



## Black Country and West Birmingham Sustainability and Transformation Partnership (STP)

### Primary Care Programme Board Actions and Decision Notes from 24/10/19

<b>Attendees</b>	Paul Maubach (Chair), Sarah Southall, Paul Aldridge, Simon Butler, Timothy Horsburgh, Anand Rische, Dan King, Donna MacArthur, Leon Mallett, Matt Hartland (MHar), Mike Hastings (MHas), Della Burgess, Jo Reynolds, Sally Roberts, Raj Mohindroo, Ruth Tapparo, Alyson Hall (Actions)
<b>Apologies</b>	Lisa Maxfield, Raj Kalia, Katharine King

<b>Agenda Item</b>	<b>Action/Decision</b>	<b>Action Owner</b>
<b>Declarations of Interest</b>	<ul style="list-style-type: none"> <li>SB and AR declared an interest due to their roles as GP Partners in Modality.</li> <li>TH declared an interest due to his position as Secretary of Dudley LMC.</li> <li>LM declared an interest as Training Hub lead for Sandwell &amp; West Birmingham (also covering Walsall &amp; Wolverhampton).</li> </ul> <p>There was no mitigation required.</p>	
<b>Review of notes of previous meeting</b>	<p>The action notes were agreed as an accurate record of the meeting. All actions had been completed or were on the agenda.</p> <p>SB raised an action re. meeting virtually in future. The ability to do this dependent on IT capability at each venue. MH confirmed the digital work stream is looking into using 'Convene' for web-based meetings, which has already been implemented for pathology services across the Black Country. The STP will eventually move to Microsoft Teams once all CCGs are on Office 365, with plans to move to a single network in future.</p>	<b>PA</b> to ensure teleconferencing is available for the next meeting.
<b>Matters Arising</b>	<p><b>Feedback from GP Trainee VTS visits</b></p> <p>AH presented an update on engagement with GP trainees across the STP. There is a lack of knowledge and understanding from trainees about the system they will be working in (i.e. STP, GPFV, Long Term Plan). The GPFV team and clinical leads will maintain links with TPDs and revisit VTS meetings to engage further with trainees. It was suggested that the deanery could provide an additional programme to ensure trainees are prepared to enter general practice; e.g. an 'ST4 year'. DB will speak to Russell Smith re. potential funding for this.</p> <p>The engagement highlighted that many trainees are keen to become locums once they qualify before settling into salaried roles. It was suggested that six month placements within local practices/across PCNs would address this and provide greater consistency for GPs and practices; however this doesn't</p>	<b>DB</b> to speak to Russell Smith re. funding for a local 'ST4' training programme

	<p>address the issue that locum salaries are more attractive than substantive salaries.</p> <p><b>Locum Bank Options Appraisal Update</b>  PA provided an overview of potential opportunities to support the locum workforce. It was queried whether increasing support creates an incentive to locum and thereby decreases the likelihood of converting locums to salaried/partnership roles.</p> <p>A discussion took place re. greater support for newly-qualified GPs to retain them in the area. AR suggested that a local programme could be developed with PCN leads at a lower cost than the options outlined in the report. DK stated there is a local locum package in Dudley to provide a supportive induction to general practice (IT, referral pathways, training, etc.) which could be replicated across the STP. It was agreed that the focus should be on training and development post-CCT, linked into First 5 offers, and increasing employment opportunities. A local offer is to be explored with CDs.</p> <p>There is a need to identify/increase the number of training practices to develop the future workforce. SB queried how training places are currently allocated as BSOL is oversubscribed and the Black Country undersubscribed. DB to speak to KK re. distribution.</p> <p><b>GP IT Survey Update</b>  MHas confirmed that conversations have taken place within the digital work stream re. a single IT provider. The survey will close on 25/10/19 and has had over 40 responses.</p> <p><b>On-Line Consultation</b>  LM provided an overview of engagement undertaken with practices. There is no single view of needs or preference for a single provider; the general view is that place-based approaches should continue as there is no 'one size fits all' solution. A marketplace event with online providers will be held (date TBC).</p> <p>It was agreed that current plans will progress despite variation and funding will be released as per proposals seen at the previous meeting. Funds will be transferred to CCGs based on the capitated distribution of the allocation from NHSE. The models will be reviewed to determine the most effective way to provide a consistent solution in future.</p> <p>A piece of work will be done to look at a potential future solution – MHas to lead with the support of Primary Care Leads. There is a need for a flexible solution to enable different approaches, i.e. a consistent front end with a choice of delivery models. The needs will be informed by how PCNs decide to deliver the requirements. IT solutions in secondary care, NHS 111 etc. must be taken into consideration to ensure alignment. MHas raised a risk to practice relationships if some are able to offer solutions before others and draw patients away from practices slower to adopt digital solutions.</p>	<p><b>GPFV team</b> to explore offers with clinical leads</p> <p><b>DB</b> to speak to KK re. how GP training places are allocated</p> <p><b>MHas</b> to explore potential STP-wide online consultation solution</p>
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<b>GPFV Programme Progress</b>	<p><b>Highlight Report</b></p> <ul style="list-style-type: none"> <li>The GPN Strategy and retention schemes were launched at a successful event in early October and are attracting regional and national attention.</li> <li>A workforce app is in development to promote workforce offers, vacancies, etc. alongside development of a Primary Care section of the new STP website.</li> </ul> <p><b>Financial Monitoring Position</b></p> <p>MHar raised the risk of an underspend in some areas. SS confirmed that projects will pick up pace in the coming months with delivery of Fellowships, Training Hub spend, etc. planned in Q3. Any risk of slippage will be raised early to allow for mitigation.</p> <p><b>Retention Project Team Scheme Performance Presentation</b></p> <ul style="list-style-type: none"> <li>Plan to use New to Practice funding to increase mentoring offer for GP trainees/First 5s.</li> <li>Scheme uptake to be mapped at PCN level to see where engagement is greatest/lowest.</li> <li>Portfolio career specialisms are informed by PCN needs.</li> </ul> <p><b>PCN Development Update</b></p> <ul style="list-style-type: none"> <li>TH raised a communication gap in sharing developments/good practice in social prescribing across the STP.</li> <li>Leadership development for CDs to be offered centrally in the New Year. There are multiple offers available at STP and CCG level. DK suggested there is a higher need for management training rather than leadership. Network DES service specifications for 2020/21 are due imminently and will inform future offers.</li> <li>There is a requirement to provide assurance to NHSE from December regarding progress being made by PCNs in response to receiving the funding.</li> </ul> <p><b>Risk and Issue Log</b></p> <ul style="list-style-type: none"> <li>The biggest risk remains Babylon/GP at Hand.</li> <li>MHas raised an issue with NHS 111 slots being unavailable at branch practices. There is a need to analyse risks around relationship between general practice and NHS 111. PM to speak to Rachael Ellis and WMAS leads outside the meeting.</li> <li>A risk was raised re. estates and practices not having the physical space to accommodate the new roles.</li> </ul> <p><b>GPFV Regional Board Update</b></p> <ul style="list-style-type: none"> <li>The Board has been expanded to include pharmacy, optometry, etc.</li> <li>The STP is on track with direct booking. National access standards will not be revised until next year; the focus is on utilisation rates this year.</li> </ul>	<p><b>PM</b> to speak with Rachael Ellis &amp; WMAS re. GP/111 links</p> <p><b>PA</b> to update risk log to reflect new risks raised</p>

	<ul style="list-style-type: none"> <li>BC&amp;WB ahead of other STPs re. PCN development. SS presented local work that has taken place.</li> </ul>	
<b>Investment Proposals</b>	<p><b>GP Mid-Career Scheme</b> The Board approved the proposal. SB queried the selection criteria if schemes are oversubscribed. It was agreed that places/funding for future schemes will be allocated on a per capita basis across all five places and that, should some schemes be oversubscribed, the Board would be approached to redirect funds from other projects that may be underperforming.</p> <p><b>GP Welcome Back and Legacy Scheme</b> The Board approved the proposal. Need to establish selection criteria and determine how to secure a commitment to stay in the area post-scheme, e.g. learning contracts.</p> <p><b>GPFV Training Hub Funding</b> The Board approved option 3 from the proposal. It was confirmed that the funding will be passed to Training Hubs to coordinate the offers; however it must be spent in line with STP expectations (per the proposal).</p> <p><b>GPFV Reception and Clerical (3 Proposals)</b> The Board approved all three proposals. MHar queried whether appropriate procurement rules are being followed. The proposals do not specify a provider and a fair and transparent process will be followed to select providers for all schemes.</p>	
<b>HEE &amp; Training Hub Update</b>	<p>DB provided an update.</p> <p>The possibility of a procurement process has not yet been confirmed and HEE are still in legal discussions about this. It was noted that this creates a risk to the sustainability of the current Training Hubs. PM to speak to DB/KK about this outside the meeting.</p> <p>OD sessions are planned for the Training Hubs and GPFV team to develop the future model.</p>	<b>PM</b> to speak with KK about future of the Training Hub
<b>AOB</b>	<p>SB noted that Babylon has now exceeded capacity for patient registrations in Birmingham (1155) though it is not yet known if the cap has been lifted. They have deployed an aggressive marketing campaign; Black Country practices need to promote their digital offers to counter this.</p> <p>It was agreed that, if/when approved, papers from the meeting can be circulated to PCNs for information.</p> <p>LM attended a workforce planning session led by HEE where primary care was underrepresented. There is a need to ensure the primary care voice is heard and data is shared to enable workforce planning across the system, especially regarding new roles in GP. To be fed into STP Board.</p>	<b>PM</b> to raise need for Primary Care input into system-wide workforce planning at STP Board.

	Lay member to attend next Board to provide a link with PPG leads.	<b>LM</b> to arrange for lay member to attend.
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Next meeting: Wednesday 18<sup>th</sup> December at 14:00-16:00. Venue TBC.