

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**  
**Primary Care Strategy Committee**

Minutes of the Primary Care Health Strategy Implementation Programme Board  
Held on Wednesday 7<sup>th</sup> September 2016  
Commencing at 1.00pm in the CCG Mina Meeting Room, Wolverhampton Science Park,  
Glaisher Drive, Wolverhampton

**Present:**

Sarah Southall (Chair)	Head of Primary Care, Wolverhampton CCG
Trisha Curran	Interim Accountable Officer
Andrea Smith	Head of Integrated Commissioning, Wolverhampton CCG
Mike Hastings	Associate Director of Operations, Wolverhampton CCG
David Birch	Head of Medicines Optimisation, WCCG
Samina Arshad	Primary Care Lead, Wolverhampton CCG
Dr Mehta	GP, Local Medical Committee Chair
Ranjit Khular	Primary Care Transformation Manager, WCCG
Vic Middlemiss	Head of Contracting and Procurement, Wolverhampton CCG
Barry White	Project Manager – New Models of Care
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

**Apologies for absence**

PCSC09 Apologies were submitted on behalf of Steven Marshall, Dr Helen Hibbs, Dr Dan DeRosa, Manjeet Garcha, Steven Marshall and Claire Skidmore.

**Actions**

- PCSC10
- PCHSIPB01 – Terms of Reference**  
Mr Hastings feedback this was to ensure the roles and accountability are represented at the appropriate meetings and this has taken place through the revision of the terms of references. It was agreed to close this action.
- PCHSIPB02 – Terms of Reference**  
Mrs Southall confirmed that she had met with Trisha Curran and Claire Skidmore and amendments had been made to Committees terms of reference. The amended version is an agenda item for approval. Action Closed,
- PCHSIPB03 – Risk Register Report Datix**  
Ms Russell amended the highlighted the report to include a section on risk and e-mailed this to all the Task and Finish Group leads on 19<sup>th</sup> August 2016. Action Closed.

**PCHSIPB04 – Implementation Plan**

This has been completed and a revised programme was issued along with the August minutes. – Action closed.

**PCHSIPB05 – T&FG 1 – GP Contract Management**

The terms of reference will be formally agreed at the next Task and Finish Group being held on the 14<sup>th</sup> September 2016. Action Closed.

**PCHSIPB06 – T&FG 1 GP Contract Management**

Mrs Southall had met with Ms Smith to finalise costs for GP attendance to the Task and Finish Group meetings in order to determine the impact on the budget. Action Closed.

**PCHSIPB07 – T&FG2 – Workforce Development**

Amendments made to the terms of reference – Action Closed.

**PCHSIPB08 – T&FG3 – Developing Practices as Providers**

Amendments made to the terms of reference – Action Closed.

**PCHSIPB09 – T&FG5 – Clinical Pharmacists in Primary Care**

Amendments made to the terms of reference – Action Closed.

**PCHSIPB10 – T&FG6 – Estates Development**

Amendments made to the terms of reference – Action Closed.

**PCHSIPB11 – T&FG7 – Localities as Commissioners**

Amendments made to the terms of reference – Action Closed.

**PCHSIPB12 – Any Other Business**

Discussion Items included as a standard agenda Item– Action Closed.

**RESOLVED: That the above was noted.**

**Matters Arising**

PCSC11

**a) Terms of Reference for Approval**

Mrs Southall presented the revised terms of reference to the Committee and highlighted the main changes these are:

- A name change from the Primary Care Health Strategy Implementation Programme Board to the Primary Care Strategy Committee.
- The membership has been split into members and in attendance.
- Chair of future meetings will be the Director of Strategy and Transformation.
- Quoracy now includes at least two Executives and representation from each Task and Finish Group

The Committee reviewed the terms of reference in relation to the membership it was agreed to change the Local Medical Council to Local Medical Committee and include the New Models of Care Project Manager to the in attendance section. It was also highlighted the Task and Finish Group Work Streams Leads needed to be defined.

The Committee formally approved and signed off the Terms of Reference subject to amendments highlighted as above.

#### **RESOLUTION:**

Ms Russell agreed to make final amendments to the Terms of Reference and circulate with the minutes.

#### **Risk Register**

PCSC12

##### **a) Risk Register Report Datix - Primary Care and Primary Care Strategy**

Mrs Southall presented risks associated with Primary Care and to the Primary Care Strategy currently on Datix register. There have been two risks added to the register via the Clinical Pharmacists in Primary Care Task and Finish Group these were:

Risk ID 439: GP employed clinical pharmacist network.

Risk ID 440: Unattractive employment of clinical pharmacists by GP Practices.

Both of the above risks are recorded as Moderate and have reasonable levels of control in place. There are currently no red risks on the risk register.

Risks pertaining to the other Task and Finish Groups were yet to be entered on Datix by the work stream leads. As a minimum a portfolio risks for each should be entered by the next meeting.

**RESOLUTION: All work force lead to ensure that risks pertaining to their task and finish groups should be entered onto Datix by the next meeting.**

#### **Performance**

PCSC13

##### **a) Implementation Plan**

Mrs Southall presented the Primary Care Strategy Committee's implementation plan which has been altered to reflect the changes discussed at the previous meeting. The strategic objectives for the Committee are now clearly defined for the Committee and Task and Finish Groups.

The Committee discussed those areas with an action status as not started or slipped (red) and the following was highlighted:

**Reference number PCSC009 (Identify appropriate areas for development of extended services in line with population needs) –** Confirmed this will commence toward the end of September, through until the end of the contract year.

**Reference Number 1.9 Continue to embed and evaluate the Primary Care In reach Team (PITs)/Resource Centre's (Practices as Providers) –** Mrs Southall advised that the project group were due to meet to review progress, clarification was sought from Ms Arshad regarding project timescales these were confirmed as follows:

- February 2016 – 3 month mobilisation period.
- May 2016 – service go live date
- August 2016 – project Review Group cancelled
- September 2016 revised project review group meeting
- December 2016 evaluation report to be taken to PITS Meeting.

It was agreed the action noted from the meeting will be shared with the Committee.

**RESOLUTION: Notes of PITS Project Review Group to be shared with Committee.**

**Reference Number 2.0 (Localities as Commissioners) –** Following their Task and Finish Group it was agreed the tasks needed to be aligned more appropriately and cohesively and this will be updated for the next meeting.

**RESOLUTION: Mrs Southall and Mr Khular to review Localities as Commissioners tasks and be aligned more appropriately and cohesively and this will be updated for the next meeting.**

**Reference Number 2.5 End of Life (Localities as Commissioners) -** this was discussed at the Task and Finish Group on how this should be assembled into a programme of work and objectives for this Group. It was agreed this will be taken forward as a group of activities in order to improve long terms conditions and care in the community.

**Reference Number 2.7 Commission self-care initiatives from a range of Voluntary sector organisations in 17/18(Localities as Commissioners) -** It was a highlighted this area of work has commenced and aligns to the Better Care Fund and will be reflected in alignment of tasks.

**Reference Number 2.23 Improvement in Practice response rates and ratings in NHSE 360 Stakeholder Feedback Member Practice (Localities as Commissioners) -** The Committee agreed the wording for this task needed to be reviewed as they felt it needed to relate more to stakeholder engagement.

**RESOLUTION: Mrs Southall and Mr Khular to review the wording on reference number 2.23 Improvement in Practice response rates and ratings in NHSE 360 Stakeholder Feedback Member Practice.**

**Reference Number 3.0 (Workforce Development)** - There were some gaps with timescales this will be picked up between Ms Russell and Ms Garcha and an updated version will be provided for the next meeting.

**RESOLUTION: An updated version for Workforce and Development tasks/timescales will be provided for the next meeting.**

**Reference Number 4.0 (Clinical Pharmacist)** – Mr Birch confirmed the content and the timescales will be updated and populated with Ms Russell and will be ready for the next meeting.

**RESOLUTION: Mr Birch and Ms Russell to complete contact and timescales for the next meeting.**

**Reference Number 5.1 Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting. (Primary Care Contract Meeting)** – Mr Middlemiss noted this correlates with the terms of reference. The next task and finish group will be discussing the need to review the MOU (Primary Care Hub) between NHSE and CCG, it was agreed the timescale would be more reflective of a October start timescale.

**RESOLUTION: Timescale to be amended to October 2016.**

**Reference Number 5.5 Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS (Primary Care Contracting)** – This will be reflected in further national guidance anticipated at the end of September 2016.

**Reference Number 6.11 Estates Strategy to be Implemented (Estates Development)** - This will be reliant on the ETEFF bid outcomes, 13 bids were submitted and support from regional to national level.

**Reference Number 7.5 Work with PCH test site to investigate technological solutions (IM&T and Business Intelligence)** – It was highlighted this area of work had commenced Mr Hastings agreed to confirm.

**RESOLUTION: Mr Hastings agreed to confirm if this area of work has started.**

**The status and timescales for all entries will be reviewed with each work stream lead before the next meeting.**

## **Task and Finish Group Highlight Report Including Terms of Reference**

PCSC14

### **a) T&FG1 – Practice as Providers**

Ms Arshad informed the Committee the Task and Finish Group had met on the 25<sup>th</sup> August 2016, a summary of their discussions were also discussed were the Terms of Reference including, Quoracy, Voting, Back office Functions and Forming of Networks/new models of care and linking to the Better care Fund work streams. Discussions took place regarding the proposal of amending the terms of reference to include LMC representation and they were exploring the feasibility of a Primary Care Nurse Lead for the group. The Committee agreed the role of the LMC would be beneficial for the group, however adding the Primary Care Nurse Lead they were unsure whether this should be included.

Ms Curran raised her concern that across all the terms of reference for the Task and Finish Group the first paragraph did not reflect the purpose and the link between the different groups. It was agreed this would needed to be reviewed.

**RESOLUTION: Mrs Southall agreed to review the terms of reference first paragraph to ensure they are more reflective of the purpose of the group.**

### **b) T&FG 2 – Localities as Commissioners**

Ms Arshad confirmed the meeting took place on the 6<sup>th</sup> September in which the terms of reference were discussed. The terms of reference where shared and the highlighted changes were around membership and governance.

Mr Khular feedback that discussions were regarding the CCG moving towards new models of care and ensuring this aligned to locality structure in terms of grouping. The group also discussed the need for GPs and Practices taking a role of being involved within the commissioning process and it was agreed the aim of the Task and Finish Group is to develop processes in order to enable GPs to undertake their commissioning.

It was highlighted once the confirmation of the groupings for new models of care have been finalised the group may need to review/change the name and membership of the group.

**RESOLVED: That the above is noted.**

### **c) T&FG 3 – Workforce and Development**

Ms Arshad present on behalf of Manjeet Garcha the highlight report and terms of reference and highlighted the following points;

- Terms of Reference to be amended and confirmed.
- GP lead to be confirmed as Dr Salma Reehana.
- Various areas of representation to be confirmed.
- 12 months' worth of monthly meeting dates to be confirmed and distributed.

- Recommendations from the Workforce report were discussed at the Walsall CEPN meeting on the 27th July 2016.
- Draft Project Plan to be on the Agenda for the 30th August 2016

It was requested by the Committee if the report could include more details around the key actions taken as the Committee are not sighted on their meeting papers.

The terms of reference have been revised and shared with the Committee and it was highlighted that additional information under section 7.2 has been included in reference to the Primary Care Strategy.

**RESOLVED: that the above is noted**

**d) T&FG 4 – Clinical Pharmacists in Primary Care**

Mr Birch presented the highlight report to the group and the terms of Reference to the Committee.

Mr Birch highlighted he had made contact with the CPPE to confirm training and development arrangements for the role of Clinical Pharmacist , up until now this has been restricted to those involved within the national pilot. This is now opening up to those pharmacists employed by practices outside of the national pilot. A slide pack has been developed and Mr Birch is currently visiting the localities to introduce the idea and explaining the differences between CCG optimisation role and the GP Employed Clinical Pharmacist role.

Discussions took place around the engagement with GP Practices and how to highlight the benefits. As there is no funding available from the CCG, it was suggested in developing a package. This can be advertised to the GP Practices to highlight the services and benefits from employing a clinical pharmacist within their practice.

**RESOLUTION: Mr Birch agreed to review and take forward the option of developing a package that can be advertised to the GP Practices to highlight the services and benefits from employing a clinical pharmacist within their practice.**

**e) T&FG 5 – Primary Care Contract Management**

Mr Middlemiss confirmed the next meeting of the Task and Finish Group will be taking place on the 14<sup>th</sup> September 2016. The Terms of Reference has been amended to reflect name and membership changes and will be presented at the meeting next week.

Mr Middlemiss highlighted the areas of work and aims the group are taking forward these include;

- Collaborative Working between NHSE, CCG and Public Health
- Progression to Fully Delegated Commissioning
- Development of New Models of Care

**RESOLVED: That the above is noted.**

**f) T&FG 6 – Estates Development**

Mr Hastings provided an update to the group regarding the Estates being undertaken with Primary Care. The main key areas included discussion with NHS property services regarding the Bilston Urban Village Site, reviewing sites that RWT are pulling services from to determine void costs and the work around Black County STP model.

**RESOLVED: That the above is noted.**

**g) T&FG 7 – IM&T and Business Intelligence**

Mr Hastings informed the Committee of the work being delivered by IM&T and provided an update on the progress around the digital road map, mental health shared records and patient WIFI. It was noted as the group is an enabler and already has an existing working group in which the work for the Primary Care Strategy IM&T and Business Intelligence will be picked up.

**RESOLVED: that the above is noted.**

**GP 5 Year Forward View Report and Action Plan**

PCSC15

- a) Mrs Southall shared with the Committee a report and action plan that was presented to the Primary Care Joint Commissioning Committee in August 2016. The action plan has been compiled to capture what is happening locally and outlines the responsible leads. It also correlates with the NHS England projects, the CCG have asked NHS England if the CCG could be given as much notice as possible in relation to any funding and relevance of projects to allow enough communication with GPs.

**RESOLVED: That the above is noted.**

- b) The MCP Guidance has been shared with the Committee for information. There were no queries, colleagues should liaise with Mrs Southall or Mr Middlemiss.

**RESOLVED: That the above is noted.**

- c) Indemnity Letter had been shared with the Committee, the review is currently underway and the Committee will be informed of any future developments.

**RESOLVED: That the above is noted.**

**d) NHS Confederation Letter**

Mrs Southall confirmed the summary model shared was relevant at the time of sharing the meeting papers, new formations are taking place among practices a revised model will be provided at the next meeting. Mrs Southall confirmed that the letter had been Shared with Practice Manager an application was being supported for Wolverhampton Core Collaborative.



**RESOLUTION: Mrs Southall to Provide an updated models of care summary to the next meeting.**

### **STP Update**

**PCSC16** Mrs Southall presented the report to Committee which was highly sensitive and asked the Committee not share this information. The Committee members are to provide Mrs Southall with any issues or queries they may have in relation to this report.

**RESOLUTION: Any queries to be shared with Mrs Southall.**

### **Discussion Items**

**PCSC17 a) Hospital and General Practice interface Improvement Plan**

Mrs Southall informed the group within the NHS contract for providers was required to adopt a series of requirements from April 2016. The CCG have learnt this has not been implemented fully by the providers and there is an audit taking place which will be completed at the end of September 2016.

The CCG have developed a responsive action plan which provided detail on actions that are taking place/planned following intelligence gathering and audit findings. The CCG are trying to determine the cost of the activity to determine what the financial consequences will be if clinical practice does not change. Dr Mehta raised concerns that the audit may under estimate the level of work, this was recognized by other colleagues too.

**RESOLVED: that the also is noted**

**b) CCG Seven Day Services Action Plan**

Mrs Southall shared with the Committee the CCGs 7 day services action plan which provides an oversight of the clinical standards and the requirements/ actions taken in order to achieve them. The CCG are currently working jointly with RWT towards 10 Clinical standards. There will be an engagement event in October 2016, which GPs will be encouraged to attend and invites will be sent out later in September.

**RESOLVED: that the also is noted**

### **Any Other Business**

**PCSC18** Mrs Southall thanked Ms Arshad for all her contributions and work towards the launch of the Primary Care Strategy implementation and associate piece of work.

### **Date, Time & Venue of Next Committee Meeting**

PCHSIPB08

Wednesday 12<sup>th</sup> October 2016 at 12.30pm, CCG Main Meeting Room  
Wolverhampton Science Park.