

## WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Wednesday 12<sup>th</sup> October 2016

Commencing at 12.30pm in the CCG Main Meeting Room, Wolverhampton Science Park,  
Glaiser Drive, Wolverhampton

### Present:

Steven Marshall	Director of Strategy and Transformation (Chair)
Sarah Southall	Head of Primary Care, Wolverhampton CCG
Jane Woolley	PMO Lead, Wolverhampton CCG
Claire Skidmore	Chief Financial Operating Officer, Wolverhampton CCG
Dr S Reehana	Locality Lead, Wolverhampton CCG
Dr M Kainth	Locality Lead, Wolverhampton CCG
Mike Hastings	Associate Director of Operations, Wolverhampton CCG
David Birch	Head of Medicines Optimisation, WCCG
Vic Middlemiss	Head of Contracting and Procurement, Wolverhampton CCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Barry White	Project Manager – New Models of Care
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

### Declarations of Interest

**PCSC20** No declarations of interest were raised.

### Apologies for absence

**PCSC21** Apologies were submitted on behalf of Trisha Curran, Manjeet Garcha, Dr DeRosa and Dr Mehta.

### Minutes and Actions

**PCSC22** The minutes of the previous meeting held on 7<sup>th</sup> September 2016 were approved as an accurate record.

The action log was shared and the following updates provided;

#### **PCSCS11 – Terms of Reference for Approval**

Final amendments have been made to the Committee's Terms of Reference and circulated to the Committee on 19<sup>th</sup> September 2016. **Action Closed.**

#### **PCSC12 – Risk Register**

All workforce leads have been reminded to enter risks pertaining to their task and finish group onto Dtaix. **Action closed.**

#### **PCSC13 - Implementation Plan - Reference Number 1.9**

The PITS Project Review Group notes were shared with the Committee on the 30<sup>th</sup> September 2016. **Action closed.**

#### **PCSC14 - Implementation Plan - Reference Number 2.0 (Localities as Commissioners)**

Mr Khular has reviewed the Localities as Commissioners implementation plan and ensured it aligns more appropriately with the group's aims and objectives. **Action Closed.**

#### **PCSC15 - Implementation plan - Reference Number 2.23**

Mr Khular has reviewed the wording on reference number 2.23 (Improvement in Practice response rates and ratings in NHSE 360 Stakeholder Feedback Member Practice) to make this more meaningful. **Action closed.**

#### **PCSC16 - Implementation plan - Reference Number 3.0 (Workforce Development).**

An updated version for Workforce and Development tasks/timescales will have been provided. **Action Closed.**

#### **PCSC17 - Implementation plan - Reference Number 4.0 (Clinical Pharmacist)**

The timescales have been completed. **Action closed.**

#### **PCSC18 - Implementation Plan - Reference Number 5.1**

The timescale for committee reference 5.1 has been amended to start from October 2016. **Action closed.**

#### **PCSC19 - Implementation Plan - Reference Number 7.5**

Mr Hastings confirmed this area of work has commenced. **Action closed.**

#### **PCSC20 – Implementation Plan**

Ms Russell has met with all the work stream leads to review all entries and timescales for all the entries on the implementation plan. **Action closed.**

#### **PCSC21 - Task and Finish Group Highlight Report Including Terms of Reference &FG1 – Practice as Providers**

All the terms of references for each of the Task and Finish Groups have been reviewed and amended to be more reflective of their objectives. **Action closed.**

#### **PCSC22 - T&FG 4 Clinical Pharmacists in Primary Care**

Mr Birch has attended each of the Locality Meetings and due to attend the Members Meeting to promote and the benefits of employing a clinical pharmacist within GP practices. **Action is ongoing and will remain open.**

### **PCSC23 - NHS Confederation Letter**

The letter has been sent out and an application has been submitted to NACP for PCH2. **Action closed.**

### **PCSC24 - STP Update**

No queries were raised with Mrs Southall in relation to reports provided at the meeting. **Action Closed.**

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

## **Matters Arising**

### **PCSC23 A) Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee**

The report was received and noted by the Governing Body on the 11<sup>th</sup> October 2016.

### **B) All Task and Finish Groups Term of References**

Mrs Southall informed Committee all the Task and Finish Groups Term of References introductions have been amended to define their purpose more clearly. The final term of references were provided to the Committee for comments/approval. The Committee reviewed all Task and Finish Groups term of references and formally agreed as the final versions.

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

## **Risk Register**

### **PCSC24 Risk Register Report Datix**

Mr Marshall presented the risk register to the Committee and highlighted there are two green (low) risks and one amber (moderate) risk on the register. Mr Marshall asked Mr Birch in relation to the amber risk ID:440 (unattractive employment option for employment of clinical pharmacists by GP practices) whether there is anything further that can be done to reduce this risk, Mr Birch confirmed this risk score is to remain as moderate.

Ms Skidmore queried why risk ID: 381 Infection Prevention Service had been included onto this Committees risk register. It was highlighted the system pulls through the risks depending on how it is assigned on the system. It was agreed Ms Southall would review and suspend this risk from the Committees risk register.

Discussions took place around the management of risks and the appropriate management tools used to record and monitor the risks. It was agreed that all work stream leads need to review risks associated with their program of work and record on to Datix and their risk log, as the Committee were not assured that all risks are being captured.

**RESOLUTION:**

**Ms Southall to review the risk register and request to suspend risk ID: 381 from the Committee's risk register.**

**All Work stream leads to review risks associated with their program of work and record on to Datix and their risk log.**

**Performance**

**PCSC25 Implementation Plan**

Ms Southall informed the Committee the status rating has changed to be more reflective of a RAG rating system with blue indicating not started, green as completed, amber as in progress and red meaning slippage.

Dr Kainth asked if the tasks and timescales are standalone or if some tasks dependent on other tasks being completed. It was confirmed that some of the tasks will be dependent on others being completed and this has been reflected within the implementation plan timescales. Ms Woolley highlighted the Strategy Committee's implementation plan indicates the high level objectives and the Task and Finish Groups all have their individual implementation plans. These plans outline the objectives and how they will be achieved, ensuring they correspond with the Committees implementation plan. The individual implementation plans will be shared along with the highlight reports to the Committee each month.

Discussions took place regarding reference number 6.12 regarding Aristotle training as to where this sits within the task and finish groups. MH agreed to speak with Ms Russell regarding this task.

**RESOLUTION: Mr Hastings to speak with Ms Russell regarding reference number 6.12 regarding Aristotle training.**

**Task and Finish Groups**

**PCSC26 A) Task and Finish Group Practices as Providers**

Mr Khular provided an update to Committee on the summary of discussions held at the Task and Finish Group on the 13<sup>th</sup> September 2016. The Group discussed their terms of reference in relation to membership, quoracy and voting. The key actions from the meeting included establishing a forum to take forward the work around the back office functions and the need to update the programme of work (implementation plan).

Mr White informed the Committee a gap analysis has been undertaken to enable the formation, implementation and operation of Primary Care Homes, with the focus being on Primary Care Home. The anticipation this will form the footprint for other Primary Care Home models. Mr White has engaged with other Task and Finish Groups which are key to the new models of care such as the Workforce Development.

The National Associate of Primary Care (NACP) visited Primary Care Home1 (PCH1) on the 5<sup>th</sup> October 2016. PCH1 presented to NACP upon the progression to date and next steps of the formation, implementation and operation of PCH1. The presentation was well received and the outcomes from the visit will be provided at the next meeting.

#### **B) Task and Finish Group Localities as Commissioners**

Mr Khular informed the Committee the group discussed the structure and role of this Task and Finish Group as there is move towards different models of care that no longer fits with the existing geographical Locality Groups.

Mr Hastings queried what will happen with the existing Locality Group meetings. It was confirmed the Locality Groups will continue in their existing form until December 2016, after which they will change to the Primary Care Home Groupings. Mr Hastings highlighted the cost implications to increase from 3 to 5 groups as well as the impact on the Governing Body Structure. It was agreed Mrs Southall to devise a draft proposal for the next Locality Group Meetings for discussion.

**RESOLUTION: Ms Southall agreed to devise a draft proposal of future locality group structures to align to Primary Care Home structures to take to the next round of Locality Meetings for discussion.**

#### **C) Task and Finish Group Workforce Development**

Mr Khular highlighted the main area of discussion at their meeting was around the workforce scoping and planning. The group discussed the draft Primary Care Workforce Strategy and any comments were to be sent to Manjeet Garcha, however no comments have been received. A potential risk has been highlighted in relation to staff retention due to different organisations offering different pay bands for the same/similar roles as other organisations within the same area.

Mr Marshall asked do the group have a vision of what Primary Care Workforce will look like and its reconfiguration would this be Practice by Practice or Primary Care Home models. It was also highlighted there needs to be a phased vision due to the ongoing changes with reconfiguration of services. The Committee requested that the draft strategy should include a vision component of what the Primary Care Workforce would look like in the future.

The Committee queried where the draft strategy had been circulated, as the Committee noted it should be circulated to Primary Care Colleagues for comments once it had been finalised.

Discussions took place regarding the remit of the group and whether their role also included the attraction and retention of workforce for Wolverhampton. It was confirmed that this area of work will be picked up through this group and covered within their implementation plan. Mrs Southall stated there is recruitment fair being planned for March 2016. This is

aimed for all workforce colleagues where the joint working with the Universities will be promoted and training placements/roles will be showcased

**RESOLUTION: Mr Khular /Mrs Southall to ask the group their intentions of the how and where the draft strategy will be shared.**

**Mr Khular/Mrs Southall to feedback the Committee's request of having a forward vision of what the workforce needs will be in the future within the Workforce Strategy.**

**D) Task and Finish Group Clinical Pharmacists in Primary Care**

Mr Birch advised the Committee the Task and Finish Group meeting arranged on the 17<sup>th</sup> September had been cancelled due to the launch event across the City of the Antimicrobial Stewardship Programme. The next meeting is planned for November, however the Government plans for funding have been delayed from October until December. Mr Birch has contacted the National Lead and there are difficulties around the professional indemnities for Pharmacists. Discussions followed regarding the national funding delays and how this will impact the implementation plan, it was agreed to monitor and review.

Mr Birch informed the Committee they continue to promote the role of clinical pharmacist and the benefits of employing them within GP practices. A GP survey monkey has been set up to assess GP willingness to recruit to this role.

**RESOLUTION: Mr Birch and Ms Russell to monitor and review the implementation plan in light of the delays in national funding.**

**E) Task and Finish Group GP Contract Management**

Mr Middlemiss informed the Committee of the summary of discussions held at their meeting on the 14<sup>th</sup> September 2016. The group discussed the terms of reference and membership for the group and decided to have two GPs sit on the group on a rotational basis.

The role of the group is to focus on contract implications to ensure fully delegated position. There will be a specific meeting at the end of the month to cross reference and review the MOU for the Hub and full delegation with a view this will be presented at the next Governing Body.

There were three risks highlighted at the meeting these were;

- Uncertainty regarding the future support from the Primary Care hub.
- No established mechanism within the CCG for the application for Full Delegation – *Since the meeting the application has now been received.*
- State of readiness for MCP contracts being awarded on 1 April 2017.

## **F) Estates Development**

Mr Hastings informed the Committee the CCG should receive the outcomes of the ETTF bids shortly. They are hopeful the bids will be successful for cohort 1 and 2 they are unsure for cohort 3 (Bilston Urban Village). Mr Hastings provided an overview of work currently being undertaken in Estates. Ms Skidmore stated there needs to be a focus on defining the Estates Strategy which supports the delivery of the Primary Care Strategy.

## **G) IM&T Business Intelligence**

Mr Hastings reported the following feedback from the group;

- A meeting has been held with Black Country Partnership Foundation Trust to start process for the inclusion of Mental Health records within the Shared Care Record plans.
- The rollout plan for patient public Wi-Fi is being work through which will consider the Changes in GP practice including the costs for the project.
- The review of the DXS solution has taken place with agreement for a paper to be submitted to the Primary Care Board.

## **Record of Escalation**

**PCSC27** There were no items of escalation to report.

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

## **GP 5 Year Forward View**

### **PCSC28 A) NHS England GP Forward View Lead Accountabilities**

Mrs Southall provided to the Committee the above report which breaks down all the 83 NHS England projects outlining the leads and responsible work stream lead. There has been confusion from NHS England with regards to notifications of when funding for projects has been released. The CCG have requested if the funding could be given directly to the CCG, an outcome of this request is awaited.

### **B) Training for Reception and Clerical Staff**

Ms Southall informed the Committee this is in response to the 5 year forward view in which NHS England have recently assigned £23,000 to the CCG to spend on training for reception staff. The CCG are working with the LMC to agree a mutual plan on how the money will be spent. The plan is likely to comprise of one training place for each practice to attend a face to face learning event provided by a reputable preferred provider who will share their training material. The aim then is for the training material to be cascaded to other reception personnel within practices. This will be overseen by the Practice Managers who will review the effectiveness through the Practice Managers Forum.

## **STP Update**

**PCSC29** Mr Marshall informed the Committee the final submission will be the 21<sup>st</sup> October 2016.

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

## **Discussion Items**

### **PCSC30 PMO Process Review**

The Primary Care PMO process was presented to the Committee which outlined the role of the PMO and the benefits of applying this methodology to the Primary Care function. The benefits include;

- A central and consistent approach across the CCG
- Improvement in the visibility and awareness of the Task and Finish Groups
- Ensuring that the CCG meets its Corporate Governance Requirements
- To help monitor and track the delivery of the milestones in the Task and Finish Groups
- To save time when reporting information to the Committees
- To assist with planning and prioritisation of milestones

The Committee was informed of the programme delivery and assurance process including the documents which will be used to support the management and monitor the delivery of the Primary Care work. It was agreed that Ms Woolley and Ms Russell would be meet with the work stream leads to start plotting the monthly progression documentation.

**RESOLUTION: Ms Woolley and Ms Russell to meet with the work stream leads to plot the monthly progression/assurance updates.**

## **Any Other Business**

**PCSC31** There were no further items for discussion.

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

## **Date of next meeting**

Thursday 17<sup>th</sup> November 2016 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park