NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body – March 2017

Agenda item 19

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 programme of work was largely performing in line with predicted timescales however, the committee did receive two exception reports as follows:-

- New Models of Care – Relating to EMIS; functionality to enable shared access to clinical records across Primary Care Home
- IM&T – Development of Text Messaging Solution

Both reports were considered and accepted by the committee and subsequent amendments were being made to the programme of work to reflect the revised timescales.

2.3 The Program Management Office continue to support 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 February, the highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	• Group met in February • Non-clinical support functions review continues to take place in conjunction with Primary Care Home & Medical Chambers • Discussions continue within the group regarding delivery models for improving access at group level and the priority areas each group intend to work towards from the 10 High Impact Actions. • An evaluation report was also received regarding extended access over the xmas & new year bank holiday period.

	• The specification for Risk Stratification had been considered at the Clinical Reference Group and discussions with the Community Matrons Service Lead & Group Leaders was due to take place in March to ensure effective implementation. • Ten high impact actions will be included in the incentive scheme for practices 2017/18 to improve access for patients in line with the new ways of working advocated in the GPFV. Delivery plans are being finalised at group level. • Appointment to the role of Mental Health Project Manager had been secured in February with an anticipated start later in March to focus on Primary Mental Health Care.
Localities as Commissioners	• Alignment of practices with each New Model of Care continues to be monitored by the group. • The Basket Services Review had concluded and the revised arrangements were due to take affect from 1 April 2017. • Local discussions regarding the development of a Quality Outcomes Framework (QoF Plus) had commenced. The Steering Group met for the first time in January and will meet at 4-6 week intervals. The Terms of Reference were agreed & clinical engagement had been identified to review disease/condition specific indicators with a view to developing a series of additional local indicators. • Group level meetings continue to take place with an interface from the CCG for each model of care.
Workforce Development	• Arrangements for the Workforce Fair continue. • Funding for development of nurse mentors in Primary Care was due to be confirmed. • Nurse Facilitator from the CEPN had commenced in post. • Five GP Practices had been confirmed as student nurse placement sites with mentor support from the University. • Four nurses have applied for SLAiP Mentorship Training. • Risks identified in relation to the lack of suitably qualified mentors placing reliance on the University & may result in students having to withdraw from course(s). • A range of educational programmes were underway in response to the GPFV in conjunction with NHS England & Health Education England ie Vulnerable Practice Programme, Practice Resilience Programme, Time for Care, Admin & Reception Training plus Triumvirate

	Leader. • Interface with each Model of Care is also factored into discussion in relation to workforce data & development of staff groups as per the GPFV.
Clinical Pharmacists in Primary Care	• The Task & Finish Group had not met since January. • Work stream Lead highlight report confirmed that each model of care had submitted bids for funding and the outcome was awaited. • 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 was in its final stages. The Task and Finish Group continue to meet and intend to meet early into the new financial year to conclude their activities. • Formal approval for full delegation from NHS England had been received in February. • The final revised offer from NHS England Primary Care (Contracting) Hub is awaited. • Collaborative contract review visits continue to take place, the sixth visit was due to be undertaken on 1 March. An evaluation of the 6 month pilot is planned for later in March. • The maturity & organisational readiness for each model of care was discussed in relation to MCP contracting. • The outcome of GMS Contract Negotiations was acknowledged. The implications will be discussed in further detail in March. • Feedback from recent Kings Fund Event was also shared. • Expressions of interest for End of Life, Zero Tolerance Service & Counselling Services were also underway.
Estates Development	• Contractual implications associated with the South East Locality Hub continue to affect slippage of this work programme. • An independent prioritisation exercise was taking place and expected to take 4-6 weeks to conclude. • Cohort 1 Schemes (ETTF) noted that 3 month slippage as a result of land lease agreements. Assurance had been received to confirm funding remained secure for these developments.
IM&T	• EMIS Remote Consultation meetings for Primary Care Home and PACs were taking place. • Funds had been received for the Early Adopters WIFI Project; completion is due by the end of March 2017. • The Jayex Project had commenced across practices in

	the city. • ETTF bid had been submitted to expand the existing shared care record • Exception report also received regarding the development of text messaging.

2.4 Each task & finish group has a detailed programme of work that was also reviewed by the committee in support of the performance detailed the highlight & exception reports mentioned above.

2.5 Whilst there are risks attached to the delivery of the work programme there are no red risks to report based on discussions upto and including the committee meeting held in February 2017.

3.0 NEW MODELS OF CARE

3.1 There has been slight movement in practice alignment to each model of care in the city during the month of February as follows:-

- Practices not yet aligned to a model of care is was 5 in January, one of these practices has aligned with Medical Chambers and signed their memorandum of understanding leaving 4 practices not yet aligned. Two of these practices are in discussion with Primary Care Home regarding the feasibility of inclusion in Primary Care Home 1 or 2. The remaining practices have been invited to meet with the Head of Primary Care and Chairman to ascertain their intentions.
- One further practice has aligned with the Primary & Acute Care Model (PACs) taking the total to 5 practices & early discussions are taking place other practices who are exploring this option.
- Appendix 1 confirms that latest configuration 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 February where discussion took place in the following areas:-

- General Practitioner Training Programme was agreed for the period April to June.
- Feedback on the outcome of discussions pertaining to Peer Review that had been considered at the Clinical Reference Group
- Extended access scheme & intention to March 2017 and beyond
- Invitations for expressions of interest for co-ordination at group level for counselling services
- CCG Constitutional changes & organisational governance
- Updates were received from each model of care
- Physicians Associate Trainee placements were also discussed

Meetings are held monthly, the next meeting will take place in March 2017.

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 Primary Care Home(s) 1 & 2 continue to provide extended opening via a hub model providing improved access to General Practitioner appointments on Saturday mornings. Patient uptake had continued to increase & patient feedback was positive. Other areas included in their update included:-

- Joint meetings between both Primary Care Home 1 and 2 are taking place to ensure consistency & continuity and the avoidance of replication.
- A Presentation was provided on the Primary Care Home progress to the Members Meeting on the 25th January 2017.
- Service and Pathway development meetings have taken place to agree requirements for Mental Health, Frailty, Clinical Pharmacist and Paediatrics.
- Primary Care Homes Managers Meetings continue to take place regularly.
- Exception report pertaining to EMIS was shared with the committee.
- Documents have been developed such as Caldecott Guardian and Privacy Officer and Information sharing agreements.
- Review of options for extended access as a collaborative approach was due to take place.

The Committee noted progress and accepted the report presented by their Project Manager.

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 were involved in the extended access scheme. An update on activities was provided as follows:-

- Practices had agreed they would prefer to meet at 4-8 week intervals & had met again in January.
- Time for Care priorities were confirmed & an expression of interest was due to be prepared & submitted to NHS England by the Primary Care Team.
- Social Prescribing & development of the Medical Chambers Group had also been discussed by practice representatives.
- A clinical pharmacist bid had been submitted, Intrahealth have offered to act as the employing organisation.
- Extended opening from April has been shared and is being explored in relation to the feasibility of working as smaller groups within localities.
- A visit took place to Erewash CCG to understand their arrangements and how they have moved forward towards MCP.

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. A further practice has confirmed their intention to sub contract from 1 April and practices continue to consider if this model is for them. 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. A further update is due to be provided to the Patient Participation Group Chairs in March 2017.

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 March 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	2.3.17
Public/ Patient View	Pat Roberts	2.3.17
Finance Implications discussed with Finance Team	Claire Skidmore	2.3.17
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	2.3.17
Medicines Management Implications discussed with Medicines Management team	NA	-
Equality Implications discussed with CSU Equality and Inclusion Service	NA	-
Information Governance implications discussed with IG Support Officer	NA	-
Legal/ Policy implications discussed with Corporate Operations Manager	NA	-
Signed off by Report Owner (Must be completed)	Steven Marshall	2.3.17