

WOLVERHAMPTON CCG
Governing Body
11 July 2017

Agenda item 16

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following it's last meeting held on 15 June 2017.
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"> • Provide assurance on the outcome of a series of deep dives that had taken place involving each Task & Finish Group, including revised terms of reference for consideration. • The outcome of discussions regarding Bank Holiday Opening is also reflected in the report. • The Primary Care Strategy Implementation Plan is currently under review, the committee's objectives have been updated. • Progress made towards ongoing implementation of the General Practice Five Year Forward View Programme of Work is also provided within the report.
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 assurance provided by the Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<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 and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions. 3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton



1 BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work has recently been revisited to determine progress and the effectiveness of action taken to date. This report confirms the findings from the review & paves the way for a series of changes that will be made to the programme of work to ensure the content is reflexive & aligned with other influencing factors that may have an impact on successful implementation.
- 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 Deep Dive Evaluation Report

Following a series of deep dive reviews that had taken place during May with each of the Task and Finish Group Leads the committee considered the findings from those reviews. There were 4 key themes were as follows:-

- Four of the seven Task and Finish Groups programmes of work had been halted pending reviews of the Terms of Reference. They are identified as:
 - Practice as Providers
 - Localities as Commissioners
 - Workforce and Development
 - Primary Care Contract Management

Revised Terms of Reference have since been considered by the committee and their respective programmes of work are currently being adjusted to reflect changes. Copies of each of the above are attached for consideration.

- Three of the seven Task and Finish Groups programmes of work will be dependent on the future outcomes pertaining to possible MCP contracting models for place based commissioning. They were noted as follows:-
 - Practice as Providers
 - Primary Care Contract Management
 - Clinical Pharmacists
- Identified there is a need for New Models of Care to work in a more collaborative way to avoid replication.
- An options appraisal will be brought back to the next Primary Care Strategy Meeting and moving forward there would be quarterly updates on Patient Online to the meeting.



The revised programmes of work will be considered in more detail when the committee meets again on 20 July 2017.

2.2 Bank Holiday Opening Report

A report was considered based on bank holiday opening that had been introduced for each bank holiday arising during 2017/18 financial year. Funds had been secured via the Accident & Emergency Delivery Board to enable General Practice Hubs to open across the city. The intention was to reduce the burden on the urgent care system, reduce demand & 'catch up' for general practice when practices reopened following bank holiday periods, whilst affording patients the opportunity to see a GP at the nearest hub.

The report confirmed attendance levels over Easter and early May Bank Holiday had been lower than expected. However, activity over late May Bank Holiday had improved across all 4 hubs that were open.

Patients had provided very positive feedback regarding the availability of the service & the committee agreed that the cost effectiveness and any reduction in attendances at the city's Urgent Care Centre should be considered in future reports.

2.3 Primary Care Strategy Implementation Progress

In June the Governing Body were able to reflect on evidence of a series of achievements that been had made by the Primary Care Strategy Committee. Whilst the programme of work is now under review, it is the intention to share with the governing body in September a copy of the milestone plan for the coming year. The milestone plan will define activities that continue to afford assurance of delivery and where necessary delays in achievement. The milestone plan will span all areas of the programme of work.

2.4 General Practice Forward View

The committee considered the extent of progress made regarding a range of projects that were now established. More than 50% of projects are now up & running comprising of:-

- A range of training programmes for primary care personnel ie Practice Manager, Aspiring Practice Manager, Time for Care, Nurse Mentorship, Apprenticeships, Care Navigation etc
- Recruitment & retention to a variety of roles include clinical pharmacists, social prescribers,
- Focus on new models of care & the developing general practice team
- Transformation work attached to the 10 High Impact Actions including working at scale and improving access

The programme of work will continue to be overseen by the committee will develop further over the coming months in response for further guidance from NHS England and ongoing collaborative working with other CCGs within our STP area.



3 CLINICAL VIEW

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

4 PATIENT AND PUBLIC VIEW

- 4.1 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.
- 4.2 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.

5 RISKS AND IMPLICATIONS

Key Risks

- 7.1 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

- 7.2 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

- 7.3 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

- 7.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

Medicines Management Implications



- 7.5 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

- 7.6 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.

Enclosure(s) Terms of Reference Practices as Providers
Terms of Reference Primary Care as Commissioners
Terms of Reference Workforce
Terms of Reference Primary Care Contracting

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

SLS/GBR-PCSC/JUL17/V2 FINAL



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	Salma Reehana	3.7.17
Public/ Patient View	Pat Roberts	3.7.17
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk 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	
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	3.7.17

