

WOLVERHAMPTON CCG

Primary Care Commissioning Committee Tuesday 3rd December 2019

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| TITLE OF REPORT: | Primary Care Contracting: Update to Committee |
| AUTHOR(s) OF REPORT: | Gill Shelley |
| MANAGEMENT LEAD: | Sarah Southall |
| PURPOSE OF REPORT: | Information to committee |
| ACTION REQUIRED: | <input checked="" type="checkbox"/> For Information Only |
| PUBLIC OR PRIVATE: | This report is for public committee |
| KEY POINTS: | <ul style="list-style-type: none"> To provide update information to the primary care committee on primary medical services |
| RECOMMENDATION: | That the committee note the information provided |
| LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES: | |
| 1. Improving the quality and safety of the services we commission | Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP |
| 2. Reducing Health Inequalities in Wolverhampton | The CCG Primary Care Strategy is supported in transforming how local health care is delivered |
| 3. System effectiveness delivered within our financial envelope | Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost |



1. GMS Contract Variations 1st August – 30th November 2019

None requested

2. Internal Audit report 2019/20: Primary Care Commissioning

The operating effectiveness of controls over the CCG's Commissioning and Procurement of Primary Medical Services was tested by the Auditors – see attached report appendix 1.

2.1 The review identified one medium and one low risk rated findings as below:

- **Urgent contracts (medium risk):** In some unforeseen circumstances such as the death of a GP contractor, a practice closure, or termination of an existing contract to protect patient safety, the CCG may not have sufficient time to facilitate a managed closedown and transfer patients to another provider. As a result, the CCG may look to award a contract to a provider at short notice in order to ensure continuity of services. In order to do this the CCG first identify providers who would be able/willing to step in temporarily through an expression of interest process and, in parallel, the CCG would consider the range of options for the longer term provision and would enter into a procurement as appropriate. It was noted that the CCG is in the process of developing a formalised caretaking policy which will complement the National Dynamic Purchasing Framework currently being developed by NHSE for Primary Care.
- **Outdated procurement policy (low risk):** The CCG has a Procurement Policy for Healthcare Services in place that covers the Primary Care Medical Services. The policy sets out the procurement decision making processes and provides assurance as to the most appropriate route to market for healthcare services. The policy also sets out the roles and responsibilities of teams involved in the process. The policy was issued in April 2017 and due for a review in May 2019. It was identified that the policy was under review as of November 2019.

3. Practice Merger

The merger of Parkfieds Medical Centre with Grove Medical Centre took place over 23rd 24th, and 25th November.



4. **MGS Medical Practice**

A contract monitoring review was undertaken on Tuesday 5th November 2019. At the previous contract review September 2017 the practice had 34 actions to complete, following this current visit there were 3 minor actions for the practice to complete. An improvement was noted in the quality of policies and the practice leaflet. The quality team is to ask the practice if their leaflet could be shared as an example of good practice.

PCCC are asked to recognise the improvements that the contractors have made in this practice since terminating the sub contract with RWT in June 2018 and forming an alliance with OHP October 2018. .

5. **List Sizes October 2019**

See appendix 3.

6. **CLINICAL VIEW**

Not applicable

7. **PATIENT AND PUBLIC VIEW**

Not applicable

8. **KEY RISKS AND MITIGATIONS**

Not applicable

9. **IMPACT ASSESSMENT**

Financial and Resource Implications

Not applicable

Quality and Safety Implications

Not applicable

Equality Implications



Not applicable

Legal and Policy Implications

Not applicable

8. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name Gill Shelley
Job Title Primary Care Contracts Manager
Date: 3/12/19

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.

| | Details/ Name | Date |
|---|--------------------------|---------------|
| Clinical View | N/A | 3/9/19 |
| Public/ Patient View | N/A | 3/9/19 |
| Finance Implications discussed with Finance Team | N/A | 3/9/19 |
| Quality Implications discussed with Quality and Risk Team | N/A | 3/9/19 |
| Equality Implications discussed with CSU Equality and Inclusion Service | N/A | 3/9/19 |
| Information Governance implications discussed with IG Support Officer | N/A | 3/9/19 |
| Legal/ Policy implications discussed with Corporate Operations Manager | N/A | 3/9/19 |
| Other Implications (Medicines management, estates, HR, IM&T etc.) | N/A | 3/9/19 |
| Any relevant data requirements discussed with CSU Business Intelligence | N/A | 3/9/19 |
| Signed off by Report Owner (Must be completed) | G Shelley | 3/9/19 |



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

| Strategic Aims | Strategic Objectives |
|---|--|
| 1. Improving the quality and safety of the services we commission | a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions |
| 2. Reducing health inequalities in Wolverhampton | a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings |
| 3. System effectiveness delivered within our financial envelope | a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton. |

