NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body
12 September 2017

Agenda item 17

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 the last update presented on 11th July 2017.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	• The Primary Care Strategy Implementation Plan progress and slippage update. • Progress made towards ongoing implementation of the General Practice Five Year Forward View Programme of Work. • Update on 28th August Bank Holiday cover. • Update on bids submitted to the Resilience Fund that were successful. • Overview of delivery plans finalised in August covering all practice groups.
RECOMMENDATION:	The recommendations made to governing body regarding the content of this report are as follows:- • Receive and discuss this report • Note the assurance provided by the Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	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 **Strategy Implementation Plan**

The programme of work was largely performing in line with predicted timescales however, the Committee did receive an update on areas of slippage which were as follows:

PCSC021 Develop delivery plan for integrated Primary Care and Community Services. – Work has been delayed but work is due to start in September / October.

PCSC022 Identify resource implications for New Models of Care (clinical & non clinical) & implement. – Since the Committee papers were published, this milestone has been split into two. The first one has been completed.

PCSC023 Ensure Locality level resource identified and funded - There is a delayed pending a decision in relation to the localities and Locality Manager positions which are currently out to advert. The Committee agreed to extend this milestone to November.

The Primary Care Strategy Committee received highlight reports from the following groups. Workbooks were reviewed for all task and finish groups, with acknowledgement from the committee on current progress and next steps. The highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects: - Collaboration between practices to improve access - Integration of Primary and Community services - Practices sharing back office functions - Review of identified pathways / redesign opportunities

Localities as Commissioners	The workbook was reviewed by the Committee and assurance provided in relation to the following projects: - Governance / functions of locality and clinical network groups - Commissioning and contracting cycle - Monitoring and quality - Engagement and development of services - Business intelligence and data - New milestone plan has been developed The 10 high impact actions - signposting risk highlighted with the lead may no longer be available to lead. Another lead was being sourced to continue this work. There was risk attached to the workforce component for Medical Chambers as they were required to ensure that they have their GP submission of training costs finalised. A report had been prepared for the Task and Finish Group.
Workforce Development	The group felt that the resources required for a workforce fair could be utilised in a more sustainable way elsewhere, including- - Centralised vacancy bulletin - Dedicated vacancy page on the website to be developed - A video, 'working in Wolverhampton', is being produced - Website development to improve availability of information & publicity of Primary Care in Wolverhampton
Clinical Pharmacists in Primary Care	The bids had been successful and this would help to reduce the risks on the risk log. A detailed update to be brought to the next meeting.
General Practice Contract Management	At the Task and Finish Group on 12 July they considered the Deep Dive Review recommendations. The focus was on group development of new models of care and the key objective and outcome to support the implementation and delivery of the virtual alliance contract. This would be aligned with the work being carried out by Ernst and Young. The Terms of Reference had been reviewed and membership had been amended to include an identified member for Finance. The Terms of Reference were signed off at the Task and Finish Group.
Estates Development	Funding had been secured and a company called Primary Capital Horizons had been appointed to carry out specifications. They had started to arrange meetings with commissioners and providers. They will be coming in next week to look at the CCG's Primary Care Strategy and a deadline had been set for the end of September for the Primary Care Specification to be completed. Primary Care Estates – number of practices in Wolverhampton were looking at developments or consolidating estates. There was £300k of Primary Care estates that was being reviewed and looking to reduce the value. The reduction would be looked at as a QIPP saving and an update would be brought to the next meeting.

IM&T	Showell Park had now become fully migrated in June 2017. The next practice to be migrated would be in October 2017. Patient Online data was only available till May as this is the latest statistics that have been received from NHSE. Most practices have achieved above the 10% mark. The Sound Doctor would be rolled out shortly. The CCG was currently waiting to see if the text messaging service would become free as part of GP SoC. An update would be presented at the next meeting. The implementation plan remained the same with the addition last month of new projects as part of the Deep Dive Review. Clarification was sought around the legend.

2.2 Five year forward View Progress-

Implementation in line with our local plan continues to make good progress, key areas of activity across the programme include:-

- Number of projects live - 39
- Number of projects completed - 3
- Number of projects due to commence - 3

During July/August particular activity has taken place in the following areas:-

A procurement process has been undertaken and **Care Navigation Training** is due to start in September, using West Wakefield as a provider. Two workshops will take place where a local offer will be developed to ensure that the product includes all of the services, their pathways and the referral criteria relevant to our local communities. A Launch Event will take place in October. Following this, there will be 100 licences available for practices to access the online training to enable them to use the bespoke package that will have been developed during the workshops. In November face to face training and briefing at team W.

An STP wide **Time to Care Showcase Event** was held on 20th July 2017, with the highest interest from attendees being in document management. This is currently being scoped with STP colleagues to look at viable financial options for providing this training.

The **Sound Doctor** project is currently in mobilisation period, the provider will be attending Practice Managers and Team W in September and October to promote the service. This will be closely monitored at Practice Group Meetings from September onwards.

The programme of work will continue to be overseen by the committee will develop further over the coming months in response to further guidance from NHS England and ongoing collaborative working with other CCGs within our STP area. Monthly meetings continue to take place among Primary Care Leads from across the STP as a collaborative approach to implementing our local responsive plan.

2.3 Resilience Funding –

Six bids were submitted for Wolverhampton, 3 of which were CCG and 3 submitted separately by Practices. Two of the CCG bids were supported as well as 1 of the Practice bids.

The bids that were supported by the NHS Englands Review Panel were as follows:-

CCG Bid	£50,000	Resilience Programme to enable practices working at Scale ie emerging PCH 3.
CCG Bid	£10,000	Resilience Programme for a specific practice who require support during a period of significant change.
Practice Bid	£5,000	Resilience funding for additional administrative support during transitional phase at Dr Kharwadkar's Practice.

GP colleagues have been informed and a Memorandum of Understanding have been signed between NHS England and the CCG or contract holders for the practice(s) involved.

2.4 Bank Holiday Opening

4 Hubs were active over Monday 28th August 2017. Opt in from practices within PHC1, PHC2, Unity and the VI practices resulted in access to additional appointments for patients registered with 37 practices, with an extra 21 hours capacity for appointments.

Feedback from previous sessions indicates that patients see this offer as a positive one, and take up of appointments has been gradually improving over time. A review of the take up of appointments and the effectiveness of the recent bank holiday will be presented to the committee at the next meeting.

2.5 Transformation Fund Enhanced Service Delivery Plans-

All practice groups have submitted delivery plans satisfying the 3 requirements within the specification i) Implement 6 High Impact Actions, ii) Demonstrate you are working at scale and iii) Improve access by March 2018 (20 minutes per 1,000 patients). All plans have been agreed with the Primary Care Team & quarterly assurance reports will be provided from each group to confirm how they are progressing. Each practice group has committed to providing additional appointments on Saturday, this has been advertised locally within practices via posters, websites, text, answerphone & practice leaflets. Medical Chambers (Unity) will be introducing Saturday clinics, providing an additional 16.67 hours per week of appointment time. Clinics will a combination of face to face and telephone consultations, based at Pennfields Medical Centre. The group have been working with EMIS to establish EMIS Remote Access, which will enable access to patient clinical records.

2.6 Primary Care Home Visiting Proposal

All practice groups are collaboratively developing a Home Visiting proposal. Referral and access criteria are currently being developed, and the skill mix needed is being explored. Committee will be kept updated on the progress.

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 July, and meetings at group level have been introduced on a quarterly basis 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 within their respective practice group.

5 RISKS AND IMPLICATIONS

Key Risks

5.1 The Primary Care Strategy Committee has in place a risk register that captures 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

5.2 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

5.3 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

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

Medicines Management Implications

5.5 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

5.6 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.

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Date **31 August 2017**

SLS/GBR-PCSC/SEPT17

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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	**Dr S Reehana**	**1.9.17**
Public/ Patient View	**Pat Roberts**	**1.9.17**
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**	**1.9.17**