



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

Primary Care Programme Board Actions and Decision Notes from 18/12/19

Attendees	Sarah Southall (Chair), Paul Aldridge, Joe Taylor, Stephen Cook, Jo Reynolds, Nasir Asghar, Anand Rische, Ranjit Sondhi, Carla Evans, Zishan Yousef, Liz Corrigan, Timothy Horsburgh, Simon Butler, Rajiv Kalia, Donna MacArthur, Charlotte Armstrong (Actions)
Apologies	Paul Maubach, Sally Roberts, Salma Reehana, Ruth Tapparo, Katharine King, Dan King, Della Burgess, Mike Hastings, Leon Mallett, Matt Hartland

Agenda Item	Action/Decision	Action Owner
Declarations of Interest	<ul style="list-style-type: none"> • Dr Rajiv Kalia declared an interest due to his role as a GP. • Dr Zishan Yousef declared an interest due to his role as a GP. • Dr Anand Rische declared an interest due to his role as a GP. • Dr Nasir Asghar declared an interest due to his role as a GP. <p>There was no mitigation required.</p>	
Review of notes of previous meeting	<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>SS confirmed that she had spoken with Katharine King (KK) regarding roles as requested at the previous Board meeting. Katharine confirmed that an ST4 year is still the long term preference, but cannot be implemented at present due to funding.</p>	
Matters Arising	<p>Telephone/Video Conferencing</p> <p>SC confirmed that a video conferencing facility is currently being trialled, with the intention of it working both internally and externally.</p> <p>It was requested that the Board meeting is held in venues that are able to support tele/video conferencing going forward, specifically Sandwell & West Birmingham, Walsall and Wolverhampton.</p> <p>Training Placement Allocations</p> <p>SS confirmed that she had spoken with KK regarding training placement allocations. KK confirmed that all training places have been filled for 2019/20, and HEE have an overall 120% fill rate in the West Midlands. HEE have increased their WM trainee intake from 364 to 392 for 2020 and this will be rising again to 420 for 2021.</p>	PA to ensure Board is held in either Sandwell & West B'ham, Walsall or W'ton.

HEE Update and Assurance	<p>Training Hub Organisational Design Work</p> <p>SS presented the guidance advocating the role of training hubs, as well as the briefing note, and provided an update around this.</p> <p>AR queried who the GP Clinical Lead is, to which SS confirmed that Dr Kalia's primary responsibility was for the GP retention agenda but confirmation from CCG Chairs regarding who should undertake this work. GP Clinical Lead role for the Training Hub Development Project would need to be aligned to this piece of work with dedicated time set aside to ensure clinical oversight/leadership and support with project delivery as necessary. All noted that this is a time limited project and Dr Kalia had advised he would be happy to support the project.</p> <p>DM queried whether there is a risk register for the programme, to which SSo confirmed that risks are captured in the GPFV risk register. It was requested that a specific risk register for the Training Hubs be developed and this was confirmed to form part of the project documentation routinely utilised.</p> <p>Recommendations for Training Hub development are supported by Board.</p> <p>It was noted that KK believes the Terms of Reference need to be strengthened in terms of training hubs, and has been requested to provide greater clarity at February's Board.</p>	<p>SS to liaise with CCG Chairs regarding GP Clinical Lead for Training Hubs Development Project.</p> <p>PA to ensure project documentation including risk log are confirmed at the next meeting.</p> <p>PA to revised Terms of Reference & share at next meeting.</p>
GPFV Programme Progress	<p>Regional Board Update</p> <p>SS gave an update regarding the Regional Board. The key points are noted below:</p> <ul style="list-style-type: none"> • 5 of 7 new specs – not arrived • There is a 30 day consultation for Clinical Directors to gather thoughts from PCN's, which need to be fed back by the end of January. • Recruitment is ongoing. • Assurance visits to take place to ensure all GPFV money will be spent. <p>SSo confirmed that an assurance call was due to take place with NHSE regarding spend to date against GPFV funding.</p> <p>National Retention Programme</p> <p>LC presented the GPN Retention Programme report to Board. The key points are noted below:</p> <ul style="list-style-type: none"> • Sarah Chamberlain has signed up to take part in National Retention programme. • Sarah and Paul Vaughn will take part in Practice Makes Perfect in January. • Retention plan is being finalised, and will then be submitted to NHSE for approval, and will be publicised once approved. 	<p>SSo to send Regional Board Meeting minutes to attendees for information.</p>

	<p>Highlight Report PA presented the STP GPFV Programme Highlight Report. The key points are noted below:</p> <ul style="list-style-type: none"> • Work is being completed towards introducing a PA offer across the STP. • Expression of Interest submitted to HEE to fund 10 GPN's has been successful. • Professional Nurse Lead is now in post – Liz Corrigan. • 11 Nurse champions have been recruited, and will meet on a bi-monthly basis. • GPN events (Practice Makes Perfect) start in January. • 14 Expressions of Interest have been received for GPN Mentors. • App is now live, and comms will be sent out re this shortly. • More schemes for GP's being developed. Ie, Phoenix Programme/Legacy. • Work around Med Ed is continuing in January. • There is a dedicated LMS event taking place in March. • There will be a separate event for non-clinical staff. • Paediatrics will be listed for consideration on February Board Agenda. • Will link in with RGCP and BMA. <p>Financial Monitoring Position PA presented the GPFV Financial Monitoring Position report. PA confirmed that at present, the GPFV is committed to spend, and is expecting to breakeven.</p> <p>Retention Project Team Scheme Performance PA presented the GPFV Retention Project Team Scheme Performance report.</p> <p>SS noted that Walsall numbers are low, to which DM confirmed she will requested Walsall Clinical Directors to promote the schemes.</p> <p>A discussion took place regarding Portfolio Careers. JT queried whether having last year's data for Portfolio Careers would allow Board to compare and contrast all applications. It was agreed that the GPFV Project Team would gather data from previous years regarding uptake for Portfolio Careers.</p> <p>SS reiterated the importance of ensuring PCN's who have not yet accessed funding should do so before the end of March.</p> <p>RK stated that a Locum who was offered mentoring did not accept as all current mentors are full time salaried GP's and therefore do not have much experience of Locum. It was agreed that the GPFV Project Team would review how many Locum GP's access mentoring.</p> <p>PCN Development Update Each Primary Care Lead presented the report from their area. CE stated that a deputy Clinical Director for each PCN would be beneficial. SS confirmed that this will be discussed at the</p>	<p>DM to request Walsall CD's to promote schemes.</p> <p>GPFV Project Team to gather previous years data.</p> <p>Project team to review how many Locum GP access mentoring.</p> <p>Discussion to take place around</p>
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	<p>CD meeting being held on Thursday 16th January 2020.</p> <p>TH queried whether anyone is doing Social Prescribing for under 18's, to which SS confirmed it will be looked at from April 2020.</p> <p>TH requested that Dartmouth Programme Feedback evaluation is added to the next Board agenda.</p> <p>Analytics Workshop Update SSo presented the Action log from the Analytics Workshop which took place on 7th November 2019.</p> <p>SS confirmed that there were some anxieties around the absence of regular data flows to PCNs in Sandwell and Walsall and an action had been assigned to BI leads to address this with support from Anthony Nicholls. There will be a follow up meeting in January. JT stated that Primary and Secondary care data needs fine-tuning, and requested that this is brought back to Board in February.</p> <p>RS suggested that other non-clinical data should be included, such as homelessness. SS stated the importance of CD input into the process of influencing the design of the data packs that will be available to PCNs.</p> <p>Risk and Issues Log A risk was raised regarding capacity of Clinical Directors and the potential for variation within PCN's given the expanse of the role and PCN maturity.</p> <p>A discussion took place around the current risk of Babylon/GP at Hand. The current number of registrations with GP at Hand was approximately 1900 patients. CE confirmed that teleconferences are taking place monthly regarding and the average of patients is 18-50. Growth is not as rapid as had been expected.</p> <p>It was agreed that CE would share update with CA for notes, and this risk would be discussed as a standing item on the agenda going forward.</p>	<p>introducing Deputy CD's at CD meeting on 16.01.20.</p> <p>PA to add Dartmouth Programme Feedback to next Agenda.</p> <p>Primary Care Leads to review flows (analytics) & progress.</p> <p>Primary Care Analytics to be added to February agenda.</p> <p>PCN CDs to be reminded of the importance of engaging in design discussions.</p> <p>PA to update Risk Log re new risks raised.</p> <p>CE to share Babylon update with CA.</p> <p>GP at Hand to be added as standard Agenda item.</p>
Digital Workstream Update	<p>SC presented Digital Work Stream Report to Board.</p> <p>It was agreed that a Locum GP Champion would be identified, and views of the Locum Champion would be fed back into the Board meetings going forward.</p> <p>It was agreed that GP's should approach Locums to complete IT survey.</p>	<p>Locum GP's Champion to be identified.</p>

	<p>SC confirmed that discussions are taking place to have an STP-wide IM&T function, and tests are being completed on all sites and networks.</p> <p>It was agreed that SC would provide an update at February's Board.</p>	<p>SC to provide update at next Board.</p>
AOB	<p>SS stated that an STP bid regarding Digitisation of Notes to be submitted on Friday, and will be sent to Board members prior to meeting if successful.</p> <p>A discussion took place regarding the redesign of the Salaried GP role, with the view of attracting Locum GP's to become salaried GP's. This was defined as the 'job of the future', which would be determined by the approaches taken by PCN's as part of the modernisation of the Salaried GP role. It would be redesigned to include/exclude time for admin, HR, home visits and portfolio working, and would also link to trainee tracking and career pipeline.</p>	

Next meeting: Thursday 20th February 2020, 14:00-16:00, Dudley CCG