

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Wednesday 17th November 2016

Commencing at 12.30pm in the CCG Main Meeting Room, Wolverhampton Science Park,
Glaisher 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 Dan DeRosa	Chair, Wolverhampton CCG
Stephen Cook	IM&T Lead
Dr Mehta	GP, LMC
Manjeet Garcha	Director of Nursing and Quality, Wolverhampton CCG
Andrea Smith	Head of Integrated Commissioning, Wolverhampton CCG
Sharon Sidhu	Head of Strategy and Transformation, Wolverhampton CCG
David Birch	Head of Medicines Optimisation, WCCG (Part Meeting)
Ranjit Khular	Primary Care Transformation Manager, WCCG
Barry White	Project Manager – New Models of Care (PCH)
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

Declarations of Interest

PCSC32 No declarations of interest were raised.

Apologies for absence

PCSC33 Apologies were submitted on behalf of Trisha Curran, Dr Helen Hibbs, Mike Hastings and Vic Middlemiss.

Minutes and Actions

PCSC34 The minutes of the previous meeting held on 12th October 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

PCSC35 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 8th November 2016. The Governing Body queried the evaluation process of the new models of care. Mrs Southall advised that a plan has been devised that has identified evaluation elements and agreed to share with the Committee.

RESOLVED: Mrs Southall agreed to share plan regarding evaluation processes at the December Meeting.

Risk Register

PCSC36 Risk Register Report Datix

Mrs Southall presented the risk register to the Committee and highlighted this will be updated further following meetings that have taken place this week which have highlighted risks for inclusion on the risk register.

Ms Garcha advised in relation to primary care student nurse placements, they have received notification two GP Practices have now pulled out of the program. As confirmation from NHS England of when funding will be available is still awaited. The Committee queried whether this had been escalated, it was confirmed it has been escalated to NHS England and they are reviewing as to why the funding has been delayed.

Discussions took place as to whether the Committee needed to review all risks associated with each Task and Finish Group or just those risks that are not resolvable and need to be escalated to the Committee. It was agreed that at future meetings this item would need to be discussed as risks requiring escalation.

RESOLUTION: To ensure the risks requiring escalation are included at the next meeting.

Performance

PCSC37 Implementation Plan

Mrs Southall informed the Committee the Strategy implementation plan has been revised since the last meeting to ensure all status actions have been completed. There has been work undertaken under Practice as Providers and Localities as

Commissioners following discussions at their task and finish group to ensure they linked more cohesively with the functions, roles and responsibilities of the groups.

Mrs Southall noted under Practice as Providers reference number 1.13 has now commenced. Discussions are taking place as to how Aristotle training and support is sustained in the future at the next Practice(s) and Providers Task and Finish Group Meeting and will be reflected in the implementation plan.

RESOLVED: That the above was noted.

Task and Finish Groups

PCSC38 Task and Finish Group - Practice as Providers

Mr Khular provided an update to the Committee on the summary of discussions held at the Task and Finish Group meeting held on the 25th October 2016. The group have worked up the implementation plan to ensure it aligns to the Strategy. It has been agreed a list for non-clinical support functions needs to be shared with the emerging groups for them to consider their preferred approach with a view of undertaking an options appraisal in readiness for the next Task and Finish Group Meeting.

Discussions took place regarding the emerging groupings of practices and how they are disaligned with localities, there is a delivery risk regarding providing services for patients and the alignment of staff within the localities. This will be a challenge as services/teams are allocated based upon the locality. Dr DeRosa informed the group a meeting has been arranged with the leads to discuss the issue and work together.

RESOLVED: That the above was noted.

PSCS39 New Models of Care

Mr White informed the Committee a presentation had been delivered by Dr Mohindroo on the work and developments on Primary Care Home 1 (PCH1) at the Primary Care Conference on the 19th October. This has now led to a ministerial visit which was due to take place today, however has been deferred to a later date.

It was noted the development of Primary Care Home 3 has stalled and contact has been made with all the relevant GPs to determine their intentions.

Meetings have been held to start to develop links to PCHS regarding the following;

- Mental Health IAPT
- Clinical Pharmacist Role
- End of Life

The Board(s) (PCH 1&2) have agreed a structure and governance arrangements are now in place. PCH1 met on the 16th November 2016 and PCH2 met on the 9th November 2016.

Mr White highlighted work has commenced to review plans for extended hours and how this service will be delivered.

Mrs Southall queried the Board membership and whether each Board had considered had discussions to invite practice managers and practice nurses to sit on the Board. It was highlighted that practice managers will be members and practice managers will be invited when they are required to attend for example when they are discussing clinical pathways.

RESOLVED: That the above was noted.

PSCS40 Task and Finish Group – Localities as Commissioners

Mr Khular advised the Committee of the following updates which were discussed at the meeting on the 15th November;

Terms of reference - an amendment was made to include the New Models of Care Project Manager as a core member.

Practice Budget Statements – Sunita Chhokar has developed statements to also include clinical prescribing and a meeting is taking place with David Birch to understand how this will be captured. The different configurations will be reviewed by the group at their next meeting.

Enhanced Services – Discussions are taking place regarding Basket Services costing template as there seems to be a variation of buying consumables and there is no consistent approach. These discussions are going back to the next Clinical Reference Group.

Local QOF – work has commenced to pull together an inventory of all enhanced services with a view of developing a local QOF. The group are also considering approaches adopted by other CCGs. Ms Skidmore highlighted she had information on a model that has been developed by other CCG and agreed to share with Mr Khular and Mrs Southall.

Practice Level Dashboards – dashboards have been developed in Aristotle and a demonstration will be provided at the next meeting.

Dr Mehta raised concerns regarding the Basket Services that there could be a potential risk that practices may not take up the services if the costing were too low. Discussions followed regarding the template, methodology and costing's it was agreed that Ms Skidmore would provide the Committee with a breakdown of the costing's to include a breakdown of the remuneration costs.

RESOLUTION: Mrs Skidmore to provide a breakdown of costing's including remuneration costs for basket case services.

PSCS41 Task and Finish Group – Workforce Development

Ms Garcha informed the Committee the Task and Finish Group held very good discussions and had a wide range of representation from different organisations including Wolverhampton University, Health Education West Midlands, Royal Wolverhampton Hospitals and the CCG.

The data tool used by Birmingham to collect workforce information has been explored and it has been identified that the GPs upload information twice a year onto a national database and this could be used going forward.

It has been agreed the implementation plan activities will be realigned to four key areas including attraction, recruitment, development and retention.

Funding has been received from HEWM and they have recruited a band 7 which is shared resource who will be working with Ms Liz Corrigan, Primary Care Quality Assurance Coordinator.

It was highlighted that 8 people were interviewed for the trainee Nursing Associate Roles and three places have been allocated to Wolverhampton.

A workforce fair is being developed that aims to deliver an event for GP, nurses and admin/management staff. A brief project plan will be presented to the December T&F Group Meeting.

Mrs Gracha highlighted a risk that due to general practices withdrawing their support for providing mentors to student nurses, placements are being affected and student nurses are not being placed in primary care. This will impact on our ability to able to attract staff to primary care.

Mrs Southall stated the triumvirate leadership course is now underway and the second phase is due to start shortly. It has been confirmed that NHS England would not be providing back fill for practice staff to take part. A practice within primary care home (one) will have of completed the course early in the new year and this learning will then be shared across practices.

RESOLVED: That the above was noted.

PSCS42 Task and Finish Group – Clinical Pharmacists in Primary Care

Mr Birch advised the Committee their task and finish group would be meeting later that afternoon.

Mr Birch advised the Committee he had attended all the Locality Meetings and the Members meeting to promote the benefits of employing a clinical pharmacist within GP Practices.

The group are still awaiting the go ahead from NHS England regarding funding, from reviewing the vanguard they will be following this design/model, which is a 60/40/20 pump prime model. The group will need to decide whether to wait for the funding from NHS England or try to fund pump prime costs. It was agreed this

would need involvement from CCG finance. Ms Skidmore queried if they have an idea of when they will receive the money from NHS England, Mr Birch stated it is month on month it was expected in October so it should be soon.

The key actions the group need to take will be reported upon at the next Committee meeting including;

- Outcomes from a meeting with Mr White to discuss support needed in Primary Care Home models.
- Discussions regarding the Survey Monkey results from the GP survey.

RESOLVED: That the above was noted.

PSCS43 Task and Finish - Primary Care Contracting

Mrs Southall presented the report on behalf of Mr Middlemiss and reported upon the following;

Collaborative Contract Review Visit Programme - while the group had not met since the last meeting work continues to implement the collaborative contract review visit pilot. The first joint collaborative visit had taken place on the 25th October 2016, there is a six month pilot with a further five visits to take place by the end of March 2017.

Operational Monitoring Arrangements – The Primary Care Operational Group have revised their agenda to include regular updates on the collaborative contract review visits.

Contracting Support – Primary Care Hub – The MOU has been received and reviewed internally and a meeting has taken place with NHS England to discuss any queries the CCG has in order to understand the implications and responsibilities.

Preparing for Full Delegation – A report has been prepared and presented to the Primary Care Joint Commissioning Committee and the CCG Governing Body meeting requested approval of the application, which approval was received. The deadline for the CCG to submit their application for full delegation for Primary Medical Services is the 5th December 2016. The CCG have commenced work with all departments to start thinking about the work required between now and April 2017 to ensure they are fully prepared to become fully delegated.

Programme of work – The programme of work has been revised since the last meeting and the task and finish group are yet to approve the content and timescales due to the meeting being cancelled.

Risks – the risks that have been highlighted and not for escalation include the following;

- Contracting Mechanisms for Primary Care 2017/18

- Primary Care Groups readiness to respond to new contracts & sub contract responsibilities
- Impact of responsibilities Primary Care Hub/Full Delegation

The above risks will be included on the CCGs Risk Register before the end of November 2016.

Mr Marshall queried in relation to full delegation will there be a communication programme in place leading upto the 1st April 2017. It was agreed to check if this fitted within their remit of work.

RESOLUTION: Mrs Southall agreed to check with Mr Middlemiss regarding the programme of work and whether this includes a communication programme/plan in relation to full delegation.

PSCS44 Task and Finish Group – Estates Development

Ms Skidmore provided feedback on behalf of Mr Hastings and feedback the following;

- The ETTF Bids for Cohorts 1&2 have all been successful.
- The Local Authority have put in a bid for OPE funding to employ a Programme Manager for City-wide estates. This person will create an overarching programme plan based upon the Estates Strategy for each of: CCG, RWT, BCPFT, LA.
- The LEF is being arranged by Mr Gareth Jones from CHP.
- An exercise is being carried out by Mr Tally Kalea to collate all prospective builds / refurbishments to capture the cumulative effect on revenue. This will help for form a strategic review required by the Executives to balance requirement vs budgets.
- All partners now have the ability to review the shape tool.

The Committee queried if the GP practices whose ETTF bids have been unsuccessful have been notified. Ms Skidmore agreed to check with Mr Hastings.

RESOLUTION: Ms Skidmore agreed to check with Mr Hastings regarding how and when practices are being informed of the ETTF bids outcomes in particular those who have been unsuccessful.

PCSC45 Task and Finish Group - IM&T Business Intelligence

Mr Cook provided a summary of discussions from the Wolverhampton LDR Enablement Group meeting and IM&T Performance meeting and highlighted the following;

- Wolverhampton LDR Enablement group has finalised the MOU and ToR which is being sent out in November for approval by member organisations.
- DXS paper submitted to Primary Care Board for review on 10th November setting out the proposed plan going forward in terms of DXS decommissioning the DXS Solution. – Recommendation from Board was to remove DXS from all practices except the 8 that use it currently.

- The migration of Dr Christopher clinical system to EMIS took place on the 16th November 2016 with the merger of the practices with Tudor Road taking place on the 30th November 2016.
- The rollout plan for patient public Wi-Fi has been finalised and the order has been placed for the work to take place at the 22 practices that do not have 10mb data lines.
- The CCG has been awarded £716k from its technical ETTF Bid for the following 3 projects.
 - Development of Shared Care Record
 - New ways of working (GP Federations)
 - All in One Patient solution

Discussions took place regarding the decision to remove DXS from all practices apart from the 8 practices and the following queries and issues were raised;

- 1) If the system is not working within practices and they want to use the system can their issues be resolved i.e. training or technical problems.
- 2) If they replace DXS system is there a clear view as to what the alternatives are for these practices.
- 3) Whether there is an alternative system that can be used which incorporates all local protocols.

It was stated that practices will not be removed from DXS system if they are using the system. It was agreed this needed to be included/updated on the implementation plan.

RESOLUTION: Mr Cook to review the implementation plan and ensure the discussions regarding the DXS are incorporated on the plan.

Record of Escalation

PCSC46 This item was covered under agenda item PCSC36 Risk Register Report Datix.

RESOLVED: That the above is noted.

GP 5 Year Forward View

PCSC47 Mrs Southall shared with the Committee the training tracker of live projects and provided the following update;

Vulnerable Practice Programme – 1 practice in Wolverhampton have received funds from NHS England and the programme is due to commence.

Practice Resilience Programme – 2 practices have put forward expression of interest to CCG/NHS England to take part in this programme, feedback is still awaited.

Time for Care – This is a three year programme and expression(s) of interest will be circulated to GP practice within the next week. Practices will be asked to ensure they confirm which of the 10 high impact actions they wish to cover.

Training for Reception and Admin Staff – The CCG are still awaiting a directory of services (NHS England) they can approach to provide this training. An outline plan has been developed and shared with LMC with discussions taking place among STP partners (Sandwell, Dudley and Walsall) to explore options for triangulation of delivery across the Black Country.

Triumvirate Leadership Programme – This is part of the Primary Care Development Programme led by HEE and 1 practice from Wolverhampton has been involved within cohort 1.

RESOLVED: That the above is noted.

STP Update

PCSC48 Mr Marshall reported there was no further update available as feedback is due to be received by the 21st November 2016. Mr Marshall will be attending and providing a presentation at a public consultation event on the 6th December 2016 and discussing with Healthwatch and PPG meetings.

RESOLVED: That the above is noted.

Discussion Items

PCSC49 There no further items for discussion.

RESOLVED: That the above is noted.

Any Other Business

PCSC50 There were no further items raised by the Committee.

RESOLVED: That the above is noted.

Date of next meeting

Wednesday 7th December 2016 at 12.30pm – 2.30pm in the CCG Main Meeting Room, Wolverhampton Science Park