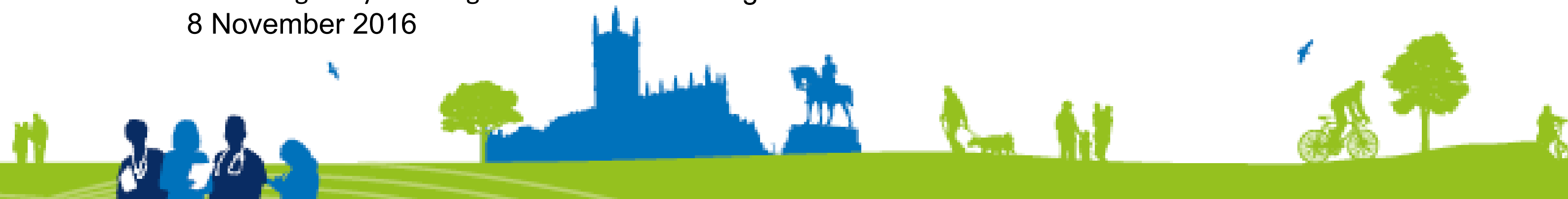
WOLVERHAMPTON CCG

Governing Body – November 2016

Agenda item 15

Title of Report:	**Report of the Primary Care Strategy Committee**
Report of:	Steven Marshall
Contact:	Sarah Southall
Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	Provide assurance on progress made towards implementation of the CCGs Primary Care Strategy:- • Program of Work Delivery & Governance Arrangements • New Models of Care Reports from the committee are provided at monthly intervals to ensure the Governing Body are kept appraised the extent of implementation of the CCGs Primary Care Strategy.
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.

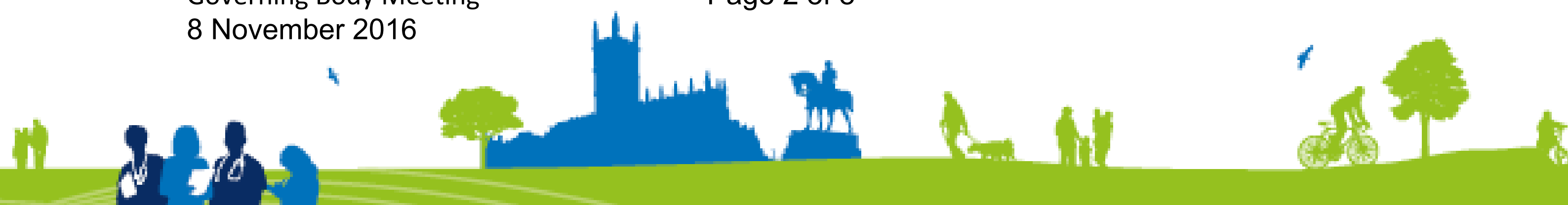
2. PRIMARY CARE STRATEGY COMMITTEE

2.1. In September 2016 the Primary Care Strategy Committee met to review progress in respect of three key areas of delivery:-

- Program of Work Delivery
- Governance Arrangements
- New Models of Care

2.2. The Program Management Office supports all seven task and finish groups attached to this program of work. The Primary Care Strategy Committee received highlight reports from the following groups in September 2016, summarised in the table below:-

Task & Finish Group	Highlights
Practices as Providers	• Group met in September 2016 • Gap analysis received from the Project Manager supporting Primary Care Home. • Preparations were underway for a forthcoming visit from the National Association of Primary Care to Primary Care Home. • The visit from the National Association of Primary Care was well attended by a range of stakeholders within primary care as well as the CCG and Public Health. • Peer Review continues to be undertaken at quarterly intervals. The latest outcomes have been reviewed & shared with locality meetings & have influenced the commissioning intentions process.
Localities as Commissioners	• Practices have expressed an interest in which groups they wish to align with e.g. Primary Care Home or Royal Wolverhampton Trust. • The members meeting in October was largely dedicated to the new contracting & commissioning landscape due to be implemented April 2017. • Existing locality structures are subsequently under review as a result of the formation of practice groups given that they are not necessarily aligned with the



	existing locality structure
Workforce Development	• Primary Care Workforce Strategy had been prepared & consultation was underway. • Particular attention is being given to the vision for the workforce at group level as practices begin to work together and respond to commissioning at scale. • Preparations for a Primary Care Recruitment Fair are underway. The event is expected to take place in February/March 2017 in partnership with stakeholders from the Local Medical Council, University, Health Education West Midlands and the Deanery, with a focus on recruitment and retention to roles in the primary care setting. • Focus on training opportunities, stronger allegiance with Health Education West Midlands & NHS England to develop our primary care workforce.
Clinical Pharmacists in Primary Care	• Professional indemnity attached to this role continues to be discussed at national level. • National funding has been delayed. Further updates on the area of work will be provided in December. • A needs analysis & options for introducing this role are currently being explored.
General Practice Contract Management	• Preparation for full delegation is now underway. The application is due to be submitted to NHS England early December. • The CCG continues to ensure that all reasonable preparatory work is underway to enable a smooth transition. • Discussions are due to commence with NHS England regarding contracting support provided by the Primary Care Hub. • MCP Contracts had been delayed and unlikely to be available until January 2017. • The program of work for this work stream is currently on track
Estates Development	• Outcome of Estates Transformation Fund bids was still awaited • The program of work for this work stream is currently on track
IM&T	• Discussions with the CCGs Mental Health provider have commenced to enable information to be included in the shared care record. • Rollout plan for patient/public wifi has commenced. • A review of the DXS Service was concluded. The outcome of the review was planned to be shared with the Primary Care Program Board.

2.3. The Programme Management Structure has been established. The committee receive highlight reports from each task and finish group following their meetings covering: summary of discussions that have taken place activity that was planned and not achieved; key actions for the group in the coming weeks/month; any risks to escalate for discussion at the committee. There were no significant risks escalated although there are risks attached to some of the work streams. Further profiling continues to take place to ensure risks are duly mitigated and recorded accordingly.

2.4. Whilst this program of work is in its infancy there are a series of items that have been achieved many of which were reported to Governing Body in October. The committee are satisfied with the extent of mobilisation that has occurred to date and has no concerns to share with the Governing Body at this stage.

3.0 NEW MODELS OF CARE

3.1 In order to sustain primary medical services in Wolverhampton and in line with the General Practice Five Year Forward View the shape of collaboration among practices in Wolverhampton has concluded with practices aligning themselves with their preferred practice grouping with a view to signing memorandum(s) of understanding by the end of October 2016.

3.2 The Primary Care Home model has been championed at national level by the National Association of Primary Care and NHS Confederation and is based on care provided with a hub/neighbourhood approach. There are currently two formal Primary Care Home Hubs, (a third hub is being explored). Each constitute in the region 30 – 50,000 patients and are intended to function with an integrated workforce, with a strong focus on partnerships spanning primary/secondary/social care. To achieve this, they will be required to work closely with Community Neighbourhood Teams. A combined focus on the personalisation of care and improvements in population health are outcomes each hub will be committed to. Each hub is embracing the opportunity to respond to NHS England's ten high impact actions exploring the health needs of their registered population. The priorities are predominantly to improve access in the primary care setting, provide greater continuity of care through working in partnership with community services (that will enable patient centred co-ordinated care among professionals and intended to demonstrate improved clinical effectiveness and quality of care).

3.3 The Medical Chamber, the largest group, comprises of in excess of 100,000 patients and similarly seeks to achieve signed memorandum(s) of understanding among interested practices, who will similarly receive sufficient support from the CCG to mobilise working at scale. This group will adopt a similar approach - their focus and priorities are the same, the only difference being that this grouping prefers to function currently as a federated model, while retaining existing contractual arrangements. Further alternatives might include the formation of a body recognised in law in which the clinicians become Directors (organisational form to be detemined), but with a social enterprise commitment.

3.4 The Ten High Impact Actions our groups are being supported to tackle are categorised as follows:-

1. Active Signposing
2. New Consultation Types
3. Reduce Did Not Attend (DNAs)
4. Develop the Team
5. Productive Work Flows
6. Personal Productivity
7. Partnership Working
8. Social Prescribing
9. Support Self Care
10. Develop Quality Improvement Expertise

The CCGs response to the General Practice Five Year Forward View is also actively monitored via the Primary Care Strategy Committee. NHS England have commenced the rollout of a series of projects (83 in total). These include support for vulnerable practices; practice resilience; funding to support training for reception & administrative staff; training programmes to improve productivity within practices. A detailed tracker will be introduced to the committee in November capturing the status of each project. This will also capture the benefits realisation and impact each project is having for practices/groups.

3.5 The vertical integration/primary and acute care system model (PACs) is a collaboration between the Royal Wolverhampton Trust and a cohort of general practices (see Appendix 1) again focussing on the needs of the registered population. This is an opportunity for trusts to reinforce out of hospital care which could evolve into taking accountability for all health needs of a registered list of patients. There are currently three practices involved in this model, a further two practices have confirmed their intention to sub-contract their General Medical Services Contract to Royal Wolverhampton Trust. The CCG are currently supporting this model and in the final stages of agreeing the measurement and governance arrangements that will enable the CCG and trust to measure the effectiveness and impact of the model.
Both MCP and VI models will be judged on their performance and outcomes using the same criteria

4 CLINICAL VIEW

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

5 PATIENT AND PUBLIC VIEW

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.

6 RISKS AND IMPLICATIONS

Key Risks

6.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the program 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

6.2 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

6.3 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

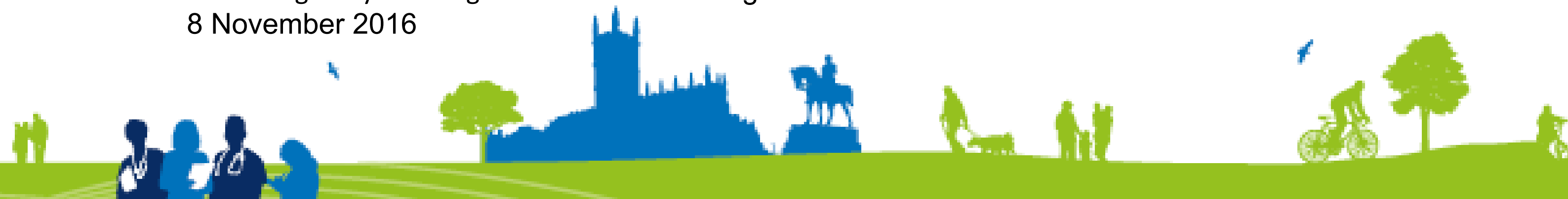
6.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

Medicines Management Implications

6.5 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

6.6 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.



7 RECOMMENDATIONS

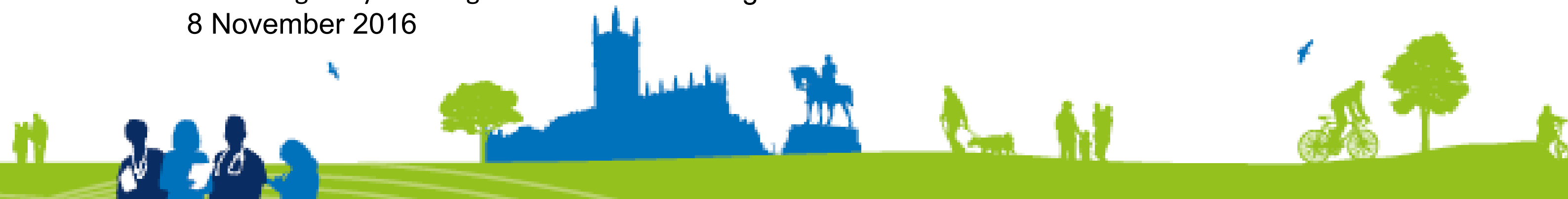
The recommendations made to governing body regarding the content of this report are as follows:-

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

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

Enclosures:-

Appendix 1 New Models of Care Graphic



Wolverhampton
Clinical Commissioning Group

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	27.10.16
Public/ Patient View	Pat Roberts	27.10.16
Finance Implications discussed with Finance Team	Claire Skidmore	27.10.16
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	27.10.16
Medicines Management Implications discussed with Medicines Management team	David Birch	27.10.16
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	27.10.16
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Steven Marshall	27.10.16
Signed off by Report Owner (Must be completed)	Steven Marshall	27.10.16