debated the assurance contained within the Assurance Pack and concluded that whilst they felt assured there were a number of actions required to afford greater clarity & consistency in future iterations of this document. Revisions have been reflected in the version attached (Appendix 1).

The board requested further information and/or action on the following items:-

- QOF+ Bowel Screening Training – assurance on uptake
- Primary Care Networks – Right Care Packs
- Access Utilisation – promotion of new roles & additional appointments
- Online Consultation – continued promotion of different consultation types and detail of uptake (including unallocated appointments)
- Practice Manager Development – different levels of training
- Care Navigation & Social Prescribing Referrals – improvement from practices with low referrals
- Peer Review – Workshops for Primary & Secondary Care Clinicians
- Two Way Texting – to be available to confirm appointments in access hub(s)
- Improvement Plans for Dementia & Learning Disabilities will also be included in future iterations

The board also reviewed the risk register and noted that a new risk would be prepared and shared in response to a national consultation - Digital First Primary Care and GP at Hand. All of the above changes have been reflected in version 2 of the assurance pack in Appendix 1.

## 3.0 Digital First Primary Care

A national consultation took place June to August 2019 lead by NHS England /Improvement focussing on possible changes to patient registration, funding and contracting rules. Detail within the consultation document focuses on patients having the right to digital first primary care. A practice based in London has expanded significantly over the past 18 months having a large proportion of out of area patients spanning many areas of the country. The same practice has recently opened a further branch in Birmingham and has a rapid expansion plan that has the potential to impact on the Wolverhampton population, Sandwell and West Birmingham practices are observing a consistent rate of registrations with the new branch.



NHS England has imposed a cap on registrations confining them to the Birmingham and Solihull CCG population however this is subject to review mid September.

Executives within the CCG were briefed and Clinical Directors from Primary Care Networks were invited to a briefing to explore the Wolverhampton Digital Offer and progress being made to implement this and also consider the implications of the consultation document. The CCG has responded to the consultation and will be maintaining contact with NHS England/Improvement in respect of their intention in response to the consultation and next steps. The CCGs Executive Team continue to be kept apprised of developments in relation to the Consultation and GP at Hand Practice that has opened in Birmingham, this risk has been assessed and included on the CCG and STP Risk Registers (Appendix 2).

#### **4.0 Social Prescribing Link Workers**

In accordance with the Network DES for Primary Care Networks the CCG have explored with Clinical Directors from each network how the additional link workers funded via a new allocation (5 years) attached to the DES will be introduced.

Three workshops have been held to ensure that NHS England Guidance is satisfied and the existing CCG commissioned service is complimented and built on so that the Social Prescribing Offer for the city is coherent.

All Primary Care Network Clinical Directors in Wolverhampton have concluded that their preferred employment model would be via the existing provider in addition to the CCGs existing contract. A memorandum of understanding between the CCG, Primary Care Networks and Employer has been prepared and due to be implemented in September 2019. The employer has successfully recruited 6 Social Prescribing Link Workers who will be aligned to a PCN when the commence employment later in September. The current contract with the CCGs Social Prescribing provider will be subject to regular contract and quality review processes, these have been agreed between the parties and are due to commence in October. The contract term will be until March 2021.

Funding for this service has been allocated nationally and claims will be managed in line with the Role Reimbursement Scheme. Local processes have been defined and will be implemented from September 2019.



## 5.0 Primary Care Strategy (Wolverhampton)

The strategy has been revised and updated to reflect progress that has been made since inception in 2016. As a result of the extensive work programme that was launched to aid implementation of the strategy and in response to the General Practice Five Year Forward View (GPFV) significant progress has been made to improve care design, manage workload and tackle workforce problems to afford patients better access to services that are provided in local communities.

The strategy reflects on this journey to bring together practices who are working more cohesively to care for their patients and the ability to demonstrate that primary care networks are well placed to achieve high levels of maturity due to the work that has taken place since 2016. Care has been redesigned enabling patients to receive care in other locations offering more flexibility and choice that fit with busy lifestyles. Particular attention has been given to workforce challenges primarily affecting the GP population and this work has also extended to practice nursing and the introduction of new roles including Clinical Pharmacists, Social Prescribers and Physicians Associates. Fundamental to these achievements has been the redesign of care provided in general practice. Patient satisfaction rates are evidentially improving although work continues to continuously strive to further improvement.

The CCG has invested with a view to achieving better outcomes for people with a diagnosis of diabetes and particular attention to diabetes prevention this is linked to work taking place to tackle obesity and alcohol. Also included in our framework is an important focus on dementia diagnosis and health checks for learning disabilities and serious mental illness.

The new strategy defines the priorities for the city and the anticipated timeline for further improvement to be realised. This is detailed in appendix 3.

## 6.0 Clinical View

Clinicians are actively involved in the programme of work and regular meetings are held with Clinical Directors to ensure they are kept sighted on and included in the delivery of the programme and commissioning in primary care.

## 7.0 Patient & Public View

A series of engagement events have been held during the strategy review providing patient and public feedback. Patients that the advent of new roles and patient information being shared among professionals was an area that posed anxiety. Different consultation types ie online services were welcomed by some but not all who engaged. The formation of Primary Care Networks was also topical.



All feedback from these events has been captured in a responsive action plan that will enable continued engagement and responsive action to take place over the coming months.

All practices are required to hold regular Patient Participation Group Meetings (PPGs) and also in line with the PCN Direct Enhanced Service Primary Care Networks are responsible for patient engagement. Each PCN has established regular meetings with their PPGs so that regular discussion can take place and allow patient(s) thoughts and suggestions to be shared and involvement encouraged, where appropriate.

## **8.0 KEY RISKS AND MITIGATIONS**

**8.1** A new risk has been recorded (Digital First Primary Care) and include don the CCG and STP Risk Register(s) and will be subject to review at regular intervals, this is not deemed to be a red risk.

## **9.0 IMPACT ASSESSMENT**

### **9.1 Financial & Resource Implications**

The arrangements for reimbursement for Social Prescribing Link Workers using the national allocation intended for Primary Care Networks has been agreed with the CCGs Finance Team and a corresponding process defined. However, the national allocation does not include overheads such as travel and equipment therefore this cost will be met by the CCG on a non recurring basis as the service is set up in year one.

### **9.2 Quality and Safety Implications**

The Quality Team are sighted on the implications of the Digital First Consultation and have been actively involved in the Social Prescribing Link Worker Design Workshops held during the summer. There are no quality and safety implications evident at this point in time.

### **9.3 Equality Implications**

A Quality Impact Assessment was undertaken when the initial Primary Care Strategy was prepared and approved this is now under review and will be considered by the relevant lead to ensure that the assessment is still sufficient and if not the appropriate amendments are made.

### **9.4 Legal and Policy Implications**

None identified.

**Name** Sarah Southall  
**Job Title** Head of Primary Care  
**Date:** 22 August 2019



**ATTACHEMENT(S)**

Appendix 1 Primary Care Assurance Pack (Quarter 1 2019/20)

Appendix 2 GP at Hand Briefing Note

Appendix 3 Primary Care Strategy 2019-21

**SLS/PCCC-JUL19/PCAU/V1.0**



**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		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Steven Marshall</b>	<b>22.8.19</b>

