

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 3 December 2019 at 2.00pm**

**PC108 Conference Room, Creative Industries Centre,
Wolverhampton Science Park**

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse & Director of Quality (voting)	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Sue McKie	Chair (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
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	Chief Officer of Wolverhampton LPC	Yes

In attendance ~

Tony Gallagher	Director of Finance	Yes
Liz Corrigan	Primary Care Quality Assurance Co-ordinator	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
Amy Flood	Student Nurse (Observer)	Yes

Welcome and Introductions	
WPCC622	Mr L Trigg welcomed attendees to the meeting and introductions took place. There was one member of the public present at the meeting.
Apologies	
WPCC623	Apologies were received from Ms S McKie, Dr D Bush, Dr M Kainth and Mr P McKenzie
Declarations of Interest	
WPCC624	<p>Dr S Reehana declared that as a GP she had a standing interest in all the items relating to primary care.</p> <p>As this declaration did not constitute a conflict of interest, Dr S Reehana remained in the meeting whilst these items were discussed.</p>
Minutes of the Meeting held on the 5th November 2019	
WPCC625	<p>The minutes of the previous Primary Care Commissioning Committee (Extraordinary meeting) held on 5th November 2019 were approved as an accurate record.</p> <p>RESOLVED: That the above was noted.</p>
Matters Arising from previous minutes	
WPCC626	<p>There were no matters arising from the minutes.</p> <p>RESOLVED: That the update was noted.</p>
Committee Action Points	
WPCC627	<p>Action 39 (Minute No: WPCC481) Tettenhall Medical Practice – Wood Road Branch closure Following the public meeting of 5th November this issue was now resolved. The Practice had reviewed their original application and submitted an application to reduce the number of sessions from 7 to 4 per week rather than close altogether.</p> <p>Action 40 (Minute No: WPCC540) Quality Assured Spirometry Business Case There is a Spirometry report due for Feb 2020. A verbal update will be provided today as part of the Milestone Review Board report agenda item 7e.</p> <p>Action 42 (Minute No: WPCC554) Social Prescribing further level of detail</p>

	<p>On agenda, item 7f. Action closed</p> <p>Action 43 (Minute No: WPCC554) Social Prescribing update on embedded staff On agenda, item 7f. Action closed</p> <p>Action 45 (Minute No: WPCC556) STP GP Forward View Programme Board On agenda, item 7d. Action closed.</p> <p>Action 46 (Minute No: WPCC605) FFT Activity Report & Revised FFT figures to be circulated Revised Friends and Family Test circulated. Practices with poor FFT update had been contacted. Issues were mainly transient with no further action required. Action closed.</p> <p>Action 47 (Minute No: WPCC607) An update on the implementation of the New Communications & Engagement Strategy. A report is pending submission prior to Mar 2020</p> <p>RESOLVED: That the above is noted</p>
Primary Care Update Reports	
WPCC628	<p>Quarterly Finance Report Q2 Jul-Sept 2019</p> <p>Mr T Gallagher provided a summary of the finance report for the period ending Sept 2019.</p> <p>As previously requested by the committee, areas of expenditure specifically relating to Primary Care had been determined and were displayed on page 3 of the report.</p> <p>The delegated commissioning element of primary care was forecast to breakeven this year.</p> <p>Wolverhampton CCG is the host for the GP Forward View allocation, so some of the £4.7m spending shown relates to the Walsall, Sandwell and Dudley CCGs. At least £1.2m will be spent by these other CCGs under the hosting arrangement and will be indicated in future reports.</p> <p>An overspend of £487,000 was forecast which was largely attributable to prescribing and NHS 111 services.</p> <p>An amount of £1m was identified for Primary Care development. Due to the proximity of the year-end it may not be possible to identify schemes to the full amount.</p> <p>There was discussion as to whether any underspend within the £1m could be rolled forward to the next financial year.</p>

	<p>The report also analysed prescribing in relation to both drug volumes and cost, which showed positive results for June and July.</p> <p>RESOLVED: That the update is noted.</p>
WPCC629	<p>Primary Care Quality Report</p> <p>Mrs L Corrigan presented her report summarising the following key points:</p> <p>There were no new serious incidents. A previous incident relating to a fridge had since been closed</p> <p>Mrs Corrigan recognised that content in the background of the report for Quality Matters did not reflect the narrative. This was due to some late additions. The report would be amended and re-circulated. Nothing had been reported to NHS England for two months but there were a couple of issues pending.</p> <p>Mrs Corrigan advised she would be going on secondment from next month and that Mrs D Bowden would be providing updates on Quality Matters going forward.</p> <p>Infection prevention audits continued and practices were doing well with average ratings up slightly on last year.</p> <p>The Quality team were working closely with Public Health on the Flu vaccine programme. The uptake was slightly down on last year, which had been expected because of the slight delay in vaccines being delivered. All practices now had access to the vaccines. The over 65s update at the beginning of November was 51.5 % and for under 65s 18.5%. Uptake for the over 65s was up on last year. Information on the school's programme would be available from Public Health shortly. Mr H Patel would be picking up the flu programme work.</p> <p>It was reported that the MMR vaccination programme uptake is slightly down on both the rest of the region and nationally but was being picked up at the collaborative contracting visits. Mr M Boyce and Ms D Bowden will cover contract visits.</p> <p>Work with practices to ensure the return of their Friends and Family Test information continues. This month only three Practices did not respond and each had a valid reason. Wolverhampton remains the best in England at average 2.2% returns.</p> <p>It was noted that both the GP and Practice Nurse workforce retention programmes were now up and running. The plan was to develop GP Nurse champions to support others who are considering, for example, a change in career or are newly qualified or considering retirement. Mrs Corrigan advised that her new role was as the Black Country GPN Professional Lead and she was excited to be co-ordinating this. The Healthcare Assistant apprenticeship programme was also in progress. Work continued around non-clinical staff, physicians associates and clinical</p>

	<p>pharmacists to ensure the PCNs had a spread of staff to meet the needs of patients</p> <p>The committee was informed that the STP had recently been successful in obtaining a bid to provide places for newly qualified nurses for within the PCNs. The nurses would attend the Fundamentals of Practice Nurse programme at Birmingham City University and there were 10 places. Work was being done with Birmingham and Wolverhampton universities to identify potential candidates. Primary Care Networks are able to submit an expression of interest for hosting one of the nurses.</p> <p>Dr S Reehana asked why had Birmingham City University been selected and not Wolverhampton. Ms Corrigan advised it was to do with the date of the course. Wolverhampton's course starts in January and they weren't able to put an extra course on due to short notice. It was also not possible to get the candidates through the process in time to start in January.</p> <p>Dr S Reehana asked if both IG breaches were new for November. Mrs L Corrigan advised it was overall but that she had noticed that the breaches were to do with blood forms again. Targeted work had been undertaken with Practices and there were plans to issues comms shortly to all.</p> <p>RESOLVED: That the update was noted.</p>
WPCC630	<p>Primary Care Operational Management Group Update</p> <p>Mrs S Southall advised that she had chaired the meeting and there were no major issues reported. The minutes had been circulated with a number of actions.</p> <p>Committee were happy to defer the item until the next meeting.</p> <p>RESOLVED: That the above is noted.</p>
WPCC631	<p>STP Primary Care Programme Board Actions & Decisions</p> <p>Mrs S Southall provided an overview of the discussions that took place at the STP Primary Care Programme Board.</p> <p>She explained there were a series of updates as referenced in the reports in relation to technology in GP practices and feedback from visits to voluntary training schemes.</p> <p>The Board had considered an options paper presenting opportunities to support the Locum workforce and concluded that it was not the preferred route to take and wished to take a different route and would be meeting with Clinical Directors to identify what offer can be put together for support and retention of locum GPs in the Black Country.</p> <p>Funding proposals were considered and approved by the Board for a GP mid-career scheme due to commence in March 2020, which affords GPs the opportunity to be part of a network and take part in a learning</p>

development programme. A scheme was also approved for welcoming back GPs into General Practice and a legacy scheme to help retain skills, knowledge and experience. Funding for training hubs, reception and clerical training was also approved.

A separate report was considered in relation to online consultations and Digital First. Wolverhampton was quite advanced in their rollout that has since been concluded. A further piece of work to explore the feasibility of a future potential solution for the Black Country i.e. an identity for all online consultations and systems is currently being explored by the Local Digital Rollout Group.

The Board received an update on the PCN development and the opportunity to share approaches taken to social prescribing and the leadership development programmes. Highlight from the NHS England and Board assurance report were given.

The items presenting the greatest risk were Online Consultations primarily in relation to the GP at Hand, although the scale of the problem has been less than expected. There was also risk around 111 direct booking as there had been a delay, in relation to the work that NHS Digital were expected to undertake on our behalf which was unfortunately compromising achievement of the national target however since that meeting things were now back on track.

Mr S Marshall questioned the economic viability of each of the local areas adopting a different system for online consultations. Mrs S Southall explained that the NHS Futures platform expected that each of the CCGs would re-procure separately therefore not putting all eggs in one basket. Mrs Southall advised that whatever system was chosen there would be an application (App) developed to sit in front of the system to ensure that the Black Country identity was consistent.

Dr S Reehana asked in relation to workforce if the impact of pensions tax on GPs had been considered as hospital consultants and GP partners looked to cut the number of sessions they provided. Mrs S Southall advised that this was a nationally recognised issue and there were numbers of GPs cutting sessions or retiring who had not been replaced along with Clinical Directors who had been removed from the equation due to providing 2 sessions p/w in their new roles. Attempts were being made to encourage new GPs into both salaried and partnership roles however, the issue around the numbers of sessions provided would remain because whoever is earning would be subject to the same pension tax. There was some taper for hospital consultants but it did not provide much assurance and the flexibility around opening longer hours could be seriously impacted.

Ms S Roberts felt the issue needed to be raised to the Sustainability and Transformation Board also to understand the impact to gain some clarity on the issue.

It was felt that rather than surgeries doing longer and longer hours they

	<p>needed to bring in more GPs to cover the sessions and there were plenty of Locums available however it was recognised that they too would be subject to the same tax.</p> <p>RESOLVED: That the above is noted.</p>
WPCC632	<p>Milestone Review Board (Q2 2019/20) Report</p> <p>Mrs S Southall advised that the Milestone Review Board met in October and the report provided a summary of that meeting along with a copy of the Assurance pack shared at the meeting.</p> <p>The Board gave recognition to the progress that had been made in relation to the work programme and a communications and engagement plan that had been requested. Approval was given to address some of the gaps in public knowledge and to ensure that practices were actively publicising the new roles to patients and giving them the opportunity of making appointments with them and the promotion of online services.</p> <p>There was an exception report in relation to the digital workstream that had since been rectified. The concerns were largely associated with 111 direct booking which had entered a pilot phase with an on-boarding phase for practices to be able to offer appointments from January 2020. The exception remains for branch practices unfortunately as they have no functionality for direct 111 bookings.</p> <p>The Primary Care Strategy and associated implementation plan was also accepted as agreed by this committee in October.</p> <p>The Primary Care Network Development Proposals were discussed at length and were obtained based on the self-assessments that Practices in the networks had undertaken collectively. This was included as an appendix.</p> <p>The meeting largely focused on the assurance pack with a number of actions in relation to the Primary Care counselling service, Sound Doctor, the GP Home Visiting service, Care navigation and Choose and Book advice and guidance were raised.</p> <p>RESOLVED: That the above was noted.</p>
WPCC634	<p>Social Prescribing Update</p> <p>Mrs S Southall presented the report to update the committee on the progress of the Social Prescribing service and the new roles that Primary Care Networks were able to recruit to.</p> <p>Social Prescribing Link workers are funded as part of the role reimbursement scheme. All six Primary Care Networks now had an allocated Link Worker based within practices to provide a social prescribing service at neighbourhood level.</p>

	<p>The agreed model had been signed off by each of the Clinical Directors and was based on the offer that the Wolverhampton Voluntary Sector Council (who already host the service in Wolverhampton) had put to them.</p> <p>Each PCN has had a Link Worker in post since October 19. There are now 11 Link Workers in place across the CCG which enables an extra 120 referrals per month to be taken across the 6 PCNs.</p> <p>The summary guide indicates that Social Prescribing Link workers should be receiving at least 250 referrals per year, which was expected to incrementally rise from January next year. There were 104 referrals in October with 66 from Primary Care as other professionals can refer into the service.</p> <p>Promotion of availability of the service within the PCNs is actively taking place and Link Workers are holding events and forming clubs based on needs identified including a Brunch club, Film Group, Walk in the Park, Craft Group and Anxiety Management course.</p> <p>Dr A Mittal questioned the demand and supply of the service saying that if 250 referrals per year were received across 11 PCNs it equated to just shy of 3000 capacity per year and asked how far off this it was currently. It was expressed that there was a little way still to go hence work with PCNs to ensure workers are embedded and recognised and that there is a capacity and demand model and managed centrally through the Voluntary Sector Council. There is a meeting planned with the Clinical Directors and the service providers in January to ensure this is working well as these referrals are tied in to other national targets associated with personal care planning however Wolverhampton is a little further ahead than other CCGs.</p> <p>Mr S Marshall felt that once referral rates stabilised they could assume that this would be the maximum demand and a review of service capacity could then be undertaken with a view to maybe re-purposing the roles if service outweighed demand.</p> <p>RESOLVED: That the above is noted.</p>
WPCC635	<p>Primary Care Contracting Update</p> <p>Ms Shelley presented the report. No requests for GMS contract variations between 1st August and 30th November had been received.</p> <p>An internal audit on effectiveness on commissioning and procurement of Primary Medical Services was attached as an appendix. The review identified one medium and one low risk recommendation.</p> <p>The medium risk was around the ability to get a service in place quickly if there is a problem with a practice with work being undertaken at STP level to put a process in place across all 4 CCGs. There is currently a process in the NHS England policy book, which would be followed if needed. If a caretaker was needed the CCG did not have to go out to market and could choose a provider and put them in straight away.</p>

	<p>The low risk was about the outdated procurement policy, which is now in the process of being reviewed and updated.</p> <p>The Practice merger of Parkfields Medical Centre and Grove Medical Centre which took place over 23rd-25th November had gone smoothly from a clinical systems merger perspective and planned to meet with the new providers early January to go through any troubleshooting.</p> <p>A contract monitoring review was undertaken at MGS Medical Practice in early November, which proved successful. When the previous contract review was undertaken in Sept 17, there had been 34 actions to complete. Following the current visit, only 3 minor actions were outstanding with a real improvement noticed in the quality of policies and the practice leaflet. The Quality team plan to ask the Practice if any of the work can be shared as an example of good practice across the city.</p> <p>The committee was asked to recognise the improvements the contractors had made at the Practice since the contract was terminated with RWT and an alliance formed with Our Health Partnership (OHP) in October 2018. It was reported that Dr Allen will no longer be on the contract and that a doctor from OHP will be added shortly. The practice has a Care Quality Commission (CQC) visit on 13th December 2019.</p> <p>Patient List Sizes were appended.</p> <p>RESOLVED: That the above is noted.</p>
Any Other Business	
WPCC636	<p>Agenda Item 7h Enhanced Services Post Payment Verification 2017/18 was moved from the public to the private agenda</p> <p>Mrs L Corrigan advised this would be her last meeting for a while due to her secondment and that Ms Mavis Foya would be delivering the reports on her behalf. Mrs Corrigan was thanked by Committee for her hard work and wished well for her secondment.</p>
Details of Next Meeting	
WPCC637	Tuesday 4th February 2020 PA125 Stephenson Room, 1 st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU