

**WOLVERHAMPTON CCG**  
**Governing Body**  
**November 2019**

**Agenda item 8**

<b>TITLE OF REPORT:</b>	Primary Care Strategy (V1.5 Final)
<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 share with Governing Body the revised final agreed Primary Care Strategy for Wolverhampton following approval by Primary Care Commissioning Committee in October 2019.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The CCG Primary Care Strategy was initially approved by Governing Body in 2016. Implementation has been reported routinely via Milestone Review Board to confirm the extent to which progress has taken place, raising exceptions where necessary.</li> <li>• Significant progress has been made to implement the strategy and national guidance (General Practice Forward View) however in response to further national guidance including the NHS Long Term Plan earlier in 2019 the strategy has been reviewed and reproduced to reflect national and local development requirements.</li> <li>• This report provides an overview of the priorities captured in the 2019 strategy.</li> </ul>
<b>RECOMMENDATION:</b>	<ol style="list-style-type: none"> <li>1. The board should note that Primary Care Commissioning Committee have been kept sighted on the process of engaging the public, findings from audits undertaken in primary care and progress made to realise the objectives in the initial strategy.</li> <li>2. The revised strategy has been agreed in principle by Primary Care Commissioning Committee in October 2019.</li> <li>3. Governing Body should confirm their endorsement of the decision to approve the 2019 strategy noting that Primary Care Commissioning Committee will be kept sighted on progress being made to achieve the delivery objectives detailed in Appendix 1.</li> </ol>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"> <li>1 Improving the quality and safety of services we commission.</li> <li>2 Reducing health inequalities in Wolverhampton.</li> <li>3 System effectiveness delivered within our financial envelope.</li> </ol>

Enclosure: Primary Care Strategy (V1.5 Final)

## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The initial Primary Care Strategy approved by Governing Body in 2016 began implementation whilst co-commissioning with NHS England was in place for Primary Medical Services. Since 2017 Wolverhampton CCG has been fully delegated allowing primary medical services to be commissioned by the CCG with member practices resulting in further progress to implement the strategy.
- 1.2. Earlier in 2019 further planning guidance and the NHS Long Term Plan were published, and this coupled with the extent of implementation of the 2016 strategy prompted a review of the Wolverhampton Primary Care Strategy.

## **2. PRIMARY CARE STRATEGY**

- 2.1 A series of aspirations set out in the 2016 strategy had been notably achieved and recognition of the improve state of general practice in the City is one that has been met favourably by the Primary Care Commissioning Committee, recognising that there is still further improvement to be made.
- 2.2 The revised strategy focuses on those further improvements including the development of new models of care in which patients get more options, better support and effective joined up care, at the right time in the right care setting and will be able to take more control of their own physical and mental health and wellbeing.
- 2.3 The long term plan describes the changes needed to health care services including the introduction and development of a number of new roles and how digital solutions will support patients in new and different ways when accessing primary medical services giving patients an all-round better experience of care.
- 2.4 The strategy defines a clear vision to commission the right healthcare services for our population recognising the health challenges relating to deprivation and how reducing inequalities through working collaboratively with health and social care partners to realise the vision.
- 2.5 Priorities for developing primary care include setting up primary care networks, population health management, improving access in general practice, full implementation of the primary care network enhanced service over the remainder of this and the coming two years and active involvement in the development of the integrated care system.
- 2.6 The implementation plan details how opportunities to embrace workforce challenges being faced in primary care, the availability of suitable estate to provide improved services from within neighbourhoods and the need for improved digital access to primary care are all key features within the work programme that will seek to enable successful delivery of the strategy.

## **3. CLINICAL VIEW**

- 3.1. The latest iteration of the strategy has been developed with clinical input from both General Practitioners and nursing representatives within the CCG including the CCGs Chief Nurse.



#### **4. PATIENT AND PUBLIC VIEW**

- 4.1. In the summer an engagement event was held with members of the public providing the opportunity for patients and carers to consider the progress made since 2016 and recognise where further development should take place in response to the NHS Long Term Plan. A series of questions were posed to practices and have since been discussed over recent months at network level, those discussions continue allowing engagement to be meaningful and relevant to neighbourhood need and national expectations.
- 4.2. The CCGs Governing Body lay member for Patient and Public Involvement has been sighted on the development of the strategy and the views of the public and the ongoing communications and engagement arrangements that are detailed within the strategy.

#### **5. KEY RISKS AND MITIGATIONS**

There are two risks already recorded on the CCGs Risk Register that inform the Board Assurance Framework. Risks associated with workforce and digital are most prominent and subject to a number of actions that are actively taking place to mitigate both areas.

#### **6. IMPACT ASSESSMENT**

##### **6.1 Financial and Resource Implications**

Implications associated with finance and resources are detailed in local budget setting at the beginning of each financial year and subject to periodic review at Primary Care Commissioning Committee. Resource requirements associated with digital and workforce have been set aside based on a combination of national and local allocations.

##### **6.2 Quality and Safety Implications**

The strategy seeks to sustain high standards of patient safety and clinical effectiveness. The national quality outcomes framework and local framework for primary care will be used as the vehicle for improving and sustaining care quality and there is commitment for continued investment to enable improvement.

##### **6.3 Equality Implications**

The existing Equality Impact Assessment will be reviewed in the coming months, any changes required will be shared with the responsible committee for further consideration and approval.

##### **6.4 Legal and Policy Implications**

None identified at this stage.

**Name:** Sarah Southall  
**Job Title:** Head of Primary Care  
**Date:** 28 October 2019



## 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	<b>S Reehana</b>	
Public/ Patient View	<b>S McKie</b>	
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>S Marshall</b>	<b>31.10.19</b>