

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee
Held on Wednesday 11th January 2017

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

Present:

Sarah Southall	Head of Primary Care, Wolverhampton CCG (Vice Chair)
Mike Hastings	Associate Director of Operations, WCCG
Sharon Sidhu	Head of Strategy and Transformation
Claire Skidmore	Chief Finance and Operating Officer
Jane Worton	Primary Care Liaison Manager, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead, WCCG
Stephen Cook	Senior IM&T Project Manager
Dr Mehta	GP/LMC, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
David Birch	Head of Medicines Optimisation, WCCG
Barry White	Project Manager – New Models of Care (PCH)
Jason Nash	Project Manager - New Models of Care (Unity)
Anita Kumari	Admin Support Officer, WCCG
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

Declarations of Interest

PCSC69 Dr Kainth and Dr Mehta declared as GP's their interest 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

PCSC70 Apologies were submitted on behalf of Trisha Curran, Dr Helen Hibbs, Steven Marshall, Manjeet Garcha, Vic Middlemiss and Andrea Smith.

Minutes and Actions

PCSC71 The minutes of the previous meeting held on 7th December 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

PCSC72 **A) Outcomes of Discussions - Report to Governing Body of the Primary Care Strategy Committee**

The Governing Body did not receive a report in January 2017 and a combined December 2016 and January 2017 will be received at the next Governing Body Meeting.

RESOLVED: That the above was noted.

Risk Register

PCSC73 **Risk Register Report Datix**

Mrs Southall presented the risk register to the Committee and highlighted there were no risks to escalate to the Committee. There were a number of other risks identified within Task and Finish Groups programmes, which have been recorded onto Datix but they are not being pulled through onto the Committees report.

RESOLVED: That the above was noted and discussions with Quality Team continue.

Performance

PCSC74 **Implementation Plan**

The implementation plan for the Strategy was shared with the Committee Mrs Southall stated the new models of care objectives have been included as recommended at the previous meeting and all timescales have now been included.

Ms Russell informed the Committee a lot of work has been undertaken with the various Task and Finish Group Leads to review the highlight level milestones as well as the individual plans. In particular Practices as Providers and Localities as Commissioners have extensively been reviewed and Ms Russell noted it was also important to recognize the work that has commenced, these timescales have been brought forward to reflect these changes.

RESOLVED: That the above was noted.

Task and Finish Groups

PCSC75 **Task and Finish Group - Practice as Providers**

Mr Khular informed the Committee the Task and Finish Group had not met since the last Committee and were due to meet on the 17th January 2017. Mr Khular provided the following feedback of the work that is currently taking place:

Improved access to Primary Care – A Work Programme has been developed based upon the 10 high impact changes for Primary Care, which will be shared with GPs tomorrow morning.

Social Prescribing/Self-care initiatives – work has taken place to devise timescales for implementing the social prescribing model including self-care initiatives. Meetings have been arranged with the Project Managers to discuss how the model will be implemented within the practice Groups. It was queried how they would measure the model, it was clarified through KPIs.

Self-Care Initiatives – A plan on a page is being developed for self-care initiatives.

Asthma/COPD Enhanced Review – Timescales and the process for evaluation of Asthma/COPD Enhanced Reviews have been confirmed.

Aristotle/Risk Stratification - A group level risk has been identified with regards to the DES for risk stratification. As there are concerns how their will be embedded within practice as there is limited capacity within the Community Matron service to deliver the input into practice MDTs as specified within the DES.

RESOLVED: That the above was noted.

PSCS76 **New Models of Care (Primary Care Home)**

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

- A newsletter has been produced and shared with all the Locality Meetings during December to inform them of the PCH progress to date.
- Developed and implemented a CCG Pilot for extend hours over Christmas and New Year across PCH 1 which was funded by A&E Delivery Board. Mr White thanked IM&T for their support in putting the information sharing agreements in place to ensure this took place in time. The pilot consisted of 5 practices and the evaluation will be undertaken and provided at a future meeting.
- NHS England announced another pilot for extended hours over the Christmas, New Year and Saturdays up until the end of February. This is currently taking place across PCH1 and PCH2.

- Information sharing, privacy impact agreements have been developed, agreed and signed for both PCHs.
- Both PCH 1 and PCH 2 groups agreed to look at options for extended hours as a collaborative across WCCG. This will also be in line with developing an improved access plan to meet NHS England's guidance regarding the 10 point high impact plan.
- Initial contact has been made with a provider called the 'Sound Doctor' to develop Patient engagement and self-health care information and dates for these meetings will be arranged and shared shortly.

RESOLVED: That the above was noted.

PCSC77 New Models of Care (Medical Chambers)

Mr Nash provided the Committee with the following update on the new models of care progress (Medical Chambers);

- The Memorandum of Understanding has been shared with member practices and the majority have been signed and those practices that are undecided Mr Nash is currently in contact with them.
- The first Unity meeting is scheduled for the 24th January 2017 and the meeting will aim to discuss the organisational structure, 10 high impact actions, improving access (including extended access scheme) and leadership and team working. Scoping extent of variation among practices, including non GMC services, GPSI's and other resources with a view to move to more standardised delivery.
- Some Practices are taking part in Extended Access up until the end of February 2017 and those taking part have highlighted an increase to patients and will report the impact throughout the scheme.
- Discussions are taking place with David Birch regarding the NHS England Clinical Pharmacists in General Practice Phase 2 Scheme.

Discussions took place regarding different extended access schemes as concerns were raised by Dr Mehta that not all the practices may not have understood the differences between the schemes and that the NHS England scheme could be within core hours. The group was assured that all practices received the same information, however recognized that practices could have interpreted the information differently. SS agreed to review the process, the information and coms that had been circulated and to clarify if PCH1 and PCH2 had received the same information and communication.

RESOLUTION: SS agreed to review and confirm what communication had been shared with each practice/groups.

PSCC76 Task and Finish Group – Localities as Commissioners

Mr Khular informed the Committee the Task and Finish Group last met on the 15th November and informed the group of the on-going work taking place at the moment;

- **Practice Budget Statements** – A Meeting has taken place with Medicines Optimisation Team to discuss the inclusion of Medicines Management within these statements and have started to review prescribing enhanced services.
- **Basket Services Costing Template** – there is no single source of provisions for consumable as the costs vary across practices. A meeting has been scheduled to discuss on the 12th January 2017.
- **Practice Level Dashboards** - A demonstration of the practice level view of Aristotle is to be delivered at the next meeting.
- **Local QOF** - Mr Khular has been looking into local QOF schemes developed by other CCGs to inform the development of a local scheme. Details have been requested from All Together Better Dudley Vanguard site and Somerset Practice Quality Scheme.
- **Aristotle** – An overview plan has been developed for embedding the use of Aristotle locally.

Dr Mehta advised in relation to the costing template and the variation of costing's the LMC Buying Group could be a source to use to review and determine an average price for consumables. Mr Khular agreed to review.

RESOLUTION:

Dr Mehta agreed to share details of the LMC Buying Group Information with Mr Khular.

Mr Khular agreed to review the LMC Buying Group information to determine if an average costing for consumables could be identified.

PSCS77 Task and Finish Group – Workforce Development

Mrs Southall shared with the Committee the highlight report for the Workforce Development Task and Finish Group and highlighted the following key points;

- The workforce fayre planning continues and will hold an afternoon session and evening sessions. It was highlighted that Sandwell and Dudley have undertaken a recruitment fayre and it was suggested the group link with them to understand the lessons learnt.
- CPEN project Manager has been recruited and is now in post.
- The possible risks that have been identified by the group include:
 - A lack of suitably qualified mentors resulting in staff having to drop out of courses.
 - Lack of buy in from practices resulting in no support for staff undertaking courses.

It has been highlighted since the report has been written the University have identified that they do have sufficient mentors available to support those nurses who have expressed an interest and this will commence in May/June 2017.

RESOLUTION: Workforce Development Task and Finish Group to make contact with Sandwell and Dudley to understand the lessons learnt from their recruitment Fayre.

PSCS78 Task and Finish Group – Clinical Pharmacists in Primary Care

Mr Birch informed the Committee details of the second wave of funding from NHS England have released in December 2016. This is for practices to bid and apply for funding to help recruit, train and develop more clinical pharmacists to meet the commitment of an additional 1,500 clinical pharmacists in general practice by 2020/21. The deadline to submit applications will be the 9th March 2017 and the successful cohort of practices will be announced in March 2017. VI practices have indicated they will apply for funding and discussions are taking place with PCH1 and PCH2 to review their willingness to put a bid together. However there are concerns with indemnity and how they will employ clinical pharmacists as the clinical pharmacists will be working across different sites and have different employers.

RESOLVED: That the above was noted.

PSCS79 Task and Finish - Primary Care Contracting

Mrs Southall presented in Mr Middlemiss absence the following update;

- The collaborative review visit programme continues with three visits being completed, receiving positive feedback and action plans are being developed. The practices have recognised the benefits of having one visit with all the commissioners.
- It has been confirmed that the revised MOU for the Primary Care Hub is expected mid/end of January 2017.
- A report has been prepared and shared with the Primary Care Joint Commissioning Committee which confirms the intentions to submit their application by the 5th December 2016.
- The programme of work (Implementation plan) has been refreshed and has been shared for information.
- The next meeting will be taking place on the 25th January 2017 and will work to identifying suitable contracting mechanisms for enhanced primary care services (2017/18).
- It was highlighted the following risks would need to be included on the risk register;
 - 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
 - Capacity within the Contracting Team

RESOLVED: That the above was noted.

PSCS80 **Task and Finish Group – Estates Development**

Mr Kalea informed the Committee the group had met on the 7th December 2016 and provided an overview of the progression of work;

- **Locality Hubs** – the plans should have been signed and agreed on the 9th January 2017, however this has slipped until the end of the month as Black Country Partnership did not have the data available. There is potential the timescale of the 1st April 2017 for the North East Locality hub may slip if the agreement is not made. It was queried if this has been escalated to the BCF Programme Board, it was agreed Ms Skidmore would highlight at the BCF Programme Board and Mr Kalea agreed to speak with Andrea Smith.
- **Failed ETTF Bids** – The CCG have written to practices that have failed the EFFT bids and have been advised on alternative options around securing capital for building work.
- **Cohort 1** – There could be a potential to slip from the original March 2017 completion date as NHS Property Services have asked practices to sign full lease of agreements instead of ‘Heads of Terms’ agreement which is what they have been working towards. NHS England are aware of the issues and are happy with the potential deviation in the timescales.

RESOLUTION: Ms Skidmore would highlight at the BCF Programme Board regarding the potential slip in timescales if an agreement is not made regarding the Locality Hub and Mr Kalea agreed to speak with Andrea Smith.

PCSC81 **Task and Finish Group - IM&T Business Intelligence**

Mr Cook provided the Committee the following update on the IM&T Programme of work:

- Wolverhampton LDR Enablement Group have finalised the MOU and Terms of Reference and are being passed through the individual member organisations.
- DXS has been removed from 19 practices with another 2 practices due to have the system removed shortly. They are also looking to update those practices with who still use DXS with version 5.
- WI-FI adopters will go live from next month and will be completed by the end March 2017.
- Work is being undertaken to bid for ETTF funds in 2017/2018. The bid is being developed in collaboration with NHS Walsall CCG to expand on existing Shared Care Record. The bid will be submitted by the end of next week.

RESOLVED: That the above is noted.

GP 5 Year Forward View

PCSC82 Ms Southall informed the Committee two expression of interests for the Practice Resilience Programme have been approved by NHS England and the practices

are due to commence shortly. The practices have agreed to share the high level outputs and lessons learnt as the contract is between the Practice and the provider delivering the programme and elements could be confidential to the practice.

The time for care expression of interests are being reviewed and a bid will be made to NHS England with a view to start the programme summer 2017.

The directory of approved providers for the reception and admin staff training has been identified and three companies are now being approached for quotes.

The CCG have now received the presentation slides from the Practice Manager Event as well as positive feedback from their attendance.

Ms Southall advised the Committee an action plan will be shared at the next meeting for further discussion.

RESOLUTION: Mrs Southall to provide a copy of the Implementation Plan at the next meeting.

STP Update

PCSC83 Ms Southall advised a STP Public Event was held in December 2016 and a further STP (Black Country) Meeting had also taken place to outline the intentions and the plan going forward. The STP had agreed that rather than continue meetings a series of workshops would be organized to share good practice i.e. Diabetes, MDT working and dates would be shared when available.

Mr Hastings informed the Committee the STP HR meeting had taken place and all areas provided an update on their progress made in achieving the Primary Care Forward View. Following discussion the group have decided to focus upon three main areas they will be moving forward upon, these are Engagement, Health and Wellbeing, Equality and Diversity.

RESOLVED: That the above is noted.

Discussion Items

PCSC84 There were no further items for discussion.

Resolution: Any Other Business

PCSC85 There were no items of Any Other Business.

RESOLVED: That the above is noted.

Date of next meeting

Wednesday 8th February 2017 at 12.30pm – 2.30pm in the CCG Main Meeting Room, Wolverhampton Science Park