

WOLVERHAMPTON CCG
Governing Body
11th April 2017

Agenda item 16

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	<p>Provide assurance on progress made towards implementation of the CCGs Primary Care Strategy:-</p> <ul style="list-style-type: none"> • Program of Work Delivery & Governance Arrangements • New Models of Care • General Practice Five Year Forward View Implementation <p>Reports from the committee are provided at monthly intervals to ensure the Governing Body are kept apprised the extent of implementation of the CCGs Primary Care Strategy.</p>
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Four of the Task and Finish groups have reported slippage within their programmes of work. These have been accepted by the Committee and timescales amended. • There are no red risks associated within the delivery of work programme. • The Extended Opening Scheme for Saturday morning appointments has now been extended until the end of March 2017.
RECOMMENDATION:	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> • Receive and discuss this report • Note the action being taken by the committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS &	<ol style="list-style-type: none"> 1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system 2 Reducing Health Inequalities in Wolverhampton :_Improve



<p>OBJECTIVES:</p>	<p>and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions.</p> <p>3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton</p>
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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 March 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 four exception reports as follows: -
- **New Models of Care (Unity)**
 - The leadership roles and organisation structures were due to be completed at the end of February 2017. Although no formal roles have been identified, specific work streams are attracting engagement from a variety of members. The group feel they need to progress with identified priorities and establish roles as work streams evolve.
 - The evaluate data from participating Practices within the extended access scheme was due to be completed at the beginning of February 2017. As the scheme has been extended until the end of March the evaluation will therefore be completed once the additional clinics have finished.
 - The Group were to provide an audit of DNA rates by the end of March, the data continues to be collected along with other practice profile information and will be included for review in April.



- An update/presentation on Active Signposting / Staff training Pilot and the Case review of Paramedics supporting Primary Care discussions will be placed on the April meeting agenda.

- **Workforce and Development**

- Work with Better Care Wolverhampton Programme to strengthen interfaces and develop a local workforce of multi-disciplinary practitioners was due to complete end February 2017, this has not completed due to a change of staff in the Better Care Team.
- Develop a programme to train individuals from Wolverhampton as HCAs and practices nurses. This was due to complete in February 2017, however this is a longer term piece of work and the timescales will need adjusting to account for changes to pre-registration nurse training, higher apprenticeships and newer roles within primary care that need to be set up and then embedded into working practice.
- Develop a programme to encourage and support those living in the area (with suitable qualification but not working or only working part time) to return to work/increase their working hours. This was due to complete February 2017, however a review of the completion date is needed as this has now been identified as a longer-term goal due to the proposed changes as stated above.
- Ensure retention strategies are in place that supports innovative ways of retaining the workforce. This is underway as part of the wider strategy above around development and recruitment.
- Work with neighbouring employers to standardise employment practice and opportunities. This will be in line with wider back office support functions being aligned with Primary Care Home and other models. This is an exception as the slip is due to this work not being able to begin until Primary Care Home models have settled in and newer ways of working are embedded into everyday practice.

- **Primary Care Contract Management**

- Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England. The delay is around preparing contracting plan for primary care in response to practice groupings. As well as ensuring the practice groups are sufficiently prepared to sub contract services where deemed necessary. This is partly due to the relatively recent release of MCP contracts and the associated guidance.
- Review Memorandum of Understanding between NHS/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care Contracting. This has been delayed as the updated Primary Care Hub Memorandum of Understanding has not been issued.

- **Estates Development**



- The three cohort 1 practices that were successful with ETTF bids should have had completed builds by 1 April 2017. Firstly due to the funding allocation taking longer than expected from NHS England and secondly lease agreements from NHS Property Services not being created, this has led to the programmes of work for each practice slipping beyond the original completion date.

Each report was considered and all exceptions were accepted by the Committee with the caveat that timescales for the New Models of Care (Medical Chambers) will be reviewed in May to ensure timely achievement.

2.3. The Program Management Office continues 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 March 2017 and the highlights are captured within the table below:-

Task & Finish Group	Highlights
<p>Practices as Providers</p>	<ul style="list-style-type: none"> • Discussions continue with regards to improved access to Primary Care. It has been identified that some areas of good practice which underpin the High Ten Impact Actions is already taking place. From this an overview plan has been developed to confirm how the 10 High Impact actions will be delivered and a Local Enhanced Service has also been prepared & shared with Group Leaders. • Work regarding non-clinical support functions continues with the Primary Care Home and Medical Chambers Groups to identify their preferred options for provision of each function. The functions include: <ul style="list-style-type: none"> • Legal Services • Human Resources • Mandatory Training • Payroll • Standardised Policies and Procedures • Business Intelligence and Data • Medicine Optimisation and Prescribing Support • Contract Management • Procurement of Goods and Services • The Business Intelligence Team have presented data on GP referrals for the specialities with the greatest volume of activity and variance. This data will form the basis of Peer Review discussions in 2017/18 and a report has been provided to the Clinical Reference Group detailing the revised approach focussing on group level discussions.



	<ul style="list-style-type: none"> • A stakeholder meeting is due to be held to ensure community neighbourhood teams are aligned to groups of practices and a relaunch of Risk Stratification is agreed for 2017/18.
<p>Localities as Commissioners</p>	<ul style="list-style-type: none"> • A presentation was provided at Team W for GPs to hear about the ongoing work taking place in the city regarding 7 day services. • Work continues regarding the development of Practice Level Dashboards. A demonstration has been provided by Midlands and Lancashire CSU Business Intelligence Team on the practice level view of Aristotle. The report domains that can be generated at practice and group level on Aristotle include Contract Monitoring, Performance, High Intensity User Dashboard, Ambulatory Care Sensitive Conditions and Risk Stratification. The prescribing data is held by the Medicines Optimisation Team can also be included within the dashboards. • The Local QOF Steering Group have met and considered a Terms of Reference, meetings will be on a monthly basis. The Steering Group have reviewed other neighbouring CCGs approaches to implementing a local QOF and the intention is to develop a QOF+. Additional indicators are being identified and will be shortlisted in the coming months with a view to implementation during 2017/18.
<p>Workforce Development</p>	<ul style="list-style-type: none"> • Arrangements for the Workforce Fair continue, a has since been secured. • A further cohort for the Triumvirate Leaders Course (Health Education England) is due to commence in September 2017, recruitment is taking place over the coming months. • Work is due to commence with Wolverhampton University and Walsall around the provision of placement sites for Trainee Nursing Associates. • Root Cause Analysis training for all practice managers took on 10th March and a further session is planned for 6th April 2017. • The Committee queried the groups focus on GP training and the delay in the recruitment fair and it was agreed a more in depth report will be provided. • The risk log for the group was also discussed, new risks were identified. • The Head of Primary Care agreed to attend the next meeting to ensure other aspects of the programme of work were progressing accordingly, particularly in relation to general practice workforce.



<p>Clinical Pharmacists in Primary Care</p>	<ul style="list-style-type: none"> • Bids had been submitted for each model of care for funding for clinical pharmacists roles and the outcome had not yet been confirmed. • KPI data collection was being finalised & implementation to be agreed. • Gap Analysis work continues and a database is being kept up to date for practice coverage across the city.
<p>General Practice Contract Management</p>	<ul style="list-style-type: none"> • The Task and Finish Group met on the 1st March 2017. • The CCG issued an invitation for expressions of interest in relation to the Zero Tolerance Service, Primary Care Counselling and End of Life. • Medical Chambers Group were intending to hold an away day in April which will be hosted by Primary Care Commissioning to finalise priorities and direction of travel. • The final revised offer from NHS England primary Care (Contracting) Hub was awaited at the time of the meeting, this was received subsequently on 31 March 2017. • The role of a Primary Care Contracts Manager has been approved by the CCG. This role will lead on the responsibility associated with delegation of Primary Medical Services Contracts. • A meeting is being scheduled between the CCG and Wolverhampton City Council to explore joint procurement options.
<p>Estates Development</p>	<ul style="list-style-type: none"> • The Cohort 1 schemes have been delayed due to the delay in funding allocation from NHS England and lease agreements from NHS Property Services not being created. This has resulted in the programme of work for each practice slipping beyond the original completion date. Meetings are taking place with Practices so that lease agreements can be completed and CCG are providing support with this process.
<p>IM&T</p>	<ul style="list-style-type: none"> • EMIS Remote consultation projects have commenced within all the GP Groups in line with the GPFV Implementation Plan. • The Early Adopters WiFi Project has been completed and WiFi is now live. As the CCG were the first to go live NHS Digital will be visiting the CCG in May 2017. • ETTF Bid for 2017/18 has been submitted, which was in collaboration with Walsall CCG regarding expanding the existing Shared Care Record.



2.4 Each Task and Finish Group has a detailed programme of work that was also reviewed by the Committee in support of the performance detailed in the highlight and exception reports above.

2.5 Whilst there are risks attached to the delivery of this programme of work there are no red risks to report following discussions held at the March committee meeting.

3. NEW MODELS OF CARE

3.1 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.

3.2 The extended opening scheme had been extended until the end of March 2017, funded locally by the CCG. This would enable practices to continue to provide additional appointments to their patients registered with Primary Care Home(s) 1 & 2. A hub model provided on Saturday mornings was demonstrating continued improvement in uptake. Other areas included in their update included:-

- Primary Care Home(s) 1 and 2 meetings have taken place within the month.
- A presentation was delivered by 'Sound Doctor' who provides a collection of information on patient advice, awareness and engagement.
- A number of service and pathway development meetings have taken place to agree requirements for Mental Health, Frailty and Clinical Pharmacists.
- Documentation that has been produced for validation by Primary Care Home(s) include Members agreement, Company accounts spreadsheets, invoicing template, expenses template, purchasing/revenue and costing and service evaluation.
- Primary Care Home(s) 1 and 2 are currently reviewing options for extended access as a collaborative approach across the City. This is with the view to developing an improved access plan to meet the latest NHS England Guidance and directives attached to the 10 high impact actions.

3.3 Medical Chambers are the largest group of practices working together focusing on managing demand, working at scale and identifying opportunities where they can work together to provide services. An update on the activities undertaken within the month is as follows:-

- The second Unity meeting took place on the 2nd March 2017. There was a presentation provided from NHS England on federated working and MCP contracts and a further presentation on Social Prescribing.
- The outcome of the clinical pharmacist bid to NHS England is still awaited.



- An optimisation event with EMIS regarding remote consultations has been arranged for the 5th April 2017.
- The winter pressures increased access has been extended until the end of March 2017. All the Practices have agreed to continue until the end of March and provide data and an evaluation report upon completion.
- A review paper on the proposed changes to the peer review process has been submitted to the Clinical Reference Group. This proposal seeks to agree a number of specialities for review during 2017/18 based on group level reviews. This approach has been agreed in principle.

- 3.4 A smaller cohort of Practices have sub-contracted their general medical services contracts to the Royal Wolverhampton Trust, there are currently 5 practices covering a population of approximately 30,000 patients. Identification of high risk patients and supporting those with long term conditions are current priorities that is resulting in closer working between primary and secondary care.

An induction meeting had taken place with the Trust's Primary Care Directorate Manager who has been invited to attend future Primary Care Strategy Committee Meetings. The trust have been requested to provide a highlight report for the Primary & Acute Care Model to confirm the work they are undertaking and alignment with the citywide CCG Primary Care Strategy.

- 3.5 The committee were also appraised of the new arrangements for Zero Tolerance. A newly procured service was due to commence in the city in April, in accordance with the CCG's fully delegated status. The new provider was due to be announced early in April.
- 3.6 The committee also considered a locally developed implementation plan in response to the General Practice Forward View. The plan had been submitted to NHS England for final approval however, the committee noted the content and programme of work & associated funded attached to successful implementation of the forward view.

4. CLINICAL VIEW

- 4.1. There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven. Clinical representation at many Task and Finish Groups takes place on a regular basis.

5. PATIENT AND PUBLIC VIEW

- 5.1. 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.

- 5.2. An update on Primary Care was provided to the Patient Participation Group Chairs in March, whilst this was welcomed they have requested further clarity regarding their involvement in the future in discussions with their respective models of care/practice groupings. Therefore, arrangements are being made for each group of PPG Chairs to meet with the CCG and the Group Lead(s) to discuss how this will be achieved and to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients.

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.



Name Sarah Southall
Job Title Head of Primary Care
Date 3 April 2017

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		
Public/ Patient View	Pat Roberts	3.4.17
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	3.4.17
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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Steven Marshall	3.4.17

