

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 4th February 2020 at 2.00pm**

**PA125 Stephenson Room, 1st Floor,
Wolverhampton Science Park WV10 9RU**

MEMBERS ~

Wolverhampton CCG ~

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

In attendance ~

Lesley Sawrey	Deputy Chief Finance Officer (WCCG)	Yes
Mavis Foya	Quality & Safeguarding Adults Practitioner (WCCG)	Yes
Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Admin (WCCG)	Yes

Welcome and Introductions	
WPCC638	Mrs S McKie thanked everyone for attending and welcomed the two members of the public present.
Apologies	
WPCC639	Apologies were received from Dr M Kainth, Dr Ankush Mittal, Mr B Dhami, Mr S Marshall and Mr T Gallagher.
Declarations of Interest	
WPCC640	Drs Reehana, Bush and Ashgar declared that as GPs they had a standing interest in all items relating to primary care however, there was nothing of conflict in today's papers. Dr Reehana also declared an interest in the contracting update as it referred to her Practice, however as the item was for information only it wasn't a conflict of interest
Minutes of the Meeting held on the 3rd December 2019	
WPCC641	<p>The minutes of the previous Primary Care Commissioning Committee held on 3rd December 2019 were approved as an accurate record.</p> <p>RESOLVED: That the above was noted.</p>
Matters Arising from previous minutes	
WPCC642	<p>There were no matters arising from the minutes.</p> <p>RESOLVED: That the update was noted.</p>
Committee Action Points	
WPCC643	<p>Action 40 (Minute No: WPCC540) Quality Assured Spirometry Business Case The report on the progress and implementation of the Spirometry Service to today's committee was delayed due to the candidates not having yet completed their training. Report expected in March 2020.</p> <p>Action 47 (Minute No: WPCC607) An update on the implementation of the New Communications & Engagement Strategy. Report will be submitted to committee in March 2020.</p> <p>RESOLVED: That the above is noted</p>
Primary Care Update Reports	
WPCC644	<p>Primary Care Quality Report Mrs Roberts presented the report summarising the following key points:</p>

	<p>Patient uptake of the Flu vaccine had been lower than expected, in particular across Acute and Community services. There would be learning in respect of this to improve the uptake next year.</p> <p>Significant work had been undertaken in the recruitment and retention of GPs and GP nurses. At a meeting last week (w/c 27th January 2020) with the NHS England National Team and other colleagues from Primary Care, Wolverhampton was reportedly ahead internationally in terms of the GPN strategy and recruitment work. It was queried when the results of all the hard work around recruitment would be seen. Mrs Roberts explained that they were tracking GPN recruitment rates monthly and there was good attrition in terms of retirement with a raft of schemes available.</p> <p>Mrs Southall advised that there were schemes in place across Wolverhampton and the wider Black Country to support the ageing demographic of GPs to wind down rather than retire altogether, however the main issue was encouraging GP trainees to stay following their training and the team would now be tracking this to encourage them to stay in practices. Any inroads would however only result in a small increase in GP numbers overall due to the loss of GPs into Clinical Directorship roles. The GP headcount remained reasonably high but the full time equivalent was a lot less with more and more GPs opting for portfolio working.</p> <p>Funding had become available for 10 new practice nurses in Primary Care.</p> <p>Coronavirus was discussed and it was confirmed that work was being co-ordinated across Birmingham and the Black Country via the Emergency Preparedness, Resilience and Response (EPRR) Board to avoid any duplication of good work taking place. Practices had been contacted and responses received in relation to preparedness. It was apparent that a specific recommended facemask was not in stock in all Practices.</p> <p>A short paper would be put together to advise partners of the defined route/team for Executive oversight across the Birmingham and the Black Country CCGs giving names and contact details. Communications had already been issued across Primary Care with posters and flowcharts which had proved of great benefit. It was felt that as guidance was being updated on a daily basis, at this stage patients would not be directed to Primary Care however, in the event of a patient arriving at a Practice there should be sufficient signage in place deterring them from entering the building. As of today there are no confirmed cases in the region.</p> <p>RESOLVED: That the above is noted.</p>
--	---

WPCC645	<p>Quarterly Finance Report Q3 Oct-Dec 2019</p> <p>Mrs Sawrey provided a summary of the finance report for the period ending December 2019 advising that the last time the report was provided was the first time the £1m development fund had been identified.</p> <p>The development fund was for use for non-recurrent schemes within Primary care. Due to the short timescales and as no ideas had yet been put forward the funds would go toward the CCG position for this year but would still be available next year.</p> <p>The report highlighted the requirement for the CCG to keep 0.5% in contingency and 1% in reserves.</p> <p>There was also detail on the many allocations that Wolverhampton CCG hosts such as for the GP Forward View and Sustainability and Transformation Partnership. This money was recorded in the books of the CCG but then distributed to other CCGs for them to pay their costs. The influx and outflow of allocations was determined by activities in Primary Care and would be used, for example, for the funding of new staff types.</p> <p>The data showed that Prescribing was overspent but not at the levels of other CCGs due to Wolverhampton being prudent in setting its budget. Further explanation of the data was sought for the next meeting in March. (Action 48)</p> <p>RESOLVED: Medicines Management to provide further information in regard to the Prescribing data for the next committee in March 2020.</p> <p>RESOLVED: That the update is noted.</p>
WPCC646	<p>Primary Care Operational Management Group Update</p> <p>Mr Hastings stated that there had been no meeting of the Primary Care Operational Management Group (PC OMG) in January 2020 and that the next meeting was scheduled for 12th February 2020.</p> <p>Mrs Southall provided feedback from the December PC OMG meeting as this committee had not met in January either.</p> <p>The Primary Care matrix and GP Hub offer from NHS England was discussed. The revised offer for 2020/21 was being reviewed for Primary Care Contracting and Finance.</p> <p>The Resilience programme shared with committee some months ago had now advanced to the delivery stage. There were a number of practices working with the Royal College of General Practitioners (RCGP) receiving support to ensure that their diagnostic self-assessment had been undertaken and action plans concluded. These included the introduction of a different clinical model and valuing the role of the Practice Manager.</p>

	<p>There was an estates update in relation to the Oxley Hub development. There was reference to the NHS Property Services Practice debt and there was ongoing dialogue where Practices were still in debt.</p> <p>Mr Hastings added that there were two major estates projects that were progressing well. Oxley in the North-East of the City was being developed in collaboration with Accord Housing Association and the City Council as the former were doing building work in the area. The plan was to house two main practices and one branch practice. Currently at planning permission stage, once granted this would progress quickly</p> <p>In the South-West plans there were plans at outline business case stage for the Bilston locality and would likely involve a main site with hubs across Bilston and Bradley.</p> <p>When asked if there were any plans for the South-West, Mr Hastings replied that once it had been established that Practices in the area were interested in doing something this would be considered.</p> <p>Mrs Southall continued that there had been discussion around Primary Care Networks and the role of the Clinical Directors regarding the immense pressure they were experiencing in terms of workload and also the introduction of the new roles and PCN development with a paper due to update this Committee coming in March 2020.</p> <p>It had also been identified that Practice Managers had not been as well involved in the new PCN transition as they could have been and that funds had been identified within the STP to enable more dedicated Practice Manager support. Funds from the £1m Development fund would also be considered for this.</p> <p>RESOLVED: That the above is noted.</p>
WPCC647	<p>STP GP Forward View Programme Board Update</p> <p>Mrs S Southall provided an overview of the discussions that had taken place at the STP Primary Care Programme Board</p> <p>The key points were</p> <ul style="list-style-type: none"> • The Board had considered a briefing note in relation to the training hub commissioning arrangements that would be changing from April 2020. There would be a significant amount of development work to transition to the new way of working. The Board had been supportive of all the recommendations and identified Dr Kalia as the Clinical Lead for this work until the end of April 2020. • An update was provided following the NHS England Midlands Regional Board meeting with much discussion around the national specifications which had arrived on 23rd December 2019 followed by a consultation process. The consultation had since closed and feedback was that the ambition, in the long term, had been correct

	<p>but that the timescales and level of dependency on Primary Care in 2021 were unreasonable. NHS England was now looking to review the deliverability of three rather than five specifications. Personalisation and Anticipatory Care were the two most likely to be relaxed with Enhanced Health in Care Homes, Early Cancer Diagnosis and Structured Medication remaining. Final specifications will be due at end February 2020.</p> <ul style="list-style-type: none"> - A Highlight report had been presented to the Board regarding retention schemes with levels of engagement for Wolverhampton PCNs. There was success in securing some Group Consultation Funding Training. One practice that undertook the training on 15th January 2020 was looking at how they could implement work with patients with diabetes. - The Black Country had been successful in securing funding for an additional 10 Practice Nurses - The delivery plans for PCNs were approved at the Milestone Review Board in Oct 2019 and the delivery phase would be concluded by the end March 2020. - Population Health data, with established flows into Primary Care Networks. had been further strengthened following work with Public Health. <p>RESOLVED: That the above is noted.</p>
WPCC648	<p>Primary Care Contracting Update</p> <p>Mrs Shelley provided a summary of the report advising that there had been a piece of work undertaken led by the Capital Review Group to support Practices in making improvements to their Infection Prevention.</p> <p>Having reviewed the issues that Practices were experiencing, it had been identified that maintenance work was needed with sinks and blinds to be replaced and flooring and skirting boards to be brought up to washable standard.</p> <p>Funding had been identified to support this and, once approved, the improvements would be imminent. Most practices in Wolverhampton already received well over 90% in their Infection Prevention audits so this work would only increase this.</p> <p>RESOLVED: That the above was noted.</p>
WPCC649	<p>Digital First Service Specification</p> <p>Mrs S Southall presented the report to update the committee on the progress of the Digital First specification. The specification had received approval by the voting committee at the beginning of January 2020 and had since been shared with Practices to sign up to which was actively progressing.</p> <p>The aim was to encourage more patients to sign up to online services such as for booking appointments.</p>

	<p>There would be integration with the NHS 111 Service. From 1st April 2020, Practices would be required to provide many of these services with the exception of video consultation, which was not expected until the following year, but which was encouraged in the light of current competition.</p> <p>It was raised that in offering these services there was a risk that removing the GP from more complex face-to-face appointments could introduce an element of inequality by catering for a specific group of patients wanting online services. It was also identified that this could lead to an increase of work for GPs.</p> <p>Mrs Southall responded by saying that the specification did not seek to detract from normal practice activities, but instead to offer a different type of appointment. It was acknowledged that there was a limit to the types of consultations that could reasonably be undertaken via video and potentially, in future, as models of service delivery changed, it may not ultimately be the GPs providing this service.</p> <p>It was raised that the reporting data was largely quantitative and had there been any consideration of doing a more qualitative study of how patients felt using the services and what impact it had had on General Practice. Mrs Southall responded that there was already the expectation that Practices would provide this type of information and there was a separate piece of work ongoing linked to the information gathering.</p> <p>RESOLVED: That the above is noted.</p>
WPCC650	<p>Any Other Business</p> <p>There was no further business from committee members. The Chair thanked members of the Public for attending and advised that should they have any questions for the committee in the future that these could be submitted in advance of the meetings to wolccg.ccg@nhs.net</p>
Details of Next Meeting	
WPCC651	Tuesday 3 rd March 2020 2pm, PA125 Stephenson Room, 1 st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU