

**WOLVERHAMPTON CCG**  
**Governing Body**  
**14<sup>th</sup> November 2017**

**Agenda item 15**

<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 10 <sup>th</sup> October 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>• Progress made towards on-going implementation both the Primary Care Strategy &amp; General Practice Five Year Forward View Programme(s) 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 and propose a name change from committee to Milestone Review Board.</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 recognising the extent of progress that has taken place</li> <li>• Note the assurance provided by the Committee &amp; recommendation for change of frequency &amp; name for future meetings</li> <li>• Accept the milestone plans provided for both programmes of work</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 largely implemented through activities driven by the Primary Care Team and assurance provided to the Primary Care Strategy Committee. Assurance confirms progress and the effectiveness of action taken during the reporting period & often leads to debate at the committee. This report provides an overview of 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 Programme of Work**

- 2.1 At the October meeting, 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.
- 2.2 Each nominated lead provided an overview of the updates captured in each respective workbook based on the work of each task & finish group. The programme was largely running in accordance with anticipated timescales however there were 3 exception reports as indicated below:-

Task & Finish Group	Highlights
Practices as Providers	<ul style="list-style-type: none"> <li>- Risk Stratification Specification has been agreed at CRG. Pilot is taking place in Church Street Surgery, with roll out to remaining practices anticipated once findings are shared with CRG</li> <li>- The Home Visiting service business case is being prepared for the PC/MMO Programme Board in October.</li> <li>- Clinical Pharmacist bid confirmed successful by NHSE survey undertaken of practices who had expressed an interest in the Clinical Pharmacist. Recruitment of additional Clinical Pharmacists is currently underway and the allocation of Clinical Pharmacists to respective practice(s) associated with the bid is anticipated before Christmas.</li> <li>- An exception report was considered pertaining to a review of Back Office Functions, timescales had slipped beyond the anticipated completion a survey was due to commence at group level involving practice managers initially. The Board approved the exception report with the expectation that findings from the survey be considered by each respective Group Meeting and endorsed by the Clinical Lead(s). Findings will be shared with the board in January.</li> </ul>



<p><b>General Practice as Commissioners</b></p>	<ul style="list-style-type: none"> <li>- Discussions have been taking place at the Group Leads Meetings (September/October) in response to the data available from the Group Dashboards, reporting period April to July 2017. Data has been further analysed to identify at group level areas requiring further consideration, particularly those specialities where practices have been identified as high referrer(s)/low conversion. The dashboard has exposed group performance across a range of specialties that are now being scrutinised at practice level, findings will be reviewed at Group Meetings in December. Variation in referral patterns involving Vertically Integrated Practices (physiotherapy) has been raised formally with the trust via the Contracting Team.</li> <li>- Updates on progress with service redesign projects are also presented at this forum to enable clinical ownership/engagement including:-             <ul style="list-style-type: none"> <li>o Prospective Peer Review - was presented at the Clinical Reference Group and this was approved in principle as a pilot project. When reviewing the data it was identified that 20 practices were in the cohort where referrals required clarification. Following a discussion at the Group Leads Meeting (October) the decision was taken to merge both peer review specifications in light of relaxation of rules pertaining to prospective peer review. The revised specification will be considered with a view to final approval by CRG in November &amp; implementation lead by the newly recruited Group Managers.</li> <li>o Paediatric Referrals – consideration at group level is taking place regarding the ongoing increase in referrals of this type, a potential solution may be to include input from Consultant Paediatrician(s) in Saturday morning hubs. A service specification is being developed for consideration by CRG.</li> <li>o Risk Stratification – following approval at CRG the specification has been trialled at Church Street Surgery in October with positive feedback. The frequency of meetings is however under review as bi-monthly &amp; the number of patients requiring view may not be reasonably achievable. Discussions with stakeholders have commenced to identify a mutually agreeable way forward. The revised service specification is being tabled at the Clinical Reference Group in November.</li> </ul> </li> <li>- An exception report was considered pertaining to Enhanced Services at Scale, group level discussions have not yet concluded to identify what other interventions could be provided under the banner of enhanced services, an extended timescale has been agreed.</li> </ul>
<p><b>Workforce Development</b></p>	<ul style="list-style-type: none"> <li>- STP Primary Care Workforce Strategy was under development in response to NHS England expectations, the first draft will be available for consideration at the end of October. This document will have oversight from the Workforce Task and Finish Group.</li> <li>- Planning for nurse education &amp; other non clinical training needs for practice groups continue to be worked up for 2018 &amp; beyond.</li> <li>- Team W (Protected learning time for GPs) – a reduction in the number of attendees has been evident over recent months. Discussions with LMC &amp; Group Leads have concluded with a series of changes being made to the timing and format of future sessions, this will continue to be overseen at monthly Group Leads Meetings.</li> <li>- Stakeholders – close liaison with training &amp; educational establishments continues to be maintained ie Wolverhampton University, Health Education West Midlands etc.</li> <li>- Workforce Engagement &amp; Communications Group – General practice vacancies are being actively advertised via the CCG this includes our</li> </ul>



	<p>website, intranet &amp; distribution to stakeholders. Early indications are that this approach is assisting practices in recruiting to vacancies sooner as a result of wider interest. A Working in Wolverhampton video will be available for the Task &amp; Finish Group to consider, filming concluded early November. Development of the Primary Care area of the website continues, use of social media is also being strengthened. A series of case studies have also been prepared &amp; due to published.</p> <ul style="list-style-type: none"> <li>- Practice Nurse 10 Point Action Plan – the group are assured that progress towards the action plan is on track &amp; gaining momentum.</li> <li>- There were no exceptions to consider for this group.</li> </ul>
<p><b>General Practice Contract Management</b></p>	<ul style="list-style-type: none"> <li>- Accountable Care Alliance (ACA) Working Group is being set up with representatives from each practice group and LMC. The first meeting of this group will take place in November &amp; the outcome of discussions shared in subsequent reports.</li> <li>- Enhanced Services – contract variations for a range of enhanced services had recently been finalised with practices. Quarter 2 data was under review to determine any themes or concerns &amp; would be reviewed at Group Level, this is also linked to General Practice as Commissioners (Enhanced Services at Scale).</li> <li>- Practice Merger – a merger among 3 practices is underway following approval at Primary Care Commissioning Committee, oversight by the Primary Care Team continues to take place. The merger is anticipated to conclude in December.</li> <li>- Primary Care Counselling – an extension to the existing contract has been approved at Commissioning Committee in October, until end of March 2018.</li> <li>- An exception report was presented to the board pertaining to Risk / Gain Share Agreement. A delay in concluding this piece of work was noted, timing of discussions coincides with the forthcoming ACA Working Group Meetings. The board accepted the exception.</li> </ul>
<p><b>Estates Development</b></p>	<ul style="list-style-type: none"> <li>- North East BCF locality has a potential base at the Science Park. The option is to be discussed and finances to be taken to the next programme board. PCH are holding a workshop in October for an update on the service specification being developed and delivery of services in Wolverhampton.</li> <li>- Lease agreements issue is still on-going, however the CCG and practices have been notified that Internal Repair Leases will not be offered. Practices continue to work with NHSPS to iron out service charge issues and meetings have been on-going with CCG support. PCC delegated authorisation to the Director of Operations for reallocation of ETTF funding which the Operations Team are currently scoping with practices.</li> </ul>
<p><b>IM&amp;T</b></p>	<ul style="list-style-type: none"> <li>- Data Checking had concluded for the latest system migration (Castlecroft Practice). There were no exceptions to the migration plan.</li> <li>- The Sound Doctor is available for all practices to utilise</li> <li>- Patient Online Uptake: working with Group Managers to engage the practice groups to increase usage. Also met with NHS Digital Regional Lead to review progress and agree future steps.</li> <li>- Two way 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>- A review the availability of digital applications was currently underway although it was noted that Ask NHS (Sensely) was available for Wolverhampton patients.</li> </ul>



## 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 board 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.

Specific updates for consideration are in the following areas-

### 2.2.1 Care Navigation Training

Care Navigation is a tried and tested model of care that improves access to primary care services for patients and reduces GP pressures all in one. Care Navigation is a person-centred approach that uses signposting and information to help primary care patients and their carers move through the health and social care system as smoothly as possible. The model is applied to pathways where GP referral is not viewed as essential & seeks to avoid delays in patient care.

A further stakeholder event had taken place in October, 6 pathways had been shortlisted for inclusion in the roll out of care navigation. Pathway templates are due to be embedded in practice clinical systems to enable practice staff to commence online training in December.

The pathways included in cohort 1 are as follows:-

- Community Pharmacy
- Minor Eye Conditions
- Community Hub (Starfish)
- One You/ Healthy Lifestyles Service
- Carer Support
- Community Dental

The six identified navigation points are well engaged with the programme, and are scheduled to attend practice staff training in January so that staff are confident in discussion the services.

Clinicians attending the general practitioner educational event (Team W) in November will also hear about the progress & next steps for the programme.

### 2.2.2 Sound Doctor

This project is now fully implemented and is available to be utilised by practices. Monitored at group level will take place at monthly meetings via the Service Activity Dashboard.



### 2.2.3 Training & Development

An extensive range of training continues to be available for practices, training held recently includes Effective Telephone Conversations, which was well received and fully subscribed. Further training of this type is planned for the new year.

NHS Improvement & NHS Digital recently delivered sessions on Patient Choice and e-RS, further locally delivered sessions will be offered out to practices, in conjunction with introduction of Care Navigation.

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. the number of 'hits' on the page is being monitored to gauge the effectiveness of this channel.

### 2.2.4 Extended access

PCH1 commence extend (hub) opening in September offering appointments to patients in the group on Saturdays. There has been a delay in PCH 2 mobilising extended access hub for practices within this group due to leave commitments hence go live anticipated by 14th October.

Report shared with committee and Q1 progress (September).

Medical Chambers 1 (13 practices) have commenced a hub provision offering appointments to patients from across the group on Saturday(s). A revised delivery plan has been submitted confirming how the funds have been allocated to a nominated practice (Intra-Health). All practices within the group have signed an SLA to confirm their agreement regarding allocations of funds and arrangements for how the hub is being run until the end of March 2018. Also discussions with EMIS have concluded with a new system being introduced to accommodate hub working enabling a separate diary and hub activity to be captured in a dedicated EMIS system in October.

Discussions Medical Chambers 2 continue with a focus on working at scale and how the group will develop i.e. how transformation fund money will be utilised before the end of March 2018.

Primary Care Home 1 & Vertically Integrated Practices continue to provide additional appointments accessible by patients from across both respective groups.

Primary Care Home 2 are due to go live on Saturday 4 November.

## **3 CLINICAL VIEW**

- 3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at task and finish group meetings as well as the board.

## **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. As part of the new appointment to the Lay Member post this .



- 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**

The board has in place a series of risk logs and also an escalation log. Whilst there are no red risks to raise with Governing Body the following risks have been discussed at the board in October:-

- Workforce Task & Finish Group : Depletion of workforce numbers in primary care (score 12) anticipated reduction in score in Quarter 3.
- Workforce Task & Finish Group : Financial Implications associated with roles in primary care (score 12) anticipated reduction in score in Quarter 3.
- Estates Task & Finish Group : The impact of new leases with NHS Property Services not yet being signed (score 12) anticipated reduction in score in Quarter 3.

### **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, a review of the equality analysis is due to take place shortly & will be discussed at the board in January 2018.

### **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.



Date 6 November 2017

SLS/GBR-PCSC/NOV17





**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>7.11.17</b>

