NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body – December 2016

Agenda item 18

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 • General Practice Five Year Forward View Projects 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 October 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
- General Practice Five Year Forward View

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 October/November 2016, the highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	• Group met in October 2016 • Non-clinical support functions currently being explored & options appraisal to be shared • Emerging groups of practices are not aligned to the existing locality structure hence alternative arrangements for group level meetings are being explored • Meetings continue to take place with practices not yet aligned to a practice group (see appendix 1) • The Chairman is in the process of assembling regular meetings with Group Leaders in addition to meetings with Locality Leads • Primary Care Home presented at the National Primary Care Conference in October & were visited by the National Association of Primary Care which has led to a ministerial visit being planned imminently • Meetings with Commissioning leads for Mental Health (IAPT), Clinical Pharmacist Role and End of Life Care have taken place in relation to opportunities to improve team working & service delivery in Primary Care Home • Consideration of practice group working to provide extended opening are being explored within Primary Care Home

Localities as Commissioners	• Practice budget statements have been prepared & locality statements are intended to be shared at the next round of Locality Meetings • The enhanced services review has concluded, final queries regarding the formula attached to the costing template were anticipated to conclude shortly too • Consideration is being given to the potential to introduce a local Quality Outcomes Framework discussions with Group Leaders, Locality Leads, LMC and Commissioning colleagues were due to take place • Practice level dashboards have been introduced in Aristotle to assist practices in managing referrals, frequent attenders etc
Workforce Development	• Initial consultation on the draft Primary Care Workforce Strategy has concluded and amendments were being made • Workforce data was due to be reviewed following upload to the national tool • A new role, shared with Walsall CCG has been appointed to, funded by Health Education West Midlands (2 days per week) specifically for Clinical Educational Providers Network (CEPN) • A Primary Care Recruitment Fair Project Plan is being finalised and is due to be held early in the new year • A range of educational programmes has been launched by NHS England in response to the General Practice Five Year Forward View. Good engagement from practices has been observed.
Clinical Pharmacists in Primary Care	• The Task & Finish Group are due to meet at the same time as the committee meeting • National funding is still awaited, options to fund locally are being considered based on an initial needs analysis for each group of practices • Clinical Pharmacist role has been explained at both locality & members meetings since September to improve GPs understanding of the benefits of the role
General Practice Contract Management	• Preparation for full delegation continues following approval from the Governing Body in November • A task & finish group was due to meet later in November to review the impact on CCG teams/resource to ensure all reasonably foreseeable activities were considered and mitigated & a communication plan is in place to explain the changes • NHS England have shared their revised offer for the Primary Care Hub & the outcome of discussions was due to be fed into the Task & Finish Group mentioned

	above • Collaborative contract review visits have commenced in October, the effectiveness of these will be reviewed with participating practices & LMC at the end of March • The programme of work for the group has been revised & due to be approved by the group at its next meeting
Estates Development	• Bids for cohorts 1 & 2 have been successful • The Local Authority have appointed a Project Manager to create an overarching estates development plan for the CCG, RWT, BCP and local authority developments • The Local Estates Forum was due to take place & will be reported on in a subsequent report • Work is also taking place to understand the extent of development & cumulative effect on CCG revenue
IM&T	• A review of the DXS Service has concluded. Debate took place regarding the viability of the provision particularly for practices who were keen to use the service but couldn't • Clinical System Transfers continue to take place according to plan, including transfers for practices involved in mergers • Wifi project had been finalised, 22 practices are due to receive 10mb data lines

2.3. There were no escalated items for the committee to consider although there has been programme risks identified that were not thought to be high level corporate risks at this stage and would continue to be managed at task and finish group level.

2.4. The programme has been established since the summer there are a series of items that have been achieved many of which were reported to Governing Body in November, the programme of work is scrutinised by committee at each meeting to ensure the programme remains on track and delivers according to agreed timescale. 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 Discussions continue to take place with practices who are interested in aligning with their preferred new model of care. Appendix 1 confirms that latest practice numbers, many of which are working under an agreed Memorandum of Understanding although there are some practices observing caution who are yet to sign.

The Primary Care Team continue to work with those practices who are yet to confirm arrangements with their preferred model of care.

3.2 A further Project Manager has been appointed to work with the Medical Chambers group of practices in order to support them to progress in line with the CCGs

Programme of Work and respond accordingly to the projects currently being launched by NHS England in response to the General Practice Five Year Forward View.

3.3 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 Primary Care Team continue to work in close liaison with NHS England to ensure work taking place locally is aligned to national requirements including scope, content and timescale. A detailed tracker is in place to monitor the launch and implementation of each project and responsive actions taking place locally.

3.5 The vertical integration/primary and acute care system model (PACs) is a collaboration between the Royal Wolverhampton Trust and a smaller cohort of general practices (see Appendix 1) transitions are currently being finalised for the second cohort of practices who are intending to sub contract their GMS contract(s) to the trust before the end of March 2017.

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 November 2016

Enclosure New Models of Care Graphic

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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	28.11.16
Public/ Patient View	Pat Roberts	28.11.16
Finance Implications discussed with Finance Team	Claire Skidmore	28.11.16
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	28.11.16
Medicines Management Implications discussed with Medicines Management team	David Birch	28.11.16
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	28.11.16
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Steven Marshall	28.11.16
Signed off by Report Owner (Must be completed)	Steven Marshall	28.11.16