

**WOLVERHAMPTON CCG**

**Primary Care Commissioning Committee**  
**March 2020**

<b>TITLE OF REPORT:</b>	Primary Care Assurance Report (Quarter 3) 2019/20
<b>AUTHOR(s) OF REPORT:</b>	Jo Reynolds
<b>MANAGEMENT LEAD:</b>	Sarah Southall
<b>PURPOSE OF REPORT:</b>	To provide an overview of the activity taking place from the work programmes within Primary Care
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Assurance pack was presented to Milestone Review Board in January, a copy of the ratings for each component are detailed within the report.</li> <li>Exception reports were presented to Milestone Review Board in January 2020 for 2 areas i) Digital and ii)</li> <li>GP Contract Summary, including workforce</li> </ul>
<b>RECOMMENDATION:</b>	To receive and consider the content of this report
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	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	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
3. System effectiveness	Providing assurance that we are delivering our core purpose of



delivered within our financial envelope	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
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## 1. CURRENT SITUATION

1.1. The Primary Care Programme of Work is discussed at Milestone Review Board on a quarterly basis, and assessed against milestones for completion and slippage. The following is the assessment for Q3 against each area-

	Page	RAG
<b>1. Work Programme(s) Overview</b>		
Primary Care Strategy	4	Green
Work Programme progress	5	Green
STP Overview	7	Green
GP Retention	8	Green
Portfolio Careers	9	Green
PCN Analysis	11	Green
GPN Nursing Strategy	12	Green
<b>2. Primary Care Networks</b>		
Primary Care Networks Assurance Statement	14	Orange
PCN Development Plan Progress & Network development	16	Green
<b>3. Commissioned Services</b>		
Communication & Engagement	18	Orange
Contract & Quality review	19	Green
Social Prescribing	20	Orange
Primary Care Counselling	21	Orange
The Sound Doctor	22	Orange
Care Navigation	23	Green
Advice and Guidance	24	Green
Online Services	25	Green
NHS 111	26	Orange
Workflow Optimisation	27	Orange
<b>4. Enhanced Services</b>		
QOF+	29	Orange
Improving Access	30	Orange
Basket Services	31	Green
Health Checks	32	Green
Peer Review	33	Green
Mjog	34	Green

1.2. The full assurance pack, with the analysis and progress of each area, can be found in appendix A. Full discussion on areas of slippage has taken place at Milestone



Review Board. The outcome of these discussions is contained within the next section.

## **2. MITIGATION & ASSURANCE**

### **2.1. PCN Assurance Statements**

Out of the 15 assurance statements that are milestones for PCN maturity, there are two that are currently rated as amber.

Finalisation of Development plans has been held up due to contract negotiations at a national level, as the content of the DES specifications will inform both the workforce requirements and the development plans of each of the networks.

Portfolio careers are offered by the STP, however we have networks that have not engaged with this offer. Discussions are being held with the networks to ensure the skills required to fulfil development plans and core requirements are in place, and access to the offer of portfolio career training to cover any gaps identified.

### **2.2. Communication and Engagement**

There has been a series of delays in the delivery of the communications and engagement plans that have been purchased through the CSU, with the impact being on both PCN activity and the achievement of extended access targets. The milestone plan for this work should have been in place to support winter pressures and provide support to the capacity of urgent care. However the supporting documents and activity has only come into fruition during January and February 2020. An analysis of urgent care activity and extended access usage throughout December has taken place and presented to both Members meeting and CRG.

The aim of the wider plan was to support the PCN engagement specification, however due to the delays PCN leads have had to move forward with their own activity without the resources or support in place.

The programme of work is now back on track, with biweekly updates being provided on the outstanding areas of work.

### **2.3. Social Prescribing**

Social Prescribing Link Workers are embedded and are being utilised across the PCNs, with regular development sessions taking place in collaboration with PCN Leads.

The amber rating is due to the number of referrals currently not meeting the thresholds set, however a targeted approach will be taken going forward by both the PCNs as identified in their development plans and through QOF+.

QOF+ 2020/21 development areas includes indicators including social isolation. This is currently under discussion, and the proposal is to identify those patients that may be vulnerable to social isolation, and have targeted interventions lead by social prescribing link workers.



2.4. The Sound Doctor

Activity reported by the provider indicates that some networks are not utilising the sound doctor provision. There has been a release of videos supporting end of life care, and also targeting carer support, which have been promoted to both practices and care homes.

2.5. NHS 111

All practices are now switched on to provide direct access appointments through 111. However, Non-achievement is on the basis of issues of interoperability between the clinical system and the 111 provider system at a hub level, enabling booking of extended access appointments which is a national requirement. This is the responsibility of the 111 provider to resolve, therefore out of our control. All hub locations and availability have been submitted to the provider as per their request, awaiting further action.

2.6. Workflow Optimisation

All Group Leads (Clinical Directors) prioritised this piece of work when the Ten High Impact Actions were being progressed in 2018/19. All practices were offered training many attended the initial face to face provision and were expected to complete subsequent online training also available from Practice Unbound but this was taken up only by some not all practices. A more detailed piece of work is taking place to understand who attended each level of training, part of this programme of work includes inputting information on a portal, which the CCG can review and analyse the number of GP hours saved through implementation of the system. However, practices have been reluctant to utilise this platform therefore reducing the reliability of documented evidence to demonstrate how much GP time has been released.

Following a review of implementation, it is apparent that practices have put their own processes in place based on the principles learnt from the initial training. We are currently reviewing the number of practices that have an auditable process in place, and will focus on remedial action plans for those without.

2.7. QOF+

Data from Quarter 3 identified underachievement of SMI and LD health checks. Additional support has been offered to practices, enabling the use of point of care testing equipment and consumables to improve uptake from patients.

A review of data at the February Development Group indicates that the trajectory remains compromised due to not all care processes being completed. Practices identified as outliers have been offered additional support to achieve the threshold by end of March 2020.

All outstanding coding/search related queries are now rectified, all outcomes/changes are detailed in the latest iteration of the FAQ document.



## 2.8. Improving Access

Reporting to NHSE is below the 70% minimum utilisation threshold (December), by March the trajectory increases to 75%. There are a number of factors that are in place to support this, including-

- Extended access appointments are now a Care Navigation point, and have been promoted at local training as such
- The communications and engagement activity, although delayed as discussed earlier, is now in place
- PCN engagement plans are currently in delivery phase, which includes neighbourhood level engagement events and staff training to ensure availability of appointments at other practices and with a range of professionals are better understood.

Monitoring data has already demonstrated an improvement in utilisation for the month of January to demonstrate robustness data quality checks are also in place.

## 3. **GP CONTRACT 2020/21**

### 3.1 Top line changes include:

- The new value of Global Sum from 1st April will be £93.46.
- The new value of a QOF point will be £194.83.
- More roles added to the Additional Roles Reimbursement Scheme.
- Between 2020/21 and 2023/24, the scheme will expand to 26,000 additional roles.
- All roles to be reimbursed at 100%, freeing up the existing £1.50/head to contribute to management support for PCNs.
- Funding entitlements increase from £257m to £430m next year and, in 2023/24, from £891m to £1,412m.
- Extra investment will fund new GP training recruitment and retention measures with £20,000 plus training support for every new partner.
- Payment arrangements for vaccinations and immunisations to be reformed, and to become an essential service.
- QOF to be updated, with improvements being made to Asthma, COPD and Heart failure. 97 points recycled into 11 more clinically appropriate indicators.
- PCN service specifications reduced and improved.
- Investment and Impact Fund introduced worth £40.5m in 2020/21.
- Reducing unnecessary beaurocracy through the Time to Care programme
- Greater emphasis on waiting times, and a reporting mechanism to be able to monitor this.
- Collaboration between PCNs and community pharmacies.



### 3.2 PCN Workforce

More roles are now included in the Scheme from April 2020, PCNs can now choose to recruit from the following roles within the Scheme, in addition to those previously agreed, pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists. Mental health professionals will be added from April 2021 following current pilots.

Reimbursement now increases from the current 70% to 100% for all roles. 100% reimbursement frees up the existing £1.50/head to contribute to management support for PCNs. The intention is that the funding can now be used as needed for development and transformation support. There is also the intention that this will support an increase in the contribution to Clinical Director time by almost 50%.

Page 9 of the document contains a breakdown of all available roles, the Agenda for Change band that the role will be reimbursed at and the maximum amount that PCNs can claim. This will not include on costs.

There will be new roles for both health and wellbeing coaches and care co-ordinators.

The health coaching roles will be set at an indicative *Agenda for Change* band 5 and care co-ordinator at up to band 4.

Occupational therapists, dietitians, and podiatrists, permitted at an indicative *Agenda for Change* band 7.

Community paramedics, due to be introduced to the Scheme from April 2021, will be reimbursed up to an indicative *Agenda for Change* band 7

PCNs will need to submit intentions for workforce by 30<sup>th</sup> June 2020, with in year redistribution opportunities being identified and distributed across networks where need has been identified. This process will need to be repeated in October 2020.

## 4. **CLINICAL VIEW**

- 4.1. Discussions are held with clinicians, primarily GPs at task and finish groups, Milestone Review Board and when approvals are required documentation is shared with Committee clinicians for feedback/comment. There are also ongoing discussions with Clinical Directors.

## 5. **PATIENT AND PUBLIC VIEW**

- 5.1. Feedback sought and updates delivered at PCN level PPG meetings, with responses built into plans.





**6. KEY RISKS AND MITIGATIONS**

- 6.1. Risks are reported as a standard agenda item on the Milestone Review Board and are monitored as such. Milestone Review Board considered the risk posed by RWT's joint work with Babylon Health and concluded that further clarity was required to determine what risk, if any, was evident. Also, board agreed that once published, the new Network DES specifications may also constitute a further additional risk for consideration and inclusion on the risk register.

**7. IMPACT ASSESSMENT**

**7.1 *Financial and Resource Implications***

Increase in funding is at a national level, and discussions will be held with Finance colleagues regarding allocations in due course.

**7.2 *Quality and Safety Implications***

Patients will experience a higher quality service from the changes to the GP contract, and with the additional roles there will be an increase in support available. By continuously monitoring commissioned services, quality services are in place.

**7.3 *Equality Implications***

Not relevant to this report

**7.4 *Legal and Policy Implications***

Not relevant to this report

**7.5 *Other Implications***

Not relevant to this report

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**Job Title: Primary Care Transformation Manager**

**Date: 21/02/2020**

**ATTACHED:** Appendix A- Primary Care Assurance Pack



## 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	CDs meeting	Jan 2020
Public/ Patient View	PPG PCN Meetings	Jan/ Feb 2020
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
<b>Signed off by Report Owner (Must be completed)</b>	<b>J Reynolds</b>	<b>21/02/2020</b>

