

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Wednesday 8th February 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
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 Reehana	Locality Lead, 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)
Jane Woolley	PMO Lead, WCCG
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

Declarations of Interest

PCSC86 Dr Kainth and Dr Reehana declared as GP's their interest they had a standing interest in all items related to primary care.

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

Apologies for absence

PCSC87 Apologies were submitted on behalf of Sharon Sidhu, Helen Hibbs, Vic Middlemiss, Steven Marshall, Manjeet Garcha and Andrea Smith.

Minutes and Actions

PCSC88 The minutes of the previous meeting held on 11th January 2017 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

PCSC89 No further items were raised.

RESOLVED: That the above was noted.

Risk Register

PCSC90 A) Risk Register Report Datix

Mrs Southall presented the risk register to the Committee and highlighted there were no red risks to escalate to the Committee.

B) Summary of Risk Logs

The risk logs of the following Task and Finish Group were shared with the group;

- Localities as Commissioners
- Primary Care Contract Management
- Capital Review Group/Strategic Estates Forum
- Workforce and Development

Ms Woolley queried the process for risk reporting to ensure all of the Task and Finish Groups were consistent with their reporting. It was agreed each Task and Finish Group need to have their individual risk logs as not all programme risks are scored high enough to be placed onto Datix, however need to be recorded and monitored by the Groups. Those risks which have been agreed as a score 15-25 need to be recorded onto Datix as well as Task and Finish Groups risks which are deemed a high risk but not scoring red (15-25).

RESOLUTION: All Task and Finish Groups need to record all individual risks on their risk logs in order for risks to be recorded and monitored.

Performance

PCSC91 Implementation Plan

Ms Russell informed the Committee of the Implementation plan timescales heading has been moved to cover the reporting period from December 2017 to March 2018. The implementation timescales heading will be moved per quarter to provide a more reflective view of the programme of work.

Ms Russell highlighted the following points for the committee to note;

- PCS011 confirmation this piece of work has been completed.
- Practice as Providers (5a) has now commenced and work is being progressed.

Ms Russell highlighted that she continues to meet with the Task and Finish Group Leads to work through the individual plans most of the projects are due to commence from April 2017 and will continue to be monitored.

There were two exceptions reported within the month. The two exception reports were around the following;

- New Models of Care – Relating to EMIS System providing the functions to allow shared records within Primary Care Homes.
- IM&T – Developing of existing text messaging solution.

Once the timescales have been agreed by the Committee then the implementation plans will be updated.

RESOLVED: That the above was noted.

Task and Finish Groups

PCSC92 Task and Finish Group - Practice as Providers

Mr Khular informed the Committee the Task and Finish Group Meeting took place on the 17th January 2017 and the following was a summary of the discussions that took place;

Improved Access to Primary Care – meetings have taken place with Primary Care Home and Unity Practices to identify which ten high impact action initiatives would be deliverable over a short, medium and long term. A two year incentive scheme has been developed to deliver this piece of work. Discussions took place around those Practices within vertical integration and ensuring the Practice partners are involved and sighted on this piece of work in order to provide a collective view.

Non-Clinical Support Functions – the schedule will be taken to Primary Care Home and Unity Groups for consideration on their preferred options for provision, the non-clinical functions are:

- Legal services
- Human Resources
- Mandatory Training
- Payroll
- Standardised Policies and Procedures
- Business Intelligence and Data
- Medicines Optimisation and Prescribing Support
- Contract Management
- Procurement of Goods and Services

Mr Birch queried why medicines optimisation had been included as non-clinical, Mr Khular agreed to share his rationale via discussions outside of the meeting with Mr Birch.

Aristotle/Risk Stratification – A risk has been identified at Task and Finish Group level regarding risk stratification as there are concerns that there is limited capacity within the Community Matron service to deliver the input into practice MDTs as specified within the DES and local progression of Risk Stratification. A meeting will be taking place to consider the progress made with Risk Stratification to date and to agree the next steps required to ensure that risk stratification is owned between stakeholders and embedded in practice.

RESOLUTION: Mr Khular agreed to why medicines optimisation had been included as non-clinical function and report back to Mr Birch.

PSCS93 New Models of Care (Primary Care Home)

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

- Joint Primary Care Home 1 and 2 meeting took place on the 12th January 2017.
- 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 Meeting took place on the 17th January 2017.
- EMIS did not go according to plan and an exception report has been provided, however it will not hinder the overall piece of work.
- Primary Care Home 1 and 2 draft documents have been developed such as Caldecott Guardian and Privacy Officer and Information sharing agreements.
- Primary Care Home 1 and 2 groups have agreed to review options for extended access as a collaborative approach.

Mr White presented the Exception Report to the Committee, which outlines the exception against the plan of the New Models of Care project. This is in relation to the Primary Care Home set up and the IT element plan reference number 2.5.1 System Access and Compatibility. The consequences and impact are minimal and actions have been taken to recruit an interim IT Project Manager to support the programme of work. The programme of work was due to be completed by week commencing 6th February 2017 and it is anticipated the work will now complete week ending the 27th February 2017. The Committee noted and agreed the new programme timescales.

RESOLVED: That the above was noted.

PCSC94 New Models of Care (Medical Chambers)

Mr Nash provided the following update on the progress made with New Models of Care for the Medical Chambers Group;

- First Unity meeting took place on the 24th January 2017, where they reviewed the Time for Care priorities and they have identified six out of the ten to take forward. It was agreed they would continue to hold monthly meetings.
- Social Prescribing Project Manager will be presenting at the next Unity meeting.
- A clinical pharmacist bid will be submitted the 10th of February 2017, which 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.

RESOLVED: That the above was noted.

PSCC95 Task and Finish Group – Localities as Commissioners

Mr Khular gave an update to the Committee on the work that is being progressed against the programme of work highlighting the following;

7 Day Working – The CCG’s action plan focuses on the relevant clinical standards i.e. patient experience, mental health, transfer to Primary, community and social care plans quality improvements.

Each standard has a series of actions, the Trust (RWT) have a similar plan for the remaining standards and both plans are monitored via the 7 Day Service Monitoring Group with NHS England.

Practices would be required to consider as they provide services i.e. improving access 2017-2019 although recognition was given to some practices who were already offering appointments on Saturdays.

Basket Services Costing Template - This has now been finalised and the template was presented to the Clinical Reference Group on the 24th January and shared with LMC. It will also be going to the Commissioning Committee at the end of the month.

Practice Level Dashboard - These are being developed at a group level, feedback from groups had been encouraged.

Local QOF – A local QOF has been formed and meeting will be taking place on the 2nd February 2017 to review disease/condition specific indicator sets, with a view to developing a series of locality defined indicators.

RESOLVED: That the above was noted.

PSCS96 Task and Finish Group – Workforce Development

Mr Khular provided a summary on behalf of Ms Garcha in her absence of the discussions that have taken place at the Workforce and Development Task and Finish Group. The key points highlighted to the Committee were;

- Workforce fayre planning continues with an evening and afternoon session being organised.
- Funding for development of nurse mentors in Primary Care of £30,000 is to be confirmed.
- The Nurse Facilitator from CEPN has now commenced within Primary Care.
- Five GP Practices have been confirmed as student nurse placement sites for University of Wolverhampton with 7 mentors across all the sites.
- There are 4 nurses who have applied for SLAiP mentorship course.
- The risks that were identified are:
 - 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 was agreed Mr White and Mr Nash would feedback to the New Models of Care Groupings regarding the risk from the Workforce and Development Task and Finish Group.

RESOLUTION: Mr White and Mr Nash would feedback to the New Models of Care Groupings regarding the risk from the Workforce and Development Task and Finish Group.

PSCS97 Task and Finish Group – Clinical Pharmacists in Primary Care
 Mr Birch informed the Committee vertical integration and other some other practices within Primary Care Homes have submitted bids for funding new clinical pharmacist roles. The KIP's are being developed and a gap analysis is being recoded on a database which is being updated. Mrs Southall highlighted it would be helpful to know those practices who are not involved within the bidding process.

RESOLVED: That the above was noted.

PSCS98 Task and Finish - Primary Care Contracting
 Mrs Southall provided the reports update on behalf of Vic Middlemiss and stated that the last meeting took place on the 25th January 2017. The group discussed the membership and the opportunities for shared learning between the Local Authority and CCG. There was an update given on the Primary Care Groupings and the group was made aware of the recently published documentation on MCP contracts. It was highlighted work has been undertaken to complete a state of readiness for bids from a practice groupings point of view, which will help to form commissioning/contracting perspectives.

The Collaborative Contract Review Visit Programme remains on track with three visits now complete with a fourth taking place at the end of February 2017. The feedback has been positive and an evaluation will be undertaken and a report provided at the April Committee Meeting.

RESOLUTION: Collaborative Contract Review Visit Programme Evaluation Report to be shared at the April 2017 meeting.

PSCS99 Task and Finish Group – Estates Development

Mr Kalea provided the following overview of the work and discussion taking place against the Estates Programme of work and the key points were noted;

- **Locality Hubs** – the South East Locality hub location is currently under review due to NHS England Property Services contractual issues regarding land ownership.
- **ETTF Bids** – an independent prioritisation exercise is underway and will take 4/6 weeks to complete. This will highlight where the priorities are within Wolverhampton and a paper with recommendations will be taken to relevant Committees and the Governing Body for a decision.
- **Cohort 1 Schemes** – It was reported there is potentially a three month slippage due to the need for lease agreements being signed by each Practice. Ms Skidmore asked if assurance has been sought from NHS England Property Services if they will be ring-fencing the money for these developments, It was confirmed they have provided assurance the funding is secure.

RESOLVED: That the above is noted.

PCSC100 Task and Finish Group - IM&T Business Intelligence

Mr Cook provided an update on the IM&T Programme of work and highlighted the following key points;

- The CCG have now received the funds from NHS Digital for early Wi-Fi adopters. Installations have continued across Wolverhampton and the phase one practices went live on the 30th January 2017, in advance of a full go live later in March 2017.
- The EMIS remote consult meeting has taken place and work is being undertaken with the vertical integration project manager to set up meetings to take place to get EMIs online set up within these practices.
- The JAYEX project has started to be rolled across Practices.
- ETTF Bid for 17/18 has been submitted regarding expanding existing shared care record.

Mr Cook presented an exception report on the exception against plan for development of existing Test Messaging Solution. The project has been delayed from the initial start date of the 1st December 2016 until the 1st April 2017. This is due to additional functionality not being available yet through the NHSMail contract with EE. It was highlighted work with partner organisations and suppliers continue to ensure that the solution can be implemented as soon as the functionality is made available via EE and NHSMail. Ms Woolley queried if the

project will still remain as a 32 week project from the 1st April, Mr Cook confirmed it would still continue as a 32 week project.

RESOLVED: That the above is noted.

PCSC101 GP 5 Year Forward View

Mrs Southall presented an update on the training programmes associated with the General Practice Forward View and the progress made to date against the programs that have commenced. The CCGs General Practice Forward View Implementation Plan has been developed and shared with NHS England who have rated the plan as an amber/green and have asked the CCG to provide more detail regarding investment. The plan has to be re-submitted the 24th February following sign off by the Executive Team and a final version will be provided at the March Committee Meeting.

RESOLUTION: Final General Practice Forward View Implementation plan will be shared at the March Committee Meeting.

Discussion Items

PCSC102 A) Evaluation Report PCH Group Working Pilot (Christmas and New Year)

Mr White informed the Committee that 5 Practices took part in the pilot with a mix of provisions offered at each practice. The final service offered up to 655 GP and 75 nurse appointments over the 5 day period between Christmas and New Year. For the duration of the pilot Practices dealt with 465 patients of which 446 were GP appointments and 19 were for nurse appointments. The breakdown of costs for each practice was outlined by day and the overall scheme covering the 5 practices cost £40, 34.56.

Mr White stated a patient satisfaction survey exercise was undertaken with 138 feedback forms returned out of the 465 patients which showed an positive response. It was highlighted that one of the questions asked “If you did not use this service what would you have done”, the responses were as follows;

- Wait for your own GP to open – 44.2%
- Attend A&E – 28.3%
- Ring 111 – 15.9%
- See a pharmacist – 5.1%
- No response – 4.3%
- Other – 2.2%

Discussion took place regarding patient behaviors and of those who would have waited to be seen a GP did they need to be seen and could they be reeducated as to where they can be referred too. It was requested if the GPs could be asked of those patients they did seen if based on their clinical judgment did they really need to be seen by a GP.

RESOLUTION: Mr White to seek feedback from the 5 practices regarding patients they did see within this period and whether in their clinical opinion they did need a GP appointment.

B) Zero Tolerance Specification and Commissioning Intentions

Mrs Southall presented to the Committee the revised service specification in anticipation of the CCG assuming commissioning responsibilities for primary care services from 1st April 2017.

The current service provider's contract is due to end on 31st March as per commissioning arrangements with NHS England.

The new draft service specification has been considered by the Primary Care Operational Management Group in January 2017 and Primary Care Joint Commissioning Committee in February 2017 and agreed in principle, noting that the following subsequent actions were taking place:-

- Seek approval from Primary Care Joint Commissioning Committee to identify a suitable alternative provider of services
- Commence expressions of interest from suitable providers of service(s) given that the value of the scheme is below £20,000 (currently funded by NHS England £15,000) with oversight from the CCG Contracts Team
- Award of contract to a suitable provider will be in line with the CCG and NHS Procurement Rules
- A policy and procedure will also be developed to coincide with the service specification based on NHS England guidance and best practice.

Mrs Southall highlighted the Primary Care Operational Management Group will continue to have oversight of the service and policy as well as receiving assurance on provision and suitability of service provision.

A meeting with the current provider will be taking place to ask if they will continue until the successful bidder has been awarded with the contract.

The Committee acknowledged the revised specification and agreed with the report's recommendations.

RESOLVED: That the above is noted.

Any Other Business

PCSC103 Ms Russell shared with the Committee the revised Committee dates which have been moved to the third Thursday of each month to accommodate the Chairs availability. It was highlighted that reports for meetings going forward need to be sent to Liz Hull who will be collating the papers for the meeting.

RESOLVED: That the above is noted.

Date of next meeting

Thursday 16th March 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room,
Wolverhampton Science Park