

WOLVERHAMPTON CCG

Governing Body – 11 October 2016

Agenda item 14

Title of Report:	Report of the Primary Care Strategy Committee
Report of:	Steven Marshall
Contact:	Sarah Southall
Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<p>Provide assurance on progress made towards implementation of the CCGs Primary Care Strategy:-</p> <ul style="list-style-type: none"> • Formation of a Primary Care Strategy Committee & associated governance structure • Program of Work Delivery Update • Emerging New Models of Care <p>Reports will be provided on a monthly basis hereafter to ensure the Governing Body are kept appraised of progress of implementation of the CCGs Primary Care Strategy.</p>
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	Better Care – Primary Medical Care including access to services



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy was ratified by the Governing Body in January 2016 in recognition of the changing demands in primary care. The CCGs vision seeks to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities.

2. PRIMARY CARE STRATEGY COMMITTEE

- 2.1. In July 2016 the Primary Care Strategy Committee was formed, in line with the plan for implementation. The committee has met in July, August & September with the intention for meetings to be held on a monthly basis thereafter in line with the agreed terms of reference. The function of the committee is to have oversight of an extensive transformation program focussing on care provided in primary care now and in the future.
- 2.2. A corresponding governance structure has been compiled and can be found at appendix 1, this provides clarity regarding the inter-dependencies between other associated forums also providing direct reports into the Governing Body pertaining to the primary care agenda. The committee will provide reports on a monthly basis to the Governing Body hereafter.
- 2.3. An extensive program of work has been defined to underpin the successful delivery of the Primary Care Strategy and comprises of a series of task and finish groups as follows:-
 - Practices as Providers
 - Localities as Commissioners
 - Primary Care Contracting
 - Workforce Development
 - Clinical Pharmacists in Primary Care
 - Estates
 - Information Technology

Each of the above has been formed in line with the CCGs program management office approach. All work streams have a series of objectives & timescales for delivery that are overseen by the committee. Highlight reports are prepared by the work stream lead(s) following each meeting for consideration at the Primary Care Committee, exceptions will be reported with corresponding remedial actions identified by the task and finish group for consideration by the committee.



2.4 Whilst this program of work is in its infancy there are a series of items that have been achieved at this early stage including:-

- Formation of a Primary Care Joint Committee
- Formation of a Primary Care Operational Management Group
- Project Management Support assigned to Primary Care Home Model
- Review of enhanced primary care services
- Investment Plan for Primary Care Reserves Funding
- Introduction of a Clinical Reference Group
- Development of a Primary Care Service Costing Template
- Primary In Reach Service specified & implemented
- Gap Analysis of Primary Care workforce needs & responsive plan
- Collaborative approach to contract review visits using a standardised process & tool
- Proposals submitted for Estate Transformation Fund
- Baseline survey of estate completed
- Estate Strategy developed & implementation commenced
- Work with Primary Care Home test site(s) to investigate technological solutions

There are many other items from the work program that have commenced and will be measured in line with the critical path that has been assigned to each component.

2.5 In order to sustain primary medical services in Wolverhampton, and in line with the CCG members' decision to pursue the Multi-speciality Care Provider (MCP) Framework, groups of practices are aligning themselves in readiness to deliver against the framework from April 2017, as can be seen in Appendix 2.

In August an application was made to the National Association of Primary Care from Wolverhampton Care Collaborative, with support from the CCG. This is the second group of practices who have come together with the intention to adopt the Primary Care Home Model. Other groups are intending to function as 'Medical Chambers' or an 'Alliance', where they intend to fulfil the requirements of an MCP contract whereby each practice will sign up to a Memorandum of Understanding (MoU) with the practices included in their group. Each group will be responsible for serving the commissioned needs of their registered population. More detail on the logistics of this contracting model will be provided following further guidance due to be published at the end of September.

2.6 Also in August, a report was provided to the Primary Care Joint Commissioning Committee with a corresponding action plan detailing each of areas of action arising from the General Practice Five Year Forward View. A copy of the action plan can be found at Appendix 3.



3. CLINICAL VIEW

- 3.1. There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven.

4. PATIENT AND PUBLIC VIEW

- 4.1. Whilst patients and the public were engaged in the development of the strategy and a commissioning intentions event held in the summer specific to primary care the Governing Body should note that Practice based Patient Participation Groups are being encouraged to ensure their work with the practice(s) encompasses new models of care and the importance of patient and public engagement moving forward.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the programme of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

Financial and Resource Implications

- 5.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and tasks and finish group level will enable appropriate discussions to take place in a timely manner.

Quality and Safety Implications

- 5.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

Equality Implications

- 5.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

Medicines Management Implications

- 5.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

Legal and Policy Implications

- 5.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.



6 RECOMMENDATIONS

The recommendations made to governing body regarding the content of this report are as follows:-

- **Receive** and **discuss** this report.
- **Note** the action being taken.

Name Sarah Southall
Job Title Head of Primary Care
Date September 2016

Enclosures:-

Appendix 1 Primary Care Strategy Governance Structure
Appendix 2 New Models of Care
Appendix 3 General Practice Five Year Forward View Action Plan



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	Manjeet Garcha	27.9.16
Public/ Patient View	Pat Roberts	27.9.16
Finance Implications discussed with Finance Team	Claire Skidmore	27.9.16
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	27.9.16
Medicines Management Implications discussed with Medicines Management team	David Birch	27.9.16
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	27.9.16
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Steven Marshall	27.9.16
Signed off by Report Owner (Must be completed)	Steven Marshall	27.9.16

