

**WOLVERHAMPTON CCG**  
**Governing Body**  
**10<sup>th</sup> October 2017**

**Agenda item 19**

<b>TITLE OF REPORT:</b>	Report of the Primary Care Strategy Committee
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Head of Primary Care
<b>MANAGEMENT LEAD:</b>	Sarah Southall, Head of Primary Care
<b>PURPOSE OF REPORT:</b>	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following the last update presented on 12 <sup>th</sup> September 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Update from the discussions held at the PC Strategy Committee, influenced by the task and finish groups &amp; corresponding programme of work.</li> <li>• Progress made towards on-going implementation of the General Practice Five Year Forward View Programme of Work.</li> <li>• Milestone plans have been developed for both programmes of work.</li> <li>• The committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October onwards.</li> </ul>
<b>RECOMMENDATION:</b>	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> <li>• Receive and discuss this report</li> <li>• Note the assurance provided by the Committee &amp; recommendation for change of frequency for future meetings</li> <li>• Accept the milestone plans provided</li> <li>• Support the decision to reduce the frequency of meetings to quarterly from October onwards</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"> <li>1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system</li> <li>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.</li> <li>3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton</li> </ol>



## 1 BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work is closely monitored by the Primary Care Team via regular reports to the Primary Care Strategy Committee confirming progress and the effectiveness of action taken during the reporting period. This report confirms the findings from those discussions & the controls in place to safeguard delivery of the programme of work for the Primary Care Strategy and also the General Practice Forward View.
- 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. Our vision is that this will be achieved continued development of services available in the community and in general practice.

## 2 PRIMARY CARE STRATEGY COMMITTEE

### 2.1 Primary Care Strategy Implementation

The Primary Care Strategy Committee met on 21 September and received highlight reports from each task & finish group. The programme was running in accordance with anticipated timescales hence there was no slippage on any part of the programme. 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:-

<b>Task &amp; Finish Group</b>	<b>Highlights</b>
<b>Practices as Providers</b>	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular), Jason Nash and Barry White in relation to the following projects:</p> <ul style="list-style-type: none"> <li>- Collaboration between practices to improve access</li> <li>- Integration of Primary and Community services</li> <li>- Practices sharing back office functions</li> <li>- Review of identified pathways / redesign opportunities</li> <li>- An action was recorded to ensure that the latest work on the proposed shortness of breath clinic was duly shared with the Clinical Reference Group in order to consider the proposal before progressing any further.</li> </ul>
<b>Localities as Commissioners</b>	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular) in relation to the following projects:</p> <ul style="list-style-type: none"> <li>- Governance / functions of locality and clinical network groups</li> <li>- Commissioning and contracting cycle</li> <li>- Monitoring and quality</li> <li>- Engagement and development of services</li> <li>- Business intelligence and data</li> <li>- Revisions to the programme of work were approved by the committee.</li> </ul>





<b>Workforce Development</b>	<p>The workbook was presented by Sarah Southall, based on a revised programme of work that had been supported by the Task &amp; Finish Group this covered the following components:-</p> <ul style="list-style-type: none"> <li>- Primary Care Workforce Strategy</li> <li>- Primary Care Strategy ie workforce analysis, recruitment at group level, development needs &amp; workforce planning</li> <li>- Stakeholder engagement with education providers</li> <li>- Educational events for clinical &amp; non clinical staff groups</li> <li>- GPFV / STP Collaborative Working</li> <li>- Practice Nurse 10 Point Action Plan</li> <li>- Workforce Communication &amp; Engagement Sub Group have launched a centralised vacancy bulletin for primary care in Wolverhampton, 'working in Wolverhampton' video is being produced &amp; website development to improve availability of information &amp; publicity of Primary Care in Wolverhampton is also actively being progressed.</li> <li>- Interim support will be in place from September to March from dedicated a resource for Primary Care Workforce Development</li> <li>- The revised programme of work for the Task &amp; Finish Group was approved by the committee.</li> </ul>
<b>Clinical Pharmacists in Primary Care</b>	<p>The workbook was presented by David Birch, the committee is happy with progress made and agreed with the recommendation to close the task and finish group transferring the responsibility for ongoing monitoring of effectiveness to the Workforce Task &amp; Finish Group. A dashboard will be prepared &amp; shared for ongoing monitoring purposes, this will be presented at regular intervals to the task and finish group (workforce).</p>
<b>General Practice Contract Management</b>	<p>The workbook was presented by Sarah Southall on behalf of Vic Middlemiss, the Committee considered assurance provided in relation to the following projects:-</p> <ul style="list-style-type: none"> <li>- Implementation of a virtual alliance contract</li> <li>- Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England</li> </ul>
<b>Estates Development</b>	<p>The workbook was presented by Stephen Cook, on behalf of Tally Kalea, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> <li>- Primary Care BCF hub</li> <li>- Primary Care Estates</li> <li>- Estates Prioritisation</li> <li>- A number of practices in Wolverhampton were currently involved in developments or consolidating estate.</li> <li>- There was also a reduction in void costs noted. The reduction had been viewed as a QIPP saving and further updates would be included in subsequent workbook records.</li> </ul>
<b>IM&amp;T</b>	<p>The workbook was presented by Stephen Cook, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> <li>- Showell Park clinical system had fully migrated to EMIS in June 2017. The next practice to be migrated would be in October 2017 (Castlecroft)</li> <li>- The Sound Doctor is currently being rolled out, with presentations to practice managers forum and team W scheduled for September and October</li> <li>- Two text messaging project had been costed &amp; a trial due commence prior to Christmas with a view to full rollout before the end of the financial year</li> <li>- Wolverhampton Babylon to be revisited</li> </ul>



In addition, the committee considered a newly prepared milestone plan that summarised anticipated delivery of the programme from April 2017 to the end of March 2018. The plan was agreed and would be revisited at the end of each respective quarter to review progress.

## 2.2 General Practice Five Year Forward View Progress

Implementation in line with the CCGs 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 (awaiting national guidance)

The committee also agreed that the milestone review plan for the GPFV would be reviewed at quarterly intervals to ensure timely progress was being made against each project within the programme.

During September particular activity had taken place in the following areas:-

### 2.2.1 Care Navigation Training

An initial development session has taken place with stakeholders from across the city following the recent soft launch of the city's Directory of Services (DOS). Care Navigation will enable administration & reception staff from across general practice to signpost patients to services that do not require a GP referral in a more timely manner, reducing waiting times and improving information available to patients about a series of pathways that have been identified and captured in Phases 1-3 of the roll out. Phase 1 pathways are due to be finalised at the next stakeholder event in October with a view to implementation shortly afterwards, Phase 2 and 3 will follow in 2018.

In addition, there will be 100 licences available for general practice administration & reception staff to access online & face to face training in the use of care navigation templates that are part of the CCGs Care Navigation Programme. Clinicians attending the general practitioner educational event (Team W) will also hear about the progress & next steps for the programme.

### 2.2.2 Sound Doctor

This project is currently in the implementation phase, the provider will be attending Practice Managers Forum and Team W to promote the service. This will be closely monitored at Practice Group Meetings from September onwards. A range of short videos have been identified to assist patients with long term conditions to manage their illness. This initiative is aligned to Self-Care, one of the 10 high impacts for general practice.

### 2.2.3 Resilience Funding

Funds had been secured earlier in the summer to enable a practice & practice groups to take part in the Resilience Programme. Memorandum(s) of Understanding have been signed between NHS England and the CCG (or contract holder for the practice(s) involved) and discussions are taking place with providers of the programme to agree start date(s).



#### 2.2.4 Training & Development

An extensive range of training continues to be available for practices, currently availability has been advertised as follows:-

- Advanced Care Navigation Development Workshops 15/09/17 & 18/10/17
- Effective Telephone Conversations –Clinical Staff 11/10/17
- Effective Telephone Conversations –Non Clinical 11/10/17
- Patient Choice & e-RS Training 17/10/17
- Care Navigation & Signposting Training 19/10/17

A page has been developed on the website as a central reference point for training updates and promotion, to enable easier access for staff and frequent updates to be available.

#### 2.3 Bank Holiday Opening

The committee considered a report pertaining to August Bank Holiday. There had been 4 Hubs open on Monday 28<sup>th</sup> August 2017. Analysis of uptake confirmed the following:-

- Appointments allocated via the practices are consistently utilised
- Poor utilisation of same day appointments by NHS111
- Low DNA rate & high levels of patient experience had been reported

The service specification for Bank Holiday Hubs advocates that 50% of available appointments should be assigned as pre-planned urgent available to practices from within the group, the remainder should be same day urgent appointments bookable via telephone contact with the hub and/or referral from NHS111. Whilst attendance for planned urgent appointments was high, utilisation of same day urgent appointments was less favourable. Discussions with NHS111 continue to take place regarding the reason(s) for poor utilisation. Allocation of appointment is likely to be revisited in preparation for bank holiday(s) over the festive season in order to achieve the highest rates of utilisation reasonably possible.

#### 2.4 Transformation Fund Assurance

Each practice group has provided assurance against quarter 1 delivery plans, this includes Vertically Integrated Practices, Medical Chambers & Primary Care Home 1 & 2. The report confirmed how each group was making progress against each of the high impact actions and how practices were working together to deliver services as scale. Primary Care Home 1 & vertically integrated practices were providing improved access through opening on Saturday mornings, Medical Chambers (Unity) and Primary Care Home 2 were due to commence early in October. Practices have actively advertised this provision within practices via posters, websites, text messages (where possible), answerphone & practice leaflets.

A new emerging group of practices (Medical Chambers) in addition to Unity have commenced discussions to consider how they may satisfy the criteria for funding. Discussions continue with the primary care team, with a view to delivery plan being devised in quarter 3.



## 2.5 Frequency of Meetings

The committee considered the viability of future meetings, in recognition of the control measures in place & track record the decision was taken to reduce the frequency of meetings from October onwards to quarterly. The responsible Director would continue to undertake a monthly assurance review with the Head of Primary Care, any escalations during the intervening period would be made directly to the CCG Weekly Executive Meeting(s) as and when the need arose.

## 3 **CLINICAL VIEW**

3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at the committee along with involvement at task and finish group level too. This assist in delivery of a clinically driven programme.

## 4 **PATIENT AND PUBLIC VIEW**

4.1 Whilst patients and the public were engaged in the development of the Primary Care Strategy and Patient Participation Group Chairs are involved in discussions associated with both programmes of work the Governing Body lay member is also appraised of ongoing developments & intentions through regular liaison & discussions.

4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in September, 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 task 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 has established is anticipated to be met with positive experiences of care. The quality team are actively engaged as service design / redesign 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.

**Name** Sarah Southall  
**Job Title** Head of Primary Care  
**Date** 29 September 2017

**Enclosure(s):** Milestone Plans (GPFV & Primary Care Strategy)

**SLS/GBR-PCSC/OCT17**





## 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>NA</b>	
Public/ Patient View	<b>NA</b>	
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>NA</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>NA</b>	
Information Governance implications discussed with IG Support Officer	<b>NA</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>NA</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Steven Marshall</b>	<b>30.9.17</b>

