WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE (PUBLIC)

Tuesday 3rd September 2019 at 1.30pm
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)	No
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)	Yes
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No

NHS England ~

Bal Dhami	Senior Contracts Manager – Primary Care, NHSE	No

Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
Dr Ankush Mittal	Consultant in Public Health	Yes
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chair of Wolverhampton LPC	Yes

In attendance ~

Helen Hibbs	Chief Officer (WCCG)	Yes
Tony Gallagher	Director of Finance	Yes
Liz Corrigan (on behalf of Sally Roberts)	Primary Care Quality Assurance Co-ordinator	Yes
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
Diane North	Primary Care Commissioning Committee Admin	Yes

Welcome and Introductions

WPCC543 The Chair welcomed attendees to the meeting and introductions followed.

It was noted that Dr Ankush Mittal would attend for Public Health going forward (previously John Denley).

Liz Corrigan was also attending on behalf of Sally Roberts and therefore remained for the duration of the meeting.

Apologies

WPCC544 Apologies were received from the following members

Les Trigg, Vice Chair

Dr Salma Reehana, Clinical Chair of Governing Body, CCG

Sally Roberts, Chief Nurse & Director of Quality (Mrs Corrigan in attendance)

John Denley, Director of Public Health (Dr Ankush Mittal in attendance)

Dr Manjit Kainth, Locality Chair/GP

Tracy Cresswell, Wolverhampton Healthwatch Representative

Declarations of Interest

WPCC545 The Chair declared she no longer had an interest in items relating to Primary Care as her role with the Child Death Overview Panel for Walsall and Wolverhampton had ended last week.

Helen Hibbs declared that she had an interest in the item relating to the merger of Parkfields and would leave the meeting during this discussion.

Minutes of the Meeting held on the 2nd July 2019

WPCC546 The minutes of the meeting held on 2 July 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from Previous Minutes

WPCC547 There were no matters arising.

RESOLVED: That the above was noted.

Committee Action Points

WPCC548 **Action 37 (Minute No: WPCC525) – Wolverhampton Primary Care Strategy update**
Item on today's agenda, therefore action closed.

Action 38 (Minute No: WPCC526) – STP Primary Care Strategy Update
Item on today's agenda, therefore action closed.

Action 39 (Minute No: WPCC481) – Tettenhall Medical Practice – Wood Road Branch Closure
A further update to be provided today as part of the Primary Care Contracting report. Action remains open, as the public consultation has been extended to15th September 2019. To be discussed again in November.

Action 40 (Minute No: WPCC540) – Quality Assured Spirometry
A further update on the implementation of the Spirometry service to be provided to committee in October.

Action 41 (Minute No: WPCC541) – Practice Resilience Funding
It was confirmed that the proposals suggested by the Operational Management Group that were put forward to the GP Forward View (GPFV) Programme Board on 28th August 2019 were approved. There is £40,000 available for resilience support for Practices in Wolverhampton. A report has been submitted to the Private meeting today. Action closed.

RESOLVED: That the above was noted.

Primary Care Update Reports:

Q1 Finance Report Apr-Jun 2019

WPCC549 Mr Gallagher advised that the report was the first to committee in the new format. It showed a more granular analysis of spend within Primary Care and included areas outside of delegated commissioning such as the prescribing incentive scheme.

Future reports would describe why the variances had occurred and what actions would be taken to address them. The current status showed as breakeven largely a consequence of not having received all the claims in relation to the last financial year. The intention was to create a non-recurrent reserve against which to plan non-recurrent schemes. It was likely that primary care would underspend again this financial year with a probable value of £1m however this would become clearer after the end August when all claims were received. The intention was to give committee early sight of

the underspend in order to have time to take remedial action and spend within the original budget. Last year it had been January when the underspend of £900,000 had been realised.

The next update would show the exact value of the development reserves and would be looking for non-recurrent schemes and/or options to bring schemes forward from new financial year. The report format had been sighted already at Finance and Performance (F&P) committee so the question today was, did it meet this committee's needs or was supplementary detail required.

A question was raised, as August had now passed whether the value of the underspend was known. Mr Gallagher advised that it would be the middle of September before an update at month six could be provided.

RESOLVED: That the report and highlights above were noted.

Primary Care Quality Report

WPCC550 An overview of the report was provided by Mrs Corrigan.

A number of items submitted via Quality matters had been forwarded to the NHSE Practice and Performers Information Gathering Group (PPIG). These were things that would be easily resolved and weren't major issues.

An Information Governance (IG) issue was raised about blood forms being given to the wrong patient. It was felt this was predominately human error with a requirement for more vigilance. Mr McKenzie advised that under the new commissioning arrangements for IG support the Commissioning Support Unit (CSU) would now be responsible for providing support to practices and would be putting on training sessions and he would speak to the CSU to ensure these issues are covered. Members suggested that such issues could be taken forward via several routes such as the Group Leads meeting to reiterate the triple check; Primary Care Leads, Clinical Directors, the Learning newsletter which goes to Practice Managers and GPs, Quality and Safety meetings, Practice Managers forum, Practice makes Perfect and the Practice nurses forum.

Breaches had been reported to the CCG by the phlebotomy service at the hospital. Dr Bush suggested a solution could be not to give patients forms at all but use the information on the ICE system.

Work was being undertaken with Public Health to increase the under 65 year's flu vaccine. There would be a slight delay in the delivery of the under 65s vaccine, the Quadrivalent, and waiting on final dates.

Information on people's MMR and flu call and recall and uptake rates had been added to the collective contracting template because this had been

flagged up as low performance and the CCG was working with Public Health to improve this. Public health advised that the UK had been taken off the World Health Organisation measles elimination status achieved in 2017 but that Public confidence in the vaccine was higher now than before so there was a perception it could potentially be an access to care issue.

Another practice had been identified by CQC as requiring improvement and was being monitored as an ongoing issue. Currently there were three practices requiring improvement, none were inadequate. Action plans were in place and practices were actively working through the plans.

The Practice Nurse strategy for the Black Country was due to be launched on 3rd October at Himley Hall with national speakers in attendance.

The Practice Nurse retention was running alongside the GP retention programme and the workstreams identified were approved at the GP Forward View (GPFV) meeting on 28th August 2019.

A series of training was planned on topics such as blood collection tubes, cytology, and immunisation. The Association for Respiratory Technology & Physiology (ARTP) Spirometry training is due to start on 3rd September 2019 with 20 candidates signed up. Full training hub cover provided by Sandwell was now in place, which has reduced the risk around it.

RESOLVED: That the report and highlights above were noted.

Primary Care Operational Management Group Update

WPCC551 Mr McKenzie presented on behalf of Mr Hastings who would join the meeting later.

- The CCG continued to support Tettenhall Medical Practice with their patient consultation regarding their intention to close the Wood Road branch.
- Building work at East Park was on track to be completed by the end of the financial year. The Newbridge building work was complete. There had been a workshop in July to discuss having a Hub for the North-East.
- There had been a meeting with the Care Quality Commission (CQC) around some of the issues highlighted in the Quality report such as support provided to practices and programme of inspections. Work with the CQC and Local Authority will continue to make improvements.

An issue was raised by Ms Shelley with regard to item 10, Primary Care contracting in relation to Dr Mudigonda having 13 actions outstanding around CQC registration. This was incorrect and it was actually 13 actions outstanding from their contract monitoring review visit, one of which was around their CQC registration which had since been resolved

and the issue around the Practice fridge had also since been resolved.

RESOLVED: That the update was noted.

Primary Care Contracting Update

WPCC552 Ms Shelley presented the report, which provided an update on the Tettenhall Medical Practice branch closure. The consultation process that had been due to finish on 31st July had now been extended to 15th September to allow for a further consultation session with the public on 11th September and for comments from the Local Authority Health Overview and Scrutiny committee (on 12th September) to be fed into the consultation process.

A public meeting outside of the Practice and CCG consultation was held by the local community chaired by Eleanor Smith, the local MP. The meeting was well attended with circa 180-200 people.

The application to close Wood Road surgery will be presented to this committee in November.

Included in the report also was information on GMS contract variations and the Spirometry Enhanced Service giving details of which Primary Care Networks (PCNs) would be delivering the service.

Ms Southall added with regards to Spirometry that at the time of the report being compiled it was based on the networks that had expressed an interest and confirmed their delegates for the training. Since then the Royal Wolverhampton Trust (RWT) had confirmed that they would not be taking part but that Unity East & West and the North network would. RWT have access to the Spirometry service in-house.

RESOLVED: That the update was noted

Merger of Parkfields Medical Centre with Grove Medical Centre (Health & Beyond Partnership)

WPCC553 *Helen Hibbs left the meeting*

Ms Shelley presented her report to inform the committee of the request to merge the 2 Practices and to gain committee approval to go ahead.

The CCG had been served an application by Parkfields Medical Centre to merge with Grove Medical Practice, part of the Health & Beyond Group. Background information including the geographical locations of the Practices was provided. Benefits to patients included increased access, patient choice of clinician, full range of enhanced services, appointments at

any site.

Public and patient engagement had been undertaken in the form of leaflets, notices in Practice, messages on prescriptions, use of the local pharmacist, Practice website, 1 to 1 discussion, practice meetings, Patient Participation Group, and letters. Feedback from patients had been positive, keen to make use of the increase access. The Practice submitted a business plan appended to the report along with an Equality Impact Assessment.

Ms McKie read out comments submitted by Dr Kainth in an email commenting on Practice mergers asking when did big become too big and whether services would actually be better under a larger arrangement than a smaller one and whether there was any data around this. Discussion ensued but it was felt that the only real measure would be patient outcomes. Dr Mittal stated that at The Royal Wolverhampton Trust there was a patient population of circa 60,000 and this could serve as an example of larger working.

Ms Southall highlighted that an important factor in the Parkfields merger was the workforce challenges they were facing, in particular the recruitment and retention of GPs. This meant the practice had opted for a merger with another larger and more robust and delivery resilient Practice which could only be a positive move for patients.

A question was asked that on page 4 of the Business Case where it stated there would be no immediate change to service delivery and whether it could be read into that that, there may be future changes to service delivery.

Ms Southall replied to the effect that having had lengthy discussions with both Practices about their intentions there were two GPs who were planning to retire so the intention was to maintain the status quo whilst learning about the practices to ensure they got the medical model right. The Grove had already recruited a number of newly qualified GPs who would spread their wings into Parkfields and Woodcross as those GPs exit. The merger was not expected to affect patient access to a female GP.

In order to mitigate the risk pertaining to the systems merger and data collection the merger needed to be timely and was planned to go ahead before December 2019.

No objections were received from committee with regard to the merger. It was felt that there was still a need to support smaller, local practices operating in the traditional way.

RESOLVED: Approval for the merger of Parkfields and Grove Medical Centre was given.

RESOLVED: That the update was noted.

Helen Hibbs returned to the meeting

Milestone Review Board (Q1 2019/20)

WPCC554 Ms Southall began by saying that the Milestone Review Board had met in April and the final Assurance report was based on Quarter 1 which was then considered at the July meeting so the updated Assurance Pack appended was based on the outputs of the Milestone Review Board in July and there was also one new risk in response to the Digital First Primary Care national consultation.

The recruitment of Social Prescribing Link Workers was covered under the new roles of the PCNs Direct Enhanced Service (DES). The Wolverhampton Primary Care strategy appended had also been updated.

Primary Care Assurance Pack (Q1 2019/20) Appendix 1
The Milestone Review Board had considered the assurances within the pack with a number of suggested changes as detailed on page 3 of the report in relation to Bowel screening and Right Care packs utilisation. The Board had noted the new risk in relation to GP at Hand which is a London based practice as detailed in Appendix 2.

Report highlights included the progress that had been made in relation to digital transformation with online & video consultation continuing to be rolled out to Practices with currently 70% of them having the functionality with a target of 100% by December 2019 enabling them to offer such consultation types should patients wish to access them.

In relation to workforce the GP Nursing strategy had been approved for the STP. A number of retention schemes for practice nurses had been developed and there would be a single point of access nurse recruited for the Black County to ensure nurses had the support they needed in the workplace. A number of co-designed events which nurses had actively participated were detailed in the STP update. Training was planned for Healthcare Assistants and Spirometry and there was protected learning time sessions for Practice Managers.

The pack detailed the progress that Primary Care Networks (PCNs) were making which was based on the assurance statements and NHS England. The Quarter 1 level of assurance given along with plans for Quarter 2.

The commissioned services section of the report confirmed the Contract and Quality Review meetings that were in place for our commissioned services, confirming providers and meeting frequency. Referrals to the Social Prescribing provider had increased in quarter one however there was concern over the referral rates from within PCNs with measures taking place in Quarter 2 to address this.

A request was made by the Chair in relation to the Quarter 1 data which

stated that 51% of clients referred into Social Prescribing were over 60 and 49% 18-60, whether there could be a more detailed breakdown of the 18-60 group. Ms Southall agreed to this. The service did not allow self-referrals but received referrals from other professionals within the health and social care system. **Action 42 SS**

It was confirmed that the current referrals were for the embedded 5 Social prescribers. A question was raised regards to the additional 6 prescribers shortly to be coming in if there would be 6 times worth of social prescribing referrals expected. Ms Southall confirmed that the PCNs were very keen to have their own Social Prescriber to do targeted work with specific cohorts of patients. The expectation from Clinical Directors was that the new Social Prescribing Link workers (in post by 28 September) would be embedded within the networks whereas the existing service, currently receiving 2 referrals a day, sat outside of this. Ms Southall explained that the 2 referrals per day were solely new referrals and workers still had a caseload existing patients.
Discussion ensued about the other services currently on offer including Primary Care counselling from Relate and whether there was already sufficient IAPT provision and whether the provision was being used appropriately. Ms Southall felt that from a Social prescribing perspective it was too early to say whether there was too much provision as needed to allow Clinical Directors to demonstrate demand at network level. It was suggested by Ms Southall to do a feature on Social Prescribing for the December meeting. **Action 43 SS**

Ms Southall advised that next year from April 2020, the networks would have the opportunity to opt for additionally based on their own preferences, whether for more social prescribers, first contact practitioners or clinical pharmacists.

Public Health agreed that as data intelligence indicated there were many people with life problems and that social wellbeing was traditionally seen as the domain of the Local Authority and with carers, for example, only a quarter saying they had enough social contact and there were 7,000 registered carers so if there was any future spare capacity this might be one route for it.

Sound Doctor utilisation rates had increased greatly which, it was felt, was due to the use of text messaging and links being sent to cohorts of patients.

Care Navigation, a review session was due to take place later this month with a relaunch of care navigation. There had been a number of practices not recording navigation actively through their clinical systems which was being addressed.

Utilisation of Choose and Book Advice and Guidance remained an issue and discussions were taking place on how to liaise with consultants within the Trust.

Workflow optimisation, GPs and staff had taken part in some workflow training last year and the model had now been introduced where non-clinical staff were coding correspondence with the intention to free up GP time. A number of practices that should be providing evidence at audit were not quite there and this was being worked on.

Types and numbers of GP home visits were provided at Programme Board in October 19. The pilot had been extended until end October 19. The evaluation report would detail the destination of the patients and the cost of intervention.

There were no further comments around the report.

GP at Hand Briefing Note – Appendix 2

The report on Digital First Primary Care informed that following a consultation led nationally from June to August 23rd, there was a call to action shared with Clinical & Executive Directors in regard to the contractual change that NHS England were exploring.

There was a view at national level that Primary Care should be digital first rather than face-to-face appointments and within the Hammersmith & Fulham CCG was a practice that had grown its list size significantly to in excess of 50,000 patients with a significant number of them being out of area. Patients tend to work in the London area but live elsewhere where they were originally registered with a GP.

A practice in Birmingham was currently working with another provider of such infrastructure. Birmingham and Solihull CCG (BSOL) had experienced a significant impact on their day to day working and could potentially lose numbers of patients. Fortnightly conference calls were taking place involving Birmingham and Solihull (BSOL) CCG, Hammersmith & Fulham CCG, NHS England, Public Health England as there are significant issues with patient pathways particularly in relation to immunisation and screening programmes. Measures were in place to try and mitigate this in the Birmingham branch. The rate of patient registration for the BSOL practice was initially capped at 2,300, which had recently been lifted by NHS England with patients now able to register. The rate of registration had not been as rapid as initially expected but with fresher's week approaching registrations might exceed the initial cap.

GP at Hand, a GMS practice in Hammersmith & Fulham had a rapid expansion plan that has been suppressed by NHS England at this point but would be reconsidered for later in September. The Practice seeked to recruit registrants from surrounding areas which could affect Wolverhampton, Stafford, Telford and the Shropshire Boarders as patients who live and work within 40 minutes of the new branch opening in Birmingham would be eligible to register.

The report provided detail of the patient cohort that tended to register with this type of practice and these patients would be registered as out of area

patients and moved from their current registration to Hammersmith & Fulham CCG. The consultation would seek to rectify this and out of area registrations would be changed to place of residence to mitigate the financial consequences. The consultation had now ended and all responses were being considered.

The availability of digital technologies was now available at Practices within Wolverhampton but could be better utilised so the call to action was to remind Clinical Directors to increase this. A typical practice with a list size of around 6000 patients could lose a large cohort of 21-30 year olds possibly up to 800 patients if it grew at the rate it did in London.

Ms Southall stressed the importance of recognising the implication of the consultation, Digital First being the mantra that was being taken by NHS England, which would inform changes to contracting. If Wolverhampton were to be viewed as an under adopted area, which currently it was, it could potentially be subject to an APMS contract being imposed for one of the providers to be brought in to recruit patients to the Digital First model. Wolverhampton had responded firmly that it did not feel there was a need for another practice.

The issue was being taken seriously by the CCG Executives and the Clinical Directors and an amber risk had been raised but if registrations from the Wolverhampton population increased the risk would also increase. If another practice similar to that opening in Birmingham were to open within Wolverhampton there could be significant implications for the CCG.

It was felt that Practices using the technology currently in place was a very different thing to the GP at Hand offer. Ms Southall advised there would be a meeting on 9th September 2019 with Clinical Directors as to whether they would like to explore a Black Country model by collaborating with Livi, GP at Hand or Push Doctor and costs were being sourced by the Lead.

It was felt that the twenty minute response time on offer, was more of a triage service, than a consultation and in effect was no better than the referral being dealt with by telephone.

Another member stated that of the younger patients who register with such a service that 40% move back after time and to offer a “blended” service of traditional and digital within existing practices would be better.

Steps to be taken included a review of advertising and promotion of availability of such types of appointments within practices and monitoring the numbers of registrations.

A further update on Digital First Primary Care would be provided to committee in October. **Action 44 SS**

Wolverhampton Primary Care Strategy 2019-2021 – Appendix 3
The strategy had been updated and, given the time available, it was taken

that the report had been read by members with any feedback to please be provided it to Sarah Southall by close of day on Friday 13th September 2019 prior to the strategy being recommended for adoption by the Governing Body.

RESOLVED:

1) **That, pending any comments from members prior to 13 September, the revised Primary Care Strategy be recommended to the Governing Body for ratification.**

2) **That the update was noted.**

STP Primary Care Strategy

WPCC555

It was taken that the report had been read by members with any feedback to be please provided it to Sarah Southall by close of day on Friday 13th September 2019. The strategy has now been approved by NHS England.

RESOLVED: That the update was noted.

STP GP Forward View Programme Board update

WPCC556

Many of the items discussed at the STP GP Forward View Programme Board had already been covered at today's committee. Including online consultations, resilience funding approval, GP and Nursing strategy launch. There were many funding allocations that sat within the Programme Board and a synopsis of these discussions would be available by Friday 6th September and circulated to members. **Action 45 SS**

Funding had been allocated to various different projects including mentoring for new GPs, General Practice Nursing and GP fellowships with further details to be provided at future meetings. An event was planned for 10th October 2019 to provide network support for GPs returning to Practice and mid-career GPs. With regard to Portfolio careers all the PCNs were invited to access funding this year for portfolio careers that are beneficial to the PCN i.e. population health needs and specialisms.

RESOLVED: That the update was noted.

Any other Business

WPCC557

Discussion was had regarding the frequency of future meetings and it was decided to hold a meeting in October, December and February 2020 with an extraordinary meeting in November 2019.

Date of Next Meeting

WPCC558

Tuesday 1st October 2019, PA025 Marston Room, Ground Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU