NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body – February 2017

Agenda item 14

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 Implementation 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. On this occasion the report spans activity that has taken place during December and January.
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 programme of work was launched in the summer of 2016 and this report provides an overview of the progression taking place.

1.2. The CCGs vision is 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. This report provides an overview of progress reported in December & January 2017:-

- 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 December/January, the highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	• Group met in December & January • Non-clinical support functions currently being explored & options appraisal to be shared, • Emphasis on improving access was reported, particularly extended access schemes that had taken place over the festive period, some continue until the end of February. Separate evaluation reports will be received by the committee for each scheme. • Ten high impact actions have become the primary area of focus for the group, a detailed delivery plan was due to be considered in February based on feedback from each model of care • Funding for Mental Health Project Manager had been secured in January to support the development of Primary Mental Health Care • An enhanced service for End of Life Care was also being explored • Self Care Initiatives were also being explored in further detail with each of the practice groups • An enhanced service for Risk Stratification had been

	developed, cost implications & level of commitment were being considered & due for further discussion in February • Evaluations were taking place for investment in Peer Review, Admission Avoidance (Asthma) and COPD Enhanced Review to determine their viability for the future & success to date.
Localities as Commissioners	• Meetings continue to take place with practices not yet aligned to a practice group to ensure they are duly supported & communication kept open. • Regular meetings with Group Leaders have commenced (monthly) • Practice budget statements would also include medicines optimisation information & measurement from prescribing enhanced services • The costing template had been used as the basis for costing projects at development stage to ensure consistency • The Basket Services Review concluded in January, the Commissioning Committee are due to receive a proposal introduce the revised costs for basket services from April 2017 • Work is underway to develop a series of local indicators to compliment existing national indicators (Quality Outcomes Framework) the local scheme will be termed at QOF Plus. The first steering group meeting is due to take place in February. • Discussions also took place at the Governing Body Development Session and Members Meeting in January with a view to moving to a revised model. Comments from members have been sought.
Workforce Development	• Planning for the Workforce Fair continues, provisional date of April, all staff will be encouraged to participate in a survey in advance of attendance at the fair. • CEPN Project Manager has been recruited initially focussing on recruitment & increasing student placements. • Expressions of interest for Nurse Mentorship Training have been sought, facilitated by the CCG to enable commencement in January (SLAiP there are a small number of delegates) and a further cohort planned for May 2017 • Workforce data was due to be reviewed following upload to the national tool. • Changes were being made to the Workforce Strategy following an initial consultation period.

	• 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, further funding has been confirmed for Administration & Reception Training and a bid for the Time for Care Program was also due to be submitted to NHS England in February 2017. • Workforce census returns had been submitted, the headlines from this were awaited. • Nurse Associate Course commenced in January (two nurses from Primary Care Home, one from Vertical Integration). • Fundamentals of General Practice Nursing course commencing February 2017 with nurses from Primary Care Home & Vertical Integration Practice Groups.
Clinical Pharmacists in Primary Care	• The Task & Finish Group met in January. • National funding become available, bids have been encouraged among each of the practice groups for Clinical Pharmacists. • The Clinical Pharmacist role continues to be promoted among practices so that they recognise the benefits of the role.
General Practice Contract Management	• Preparation for full delegation continues, a Task and Finish Group were meeting regularly to ensure all reasonable preparatory work was underway. Formal approval is anticipated in February. • A further revised offer from NHS England Primary Care Contracting Hub is awaited, this is now likely to be received in February. • Collaborative contract review visits continue to take place. An evaluation of the 6 month pilot is due to be undertaken in March. • Revisions to the programme of work have been approved by the Task and Finish Group, particular emphasis has been placed on the importance of organisational readiness to respond to the MCP Contract and resource implications for the Contracting Team.
Estates Development	• Slippage had arisen in relation to the Locality Hubs, plans were due to be signed in January and was due to be escalated to the BCF Program Board. • Discussion took place regarding failed ETTF bids confirming that written communication had taken place with the affected practices providing advice on alternative options for securing capital funding.

IM&T	• In response to a recent review the DXS Service had been removed from 19. Updates to Version 5 were underway for practices who had expressed a preference to retain the service. • Wifi early adopter sites will go live in February, the project is due to conclude at the end of March 2017. • A joint bid was underway with Walsall CCG to secure funds in 2017/18 to expand the existing Share Care Record.

2.3. There were no other items besides the estates issue that required escalation. Whilst there are risks attached to the delivery of the work programme there are no red risks to report based on discussions upto the committee meeting held in January 2017.

3.0 NEW MODELS OF CARE

3.1 There are only 5 practices in the city who have not yet aligned with a new model of care, discussions continue to take place with practices to support them in aligning with their preferred model of care. Appendix 1 confirms that latest practice numbers within each model of care.

3.2 Regular meetings continue to take place with the leaders of each model of care, a group leaders meeting was held in January where developments in General Practitioner Training, Peer Review, Managing Conflict and Consistent Commissioning were discussed. A series of projects that each of the new models of care were taking part in were also discussed.

3.3 The CCG remain committed to supporting each model of care, Project Manager(s) were actively supporting both Primary Care Home(s) and the Medical Chambers groups of practices in their organisational preparedness for working at scale in response to the General Practice Forward View and Primary Care Strategy that feature within the CCGs Programme of Work for primary care development.

3.4 The CCG Members Meeting took place on 25 January were updates were received from representatives of each model of care where members were able to observe the extent of success and progression that was taking place. Members also discussion the future of Peer Review arrangements, the CCGs Maturity Model and revisions that had been suggested to the existing locality structure.

3.5 Primary Care Home(s) 1 & 2 have a combined population of 108,000 patients, currently providing extended opening via a hub model providing improved access to General Practitioner appointments on Saturday mornings. The scheme commenced in December and concludes at the end of February. A review of back office functions has commenced to explore opportunities for economies of scale and sharing expertise. Organisational structures are now in place and demonstrate how

practitioners with special interest are working differently with their stakeholders, in response to the needs of their local population. Joint working with Patient Participation Groups has commenced within the group to hear the patient's voice and thoughts about service improvements and marketing they are embarking on.

3.6 Medical Chambers are our largest group of practices working together focussing on managing demand, working at scale and identifying opportunities where they can work together to provide services. Some of the practices in this group are also taking part in extended access, during core opening hours. Particular attention is being given to the ten high impact actions to offer different consultation types, participation in the practice development programme, tackling difficulties with patients who do not attend appointments, introduction of social prescribing.

3.7 A smaller cohort of practices have sub-contracted their general medical services contracts to the Royal Wolverhampton Trust, there are currently 4 practices covering a population of approximately 30,000 patients. Identification of high risk patients & supporting those with long term conditions are current priorities that is resulting in closer working between primary and secondary care.

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 January 2017

Enclosure New Models of Care Graphic

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	27.1.17
Public/ Patient View	Pat Roberts	27.1.17
Finance Implications discussed with Finance Team	Claire Skidmore	27.1.17
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	27.1.17
Medicines Management Implications discussed with Medicines Management team	David Birch	27.1.17
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	27.1.17
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Steven Marshall	27.1.17
Signed off by Report Owner (Must be completed)	Steven Marshall	27.1.17