

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

Minutes of the Primary Care Strategy Committee

Held on Thursday 16<sup>th</sup> March 2017

Commencing at 1pm in the CCG Main Meeting Room, Wolverhampton Science Park,  
Glaiser Drive, Wolverhampton

**Present:**

Sarah Southall	Head of Primary Care, WCCG (Vice Chair)
Dr DeRosa	Chair of Governing Body, WCCG
Claire Skidmore	Chief Finance & Operating Officer, WCCG
Mike Hastings	Associate Director of Operations, WCCG
Vic Middlemiss	Head of Contracting & Procurement, WCCG
Jane Worton	Primary Care Liaison Manager, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Dr Mehta	LMC Chair
Stephen Cook	Senior IM&T Project Manager, WCCG
Dr Reehana	Locality Lead/New Models of Care Representative, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Barry White	New Models of Care Project Manager, WCCG
Jason Nash	New Models of Care Project Manager, WCCG
Laura Russell	Primary Care PMO Administrator, WCCG
Liz Hull	Administrative Officer, WCCG

**Declarations of Interest**

PCSC104 Dr DeRosa, Dr Kainth, Dr Mehta and Dr Reehana declared their interest, as GP's in all items related to primary care. However, as declarations did not constitute a conflict of interest, they all remained in the meeting whilst these items were discussed.

**Apologies for absence**

PCSC105 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Andrea Smith, David Birch and Sharon Sidhu.

**Minutes and Actions**

PCSC106 The minutes of the previous meeting held on 8<sup>th</sup> February 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**

PCSC107 Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee:

The Committee was informed that the report was accepted at the Governing Body Meeting on Tuesday 14<sup>th</sup> March 2017.

**RESOLVED: That the above was noted.**

## **Risk Register**

PCSC108 Risk Register Report Datix:

Mrs Southall presented the Risk Register and reported that there were no red risks to escalate to the Committee.

Summary of Risk Logs:

Risk logs for the following Task and Finish Groups were reviewed by the Committee:

- Capital Review Group / Strategic Estates Forum
- Primary Care Project Management
- Localities as Commissioners
- Clinical Pharmacist in Primary Care
- Workforce Development – concerns were raised in relation to the lack of risks included.

**RESOLUTION: All Task and Finish Groups to ensure that risk log colour coding is correct.**

## **Performance**

PCSC109 **Strategy Implementation Plan**

Ms Russell provided the Committee with an update in relation to the Strategy Implementation Plan and the following key points were noted:

- Exception reports to be tabled for New Models of Care, Workforce Development, Primary Care Contract Management and Estates Development.
- New Models of Care – most of the key objectives will be delivered in 2017/18.

- Practices as Providers – a number of objectives are on schedule to be complete by the end of March, with the remaining objectives being carried forward for completion into 2017/18.
- Localities as commissioners – objectives to be carried forward into 2017/18.
- Workforce Development – Slippage has been identified in the low level plan and this will be monitored, exception report available.
- Clinical Pharmacists in Primary Care – the plan is on target and objectives to be achieved in 2017/18.
- Primary Care Contract Management – a number of objectives are scheduled to be complete by the end of March and a review will be undertaken with the Group leads to look at objectives going forward.
- Estates Development – There has been some slippage for 2016/17. Larger pieces of work will be carried forward into 2017/18.
- IM&T Business Intelligence – Progressing into 2017/18.
- GP 5 Year Forward View – a separate programme of work is being compiled, activities are underway and objectives will be mapped to the Primary Care Strategy Programme of Work for consideration at a future meeting.

**RESOLVED: That the above was noted.**

## **Task & Finish Groups**

### **PCSC110 Practice as Providers Task & Finish Group**

Mr Khular provided the Committee with a summary of discussions that took place at the Task and Finish Group on 14<sup>th</sup> February 2017. Key points were noted as follows:

- Improved access to Primary Care – 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 to further define this. Discussions have established that some of the good practice that underpins the High Impact Actions is already taking place. Therefore, the first phase will involve setting a baseline.
- Non-Clinical Support Functions – Work is being undertaken with the Primary Care Home and Medical Chambers Groups to identify their preferred options for provision of each function, which are:
  - 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

A more in depth update to be provided at the next meeting.

- GP Peer Review – A discussion has taken place with BI with regards to the presentation of data on GP referrals for the specialities with the greatest volume of activity and variance across the following 4 quadrants:
  - Quadrant 1 – low referrals / low conversion
  - Quadrant 2 – low referrals / high conversion
  - Quadrant 3 – high referrals / high conversion
  - Quadrant 4 – high referrals / high conversion

This data will form the basis of Peer Review discussions in 2017/18 and the Committee was advised that a paper was presented to the Clinical Reference Group to propose a way forward. Practice groupings are considering forming sub groups at which Peer Reviews can be completed.

- Asthma / COPD Enhance Review – The Committee was informed that coding issues have been identified. However, positive feedback has also been received which can be utilised going forward.
- Aristotle / Risk Stratification – A stakeholder meeting is in the process of being arranged to consider progress made with Risk Stratification to date and to agree next steps to embed in practices. The meeting will include PCH1, PCH2, Unity, RWT and Social Care. The Committee will be provided with feedback at the next meeting.
- New Consultation Types – An options appraisal is expected at the IM&T Task and Finish Group.

**RESOLUTION: Mr Khular to provide a more in-depth update, at the next meeting, in relation to the Non-Clinical Support Functions.**

**PCSC111 New Models of Care (Primary Care Home) Task & Finish Group**

Mr White presented an update to the Committee as follows:

- Work continues on the Gap Analysis of the work required to enable the formation, implementation and operation of Primary Care Homes within Wolverhampton CCG.
- Engagement with task and finish groups is on-going.
- Primary Care Home 1 and 2 meetings have taken place.
- Patient engagement and self-health care development – a presentation was delivered by the ‘Sound Doctor’ who provided information on what can be provided in the form of a suite of patient advice, awareness and engagement videos. A business case has been drafted.
- Clinical Pharmacists for PCH1 and PCH2 – submissions were made on 10<sup>th</sup> February and a decision is still awaited.
- Individual electronic folders for the PCH groups are up and running on the W drive.

- Extended hours covering Christmas / New Year and Saturday - An extension has been provided until the end of March. This includes an additional extended service in each locality (1 site per locality) which would provide 72 additional appointments across 3 sites on Saturday mornings.
- Service and pathway development meetings have taken place to agree progress requirements for Mental Health, Frailty and Clinical Pharmacist.
- The PCH2 Practice Managers Meeting is due to take place on 23<sup>rd</sup> March. Work continues to develop:
  - Resource lists for PCH1 and PCH2
  - IM&T requirements
  - Administration governance
  - Meetings and operational control
  - Practice Manager and staff engagement and understanding
  - Patient engagement and involvement
  - 10 point High Impact Action Plan
  - Back office support functions requirements
  - Use of Community Matrons
- EMIS sharing requirements:
  - Costs will be validated by IM&T colleagues.
  - A workshop took place on 27<sup>th</sup> January 2017 and the outputs will be communicated to Practice Managers.
  - The logistics of training days are yet to be identified.
  - Policies, procedures and management documentation – a suite of documentation to meet PCH requirements. Currently, the following documents have been produced for validation by PCH's:
    - Members agreement
    - Company accounts spreadsheet
    - Invoicing template
    - Expenses template
    - Purchasing/revenue spend application process and documents
    - Templates for costing and service evaluation
- Work is taking place with Practice Managers from PCH1 and PCH2 to develop and plan requirements and deliverables.
- Newsletters for PCH1 and PCH2 which will also be shared with CCG employees

**RESOLUTION: Mr White to ensure that a copy of the newsletter is circulated with the minutes.**

#### PCSC112 **New Models of Care (Unity) Task & Finish Group**

Mr Nash referred the Committee to a highlight report and key points were noted as follows:

- Unity Meeting – the second meeting took place on 2<sup>nd</sup> March 2017 and focused federated working / MCP contracts, hub working and social prescribing. Updates were also provided at the meeting with regards to Admin

/ Reception training, a Peer Review proposal and Risk Stratification & Community Neighbourhood Teams.

- PCC Opportunity – A workshop will take place on 27<sup>th</sup> April 2017 to help Unity develop a cohesive vision and clarify how they can play a part in the development of the MCP model.
- Peer Review Proposal – A paper was submitted to the Clinical Reference Group following a review of the peer review process. The proposal seeks to agree a number of specialities for review during 2017/18.
- Clinical Pharmacist – Intrahealth submitted a bid on behalf of the group. If successful, Intrahealth will be the employing organisation and hold an SLA with each participating practice. The bid seeks to establish 5 clinical pharmacists to become integral parts within general practice, covering a registered population of 59, 800 patients. The outcome is still awaited.
- Extended Opening – To support the implementation of extended opening across all Unity practices, a proposal has been distributed to the group that suggests splitting into 3 geographical hubs that will seek to deliver care close to the patient's home. Concerns were expressed by members of the Committee because it is the view of NHS England that practices with half day closing are unable to participate in extended opening. It was therefore agreed to build contractual changes in schemes and recognise as a risk (Action: RK).
- Remote Consultations – A demonstration had been arranged directly with EMIS for 5<sup>th</sup> April 2017 and invites have been sent to practices. MH reiterated the importance of working in close collaboration with the IT Team at the CCG.
- Winter Pressures Increased Access – Extended for a number of practices until the end of March.
- Simple Dressings / Wound Care – The group have been asked to consider delivering group wide wound care to resolve difficulties with waiting times and RWT being unable to refer patients for follow up treatment to Vocare post discharge. Initial feedback is concern over the increasing expectations on general practice. Dr Bush has agreed to look at confirming further capacity and a number of other practices have similarly indicated.
- End of Life Identification (EOI) – A meeting took place recently between Karen Evans and Dr Kam Ahmed who had highlighted concerns in relation to this. Feedback from that meeting will be obtained.

**RESOLUTION: Mr Nash to ensure that the Risk Log is updated to recognise contractual changes as a risk.**

**Ms Southall to send Dr Mehta the national guidance in relation to appointment times, contained within the 5 Year Forward View Plan.**

**Mr Cook to attend the next Unity Meeting.**

### PCSC113 **New Models of Care (Unity) Exception Report**

Mr Nash presented the Committee with an exception report in relation to slippage for the following areas of the implementation plan:

- Confirmation of leadership roles / organisation structure
- Evaluation of data from participating practices once extended access scheme has been completed
- Audit of DNA rates
- Update / presentation on Active Signposting / Staff training at Penn Manor
- Case reviews of Paramedics supporting Primary Care

**RESOLUTION:**     **The Committee approved the proposed revised timelines with the caveat that this should be re-considered if the need arises.**

### PCSC114 **Localities as Commissioners Task & Finish Group**

Mr Khular provided the Committee with an update and highlights were noted as follows:

- 7 Day Working
  - A patient engagement event was due to be held by the trust and a presentation will be delivered to GPs at the next Team W event on 22<sup>nd</sup> March 2017.
- Practice Level Dashboards:
  - A demonstration of the practice level view of Aristotle was delivered by Midlands and Lancashire CSU BI Team.
  - Reports that can be generated at practice and group level on the various domains within Aristotle include Contract Monitoring, Performance, High Intensity User Dashboard, Ambulatory Care Sensitive Conditions and Risk Stratification
  - Data in relation to prescribing is held by the Medicines Optimisation Team, which can also be included in the dashboards.
- Local QOF
  - The Steering Group has met and meetings will be held at monthly intervals.
  - A Terms of Reference has been considered.
  - A review of national indicators is currently taking place.
  - Dudley CCG's approach to implementing a local QOF has been reviewed. Their process took 2 years to agree, with input from NHS England and the CQC. All indicators are reported against a specific function within EMIS.
  - NHS England (Contracting) will be part of the group, along with Dr Ahmed from Medical Chambers.
  - The intention is to develop a QOF+ rather than suspend the national QOF fully. Additional indicators are being identified & will be shortlisted in the coming months with a view to implementation thereafter.

- Risk Stratification
  - A stakeholder meeting has been arranged to consider progress made to date and to agree next steps to ensure that risk stratification is embedded in practices. The meeting will involve representation from PCH1 and 2, Unity, RWT and Social Care and colleagues responsible for the Community Matron Service.

**RESOLUTION:** Mr Khular agreed to liaise with the LMC to ensure that they are included in the Local QOF Steering Group.

PCSC115 **Workforce Development Task & Finish Group**

In Ms Garcha's absence, the Committee reviewed the report submitted by Ms Garcha and the following queries were noted:

- Why is there no mention of GP recruitment?
- When is the recruitment fayre taking place?
- Is there a compelling vision about what is to be achieved?

**RESOLUTION:** Ms Garcha is required to provide a more in-depth report to include a stronger focus on what the fayre is going to include, how it will be delivered and when.

**Ms Garcha to ensure that the Risk Log is accurate.**

**Ms Southall to attend the next Task & Finish Group.**

**Ms Hull to circulate information from the Advisory Board with the minutes.**

PCSC116 **Clinical Pharmacist in Primary Care Task & Finish Group**

Mr Birch had sent apologies, therefore the Committee reviewed the report in his absence. It was noted that:

- A bid has been submitted for funding by PCH1 and 2, VI and Intrahealth (on behalf of Unity).
- A KPI data collection form is still in the process of being developed.
- The Gap Analysis database is being kept up to date.

**RESOLUTION:** The Committee accepted the report in principle and Ms Skidmore and Ms Southall agreed to explore, outside of the meeting whether this T&FG should remain separate to the Workforce T&FG.



## PCSC117 Primary Care Contracting Task & Finish Group

Mr Middlemiss summarised the Primary Care Contracting Task and Finish Group highlight report as follows:

- Implementation Plan:
  - There is slippage for 3 areas and other areas are complete or in progress.
  - Discussions have focused on Primary Care Contracting update, development of new models of care, contracting support via the PC Hub / progression to full delegation, and risks / issues.
- Primary Care Contracting Update - The CCG have circulated expression of interest opportunities in relation to:
  - Zero Tolerance Scheme for violent patients
  - Primary Care Counselling
  - End of Life
- Development of Models of Care:
  - Members of the CCG recently attended a conference, hosted by the King's Fund. Feedback from this is that an options appraisal is recommended to determine the best MCP contracting model for the service model being commissioned. It is also recognized that VAT implications are a key issue for Primary Care Groupings with regards to VAT liability facing non-NHS bodies. A review is taking place by the Treasury in relation to this.
  - Medical Chambers Group is holding an Away Day in April, hosted by Primary Care Commissioning and it is hoped that this will provide an opportunity for shared learning.
- Preparing for Full Delegation:
  - The CCG is still awaiting release of the latest iteration of the Primary Care Hub MoU.
  - The CCG has approved a new post – Primary Care Contracts Manager, which will lead on the responsibility associated with delegation of Primary Medical Services commissioning.
- Task & Finish Group Actions:
  - A meeting will take place to explore joint procurement options between the CCG and Wolverhampton City Council.
  - Mr Middlemiss will review the Kings Fund Conference presentations to determine if some of the slides can be shared with the Task and Finish Group.
  - Additional risks to be included on the Risk Register.

**RESOLVED:**        **The Committee noted the update provided.**

## PCSC118 Primary Care Contracting Exception Reports

Mr Middlemiss referred to 2 exception reports as follows:

- Exception Report 1 Delay in the release of the updated Primary Care Hub MoU – a number of mitigating controls have been put in place to ensure that the CCG is as fully prepared as possible for full delegation in the absence of a MoU.

- Exception Report 2 Delay associated with the implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England – specific areas of the delay are:
  - Preparation of a contract plan for Primary Care in response to practice groupings.
  - Preparedness of practice groups to sub contract services where necessary.

**RESOLUTION:** The Committee noted both exception reports and requested that a milestone review should take place in May 2017.

**Mr Middlemiss should include the Maturity Model (Self Assessments) as an agenda item for the Task and Finish Group Meeting.**

**Mr Middlemiss to note that the next meeting of this group overlaps with the meeting for Practices as Providers.**

#### PCSC119 **Estates Development Task & Finish Group**

Mr Kalea updated the Committee with highlights from the Estates Development Task and Finish Group:

- Locality Hubs:
  - North East - A piece of work is being undertaken to identify land.
  - South West – RWT have advised that West Park will be an interim hub.
  - South East – Issues with a plot of land and information is still awaited and other options exist.
- Cohort 1 Schemes:
  - The three Cohort 1 practices that were successful with ETTF bids should have had completed builds by 1<sup>st</sup> April 2017. The delay in funding allocation from NHS England and lease agreements from NHS Property Services not being created has led to the programmes of work for each practice slipping beyond the original completion date.
  - Meetings are taking place with practices so that the lease agreements can be completed with CCG support.
  - Further meetings with NHS Property Services are in place to ensure practices are kept up to date on progress in relation to sign off of the agreements and planned start dates for building works.
  - Mr Kalea confirmed that the CCG has been provided with confirmation that money for Cohort 1 Schemes is protected

**RESOLUTION:** The update was noted by the Committee.

**Mr Kalea to obtain confirmation from Property Services by the end of the month.**

PCSC120 **IM&T Business Intelligence Task & Finish Group**

Mr Cook joined the meeting to share highlights of the IM&T Business Intelligence Task and Finish Group with the Committee:

- Wolverhampton LDR Enablement group has finalised the MoU and ToR, which is now being shared with the Boards of member organisations and it is planned to be a single document going forward.
- Wi-fi is now live.
- The NHS digital visit has been delayed until May.
- EMIS remote consult projects are in progress for all of the GP groups.
- The ETTIF JAYEX (auto arrival solution) project has started and the replacement of equipment has started.
- ETTIF Bid for 2017/18 has been submitted. The bid is developed in collaboration with Walsall CCG and would look to expand on the existing Shared Care Record. We are currently waiting to see if this has been agreed.

**RESOLVED:**           **The Committee noted the update provided.**

PCSC121 **General Practice Forward View Implementation Plan 2017-19**

Ms Southall presented an update report to the Committee and it was noted that:

- Further guidance issued by NHS England identifies Primary Care as a must do area for local operational plans 2017-19. In December 2016 the CCG submitted an outline delivery plan to NHS England for consideration.
- Wolverhampton's General Practice Forward View is being shared with a range of other forums, including:
  - Primary Care Operational Management Group
  - Senior Management Team
  - Governing Body
- Regular assurance reports on the programme of work will be overseen by the Primary Care Strategy Committee from April 2017 and shared periodically with the above forums as well.

**RESOLUTION:**   **Ms Southall agreed to send the General Practice Forward View Implementation Plan to each practice with a covering email.**  
**Ms Southall to raise the issue of bulletins not being updated on the Intranet with the Comms Team.**

PCSC122 **Discussion Items**

**Zero Tolerance & Commissioning Intentions**

Ms Southall presented to the Committee a report that summarised progress made in relation to the Zero Tolerance Service Specification, current provider performance and policy development.

The Service specification was approved at the Joint Commissioning Committee in February 2017 following prior consultation with members of the Primary Care

Operational Management Group. It has been shared with Wolverhampton member practices for expressions of interest to provide the service from April 2017.

The current service provider's contract is due to end on 31<sup>st</sup> March 2017 as per commissioning arrangements with NHS England, although agreement has been confirmed to continue until a suitable alternative provider is identified. A service review was undertaken during February, with the current contract holder, the CCG and NHS England. There are currently 12 patients registered with the service, all receiving care from the provider in line with the existing contract with NHS England. There were no major concerns identified during the service review.

A new Zero Tolerance CCG policy has been prepared based on guidance available from NHS England to enable the new service to be managed effectively by commissioner and provider. The Committee was asked to note the processes defined within the policy that are being used locally in the absence of any previous iterations of a CCG policy. The processes enable stakeholders to manage appeals, complaints and operational difficulties that may have arisen.

The Committee was informed that the Service Specification and Policy have both been agreed in principle.

**RESOLVED: The Committee noted the contents of the report.**

**PCSC123 Any Other Business**

Dr DeRosa's – Ms Southall advised the Committee that this would be Dr DeRosa's last meeting and thanked him for all the input that he has made. Dr DeRosa was also wished well for the future.

**RESOLVED: That the above is noted.**

Primary Care Strategy Communications Plan – It was agreed that the Communications Plan should be included on the agenda at the next Committee and should also be included on the agenda for the next Members Meeting.

**RESOLUTION: Ms Southall to liaise with the Helen Cook / Charlotte Hibbs.**

**Date of next meeting**

Thursday 20<sup>th</sup> April 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park