

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Wednesday 7th December 2016

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

Present:

Sarah Southall	Head of Primary Care, Wolverhampton CCG (Vice Chair)
Mike Hastings	Associate Director of Operations, WCCG
Jane Woolley	PMO Lead, Wolverhampton CCG
Jane Worton	Primary Care Liaison Manager, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead, WCCG
Peter McKenzie	Corporate Operations Manager, WCCG
Dr Mehta	GP/LMC, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Barry White	Project Manager – New Models of Care (PCH)
Vic Middlemiss	Head of Contracting and Procurement, WCCG
Anita Kumari	Admin Support Officer, WCCG
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

Declarations of Interest

PCSC51 Dr Kainth and Dr Mehta declared as a GP they had a standing interest in all items related to primary care.

Dr Mehta declared he was attending in the capacity of representing LMC, however declared an interest in Primary Care Home as his practice is a member.

As Dr Kainth and Dr Mehta declarations did not constitute a conflict of interest, they both remained in the meeting whilst these items were discussed

Apologies for absence

PCSC52 Apologies were submitted on behalf of Trisha Curran, Dr Helen Hibbs, Sharon Sidhu, Claire Skidmore, David Birch, Steven Marshall, Hemant Patel, Manjeet Garcha and Dr Reehana

Minutes and Actions

PCSC53 The minutes of the previous meeting held on 17th November 2016 were approved as an accurate record.

The action log was discussed and an updated version will be circulated with the minutes.

RESOLVED: That the above was noted.

Matters Arising

PCSC54 A) Outcomes of Discussions - Report to Governing Body of the Primary Care Strategy Committee

The Governing Body accepted the report and requested the Strategy plan on the page be shared. There were no further items raised by the Governing Body.

RESOLVED: That the above was noted.

Risk Register

PCSC35 Risk Register Report Datix

Mrs Southall presented the risk register to the Committee and highlighted there were no risks of escalation to report. There were Task and Finish Group programme risks that are being managed within the groups and Datix will be updated following meetings that have taken place within the last week.

RESOLVED: That the above was noted.

Performance

PCSC56a Implementation Plan

The implementation plan for the Strategy has been shared and the following updates on the programme of work have been provided;

Reference 1.11 (work with Community Matrons/CRG to streamline the proactive case finding via risk stratification tool) work has now been completed.

Reference 1.12 (Patient review for vulnerable people 2016/17 via the DES) – was due for completion at the end of October, it has been highlighted this data is collected by NHS England and work is being undertaken to verify how this is received by the CCG in order to review the data. The Committee agreed the timescale needed to be amended.

Reference 6.1 (Primary Care/BCF hubs Locality Hubs x3) slippage has been reported and will be discussed further under agenda item 13.

Ms Woolley asked if all the leads were happy with reporting timescales and if any needed further amendments. The Strategy Programme of work needs to be finalised to allow for effective monitoring procedures to take place. It was agreed an e-mail needed to be sent to the leads confirming the reporting timescales needed finalising by the January Meeting.

It was highlighted further work needed to be done to revise for Localities as Commissioners to ensure alignment to locality changes and the Primary Care Plan on a Page. Mr Khular would revise and provide a final version by the end of December 2016.

RESOLUTION:

An e-mail to be sent to all the leads confirming the reporting timescales needed to be final by the January Meeting.

Mr Khular to revise and confirm timescales for reporting by the end of December 2016 (Localities as Commissioners).

PCSC56b Strategy Plan on a Page

Mrs Southall shared with the Committee the proposed new models of care that have started to form and advocated these were at different stages. The report outlined the work streams and the milestones leading up to 2021. It was highlighted a number of checkpoints have been identified for regular review(s) to be undertaken by external providers to evaluate the care models.

Mr McKenzie queried if the work being undertaken had been mapped to the Strategy programme of work particularly Localities as Commissioners. It was agreed this needed to be included Ms Russell and Ms Woolley to review and ensure this is included within the programme of work.

RESOLUTION: Ms Russell and Ms Woolley to review Strategy Plan on a Page objectives to include within the programme of work.

Task and Finish Groups

PCSC57 Task and Finish Group - Practice as Providers

Mr Khular informed the Committee the Task and Finish Group had not met since the last Committee meeting and provided the following overview of work that has taken place:

Improved access to Primary Care - Business case developed and submitted to be featured in the Contract Negotiations with RWT.

Social Prescribing/ Self-care initiatives - A meeting was held to determine the timelines for the implementation of the Social Prescribing model which includes self-care initiatives. Meetings have also been arranged with the lead GPs from Primary Care Home 1 and Unity to consider how the model is best implemented in their practice groups.

Community Hubs – Discussions are taking place to consider how the emerging community hubs align with the emerging practice networks which are not commensurate with the locality structure of the city. The risk associated with this has been reported on Datix.

Aristotle - a plan is being developed to identify the roles and responsibilities and these discussions will be reported upon at their next meeting.

RESOLVED: That the above was noted.

PSCS58 New Models of Care

Mr White provided the Committee with the following update on the new models of care progress (Primary Care Home);

- PCH 2 Wolverhampton Care Collaborative meetings for GPs and practice managers held Wednesday 9th November, where the organisational structure has been agreed. It was agreed that they will have separate Board and Operational meetings and they will be closely aligned.
- PCH 1 Wolverhampton Total Health Board Meeting for GPs including two practice managers was held Wednesday 23rd November and agreed a similar approach to the PCH2 in terms of the organisational and reporting.
- An EMIS presentation to PCH 1, PCH2 and Unity Group took place on the 18th November to discuss the IT requirements for EMIS regarding sharing/access patients records.
- Patient engagement and self-health care development – initial contact made with a provider called the ‘Sound Doctor’ (TSD), who provided information on what they can provide in the form of a suite of patient advice, awareness and engagement videos for self-help, demo due to take place January 2017.
- Marketing and Patient engagement – engaging with Bayer to seek advice from professional marketing and patient engagement specialists to learn from best practice.
- Development and implementation of GP pilot for extended hours to cover Xmas and New Year is currently being explored.
- Improving Access Planning (extended hours) – they are reviewing how practices can implement PCH practices look to develop an improved access plan to meet the latest directives alongside the 10 point high impact actions.

RESOLVED: That the above was noted.

PSCS59 Task and Finish Group – Localities as Commissioners

Mr Khular informed the Committee the Task and Finish Group had not met since the last Committee meeting and provided the following overview of work that has taken place:

- **Practice Level Budgets** – A meeting has taken place with David Birch on the 1st December 2016 regarding the inclusion of medicines management on these statements to include formulary compliance and high cost drugs. The aim is to visit the practices to share with them and to establish stronger relationships.
- **Basket Services Costing Template** - This was being discussed at the Clinical Reference Group in relation to the clarification on the overheads. Costings had been shared with LMC and agreement to include consumables.
- **Practice Level Dashboards** - A demonstration of the practice level view of Aristotle will be provided at their next meeting. Discussions took place regarding the need to have an appropriate system in place that both the practices and CCG will use as the data needs to be used and acted on.

RESOLVED: That the above was noted.

PSCS60 Task and Finish Group – Workforce Development

Mrs Southall provided the following overview of the Workforce Development Task and Finish Group on behalf of Manjeet Garcha;

- The CEPN Project Manager has been appointed and will be working in Wolverhampton for 2 days per week.
- The Trainee Nursing Associate interviews have been held and successful candidates are being informed. A launch is planned for 20th December at the Walsall Campus of Wolverhampton University.
- The next Triumvirate Leadership course for practice staff will commence in September 2017 and recruitment will start from March 2017.
- A recruitment fair is being planned which will incorporate two events one for GPs and one for other staff and a current scoping survey is being with staff to support the events aims and objectives.

It was highlighted at a previous meeting how will care home staff will be included in the implementation plan for the group. It has been agreed following discussions there would be no impact to the care home staff in addition to work already taking place. It was raised there maybe concerns with regards to potential gaps with the care home workforce if staff are attracted and apply for positions within primary care. This needs to be flagged as a potential issue and alignment between the two need to take place.

RESOLVED: That the above was noted.

PSCS61 Task and Finish Group – Clinical Pharmacists in Primary Care

The highlight report for the Clinical Pharmacists Task and Finish Group was shared with the group for information and following points were highlighted;

- There were discussions about what data should be collected by practices to demonstrate impact of the introduction of the role. There is a need to understand how the pharmacists are spending their time but also how that is leading to benefits within the primary care system.

- The clinical pharmacist role and the benefits of the role were discussed including the Survey Monkey results from GP survey.

RESOLVED: That the above was noted.

PSCS62 Task and Finish - Primary Care Contracting

Mr Middlemiss reported that the group had met this morning and discussion focused upon the following areas and fed back the following;

- **Collaborative contract review** – the visits are going well, two visits have taken place and a third is arranged for December 2016. The feedback from the two visits have been positive. From April 2017 NHS England's support will change to more of an advisory role.
- **Contracting support** – work has been undertaken to reference the Revised Memorandum of understanding to scope the work and impact for the CCG and the group discussed the impacts on the contracting function. NHS England had advised at the meeting a further revised memorandum of understanding will be shared with CCGs in January 2017.
- **Implementation Plan** – The implementation plan has been discussed and the group were happy with the content and number of updates has been provided.
- **Risks** – discussions took place regarding legal advice and going forward once the CCG are fully delegated they will be responsible for legal disputes between partnerships. This will need further discussion at the next task and finish group.

RESOLVED: That the above was noted.

PSCS63 Task and Finish Group – Estates Development

Mr Kalea reported there had not been a meeting in November as the meetings are bi monthly and reported on the following progress to date;

Locality hubs – the hub location is under review due to NHSPS contractual issues with land ownership. The CCG are looking at other options where to re-house the existing practice who are currently on the land and create a BCF hub.

Failed ETTF bids – The CCG have written to practices who were unsuccessful with their ETTF bids and have been advised of alternative options to attempt to secure capital for building work.

Cohort 1 schemes – The Three Cohort 1 schemes are all in NHSPS properties and these have now been progressed to the point of full sign off by NHS England. One of the terms for approval however is that the practices must sign a 'Heads of Terms' towards agreement of a lease, as none of them have a lease in place currently.

Implementation Plan - in relation to section one all the timescales are reporting as slippage, however it was reported the timescales for the this work would be much longer. Mr Kelea presented the exception report which outlined the reasoning for the slippage and it was agreed to extend to March 2017.

RESOLVED: That the above was noted.

PCSC64 Task and Finish Group - IM&T Business Intelligence

Mr Hastings informed the group of the following progress for the IM&T Programme of work;

- Wolverhampton LDR Enablement group has finalised the MOU and Terms of Reference.
- DXS paper has been to the Commissioning Committee to propose a plan going forward for decommissioning the DXS Solution. The Committee approved the plan to remove DXS from all practices except the practices that use it currently.
- The merger of Dr Christopher clinical system with Tudor Road took place on 5th December 2016.
- Work has started to take place the cables in GP Practices for patient/public Wi-Fi access points and money will be available for practices to make a bid for funding.
- The MOU for ETTF Bid has been signed and the CCG is now waiting for approval for the following 3 projects;
 - Development of Shared Care Record
 - New ways of working (GP Federations)
 - All in One Patient solution

The full programme of work is shared SMT once a month.

RESOLVED: That the above is noted.

GP 5 Year Forward View

PCSC65 Mrs Southall shared with the Committee the training tracker of live projects and provided the following update;

Time for Care – Expression(s) of interest have been requested from practices and those that have been received are being reviewed.

Training for Reception and Admin Staff – The CCG should receive an indication of the directory of services (NHS England) of who they can approach to provide this training within the next week.

Triumvirate Leadership Programme – cohort 1 is in progress and co-hort 2 is anticipated to start in September 2017.

Practice Manager Events - This is being hosted by NHS England and is fully subscribed. It has been suggested more events should be arranged.

RESOLVED: That the above is noted.

STP Update

PCSC66 Mrs Southall informed the Committee there have been various meetings taking place, there was meeting regarding VI Group around the Governance and the direction this model will take. It has been agreed the meetings in future will become workshop focused starting in April 2017. Mr Hastings had attended a HR Directors meeting and a lot work is taking place around the Black Country alliance. A discussion followed regarding the Workforce Task and Finish Group and how this needs to align.

RESOLVED: That the above is noted.

Discussion Items

PCSC67 Revised Locality Structure

Mrs Southall presented to the group the proposed locality structure for review and comments. It was highlight a Group leaders meeting will replace the Chairs meeting and the first meeting took place on the 6th December, it is anticipated these meetings will then feed in to Team W Events.

Mr McKenzie raised concerns about changing the structure as there needs to be alignment with the Governing Body and further development is needed as it is important they do not lose sight of social care and BCF links. It was suggested this needed to be discussed at the Governing Body Away Day.

Resolution: The proposed locality structure to be shared for discussion at the next Governing Body Away Day.

Any Other Business

PCSC68 Basket Services

Dr Mehta confirmed the rates of pay and pension have been agreed based on the formulary that has been shared following the last Committee meeting.

RESOLVED: That the above is noted.

Date of next meeting

Wednesday 11 January 2017 at 12.30pm – 2.30pm in the CCG Main Meeting Room, Wolverhampton Science Park