

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

Minutes of the Primary Care Commissioning Committee Meeting (Public)  
Held on Tuesday 2<sup>th</sup> May 2017, Commencing at 2.00 pm in the in the Stephenson Room,  
Technology Centre, Wolverhampton Science Park

**MEMBERS ~  
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	No
Peter Price	Lay Member (Vice Chair)	No

**NHS England ~**

Bal Dhami	Contract Manager	Yes
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**Independent Patient Representatives ~**

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	Yes

**Non-Voting Observers ~**

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

**In attendance ~**

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer	No
Sarah Southall	Head of Primary Care	Yes
Laura Russell	Primary Care PMO Administrator (WCCG)	Yes

## **Welcome and Introductions**

WPCC23 Ms Roberts welcomed attendees to the meeting and introductions took place.

## **Apologies for absence**

WPCC24 Apologies were submitted on behalf of Alastair McIntyre, Jeff Blankley, Jenny Spencer, Manjeet Garcha and Les Trigg.

Ms Roberts informed the group Mr Trigg will be the new Lay Member and Vice Chair of the Primary Care Commissioning Committee.

Ms Roberts noted that in Ms Garcha absence, Ms Skidmore is the nominated core Executive Representative and therefore the meeting would be quorate.

## **Declarations of Interest**

WPCC25 Dr Kainth declared that, as GP he had a standing interest in all items related to primary care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

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

## **Minutes of the Primary Care Commissioning Committee Meeting Held on the 4<sup>th</sup> April 2017**

WPCC26 RESOLVED:

That the minutes of the previous Primary Care Commissioning Committee meeting held on 4<sup>th</sup> April 2017 were approved as an accurate record.

## **Matters arising from the minutes**

WPCC27 There were no matters arising from the minutes.

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

## **Committee Action Points**

WPCC28 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**  
NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.

### **Minute Number PCC283 – Wolverhampton CCG Update**

A joint evaluation report on the two extended opening hour's scheme is to be presented at the meeting. Action Closed.

### **Minute Number PCC329 – Wolverhampton CCG Update**

Ms Learoyd confirmed the details regarding the specific areas where patients feel they are not being provided with patient choice. Action closed.

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

## **Governing Body Report/Primary Care Strategy Committee Update**

WPCC29 Mrs Southall presented to the Committee the Primary Care report that was present to the Governing Body meeting in April 2017 along with the minutes from the Primary Care Strategy Committee.

Ms Roberts queried the timescales for the programme, it was highlighted there are time limited individual programmes of work within each of the 7 Task and Finish Groups.

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

## **Primary Care Operational Management Group Update**

WPCC30 Mr Hastings provided the following update as the meeting of the Primary Care Operational Management Group Meeting for April 2017 was cancelled;

- The Primary Care Contract Monitoring visits continue and a schedule for the next six months have been arranged.
- The demand management programme of work has been sent to NHS England performance team.
- The Local Estates Forum (LEF) are due to meet this week and they continue to discuss the Locality Hubs and clinical requirements.
- The Zero Tolerance Policy commenced as of the 1<sup>st</sup> April 2017 and there are currently 12 patients on the scheme.

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

## Extended Opening Hours Schemes Joint Evaluation Report

WPCC31 Mrs Southall presented the Improving Access in Primary Care 2016/2017 report to the Committee. The report provided an overview of the three WCCG extend access schemes during December 2016 to March 2017. The three schemes were as follows;

- A&E Delivery Board (CCG) Christmas and New Year funded opening scheme.
- NHS England Winter Pressures
- CCG Extended winter pressures offering additional appointments from the 4<sup>th</sup> March – 31<sup>st</sup> March 2017.

Mrs Southall outlined an overview in terms of finance and performance for each scheme and noted it had varied in respect of patient attendance. The following points were highlighted;

- Varied performance for Christmas and New Year CCG Scheme, 91% utilisation on 5 dates made available to patients which would not normally be available, this included Christmas Eve and New Years Eve.
- 94% total attendance rate of patients overall during Winter Pressures NHS England Scheme.
- Extended Winter Pressures - CCG Scheme (64% attendance rate of patients attending extra slots on Saturdays, and 75% weekdays).

It was noted that some of the Practices who are considering how they move forward with extended access into 2017/2018 have considered guidelines from the General Practice Transformation Fund. This asks practices to identify how they will best meet their patients' needs by providing 20mins per 1000 patients to improve access during the year. This will be achieved through working at scale and the practice groups have submitted development plans which demonstrate how practices intend to work at scale and provide additional appointments in the evening instead of Saturday as the outcomes were so variable.

It was queried by the Committee if they will measure whether the schemes reduced the A&E activity during this time. It was highlighted that from patient experience survey undertaken it was indicated if an appointment was not available, patients would have gone to A&E. It was agreed to cross reference the data with A&E attendance in order to extrapolate what a high risk run rate would be for this time of year.

Ms Roberts raised her concerns regarding the equality of services and asked if they are planning any further extended access schemes that all practices can take part. Ms. Southall noted the issue of consistency was highlighted at the start, in terms of the bank holidays all practices have been provided with the opportunity to take part and they all took part, however not all practices opened for both bank holidays. There is the intention to work towards achieving this.

**RESOLUTION: Ms Southall agreed to cross reference the data with A&E attendance in order to extrapolate what a high risk run rate would be for this time of year.**

**Any Other Business**

WPCC33 There were no further discussion items raised by Committee or members of the public.

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

WPCC32 **Date, Time & Venue of Next Committee Meeting**  
Tuesday 6<sup>th</sup> June 2017 at 2.00pm in PC108, 1<sup>st</sup> Floor, Creative Industries, Wolverhampton Science Park