

**Primary Care Commissioning Committees of  
Redditch and Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG  
'Meetings in common'  
Wednesday, 11 July 2018 at 10:30am  
The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PD**

**Public Agenda – meeting in common**

	<b>Times</b>	<b>Subject</b>	<b>Purpose</b>	<b>Lead</b>	<b>Enclosure</b>
1.	10:30	Welcome and introductions		TH	
2.		Apologies for absence		TH	
3.		Declarations of interest		TH	Report
4.		Approval of minutes & action log: 18 May 2018		TH/SK	Report
5.		Any items not covered on the agenda		ALL	
<b>Strategy &amp; decision</b>					
6.	10:45	Financial Update	Information & note	MD	Report
7.	11:00	Improving Access	Decision	RC/LD	Report
8.	11:15	Presentation on General Practice Quality & Performance	Discussion	Dr G Henry	Presentation
9.	12:00	General Practice Forward View Focus: • Highlight report	Information & note	LD	Report
<b>Information, Approval &amp; Note</b>					
10.	12:10	Contract Variations	Approval & note	JH	Report
11.	12:15	Integrated Risk Report Board Assurance Framework & Risk Register	Approval & note	HT	Reports

12.	12:20	NHSE Board Report: Developing the NHS long term plan Primary Care reform	For information	LD	Report
13.	12:30	Open Forum/Public		TH/Public	Verbal
14.	12:35	Report Planner 2018	Note & amend	TH/LD	Report
15.		Next meeting: 12 Sept at <b>11:30am</b> (WF, Bewdley MC)		ALL	
16.		Proposed 2018/19 meeting dates: 24 Oct at 10:30am (R&B, BHI) 12 Dec at <b>11:30am</b> (SW, Turnpike)) 30 Jan 2019 at 10:30am (WF) 13 Mar 2019 at <b>11:30am</b> (R&B, BHI)			
17.	12:35	STP – feedback items.	Information & note	LD/ALL	Verbal
	12:40	<b>CLOSE</b>			

**REGISTER OF INTERESTS OF COUNTYWIDE  
PRIMARY CARE COMMISSIONING COMMITTEE**

<b>Which CCG does the conflict relate to?</b>	<b>Name</b>	<b>Current positions</b>	<b>Declared Interest: (name and nature of the organisations)</b>	<b>Interest Type:</b> (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	<b>Interest Dates</b>	<b>Actions taken to mitigate risk:</b>
All 3 CCGs	Dr Carl Ellson  NON-VOTING	Strategic Clinical Lead Voting	Employed as salaried GP at Corbett Medical Practice	Financial	1992- Present	Will not take part in decisions which Corbett Medical practice could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Trish Haines  VOTING	GB Member - Lay Member for Primary Care	Chair of H&W Age UK	Non-Financial Personal	September 2015 – Present	Will not take part in decisions which Age UK could directly benefit from
			Independent Complaints Reviewer of Independent Press Standards Organisation (IPSO)	Non-Financial Personal	September 2016 – Present	Will not take part in decisions which IPSO could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non- Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
All 3 CCGs	Sarah Harvey Speck  VOTING	GB Member - Lay member for Patient and Public Involvement (PPI) and Quality	Independent Governor and Chair of Finance and Development, University of Worcester  Vice Chair of Governors, University of Worcester	Non-Financial Personal	2013 – Present	Will not take part in decisions which University of Worcester could directly benefit from
			Independent Director of Mercian Educational Trust	Non- Financial Personal	2012 – Present	Will not take part in decisions which Mercian Educational Trust could directly benefit from
			Director of Sarah Harvey-Speck Consulting – Ltd (Dormant Company)	Financial	2005- Present	Will not take part in decisions which Sarah Harvey-Speck Consulting Ltd could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non- Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Simon Trickett  VOTING	Accountable Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
			Accountable Officer of Herefordshire CCG	Non-Financial Professional	8 <sup>th</sup> May 2018 – Present	Provide appropriate consideration of any Herefordshire CCG matters, which would have an impact on the Worcestershire CCGs

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All 3 CCGs	Mari Gay VOTING	Chief Operating Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Mark Dutton VOTING	Chief Finance Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Nicola Malyon Proxy vote in absence of Chief Finance Officer	Deputy Chief Finance Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Tricia Lowe VOTING	Supporting Independent Lay Member	NHS Warwickshire North CCG Senior Independent Advisor, Non-voting Governing Body member 2.5 days per month.	Financial	July 2018 – Present	Will not take part in discussions that NHS Warwickshire North CCG will directly benefit from
All 3 CCGs	Hana Taylor NON-VOTING	Head of Governance and Corporate Affairs	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
All 3 CCGs	Lynda Dando NON-VOTING	Associate Director of Primary Care	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
WFCCG	Dr Louise Bramble  NON-VOTING	GB GP member	Partner in GP Surgery - Chaddesley Corbett	Financial	April 2015 – Present	Will not take part in decisions which Chaddesley Corbett could directly benefit from
			Spouse – GP Partner at Riverside Surgery, Evesham	Indirect	October 2015 - Present	Will not take part in decisions which Riverside Surgery could directly benefit from
RBCCG	Dr Jonathan Leach  NON-VOTING	Governing Body GP	Salaried doctor at Davenal House Surgery, Bromsgrove	Financial	January 2010 – Present	Will not take part in decisions which Davenal House Surgery could directly benefit from
			Chair of Armed Forces & Their Families Clinical Reference Group	Non-Financial Professional	October 2015 – Present	Declare any conflicts that may arise as appropriate
			Joint Honorary Secretary and Trustee of Royal College of General Practitioners	Non-Financial Professional	September 2017 – Present	Would not take part in any decisions where RCGP was a beneficiary
			Primary Care Commissioning Trustee	Non-Financial Professional	August 2013 - Present	Would not take part in any decisions where PCCC was a beneficiary
			Periodic medico-legal work predominantly involving military cases	Financial	August 2013 - Present	Will not take part in decisions which I could benefit from financially or professionally

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
N/A	Dr Matthew Davis  NON-VOTING	PCCC member LMC representative	Partner at Wyre Forest Health Partnership	Financial	December 2015 – Present	Will not take part in decisions which Wyre Forest Health Partnership could directly benefit from
			LMC member representative	Financial	2008 - Present	Will not take part in decisions which the Worcestershire LMC could directly benefit from
RBCCG	Nigel Higgenbottam  NON-VOTING	Practice Manager Representative	Income from a provider as Practice Manager of St Johns House Surgery in Bromsgrove	Financial	February 2014 – Present	Will not take part in decisions which St Johns House Surgery could directly benefit from
N/A	Jo Ringshall  NON-VOTING	Non-voting member of PCCC representing Health Watch Worcestershire	Nil declaration			
N/A	Jane Stanley  NON-VOTING	Non-voting member of PCCC representing Health Watch Worcestershire	Nil declaration			
N/A	Matthew Fung  NON-VOTING	Consultant in public health at WCC; Honorary CPH at Worcestershire CCGs	Wife is a salaried GP working in Dudley (Eve Hill Medical practice).	Indirect	Present	Will not take part in decisions which the Eve Hill Medical Practice could directly benefit from

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
N/A	Dr Dominic Horne  NON-VOTING	Independent Out of Area GP	GP Partner, Much Birch Surgery, Herefordshire	Financial	May 2018-Present	Will not take part in decisions which Much Birch Surgery could directly benefit from
			Clinical Vice Chair, Herefordshire CCG	Financial	May 2018-Present	Will not take part in decisions which Herefordshire CCG could directly benefit from
			Honorary Senior Lecturer, University of Worcester	Non-Financial Professional	May 2018 – Present	Will not take part in decisions which University of Worcester could directly benefit from
			Member of NICE Indicators Advisory Committee	Non-Financial Professional	May 2018 - Present	Declare as appropriate



# Primary Care Commissioning Committee Meeting 'meetings in common'

Wednesday, 16 May 2018 at 10:30am

BHI Parkside, Stourbridge Road, Bromsgrove, Worcs B61 0AZ

## Public Agenda – meeting in common

### Present (voting members)

Trish Haines ( <b>Chair</b> )	TH	Lay Member for Primary Care, R&B/SW/WF CCGs
Lynda Dando	LD	Director of Primary Care Worcestershire, R&B/SW/WF CCGs
Sarah Harvey-Speck	SHS	Lay Member for Patient & Public Involvement, R&B/SW/WF CCGs
Mark Dutton	NM	Chief Finance Officer, R&B/SW/WF CCGs

### In Attendance (non-voting)

Dr Jonathan Leach	JL	Redditch & Bromsgrove CCG Governing Body GP and countywide Primary Care Lead
Dr Louise Bramble	LB	Wyre Forest CCG Governing Body GP and countywide Maternity and Paediatrics Lead; GP Partner, Chaddesley Corbett Surgery
Dr Matthew Davis	MD	LMC representative, GP Partner, Wyre Forest HP
Dr Dominic Horne	AP	Independent GP, Herefordshire CCG
Jo Ringshall	JR	Director – Healthwatch (SW)
Matthew Fung	MF	Consultant, Directorate of Public Health, Worcester CC
Hana Taylor	HT	Head of Governance & Corporate Affairs R&B/SW/WF CCGs
Nigel Higenbottam	NH	Practice Manager representative, St John's Surgery

### Apologies

Simon Trickett	ST	Accountable Officer, R&B/SW/WF CCGs
Mari Gay	MG	Chief Operating Officer, R&B/SW/WF CCGs
Dr Carl Ellson	CE	SW GP & Strategic Clinical Lead, R&B/SW/WF CCGs
Jane Stanley	JS	Director – Healthwatch (R&B, WF)

### In Attendance

Kerry Biggs	KB	Senior Contract Manager/PC Premises Lead – West Midlands
Jo Hall	JH	PC Commissioning Manager
Denise Goddard	HH	PC Commissioning Manager
Nikki Marriott	NM	Workforce Lead GPFV
Sharon Kendrick	SK	Business Support Officer, Primary Care, R&B/SW/WF CCGs

### On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

	Subject	ACTION
1.	<p><b>Welcome and introductions</b></p> <p>TH welcomed Primary Care Commissioning Committees members and officers to the meeting with a special mention to:</p> <p>Dr Dominic Horne who will now be attending as the new independent GP with reciprocal arrangements with Herefordshire CCG;</p> <p>Matthew Fung who is representing Public Health following the departure of Karen Wright, however, this was an interim arrangement whilst a replacement is recruited; and</p> <p>Nigel Higenbottam has been invited to attend following the restructure of the governing bodies meeting in common and represents an important Practice Manager perspective.</p>	
2.	<p><b>Apologies for absence</b></p> <p>Apologies for absence have been received from members noted above. Members in attendance of the 'committees in common' meeting today ensured a quorate meeting.</p>	
3.	<p><b>Declarations of interest</b></p> <p>The Declarations of Interest (DoI) has been distributed to members in advance of the meeting with an invitation to members to highlight any items in advance of the meeting where a conflict may arise.</p> <p>LB declared a personal interest in respect of agenda item 12 which discusses a boundary change at Riverside Surgery where her husband is a partner. Also, LB's own surgery, namely: Chaddesley, borders Alymer Lodge who have also requested a boundary change at agenda item 12.</p> <p>SHS declared an interest relating to agenda item 10, Link End Surgery merger, where she is a patient.</p>	
4.	<p><b>Approval of minutes &amp; action log</b></p> <p><b>Minutes:</b></p> <p>The 3 Primary Care Commissioning Committees of Redditch &amp; Bromsgrove, South Worcestershire &amp; Wyre Forest Clinical Commissioning Groups approved the minutes of their 'meetings in common' held on 14 March 2018.</p> <p><b>Action Log:</b></p> <p><u>Dashboard</u> – the dashboard currently utilised by Wyre Forest Health Partnership, which was demonstrated to members as a potential tool for the whole of Worcestershire, is proving difficult to roll out to a much wider and more complex user base. It has been agreed to reconsider how the CCGs might automate their systems whilst also enabling key reporting functions. Members agreed the fundamental principles behind the system are worthwhile and we should find a way of making this work. Further work will be undertaken with the Business Information Team and further proposals would be presented at a later date.</p> <p><u>St Saviours</u> list closure – an update would be provided in July if the list closure is to be extended.</p> <p><u>Promoting Clinical Excellence (PCE)</u> – LD outlined the 2 year PCE contract and the agreement to invest £11 per patient. LD confirmed the contract, following engagement and consultation with the LMC and practices, had been issued to 63 practices on 22 March. LD expressed thanks to the Primary Care &amp; Medicines Team especially Jane Freeguard, Anne Kingham and Sharon Kendrick who had worked hard to meet the required deadline. Practices, working in groups, had produced prescribing and referral plans which had been</p>	

	<p>considered and deliberated upon by a clinically led Panel. LD reported all plans had now been approved but reported 10 plans had required some additional work, which was underway and being monitored.</p> <p>Expected emergency admissions plans received and being presented to Integrated Partnership Board for final sign off on 24 May.</p> <p>Members agreed the approach does deliver and although recognised future restrictions, considered the process did provide better quality care for patients and enabled a good foundation for proper system change. However, the CCGs should not lose sight of the demands of individual businesses and recognised the huge amount of works which went into producing the PCE plans by practices.</p> <p><u>Improving Access</u> – an update is included in the GPFV Highlights report.</p>	
5.	<p>Any items not covered on the agenda:</p> <p>Internal audit approach – items for inclusion in the Internal Audit Plan in from the PC Commissioning committees to be agreed at the end of the agenda.</p>	
6.	<p><b>Financial update 2017/18</b></p> <p>It was reported all Worcestershire CCGs had met and are in fact slightly ahead of, their control totals for 2017/18, subject to audit.</p> <p>The Primary Care budgets for all 3 CCGs had delivered a balanced position, again, subject to audit.</p> <p>It was previously reported that the Month 11 position, in line with other CCGs across the West Midlands, had been required to adjust their financial positions to reflect the unmitigated risk of £2m in relation to the generic drug shortage (total cost pressure of £4.7m). The consequence of which led to South Worcestershire and Wyre Forest CCGs finishing the year with a deficit of £900k and £500k respectively.</p> <p>However, following the release of £3.4m/0.5% transformation fund and £0.9m of ‘Category M’ monies (previously top sliced) revised figures of £1.2m surplus for SWCCG, £0.4m surplus for WFCCG and an improved £4.8m deficit for R&amp;B.</p> <p>£34.3m of QIPP savings had been made against a target of £36m.</p> <p><b>Financial Update 2018/19</b></p> <p>Control totals are set at:</p> <ul style="list-style-type: none"> <li>• SW &amp; WF balanced position</li> <li>• R&amp;B controlled £2.3m deficit</li> </ul> <p>Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest Governing bodies have approved the CCGs financial plans for 2018/19 which includes the requirement to deliver £31m of QIPP schemes, shown below:</p>	

2018/19 QIPP Schemes				
Area of Spend	WF	R&B	SW	Total
Acute	(2,989)	(4,832)	(7,778)	(15,599)
Prescribing	(1,177)	(1,923)	(3,095)	(6,195)
Continuing Care	(976)	(1,594)	(2,566)	(5,136)
Community	(684)	(1,117)	(1,798)	(3,600)
Running Costs	(95)	(155)	(250)	(500)
	<b>(5,891)</b>	<b>(9,622)</b>	<b>(15,487)</b>	<b>(31,000)</b>

The CCGs have agreed a 'cap and collar' contract with Worcestershire Acute (including £7.5m of QIPP) and a block contract with Worcestershire Health & Care Trust.

Within the ring-fenced Primary Care budgets for 2018/19 the previously reported gap of £2.9m has reduced to £1.3m following greater than expected QoF achievement PCE remodelling and additional funding from the CCGs Programme Budgets. Mitigations will need to be identified to meet the current £1.3m gap during 2018/19 – given the requirement to ensure the Primary Care Budgets are balanced at Year End. The Committee is asked to note that this will become a recurrent issue in future years in light of the perceived over funding in South Worcestershire based on the current budget allocation mechanisms.

The Primary Care Commissioning committees of Redditch & Bromsgrove, South Worcestershire and Wyre Forest noted the financial position for 2017/18 subject to audit and the update on the 2018/19 financial plan.

7. **GPFV Highlight Report**

The GPFV highlight report is distributed for information to update members; key points highlighted since the last report include:

- On-line consultation with pilots underway in 5 sites. Mixed results received to date. The aim nationally is to reduce GP capacity, however, unless it is a clear cohort of patients identified this can generate more work. There are few CCGs taking part in the pilot and the Worcestershire CCGs are only partially assured by NHSE, this is due to greater clarity required around funding from NHSE. Until concrete funding/plans are received from NHSE the Worcestershire CCGs will not be committing to further roll out of on-line consultation.  
LD informed DH analysis had been undertaken by practice utilisation, patient feedback as well as GP/staff feedback and consideration of patient demography alongside geography. LD would be happy to share results with DH. MF considered the on line consultation a positive step of which a large specific cohort could benefit.
- Transformation Funds – this is committed funds of £1.50 being made available to practices who chose to submit a proposal. The Transformation Panel met on 15 May and agreed 4 proposals.  
JL confirmed the transformation bids had been very good and included: lower level mental health problems and access for convenience although felt the latter would make little difference to emergency admissions (A&E attendance) and needed to be mindful of the spread of workforce. H&W are in the process of formulating plans and better co-ordinating how this is dealt with in the Workforce Group.
- Resilience bids process – a nationally funded scheme bid with great success to date. The PC Quality & Sub Committee consider practice bids which have been agreed this month and included the continuation of a resilience team who are assisting practices.

	<p>The next stage is a meeting on 22 May between Herefordshire &amp; Worcestershire CCGs to agree joint priorities.</p> <ul style="list-style-type: none"> <li>Improving Access – LD updated members on the NHSE’s change in trajectories which has altered the timing by which lead providers/CCGs must deliver improved access to the population. The original guidelines specified 100% extended access to be delivered from 1 April 2019. However, new guidelines state 75% by August 2018 and 100% by October 2018. If we cannot ensure our lead providers are able to commit to the new guidelines this will affect the national funding received by Worcestershire CCGs. A new Memorandum of Understanding has been received and approved. Lead providers are committed to delivery but the timing is difficult; we continue to work with them to provide support and guidance. The Improving Access Programme Board meets on 13 June 2018 and an update will be provide to committees in July 2018.</li> </ul> <p><u>Financial impact</u> MD confirm the extended access financial shortfall would be met by the CCGs. The transformation fund was additional funding which the CCGs had to identify - £900k per year across the 3 CCGs – unspent funding can be carried forward which will support our commitment to sustaining Primary Care.</p> <p>LD confirmed to MF that care navigation is nationally funded for 5 years; we are currently in year 2 of roll out. The evaluation between the Worcestershire &amp; Herefordshire approach will take place this year.</p> <p>The Primary Care Commissioning committees of Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest noted the contents of this report. The Chair summarised with agreement to maintain our focus, reach specific goals and work through the plans/actions as appropriate, taking account of changing national targets.</p>	
8.	<p><b>Estates Transformation &amp; Technology Fund (ETTF)</b></p> <p>NHSE recently informed STPs that further ETTF funding had become available in 2019/20 and have outlined a process for applications. Practices have since been invited to submit proposals which the Estates Sub Group met to prioritise using the ‘mapping tool’. The new funding is for improvement grants and not new build.</p> <p>Proposals included submissions from Winyates Surgery, who are taking patients from Woodrow Surgery, a proposal to convert a large room into 2 practicing rooms, a lift to enable upstairs access at a surgery plus an extension for training and consultation rooms.</p> <p>The funding bids were presented to NHSE on 15 May with Herefordshire colleagues and agreed in principle by NHSE. Visits and monitoring will be undertaken to ensure the criteria for funding is being met.</p> <p>KB, attending the meeting from NHSE, informed members of the positive feedback from NHSE in respect of the good work being undertaken by Herefordshire &amp; Worcestershire working jointly as an STP. An update would be provided at a future meeting.</p> <p>Members of the Primary Care commissioning committees of Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest endorsed the decisions made by the Estate Sub Group and congratulated them on the excellent outcome. Members noted the contents of the report.</p>	

<p>9.</p>	<p><b>Update on merger of Link End Surgery with Malvern Health Centre South Worcestershire Clinical Commissioning Group</b></p> <p>The merger of Link End Surgery and Malvern Health Centre went ahead as planned on 1 April 2018. All went reasonably smoothly with all patients transferred on the 1<sup>st</sup> but with some IT issues behind the schemes but thankfully this didn't affect patient care.</p> <p>Feedback to date through the Friends &amp; Family Tests is positive. The merger will continue to be monitored through the Primary Care Quality &amp; Risk Sub Committee and JH is meeting regularly with the Practice Manager.</p> <p>SHS who has been heavily involved with the patient consultation considered is was a very positive result.</p> <p>DH, our independent GP, reported work was underway for a similar merger in Herefordshire and would welcome feedback in respect of the IT/EMIS issues to ensure a smooth transition for patient care in Herefordshire.</p> <p>South Worcestershire Primary Care Commissioning Committee members noted the contents of the report.</p>	
<p>10.</p>	<p><b>Cornhill Surgery List Closure Redditch &amp; Bromsgrove Clinical Commissioning Group</b></p> <p>As the result of an increasing practice list size Cornhill Surgery has applied to close their list for 6 months whilst their salaried doctor is on maternity leave and whilst their boundary is reviewed.</p> <p>The increasing practice list size is believed to have been affected by a South Birmingham practice which has closed its practice list, the opening of a retirement village and extra patients applying to join Cornhill from a neighbouring area 'Frankley' with complicated time consuming issues. The practice has tried other ideas to alleviate pressures.</p> <p>Members agreed in principle to the list closure, however, asked for New Road Surgery, in Rubery to be monitored to ensure this doesn't impact too greatly, the nursing home is adequately supported and there are other practices in the area to provide support, plus, JH confirmed there are 2 other Birmingham practices. Cornhill Surgery will continue to share cover of The Meadows nursing home. Members agreed the importance of monitoring to ensure the closure does not have a 'domino' effect.</p> <p>No objections have been received from neighbouring practices.</p> <p>Patient engagement has not taken place as this will not affect current registered patients, only new patients. SHS considered there would be an expectation from new potential patients moving to the area and once a decision was made this should be clearly publicised.</p> <p>Members of the Redditch &amp; Bromsgrove Primary Care Commissioning Committee agreed to the list closure of Cornhill Surgery for a period of 6 months.</p>	<p>JH</p> <p>JH</p>



<p>11.</p>	<p><b>GP Practice Area Boundary Changes Riverside Surgery (SW), Cornhill Surgery (R&amp;B) &amp; Aylmer Lodge (WF)</b></p> <p><b>Riverside – SWCCG</b> Riverside Surgery have requested to increase their boundary to enable a number of patients to remain registered with Riverside Surgery but have moved to outlying villages (Elmley Castle). As the village is only within 5 miles of the practice boundary the practice would like to accommodate their requests.</p> <p>Pershore Medical Practice have objected to the change because this impacts on their GMS boundary area and with new regulation brought into effect in April 2012, patients are allowed to remain with the surgery with which they are already registered. The LMC put forward no objections.</p> <p>Members deliberated the need for the change, with concern for the practice taking account of new housing developments being undertaken in Evesham which could affect the practice's list size. JH confirmed the MoU should consult with the CCG in respect of all new developments in an area to allow the impact on Primary Care to be considered.</p> <p>The South Worcestershire Primary Care Commissioning Committee did give approval for this change of boundary recognising the need to allow patient choice.</p> <p><b>Aylmer Lodge – WFCCG</b> Aylmer Lodge has applied to increase it's boundary to encompass Hartlebury and Kinver. No objections had been raised by neighbouring practices or the LMC.</p> <p>The Wyre Forest Primary Care Commissioning Committee granted approval allowing Aylmer Lodge to increase their boundary.</p> <p><b>Cornhill Surgery – R&amp;BCCG</b> Cornhill Surgery have applied to decrease their boundary following increases in their list size by approx. 100 patients in the last year. Patients are transferring from Frankley HC and Leach Health Lane Surgery. In addition to this, as mentioned above, increasing numbers of patients from the retirement village in Longbridge are applying to join the practice. Cornhill has expressed concerns in respect of their demographics with many patients weighted towards Birmingham as opposed to Redditch &amp; Bromsgrove.</p> <p>No objections have been raised by neighbouring practices or the LMC. This would not affect current patients registered with Cornhill Surgery, however, new patients outside the proposed boundary would be required to register at another practice.</p> <p>Following no objections to their proposal and the agreement to close their registration list temporarily, members of the R&amp;B Primary Care Commissioning Committee approved the boundary changes.</p> <p>LD confirmed the three practices who had applied for boundary changes are not on the Performance Management Framework.</p> <p>Members agreed it would be useful to have a set criteria and standard template for practices to complete in respect of boundary changes to enable conclusions to be decided upon in a fair and consistent manner. Members of the committees needed to be assured patients will continue to receive good quality care and patient safety is assured.</p>	<p>Action log/JH</p>
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<p>12.</p>	<p><b>Contract Variations R&amp;B/SW CCGs</b></p> <p>Members of the Redditch &amp; Bromsgrove and South Worcestershire Clinical Commissioning groups noted the contents of the report presented in respect of changes to GMS/PMS contracts.</p>	
<p>13.</p>	<p><b>GPFV Workforce Update</b></p> <p>Nikki Marriott (GPFV Workforce Lead) joined the meeting to update members and provide a summary of the plan to date.</p> <p>The report updates members on our response to the NHSE planning cycle with the trajectories managed on a quarterly basis and include both GPs and nurses. The GP FTE trajectories are based on 2015 NHS digital data with a baseline of 439 FTE. Our current position is a 58 GP FTE gap (based on 2020 targets) representative of a 13% of the target. The gap continues to grow.</p> <p>Initiatives and update include: A fully established <b>fellowship programme</b> is being considered from the HEE to develop roles for newly qualified doctors enabling them to spend 2 days in a GP practice, 2 days in the Hospital Trust operating over and above a GMS contract. 10 places have been offered to the Hereford &amp; Worcester CCGs with 4 places offered to the Worcester Acute and 2 places to the Health &amp; Care Trust.</p> <p><b>General Practice Nurse – 10 point plan</b> The absence of an education infrastructure within Primary Care for nurses has been recognised as a fundamental issue. Actions have been agreed across the 4 STP in Herefordshire, Worcestershire, Coventry and Warwick to:</p> <ol style="list-style-type: none"> <li>1. Develop draft educational infrastructure against academic framework for GPN's</li> <li>2. Consult with Trust education team and HEE</li> <li>3. Ratify with CCG DON's</li> <li>4. Include plans for developing an infrastructure into revised GPFV workforce plans</li> <li>5. Agree KPI's for delivery with Training Hubs (in collaboration with HEE)</li> <li>6. Work on sustainable solution</li> </ol> <p>A recent initiative to recruit an educational GP nurse has received poor response, however, a new strategy is being developed with greater publicity, incentive and mentorship.</p> <p><b>International Recruitment</b> Wave 4 bid submitted to NHSE, waiting outcome. NHSE advised to reduce reliance on IR as wave 1 and 2 pilots not delivering as expected. International recruitment initiatives are falling short of original expectations. The outcome of Birmingham's international recruitment plan will be interesting. JL reported on slow progress with the Acute Trust to establish ways of encouraging more junior doctors into General Practice.</p> <p>NM confirmed a recent Herefordshire &amp; Worcestershire bid had been submitted, the results of which are still awaited. NM reported a multitude of problems: young doctors and nurses are needed and mentorship needs much development plus there is a whole tranche of aspects between recruitment and retention which require work. Part of the problem is a lack of infrastructure and funds. We believe the Acute Trust have a huge training budget whereas our current budget is only £71k. MD highlighted Health Education England's huge</p>	



	<p>resource and the potential for exploring ways of unlocking funds. MD will consider through his finance contacts and will raise the issue to the STP Finance Board.</p> <p>The Local Workforce Action Board reports into the STP Board of which Sarah Dugan has recently taken responsibility; it is hoped more action will be forthcoming.</p> <p>Lay member, Rob Parker, will shortly start attending the STP Board and we should aim to use this channel to push forward on new initiatives and funding requirements.</p> <p>Members of the Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest Primary Care Commissioning committees noted the contents of the report recognising the huge amount of work still to be undertaken and the risks associated therein.</p>	MD
14.	<p><b>Primary Care Commissioning Committee (PCCC) Terms of Reference</b></p> <p>Members are invited to approve the revised terms of reference for the PCCCs which reflect the shared governance structure changes put in place from 1 April 2018.</p> <p>In respect of the PCCCs they will remain committees in common across the 3 Worcestershire CCGs. Membership has been updated with the addition of a Practice Manager member and greater lay member support with a total of 3 lay members representing all 3 CCGs.</p> <p>Additionally, the committees meeting in common will receive a bi-annual report from the Primary Care Quality &amp; Risk Sub Committee.</p> <p>Members of the Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest Primary Care Commissioning committees approved the revised terms of reference, which reflect the shared governance changes implemented from 1 April 2018.</p>	
15.	<p><b>Business Assurance Framework &amp; Risk Report</b></p> <p>Members of the Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest Primary Care Commissioning committees noted the contents and highlighted risks within the report presented. Two key risks, namely: workforce and improving access, have been discussed within this agenda.</p> <p>Risk Register – in line with CCG risk management strategy the risks associated with the Woodrow Practice which is rated as a red risk, will be discussed as part of the confidential agenda. Members of the Redditch &amp; Bromsgrove, South Worcestershire and Wyre Forest Primary Care Commissioning committees noted the contents of the report.</p>	
16.	<p><b>STP update</b></p> <p>Items agreed for report back to STP:</p> <ul style="list-style-type: none"> <li>• ETTF process/bids.</li> <li>• Improved access – NHSE changes to timescales, highlighting the challenges.</li> <li>• Workforce and training – single system approach highlighting the need for ownership by all stakeholders.</li> <li>• GP recruitment trajectories (and other workforce issues).</li> </ul>	
17.	<p><b>Internal Audit Plan</b></p> <p>Members discussed options for items to include in the Internal Audit Plan. Consideration was given to GPFV implementation and contract around funding or the PCE 17/18 contract which differed in parts across the CCGs but might reap valuable learning. MD emphasised</p>	

	the need to understand the Terms of Reference and consider what the Committee would like to learn from the outcome. Members agreed to consider and decide on one item for inclusion.	LD
18.	<p><b>Open Forum/Public</b></p> <p>In response to a question raised in the Open Forum MD explained how the CCG deals with the financial challenges around the quality premium and incentives. The CCGs have constituted local targets with clearly defined and monitored outcomes whereby improvements can be made and rewarded. CCGs in financial deficit cannot access quality premium. For example, if the Acute Trust is challenged against measures eg referral to treatment, A&amp;E standards, Cancer 62 day appointment, we would not receive quality premium. MD confirmed it is always the CCGs intention to strive for quality premium, however, figures are not factored into the 2018/19 plan.</p>	
19.	<p><b>Report planner</b></p> <p>Work planner agreed, key items include:</p> <ul style="list-style-type: none"> <li>• Improved Access</li> <li>• QoF Quality – presentation by Dr George Henry (performance across general practice).</li> <li>• Enhanced services deferred.</li> <li>• Dashboard – remove.</li> </ul>	
20.	<b>Next meeting:</b> 18 July R&B after AGM or consider moving to 11 July 2018.	
21.	<p><b>Future 2018 meeting dates</b> agreed as shown below:</p> <p>18 July at 10:30am – WF area  12 Sept at 11am – SW area  24 October at 10:30am – R&amp;B area  12 December at 11:00am – WF area  30 January 2019 at 10:30am – SW area  13 March 2019 at 11:00am – R&amp;B area</p>	

# County-Wide Primary Care Commissioning Committee

Wednesday, 16 May 2018

16.05.18	<p><b>Dashboard</b> Proposal for a new dashboard, based broadly on the concept used at WFHP.</p> <p>Discussions have commenced with Wyre Forest Health Partnership and a further update will be provided when financial and logistical information is available. Item deferred until May 2018.</p> <p>Update for 16 May 2018 No progress has been made to date, WFHP members will be considering their Development Plan shortly and will consider the impact of the Countywide dashboard on WFHP work plans. The Partnership need to ensure they can produce with confidence a dashboard which the County can rely on and feel assured of how the data is created.</p>	LD	<p>WFHP dashboard is proving difficult to roll out to other members of the Worcestershire CCGs due to capacity issues and is fraught with complications. It has been agreed to reconsider how the CCGs might automate their systems whilst also enabling key reporting functions. Members agreed the fundamental principles behind the system are worthwhile and we should find a way of making this work. Further work will be undertaken with the Business Information Team and further proposals would be presented at a later date.</p> <p>ITEM CLOSED</p>
14.03.18	<p><b>St Saviours Surgery – SW CCG</b> Members of the SW PC Commissioning Committee agreed the closure of St Saviours patient list for a temporary period of 4 months. This would be reviewed after that time.</p>	JH	<p>St Saviours Surgery opened their practice list at the end of the 4 month list closure period.</p> <p>ITEM CLOSED</p>
16.05.18	<p><b>ETTF</b> Update on approval to practice proposals from NHSE would be provided in due course.</p>	JH	<p>Kerry Biggs has been visiting all the practices whose proposals are agreed and ensuring criteria is being met, updating them on process to be followed and once final approval is received, funding is released.</p>
16.05.18	<p><b>Practice Boundary Changes – criteria</b> Members agreed it would be useful to have a set criteria and standard template for practices</p>	JH	<p>Work in progress.</p>

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NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

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to complete in respect of boundary changes to enable conclusions to be decided upon in a fair and consistent manner. Members of the committees needed to be assured patients will continue to receive good quality care and patient safety is assured.

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16.05.18	<p><b>Internal Audit Plan</b> Members discussed options for items to include in the Internal Audit Plan. Consideration was given to GPFV implementation and contract around funding or the PCE 17/18 contract which differed in parts across the CCGs but might reap valuable learning. MD emphasised the need to understand the Terms of Reference and consider what the Committee would like to learn from the outcome. Members agreed to consider and decide on one item for inclusion.</p>	TH/LD	MD & LD will discuss outside the meeting to reach conclusion.
16.05.18	<p><b>Workforce and retention</b> NM reported a multitude of problems: young doctors and nurses are needed and mentorship needs much development plus there is a whole tranche of aspects between recruitment and retention which require work. Part of the problem is a lack of infrastructure and funds. We believe the Acute Trust have a huge training budget whereas our current budget is only £71k. MD highlighted Health Education England huge resources and the potential for exploring ways of unlocking funds. MD will consider through his finance contacts and will raise the issue to the STP Finance Board.</p>	MD/NM	

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# County-wide Primary Care Commissioning Committee Meeting ‘meetings in common’

Wednesday, 11<sup>th</sup> July 2018 at 10:30am

## Finance update

<b>Report author</b>	Nicola Malyon, Deputy Chief Finance Officer, 3 CCGs
<b>Presented by</b>	Mark Dutton, Chief Finance Officer, 3 CCGs
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input checked="" type="checkbox"/>
<b>Recommendation</b>	<p>The Committee is asked to note:</p> <ul style="list-style-type: none"> <li>• The overall financial context of the 3 CCGs; and</li> <li>• The current level of risk within the ring-fenced Primary Care budgets.</li> </ul>
<b>Purpose</b>	Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

### Overall Financial Context

#### 2018/19

At Month 2 all 3 CCGs are reporting delivery against their agreed control totals – a balanced position for both South Worcestershire and Wyre Forest and a deficit of £2.3m for Redditch & Bromsgrove.

The Committee is to note that Redditch & Bromsgrove will have access to £2.3m of Commissioner Sustainability Funds (CSF) (off-setting the agreed control total deficit position of £2.3m for 2018/19) subject to the production of a financial recovery plan that will demonstrate recovery of the CCG's underlying position in 2019/20 (to an in-year balanced position) without receipt of CSF monies in future years. The deadline for this was 30<sup>th</sup> June 2018 and we await confirmation that our plans have been approved.

The main areas across the CCGs portfolio to draw to the Committee's attention at Month 2 are:

- **Acute** – currently forecasting an over-spend of £0.8m across the 3 CCGs – £0.6m for R&B, £0.3m for WF and £0.05m for SW. Across all 3 CCGs we are forecasting £0.8m of over-

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performance with West Midlands Ambulance - £0.5m of which relates to increases levels of ambulance activity. In addition for R&B we are seeing over-performance with the Independent Sector (£0.1m) and the Birmingham Women & Children's (£0.2m) and in Wyre Forest £0.1m at Dudley Group. Whilst we only have Month 1 monitoring we have seen an increase in referrals at the Independent Sector providers across all three CCGs.

- **Prescribing** – a forecast over-spend of £0.4m across the 3 CCGs - £0.2m of which sits within WF – resulting from a shortfall against the anticipated QIPP savings in 2017/18 reflected in the Year End positions now we have received the final Month 12 prescribing monitoring information.

## QIPP 2018/19

At Month 2, the CCGs are reporting delivery against the £31m target of £23.14m as detailed below.

Financial Recovery Plan 2018/19 @ Month 2			
Programme Area	Plan	Risk Adjusted	Variance
	£'000	£'000	£'000
Primary Care	1.20	1.12	(0.08)
Prescribing	8.71	7.00	(1.71)
Elective Care	6.47	3.40	(3.07)
Urgent Care	3.05	2.15	(0.90)
Neighbourhood Teams	2.85	1.71	(1.14)
CHC	4.98	4.78	(0.20)
S75	1.87	1.41	(0.46)
Contracting	4.40	4.15	(0.25)
Other	0.75	0.75	0.00
Adjustments	(3.28)	3.33	(0.05)
	<b>31.00</b>	<b>23.14</b>	<b>(7.86)</b>

A number of actions and mitigations are being explored and a deep dive scheduled for the Elective Care programme to understand what recovery actions can be accelerated.

## 2018/19 WAT Update

2018/19 is year 2 of a two year Cap & Collar Contract – with a capped contract value of £277.3m (+£4.5m) and collar of £269.8m (-£3m) on a baseline of £272.8m. This includes a QIPP value of £7.5m. Month 2 monitoring is showing, before any adjustments to reflect reconciliation challenges, an over-performance of £430k.

Discussions are ongoing with the Trust to improve their proposed trajectory for 18 weeks from 84% (as agreed by NHSE/NHSI) to 87%.

Outside of this the CCGs have invested an additional £3.5m to support the impact of FoASH and Winter Planning (in line with national guidance) – subject to a jointly signed Winter Plan with key deliverables on improving the County's A&E performance.

### On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

## **Primary Care Co Commissioning**

### **2018/19 – Month 2**

The Committee is asked to note that at Month 2 a balanced position (Appendix 1) has been reported for all three CCGs.

As previously updated there still remains an overall financial risk on the co-commissioning budget. At the last committee meeting this was reported at circa £0.8m which has arisen as a result of the funding inflationary uplift compared to the nationally agreed contract uplifts and full year effect impacts of cost pressures that have arisen.

Work is continuing with the NHS England Primary Care Finance hub to fully review the initial forecasts provided at Month 2 but also understand the full year impact of 2017/18 year-end provisions and whether this generates any further non-recurrent benefit.

Within Appendix 1 there are two areas of significant areas of over-performance initially identified:

- **QOF** - £490k – which is due to a budget phasing cost pressure which will be corrected for Month 3 reporting; and
- **GMS** –£714k – which reflects incorrect demographic growth assumptions by NHSE and we anticipate an improvement in this position at Month 3.

The finance team continues to work with its NHSE colleagues to improve the current forecasting assumptions and provide a more stable forecasting position month on month – the outcome of which we are expecting to reflect in the Month 3 position.

#### **On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG



# Appendix 1 – 2018/19 Plans

Worcestershire CCG's GMS/PMS/APMS 18/19												
DESCRIPTION / PROVIDER	Redditch & Bromsgrove CCG			South Worcestershire CCG			Wyre Forest CCG			Total CCG		
	ANNUAL BUDGET	FOT POSTED TO LEDGER	SURPLUS / (DEFICIT)	ANNUAL BUDGET	FOT POSTED TO LEDGER	SURPLUS / (DEFICIT)	ANNUAL BUDGET	FOT POSTED TO LEDGER	SURPLUS / (DEFICIT)	ANNUAL BUDGET	FOT POSTED TO LEDGER	SURPLUS / (DEFICIT)
C&M-GMS Global Sum	14,396,988	14,597,792	(200,804)	25,467,572	26,088,784	(621,212)	8,480,685	8,682,774	(202,089)	48,345,245	49,369,350	(1,024,105)
C&M-GMS MPiG Correction Factor	321,501	209,925	111,576	236,333	153,803	82,530	118,116	77,193	40,923	675,950	440,921	235,029
C&M- GMS Transitional Payments	264,045	255,815	8,230	1,023,505	983,504	40,001	320,270	284,491	35,779	1,607,820	1,523,810	84,010
C&M-APMS List Size Growth	0	0	0	1,566	0	1,566	0	0	0	1,566	0	1,566
C&M-APMS Contract Value	0	0	0	331,910	364,452	(32,542)	0	0	0	331,910	364,452	(32,542)
C&M-APMS Contract KPIs	0	0	0	28,023	27,356	667	0	0	0	28,023	27,356	667
C&M-PMS Contract Value	0	0	0	0	0	0	1,408,700	1,387,476	21,224	1,408,700	1,387,476	21,224
C&M-PMS Out of Hours Opt Outs	0	0	0	0	0	0	0	0	0	0	0	0
<b>General Practice (GMS)</b>	<b>14,982,534</b>	<b>15,063,532</b>	<b>(80,998)</b>	<b>27,088,909</b>	<b>27,617,899</b>	<b>(528,990)</b>	<b>10,327,771</b>	<b>10,431,934</b>	<b>(104,163)</b>	<b>52,399,214</b>	<b>53,113,365</b>	<b>(714,151)</b>
C&M-GMS QOF Aspiration	1,701,692	1,741,711	(40,019)	3,098,435	3,251,279	(152,844)	1,136,057	1,206,310	(70,253)	5,936,184	6,199,300	(263,116)
C&M-GMS QOF Achievement	633,953	658,993	(25,040)	1,043,319	1,230,153	(186,834)	448,132	456,419	(8,287)	2,125,404	2,345,565	(220,161)
C&M-APMS QOF Achievement	0	0	0	8,942	8,913	29	0	0	0	8,942	8,913	29
C&M-APMS QOF Aspiration	0	0	0	21,626	23,557	(1,931)	0	0	0	21,626	23,557	(1,931)
C&M-PMS QOF Aspiration	0	0	0	0	0	0	207,128	216,393	(9,265)	207,128	216,393	(9,265)
C&M-PMS QOF Achievement	0	0	0	0	0	0	85,648	81,874	3,774	85,648	81,874	3,774
<b>QOF</b>	<b>2,335,645</b>	<b>2,400,705</b>	<b>(65,060)</b>	<b>4,172,322</b>	<b>4,513,902</b>	<b>(341,580)</b>	<b>1,876,965</b>	<b>1,960,996</b>	<b>(84,031)</b>	<b>8,384,932</b>	<b>8,875,603</b>	<b>(490,671)</b>
C&M-GMS DES Minor Surgery	301,489	315,084	(13,595)	497,131	466,782	30,349	264,936	259,977	4,959	1,063,556	1,041,843	21,713
C&M-GMS DES Violent Patients	20,420	19,147	1,273	37,698	36,814	884	14,960	15,219	(259)	73,078	71,180	1,898
C&M-GMS DES Extended Hours Access	324,012	337,510	(13,498)	393,675	399,367	(5,692)	223,601	191,585	32,016	941,288	928,462	12,826
C&M-GMS DES Learn Dsbly Hlth Chk	64,895	62,932	1,963	97,338	60,380	36,958	53,698	18,340	35,358	215,931	141,652	74,279
C&M-GMS DES Unplanned Admissions	0	0	0	0	0	0	0	0	0	0	0	0
C&M-GMS Dispensing Quality Sch	25,609	23,819	1,790	173,567	162,855	10,712	19,065	17,423	1,642	218,241	204,097	14,144
C&M-GMS DES TPP QRISK	53	53	0	150	150	0	13	0	13	216	203	13
Translation Fees	1,128	9,322	(8,194)	0	16,351	(16,351)	0	6,102	(6,102)	1,128	31,775	(30,647)
C&M-APMS DES Extended Hours Access	0	0	0	9,903	0	9,903	0	0	0	9,903	0	9,903
C&M-APMS DES Learn Dsbly Hlth Chk	0	0	0	430	420	10	0	0	0	430	420	10
C&M-PMS DES Minor Surgery	0	0	0	0	1,611	(1,611)	54,275	41,232	13,043	54,275	42,843	11,432
C&M-PMS DES Extended Hours Access	0	0	0	0	0	0	29,788	29,357	431	29,788	29,357	431
C&M-PMS DES Learn Dsbly Hlth Chk	0	0	0	0	0	0	2,999	2,940	59	2,999	2,940	59
<b>Enhanced Services</b>	<b>737,606</b>	<b>767,867</b>	<b>(30,261)</b>	<b>1,209,892</b>	<b>1,144,730</b>	<b>65,162</b>	<b>663,335</b>	<b>582,175</b>	<b>81,160</b>	<b>2,610,833</b>	<b>2,494,772</b>	<b>116,061</b>
C&M-GMS Prem Actual Rent	1,116,741	1,100,507	16,234	5,416,955	5,293,016	123,939	924,134	915,503	8,631	7,457,830	7,309,026	148,804
C&M-GMS Prem Notional Rent	870,109	847,832	22,277	723,555	686,410	37,145	350,951	337,525	13,426	1,944,615	1,871,767	72,848
C&M-GMS Prem Cost Rent	69,318	67,892	1,426	133,567	133,567	0	0	0	0	202,885	201,459	1,426
C&M-GMS Prem Rates	308,257	303,360	4,897	705,659	717,430	(11,771)	262,542	194,493	68,049	1,276,458	1,215,283	61,175
C&M-GMS Prem Water Rates	28,098	18,494	9,604	60,294	59,117	1,177	9,223	5,252	3,971	97,615	82,863	14,752
C&M-GMS Prem Clinical Waste	6,126	6,000	126	17,030	18,953	(1,923)	4,080	4,000	80	27,236	28,953	(1,717)
C&M-APMS Prem Actual Rent	0	0	0	57,883	56,658	1,225	0	0	0	57,883	56,658	1,225
C&M-APMS Prem Rates	0	0	0	4,074	3,977	97	0	0	0	4,074	3,977	97
C&M-APMS Prem Water Rates	0	0	0	537	470	67	0	0	0	537	470	67
C&M-PMS Prem Actual Rent	0	0	0	0	0	0	334,294	327,707	6,587	334,294	327,707	6,587
C&M-PMS Prem Rates	0	0	0	0	0	0	54,726	55,216	(490)	54,726	55,216	(490)
C&M-PMS Prem Water Rates	0	0	0	0	0	0	2,336	0	2,336	2,336	0	2,336
<b>Premises Cost Reimbursement</b>	<b>2,398,649</b>	<b>2,344,084</b>	<b>54,565</b>	<b>7,119,554</b>	<b>6,969,598</b>	<b>149,956</b>	<b>1,942,286</b>	<b>1,839,696</b>	<b>102,590</b>	<b>11,460,489</b>	<b>11,153,378</b>	<b>307,111</b>
C&M-GMS Prem Other	29,372	28,768	604	46,652	45,541	1,111	15,990	14,515	1,475	92,014	88,824	3,190
C&M-APMS Prem Other	0	0	0	6,146	6,000	1,146	0	0	0	6,146	6,000	1,146
<b>Other Premises Costs</b>	<b>29,372</b>	<b>28,768</b>	<b>604</b>	<b>52,798</b>	<b>51,541</b>	<b>1,257</b>	<b>15,990</b>	<b>14,515</b>	<b>1,475</b>	<b>98,160</b>	<b>94,824</b>	<b>3,336</b>
C&M-GMS Prof Fees Dispensing	382,198	333,695	48,503	3,201,296	3,303,355	(102,059)	425,667	432,268	(6,601)	4,009,161	4,069,318	(60,157)
C&M-GMS Prof Fees Prescribing	127,761	163,174	(35,413)	147,897	139,135	8,762	79,992	74,587	5,405	355,650	376,896	(21,246)
C&M-GMS PrscChrgsCll&RmttdbyGPCntra	(68,271)	(64,370)	(3,901)	(370,506)	(533,426)	162,920	(52,171)	(60,927)	8,756	(490,948)	(658,723)	167,775
C&M-APMS Prof Fees Prescribing	0	0	0	1,359	0	1,359	0	0	0	1,359	0	1,359
C&M-PMS Prof Fees Prescribing	0	0	0	0	0	0	17,279	15,441	1,838	17,279	15,441	1,838
<b>Dispensing/Prescribing Fees</b>	<b>441,688</b>	<b>432,499</b>	<b>9,189</b>	<b>2,980,046</b>	<b>2,909,064</b>	<b>70,982</b>	<b>470,767</b>	<b>461,369</b>	<b>9,398</b>	<b>3,891,142</b>	<b>3,802,932</b>	<b>88,210</b>
C&M-GMS PCO Seniority	271,283	267,503	3,780	422,087	403,803	18,284	148,258	157,587	(9,329)	841,628	828,893	12,735
C&M-PMS PCO Seniority	0	0	0	0	0	0	36,406	21,312	15,094	36,406	21,312	15,094
C&M-GMS PCO Locum Adop/Pat/Mat	118,335	129,260	(10,925)	139,010	120,917	18,093	127,013	100,499	26,514	384,358	350,676	33,682
C&M-GMS CQC Costs	100,154	106,814	(6,660)	174,872	184,758	(9,886)	50,832	58,733	(7,901)	325,858	350,305	(24,447)
C&M-PMS CQC Fees	0	0	0	0	0	0	0	0	0	0	0	0
C&M-APMS CQC Fees 18/19	0	0	0	0	10,045	(10,045)	0	0	0	0	10,045	(10,045)
C&M-PMS PCO Locum Adop/Pat/Mat	0	0	0	0	0	0	8,850	44,218	(35,368)	0	0	0
C&M-GMS PCO Doctors Ret Scheme	0	0	0	28,376	29,700	(1,324)	3,190	3,627	(437)	31,566	33,327	(1,761)
C&M-GMS PCO Locum Sickness	193,989	51,420	142,569	246,179	12,363	233,816	94,274	27,836	66,438	534,442	91,619	442,823
Choice of GP - Home Visits	2,808	2,808	0	18,679	18,679	0	1,530	1,530	0	23,017	23,017	0
Meeting Expenses/Room Hire	261	261	0	0	0	0	0	0	0	261	261	0
Indemnity Payments	180,681	0	180,681	316,002	0	316,002	117,978	0	117,978	614,661	0	614,661
Homeless and Vulnerable serv	0	0	0	46,098	46,098	0	0	0	0	46,098	46,098	0
Needles & Syringes	19,387	19,387	0	30,732	30,732	0	7,330	7,330	0	57,449	57,449	0
Meeting room Expenses /Other	0	0	0	0	0	0	510	510	0	510	510	0
<b>Reserves</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Reserve (originally 0.6%)	0	0	0	0	0	0	0	0	0	0	0	0
0.5% Contingency (Frozen)	115,340	115,340	0	232,240	232,240	0	83,420	83,420	0	431,000	431,000	0
<b>Cost Pressures</b>	<b>(223,435)</b>	<b>(25,952)</b>	<b>(197,483)</b>	<b>(309,880)</b>	<b>(328,155)</b>	<b>18,275</b>	<b>(393,330)</b>	<b>(213,912)</b>	<b>(179,418)</b>	<b>(926,645)</b>	<b>(568,019)</b>	<b>(358,626)</b>
Flexibility/Pressure Baseline	(223,435)	(25,952)	(197,483)	(309,880)	(328,155)	18,275	(393,330)	(213,912)	(179,418)	(926,645)	(568,019)	(358,626)
18/19 Cost Pressure	0	0	0	0	0	0	0	0	0	0	0	0
17/18 Flexibility/Pressure	0	0	0	0	0	0	0	0	0	0	0	0
<b>GP Forward View/Transformation Monies</b>	<b>265,160</b>	<b>265,160</b>	<b>0</b>	<b>464,480</b>	<b>464,480</b>	<b>0</b>	<b>173,049</b>	<b>173,049</b>	<b>0</b>	<b>902,689</b>	<b>902,689</b>	<b>0</b>
1% Reserve	265,160	265,160	0	464,480	464,480	0	173,049	173,049	0	902,689	902,689	0
1% Reserve Bal (£1.50/head)	0	0	0	0	0	0	0	0	0	0	0	0
<b>PCE (£11 per Head)</b>	<b>1,015,950</b>	<b>1,015,950</b>	<b>0</b>	<b>723,303</b>	<b>723,303</b>	<b>0</b>	<b>413,507</b>	<b>413,507</b>	<b>0</b>	<b>2,152,760</b>	<b>2,152,760</b>	<b>0</b>
PCE 18/19 £11 per head												



# Countywide Primary Care Commissioning Committee Meeting 'meetings in common'

10.30 am Wednesday 11 July 2018

The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PD

## Update on GP Improved Access

<b>Report author</b>	Robert Connor, Interim Improved Access Lead
<b>Presented by</b>	Robert Connor, Interim Improved Access Lead
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input checked="" type="checkbox"/>
<b>Recommendation</b>	That the Committee notes the update and considers the recommendations of the Improved Access Delivery Steering Group
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

### Executive Summary

NHS England has informed CCGs that they are required to commission GP Improved Access Services, to be offered to patients from October 1<sup>st</sup>, 2018. GP provider leads from the three CCGs have been invited to present their detailed proposals for the delivery of Improved Access services to the Improved Access Delivery Steering Group for consideration. The Primary Care Commissioning Committee is being asked to approve the recommendations made by the Steering Group.

### Introduction

As part of the Prime Minister's Challenge Fund Improved Access pilot, Improved Access services have been provided in South Worcestershire' by a Federation of South Worcestershire practices as Staywell Healthcare Ltd since 2015. This was re-procured in 2017 but revised models have been presented to meet the current core criteria.

In October 2017, the Primary Care Commissioning Committee approved the recommendation to make a direct award to a general practice lead provider in Redditch & Bromsgrove and a general practice lead provider in Wyre Forest as an interim measure pending formal procurement in 2020\2021 for Improved Access to General Practice Services in those areas.

Since October 2017, practices in Redditch and Bromsgrove, and Wyre Forest have been working on improved access delivery model plans to be delivered from April 2018 in line with NHSE's seven core requirements. In addition, Staywell Healthcare has been required to propose a new delivery model for South Worcestershire from April 2018, in line with the core requirements. The CCGs also established an Improving Access Steering Group that has overseen the development of the models to date and considered the proposals for extended access including any transformation funding elements.

### On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

## **Service Delivery Trajectory Changes**

Staywell Healthcare continues to provide 100% capacity provision, which equates to 30 minutes per 1,000 patients.

In January 2018, the CCGs were advised by NHS England that Improved Access services would need to commence in Redditch & Bromsgrove and Wyre Forest from October 1<sup>st</sup>, 2018 at 30 minutes per 1,000 patients, which would generate funding of £6 per head. Following cessation of one of Winter Pressures funding, it was agreed that Improved Access Services would reduce to 50% capacity in Redditch & Bromsgrove and Wyre Forest, which equates to 15 minutes per 1,000 patients, commensurate with the lower nationally agreed funding rate, and that this would continue until the national funding of £6 per head came on stream. In April 2018, NHS England West Midlands advised the CCGs that they were required to increase provision to 75% capacity in August 2018 and 100% capacity from September 2018 onwards. This has posed considerable challenges to the two provider leads, particularly in terms of securing available workforce to meet these revised trajectories. NHS England is making some additional funding available to meet these revisions, although this does not equate to 75% and an additional top up is required. All CCGs are required to meet 100% access according to the National criteria by 1 October 2018.

### **Revised Proposals – Redditch & Bromsgrove**

The provider lead for Redditch & Bromsgrove is St John's Surgery. They propose to deliver Improved Access services from five hubs, two of which will alternate.

The provider lead for Redditch & Bromsgrove presented their revised delivery model to the Steering Group on June 13<sup>th</sup>, whereby they propose to remain at 50% capacity provision until September 1<sup>st</sup>, after which they will increase provision to 75% and then 100% from October 1<sup>st</sup>. They also proposed to utilise a Transformation Fund allocation (£1.50 per head) to support an increase in additional capacity. They also proposed that, while they will be able to offer 100% capacity provision from all hub sites (four plus two alternating) from October 2018, they would only be able to offer 75% provision in September 2018 from two hubs.

The Steering Group accepted this proposal and therefore recommends it to the Committee.

### **Revised Proposals – South Worcestershire**

The lead provider for South Worcestershire is SW (formerly Staywell). They are delivering services from four hubs.

The revised trajectories do not impact the lead provider for South Worcestershire. However, Staywell were required to present a revised proposal to demonstrate adherence to the seven core criteria for Improved Access, published in 2017. The provider lead presented the revised delivery model to the Steering Group on June 13<sup>th</sup>, which confirmed at scale provision from four hub locations, and also an additional virtual hub offering telephone appointments.

The Steering Group accepted this proposal, subject to the lead provider evidencing improved utilisation of the service (currently at 50-60%), which will be monitored, and therefore recommends it to the Committee.

### **Revised Proposals – Wyre Forest**

The lead provider for Wyre Forest comprises of Wyre Forest Health Partnership and the Wyre Forest Network of Independent Practices (NIPS). Currently they propose to deliver Improved Access services from two hubs but are open to ongoing discussions around alternatives which could offer more economies of scale.

The provider lead for Wyre Forest was unable to present their revised delivery model to the Steering Group on June 13<sup>th</sup>. Following a meeting between the CCGs and the provider lead on June 27<sup>th</sup>, the provider lead will now present their revised model to the Steering Group by mid-July. It was noted that, as a result of a combination of delays associated with the proposed service's IT software solution provider and constraints relating to workforce recruitment, the lead provider proposes to remain at 50% capacity provision until September 1<sup>st</sup>, after which they will increase provision to 75% and then 100% from October 1<sup>st</sup>. It was further

noted that due to logistical reasons the 75% provision will remain at Practice level for NIPS providers, but will still enable them to offer increased access. It will transfer to full hub provision from October 1<sup>st</sup>.

Subject to Steering Group acceptance of the revised proposal, the Committee will be asked to approve the recommendation at the next meeting.

### **Recommendation**

The Committee is asked to note the update service proposals and approve the recommendations of the Improved Access Steering Group.

## Worcestershire GPFV – Work Programme Highlight Report June 2018

<b>Report author</b>	Primary Care Team members
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input checked="" type="checkbox"/>

### Executive Summary

The General Practice Forward View (GPFV) addresses the sustainability and transformation of Primary Care nationally. It includes specific, practical and funded actions across five areas :

- **Investment** • **Workforce** • **Workload** • **Infrastructure** • **Care redesign (New models of care)**

The Worcestershire GPFV delivery plan was submitted to NHSE in February 2017 and sets out how the CCGs are to implement the five key areas locally. Since then significant progress has been made across many of the work streams. This report provides a brief summary of each work stream, progress to date and progress *planned for the coming month*. Each work stream is RAG rated and outlines any issues for escalation from each of the work streams.

### Summary of progress to date

- Internal Resilience Peer Support Team – requests and support is on-going and group based sessions will be bookable soon. A Resilience Fund proposal has been approved by NHSE to allow the initiative to continue and expand in 18\19.
- Social Prescribing – pilot sites are now accepting referrals – a website has been launched and the evaluation by Public Health has commenced, with a review at three-monthly intervals.
- IT & technology and infrastructure – Online Consultations Pilot has ended. Online Consultation funding secured, the project will be managed by the CSU. Work to begin on identifying key success factors which produce must meet
- Workforce- continuing to focus on GP workforce as part of the Workforce plan, with local and STP-wide initiatives in place.
- Improved Access to GP services- WF and RB are now delivering their access models, with further refinements required during Q1 2018-2019 to ensure delivery against all seven core requirements. The Improving Access Delivery Programme Board approved the R&B model which will deliver 100% access in September.
- GPFV Transformation Fund- A small number of bids have been received. National priority is Improving Access. Bids only acceptable from groups of practices.
- Care Navigation/Active Signposting- All three CCG areas will be launching the Healthcare Navigator project during 2018-2019. Two very successful GP and PM workshops were held in April for SW and WF practices. Three GP leads have now been identified from across the CCG areas and will work closely together on further enhancing the model.
- Document Handling- All three CCG areas are further enhancing the work undertaken with document handling/EZ doc during 17-18 with further staff training planned from April 2018.

### Issues for escalation

Issue	Action
Access	This continues to be of high priority given the national target remains for all non-GPAF sites to have 100% extended access in place by October 19.
Workforce	<ul style="list-style-type: none"> <li>• West Midlands RCGP faculty unable to deliver plan to utilise £20k transformation funding to support GP workforce. GPFV workforce group recommended developing proposal to support GP portfolio roles – on hold following announcement of NHSE GP retention funding.</li> <li>• Working up NHSE GP retention funding proposal with CCG, HEE and LMC GPs</li> </ul>

#### On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

General Practice Forward View Highlight report – Progress against Local Delivery Plan (June/July)				
Workstream	Summary of work stream/ activities	Actions achieved since last report (April/May)	Activity planned next month June/July	Progress RAG rating
<b>Workload</b>	<p><i>Resilience:</i> A number of practices and groups of practices have been supported via the NHSE Resilience funding.</p> <p><i>Bidding processing for 2018/19 in progress.</i></p>	<p>A meeting was held on 22 May with NHSE and LMC to review all STP Resilience bids.</p> <p>The Worcestershire bids were successful which means the continuation of the Internal Resilience Team and Practice Management development and mentorship.</p> <p>Three practice-specific bids were also successful.</p>	Implementation of successful bids.	Green
<b>Social Prescribing</b>	Signposting patients to care and support services which increase wellbeing and independence.	<p>All pilots are fully operational.</p> <p>The issue with the secure Wi-Fi access in Wyre Forest has not yet been resolved. However, Worcestershire Association of Carers are currently working around this issue and are accepting referrals and seeing patients.</p> <p>The practices that did not initially utilise the pilot in their area are now requesting meetings with the service provider to set up the referral process for their GP's and patients.</p>	<p>Feedback from practices is being gathered to take to the evaluation and monitoring group. The Worcester City social prescriber is attending the Arts meeting with Public Health on the 5<sup>th</sup> June 2018 presenting on the pilots.</p> <p>The next monitoring and evaluation meeting is taking place on the 26<sup>th</sup> June with feedback from all providers.</p>	Green

<b>IT &amp; technology and infrastructure</b>	<p>Key Projects include:</p> <ul style="list-style-type: none"> <li>• Online Consultations</li> <li>• Emis Web Clinical Services &amp; DSA</li> <li>• Docman 10 Migration</li> <li>• Intranet/Extranet</li> <li>• Practice WIFI</li> <li>• Telephony</li> <li>• Virtualising CCC – Telephony</li> <li>• Video Consult</li> <li>• VDI</li> </ul>	<p><b>Online Consultations</b></p> <p>The CCG has presented to the West Midlands Region on the outcomes to-date of the Online Consultation pilot. Only one of the pilot sites has seen a benefit from this initiative to-date. NHSE has given the CCG partial assurance of its approach to implementation</p>	<p><b>Online Consultations</b></p> <p>The June meeting of the Digital General Practice of the Future Group will focus on identifying the key range of success measures and criteria to be used in identifying and procuring an Online Consultation solution . CCGs are not allowed to direct award this solution therefore a competition with the approved supplier list within the dynamic procurement framework will be the procurement process.</p>	<p>Amber</p>
<b>IT &amp; technology and infrastructure</b>		<p><b>Docman 10</b></p> <p>Rollout has continued across the County with <b>37</b> GP Practices now migrated to Docman 10. However upgrade has been paused at 6 remaining practices at the request of the CCG due to the performance issues associated with N3.</p> <p><b>Practice WIFI</b></p> <p>The WiFi rollout to GP practices has been completed, reporting to NHS Digital on uptake of the Patient use has begun. As part of the work Wifi is being put in to place at the CCG Offices so the user experience is mirrored both at a practice and at Office's.</p> <p><b>Telephony</b></p> <p>Mini competition completed, and supplier awarded. Workshops have now begun between supplier and the GP Practices keen to migrate. Project will be managed by CSU.</p>	<p><b>Docman 10</b></p> <p>Remaining GP Practices will migrate when faster circuits (through HSCN rollout) is installed at these practices later this year.</p> <p><b>Practice WIFI</b></p> <p>Reporting to NHS Digital on uptake of the Patients to continue. Wifi is being put in to place at the CCG Offices so the user experience is mirrored both at a practice and at Office's.</p> <p><b>Telephony</b></p> <p>Project will continue with the migration of a number of Practices- 14 initially within next 8-10 weeks</p>	<p>Green</p>

		<p><b>Extended Access</b> Hub and Spoke model supported by EMIS Web Clinical Services and Information Sharing Protocols continues to deliver service in South Worcestershire &amp; Redditch &amp; Bromsgrove. Wyre Forest have adopted the Remote Consultation module which is currently supporting one hub for the GP Practices that are part of the Health Partnership. A mixed estate of Docman 7 and Docman 10 has now created issues with no access to documentation from shared records.</p> <p><b>Intranet</b> Huddle rolled out across the County and CCG and IntraDoc247 also being used at some South Worcestershire GP Practices. Adoption is very slow.</p> <p><b>HSCN</b> All the documentation for the tender has been completed and Procurement has confirmed that they are confident the tender pack will be released on Friday 15 June.</p> <p><b>Video Consult</b> Vidyo, Video Consultation 3<sup>rd</sup> party software for EMIS Web, purchased by GP Federation.</p>	<p><b>Extended Access</b> Still looking at some of the challenges of Data Monitoring for Remote Consultations. Need to address the issue with no access to documentation on shared records. Docman Share is the platform that addresses this challenge but would require an annual investment of 7p per registered patient.</p> <p><b>Intranet</b> Huddle will be rolled out to all practices in Wyre Forest during June\July. Other alternatives may be better for adoption – Docman are implementing a Back Office platform (all GP Practices use Docman) and GPTeamNet also may have better functionality aligned to GP Practices and working @ scale.</p> <p><b>HSCN</b> Responses from Suppliers are expected within 5-6 weeks.</p> <p><b>Video Consult</b> Now South Worcestershire service model approved and contract offered, expectation is to receive regular reports on progress</p>	
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<p><b>Workforce</b></p>	<p>Local workforce priorities to support implementation of the GPFV have been identified for 17/18 by a county wide workforce group to support practices. The primary areas are:</p> <ul style="list-style-type: none"> <li>• GP Recruitment and Retention</li> <li>• Practices Nursing development and succession planning</li> <li>• Wider team development including practice management</li> <li>• Introduction and scoping of new roles/ functions to support sustainability of general practice</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly workforce trajectories NHSE reviewed and confirmed</li> <li>• Practice Nurse Lead commenced in role</li> <li>• West Midlands RCGP faculty unable to deliver plan to utilise £20k transformation funding to support GP workforce. GPVF workforce group recommended developing proposal to support GP portfolio roles – on hold following announcement of NHSE GP retention funding.</li> <li>• Working up NHSE GP retention funding proposal with CCG, HEE and LMC GPs</li> <li>• Paper and presentation on primary care workforce to STP Local Workforce Action Board</li> <li>• Linking in CCG colleagues with HEE Primary Care Home project (will bring in resource to help map skills needed in Neighbourhood teams)</li> <li>• Practice Manager appraiser /training programme rolled out with plans to scale up across STP footprint</li> <li>• Interim workforce data support from NHSE commenced</li> <li>• STP expression of interest made to HEE. Full engagement with both Trusts offering 2 training places each</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of NHSE retention fund proposal</li> <li>• Mobilising HEE Primary Care Home workforce project within Worcestershire</li> <li>• Working up options for £20k transformation funding</li> <li>• Developing General Practice Nurse 10 point plan strategy across STP</li> <li>• Development of workforce survey for use quarterly across STP footprint.</li> <li>• Roll out of Practice Manager training programme across Herefordshire</li> <li>• GP Fellows interviews</li> </ul>	<p>Red/ Amber</p>
<p><b>Improved access</b></p>	<p>Features of improved access as per GPFV national guidance include:</p> <ul style="list-style-type: none"> <li>• Service delivery by a primary clinical team comprising for example GPs, Practices Nurses, Nurse Practitioners, Physiotherapists, Physician Associates, Paramedics.</li> <li>• Skill mix to ensure patients' needs are met by the right clinician.</li> </ul>	<p><b>South Worcestershire</b> Monitoring of the revised service delivery model in line with the contract requirements.</p> <p><b>Redditch and Bromsgrove/Wyre Forest</b> Continue to work with both lead providers on the delivery model and monitoring in line with the contract requirements.</p>	<p><b>South Worcestershire</b> All South Worcestershire patients have access to Improved Access services (evenings and weekends) via four hubs Monitoring of the revised service delivery model in line with the contract requirements.</p> <p><b>Redditch and Bromsgrove</b> The Improving Access Steering Group has approved the service model presented by the lead provider which will deliver 100% access in</p>	<p>Amber</p>



	<ul style="list-style-type: none"> <li>• Access to telephone, face-to-face appointments and on-line consultations</li> <li>• Data sharing across all practices</li> <li>• Appointments bookable on individual practice systems</li> <li>• Coverage – Monday to Friday 6.30-8pm additional appointments mainly pre-bookable across sites</li> <li>• Coverage – Weekends, demand led, across sites</li> <li>• New requirement in Planning Guidance – 100% access by 1 October.</li> </ul>		<p>September 2018 in line with the revised national trajectories.</p> <p><b>Wyre Forest</b> Work on-going to support development of model in Wyre Forest</p>	
<p><b>Sustainable groups of practices (working at scale)</b></p>	<p><b>Worcestershire Alliance</b> The three local Alliance Boards are key to delivering local ambitions to provide better and more responsive care for our more frail and vulnerable patients in their own homes.</p> <p><b>Promoting Clinical Excellence</b> CCG investment in general practice using combined CCG funding and PMS premium. A critical part of ensuring delivery of the Financial Recovery Programme savings requirements.</p>	<p>Continue to support Neighbourhood Teams and the Integrated Care System plans.</p> <p>The CCGs continued to build on the success of PCE 17\18 and launched a 2018-19 contract that continues to support work at scale, reduce variation and deliver improved health outcomes. This includes enabling the paradigm shift needed to create a more integrated way of working, led by strong primary care teams based around General Practice.</p> <p>The ten Worcester City practices will be working as one PCE Group and will take advantage of the economies of scale this offers eg specialty training etc.</p>	<p>All practices within Worcestershire signed up to the PCE 18/20 contract and following consideration and deliberation of referral and prescribing plans by a clinically led Panel, all plans have now been agreed. Work continues to monitor and strengthen the work of the PCE groups, with CCG support.</p> <p>All Neighbourhood Team plans have now been agreed following consideration and deliberation by the Executive Leadership Team and then onward approval by the Integrated Partnership Board, which includes clinical membership from the Alliance Board chairs.</p> <p>NT plans will continue to be monitored and strengthen with CCG support.</p>	<p>Green</p>
<p><b>GPFV Transformation Support</b></p>	<p>CCGs requirement to allocate £3 per head as one off non recurrent investment commencing in 17/18 for practice transformation support to meet national requirements :</p> <p>-Stimulate development of at scale providers for improved access</p>	<ul style="list-style-type: none"> <li>• 18/19 details sent to practices, only 6 bids received so far</li> <li>• 5 bids from SW groups</li> <li>• 1 bid from WF groups</li> <li>• 0 bids received from RB groups</li> <li>• 2 meetings of the panel have taken place</li> </ul>	<ul style="list-style-type: none"> <li>• Further communication to Practices to re-emphasise key criteria of improving access for 18/19 bids as well as the need for all groups to reference their making time audit as this will be key for securing any further funding for 19/20</li> </ul>	<p>Green</p>

	<ul style="list-style-type: none"> <li>Implementation of the 10 HIAs to free up GP time</li> <li>Sustainability of general practice</li> </ul>	<ul style="list-style-type: none"> <li>Of the 6 bids received <ul style="list-style-type: none"> <li>3 bids successful</li> <li>1 bid rejected</li> <li>2 on hold awaiting further information / discussion</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue to highlight the scheme to practices – and action any further bids efficiently in order that as many can be addressed via panel at the next meeting, Key to progress and not sit on these funds for long period as again this could affect any funding for next year.</li> </ul>	
<b>Care Navigation/ Active Signposting</b>	Care Navigation has the ability to increase patient choice by signposting patients to the range of clinicians and other services available to meet their requirements, enabling patients to make informed choices for their health need, whether this is urgent, routine or to effectively manage a long term condition.	First South Worcestershire training course took place on the 23 <sup>rd</sup> May 2018. It was a successful event with 14 staff attending from 4 practices and positive feedback was received. Templates are being created and implementation in practices in SW is about to commence. Wyre Forest have a planning meeting booked for the 20 <sup>th</sup> June to discuss how to amend the SW training course to WF.	Meeting with SW Rural practices on the 19 <sup>th</sup> June to discuss their concerns regarding Health Care Navigation. WF planning meeting on 20 <sup>th</sup> June 2018. Training to continue in SW and to commence in WF. Templates to be installed and soft launches planned for St Martins Gate, Spring Gardens, Elbury Moor and Barbourne by the end of July 2018.	Green
<b>Document Handling</b>	Productive Workflows is one of the 10 High Impact Actions, to release GP time.	Note Summarising and Medical Terminology courses fully up and running, venues identified and booked. Good engagement from practices. Positive feedback from Trainers about practice participation during training sessions	Promote future course dates with practices; liaise with trainers around possibility of extending training to dates in order to deal with potential demand.	Green
<b>Quality Improvement support</b> <b>Time for Care programme</b>	The national Time for Care programme is delivered by the Sustainable Improvement team at NHS England. The programme of support draws expertise and support from its national primary care improvement faculty and delivery partner organisations.	The CCGs are working continuing to work closely with the Sustainable Improvement Team at NHS England to design a sustainable local Primary Care Improvement Community following the successful Time for Care programmes across the County.	Delivery of the final elements of the Time for Care Programme and launch of the Primary Care Improvement Community will be scheduled for the autumn.  <i>CURRENTLY ON HOLD</i>	Green

**Definition of RAG ratings**

Rating	Interpretation
Green	Demonstration that all key elements have been carefully considered and is delivering as planned.
Amber/green	Key elements have been carefully considered, but delivery of the project is impending delivery.
Amber/red	Reservations that a number the key elements of the project are under analysis and not fully articulated at present.
Red	Few of the key headline themes have been considered or articulated (project could be either on hold or in the pipeline).

**Primary Care Commissioning Committees of  
Redditch and Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG**

**‘Meetings in common’**

**Wednesday, 11 July 2018 at 10:30am**

The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PD

**Applications to change partners on GMS/PMS  
contracts**

<b>Report author</b>	Ray Giles, Primary Care Contracts & Data Quality Officer
<b>Presented by</b>	Denise Goddard, Primary Care Commissioning Manager
<b>Target CCG</b>	RBCCG <input checked="" type="checkbox"/> SWCCG <input checked="" type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input type="checkbox"/>
<b>Recommendation</b>	To note partnership changes listed
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

**Executive Summary**

- The Purpose of this paper is to inform the Committee of proposed PMS & GMS contract amendments for changes of partnership.
- The CCGs have received applications for partnership changes. These changes require contract variations to be issued to reflect the revised signatories to the contract. All other terms of the contract remain unchanged.
- The report is for notification purposes only.

**Recommendation**

To note partnership changes listed.

**On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG



## Summary of applications received:

Practice Name (Pick Practice from dropdown list)	Reason for Change (Pick from dropdown)	Date leaving / change occurring (Enter DD/MM/YY)	Name of Doctor leaving (Manual entry)	GMC number	If 24hr - Date of return (Enter DD/MM/YY)	Intended Cover for reduction in staff (Manual entry)	Name of Doctor joining (Manual entry)	Date joining (Enter DD/MM/YY)	GMC number (Manual entry)
Pershore Medical Practice	Partner Retirement	31/08/2018	Dr C Young	2912455		replacemnet partner			
Pershore Medical Practice	New Partner	01/09/2018					Dr Paul Ferenc	01/09/2018	6155493
Pershore Medical Practice	24 hour retirement	31/08/2018	Dr James Rankine	2768917	03/09/2018	work covered by colleagues and regular locum			
Elgar House Surgery	New Partner	01/04/2018					Dr Meeraj Sital Shah	01/04/2018	7038831
New Road Surgery, Rubery	Partner Retirement	01/07/2018	Dr Cheetham	2807962		2 Salaried GP's			

- **Pershore MP**
  - Dr Young Leaving
  - Dr Ferenc joining
  - Dr Rankine 24hr Ret
- **Elgar House**
  - New Partner Dr Shah
- **New Road surgery Rubery**
  - Dr Cheetham Leaving

## What practices are doing to replace partner leaving:

- **Pershore MP** – Replacement partner & other work covered by colleagues and regular locum
- **New Road Surgery Rubery** – 2 Salaried GP's (hoping one will become partner)

The CCG will vary GMS contracts and PMS agreements to reflect the above partnership changes.

## On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

# Countywide Primary Care Commissioning Committee Meeting 'meetings in common'

10.30 am Wednesday 11 July 2018

The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PD

## Board Assurance Framework Report

<b>Report author</b>	Tony Ciriello, Corporate Governance Manager
<b>Presented by</b>	Hana Taylor, Head of Governance and Corporate Affairs
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>The Primary Care Commissioning Committees in Common are requested to:</p> <ul style="list-style-type: none"> <li>• Actively monitor delivery against the corporate objectives ensuring that milestones are being met and reviewing the remedial actions that have been identified, where appropriate</li> <li>• Review the strategic risks which fall within the remit of the committees, including associated mitigating actions, controls and assurances, considering whether they are adequately managed and whether any additional risks should be captured;</li> <li>• Consider the impact of mitigating actions, controls and assurances on the risk scores that have been identified</li> <li>• Report back to Audit Committee, as appropriate</li> </ul>
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information/noting <input type="checkbox"/>

### Executive Summary

Review of strategic risks contained within the Board Assurance Framework which fall within the remit of the Primary Care Commissioning Committees in Common, along with the associated corporate objective quarterly milestones.

### Review of Progress against Quarterly Milestones

Progress against delivery of the Q1 has been undertaken, in order to assess whether these have been achieved. As can be observed within appendix 1, the majority of milestones remain amber; although progress has been noted across all workstream areas.

## Reduction in Risk Score

In light of the progress against the quarterly milestones, a decrease in risk score has been applied to risk 2.2b relating to the provision of extended access.

**Risk:** Potential inability to achieve the national improving access trajectory in 18/19 for 100% coverage of the practice population and meeting national criteria; due to a number of factors including funding streams and non-delivery of the enablers highlighted above.

**Risk Decrease:** 9 to 6

**Rationale:** Decrease in risk score applied, as Wyre Forest now expected to achieve the 100% national access target by 1st October. This, however, does remain subject to the resolution of some IT and training issues and formal sign-off of the operating model at an Improving Access Steering Group that will be convened in July. It is therefore anticipated that risk 2.2b may be in a position to be closed in the upcoming months.

## Areas of High Risk

Risk 2.2a which relates to GP Workforce is currently red rated. Along with the risk above, the committees are asked to review these risks and specifically consider the questions outlined below:

- Are the risk controls and assurances in place sufficiently robust?
- Are adequate mitigating actions in place to manage the risk?
- Are the risk scores that have been applied representative of the current position?

Full detail is enclosed within appendix 1.

## Summary and Next Steps

The BAF as a whole will be continuously reviewed throughout the course of the year, with the relevant strategic risks and milestones pertaining to objective 2 regularly submitted to each Primary Care Commissioning Committees meeting.

## Appendices:

**Appendix 1** – Objective 2 BAF Extract

## Recommendations:

- Actively monitor delivery against the corporate objectives ensuring that milestones are being met and reviewing the remedial actions that have been identified, where appropriate
- Review the strategic risks which fall within the remit of the committees, including associated mitigating actions, controls and assurances, considering whether they are adequately managed and whether any additional risks should be captured;
- Consider the impact of mitigating actions, controls and assurances on the risk scores that have been identified
- Report back to Audit Committee, as appropriate

Objective 2				Executive Lead and Lead Committee			
Developing a new model of care and delivery plan that supports sustainable primary care, delivery of the GP Forward View and the effective integration between primary, secondary, community and social care services consistent with integrated care principles.				Ruth Lemiech, Director of Strategy/Lynda Dando, Director of Primary Care Clinical Executive/Primary Care Commissioning Committee			
Workstreams and Milestones							
Workstreams	Q1	Q1 RAG Rating & Commentary	Remedial Actions Planned	Q2	Q3	Q4	
2.2 - Deliver the Worcestershire GP Forward View	<b>Improving Access:</b> By the end of Q1, assurance will be obtained from the lead GP providers across the Worcestershire CCGs in respect of the mobilisation of at scale working through access hubs (In line with national criteria); and robust contractual arrangements will be in place, including subcontracting with practices	At scale working operational, with Redditch and Bromsgrove service model and contract in place. However, Wyre Forest contractual arrangements remain subject to finalisation	<ul style="list-style-type: none"> <li>Contract negotiations ongoing – Sign-off expected during the summer</li> </ul>	<b>Improving Access:</b> By the end of Q2, Lead GP providers across Redditch and Bromsgrove and Wyre Forest will demonstrate evidence of attainment against trajectory through Q2, with a view to meeting 100% population coverage  <b>Sustainable General Practice:</b> By the end of Q2, practices will be working across population groups of 30-50,000 to deliver the PCE contract and working as neighbourhood teams  <b>Workforce:</b> By the end of Q2, an approved set of initiatives will be in place, in order to support delivery of the GP workforce trajectories by 20/21 (I.E closure of the GP gap of 61 WTE GPs)	<b>Improving Access:</b> By the end of Q3, Redditch and Bromsgrove and Wyre Forest will have achieved 100% population coverage for increased consultation capacity (30 mins per 1000 population)  <b>Workforce:</b> By the end of Q3, progress against the expected 18/19 trajectories for GP recruitment should be evidenced, supported by recovery plans where appropriate	<b>Sustainable General Practice:</b> By the end of Q4, full utilisation of the 18/19 £1.50 per head transformation fund will be realised, together with outcomes demonstrated	
	<b>Sustainable General Practice – Resilience Bids</b> By the end of Q1, resilience bids will be agreed with CCGs, LMC and NHSE	CCGs submitted bids at the recommendation of the Quality and Risk Subcommittee, which will support at risk practices. A number of bids have been formally agreed by NHSE, including a joint STP bid. Memorandum of Understanding due to be received and funding to follow shortly.					
	<b>Sustainable General Practice – Transformation Funds</b> By the end of Q1, proposals for use of transformation funds in 18/19 will be approved for implementation against the truncated priority of improving access	At the end of Quarter 1, CCGs have received 6 proposals. These proposals have been put forward by 5 of the 15 PCE groups (1 group submitting 2 proposals). GPFV Access and Transformation panels in April and May have met and determined that: - 3 bids accepted - 2 bids require further information - 1 bid rejected as did not meet “Improving Access Criteria”	<ul style="list-style-type: none"> <li>Further communication with practices during June and July will continue to both highlight the scheme to practices and to expedite submission of proposals, as evidencing successful deployment of funds during 18/19 will influence funding received in 19/20</li> </ul>				
	<b>Workforce:</b> By the end of Q1, full assurance of the GP Forward View workforce plan for Herefordshire and Worcestershire will be secured from NHSE	All workforce plans in England have partial assurance, as international recruitment unlikely to meet targets  NHSE have lowered the local recruitment target twice, with an expectation to deliver increased GP numbers through new incentive schemes	<ul style="list-style-type: none"> <li>Revised GP and wider workforce trajectories submitted in April and will be reviewed quarterly. This was reviewed and endorsed by NHSE in May.</li> <li>Action plans to be produced for the following areas               <ul style="list-style-type: none"> <li>Primary care at scale</li> <li>Workforce supply</li> <li>Workforce retention – Bid submitted to NHSE for GP retention schemes</li> <li>Improvement of data quality</li> <li>Mechanisms for tracking and monitoring progress</li> </ul> </li> </ul>				
Enablers							
Engagement & Partnership Working	Communications	Contract & Performance Management	Governance	Organisational Development			
<ul style="list-style-type: none"> <li>Develop collaborative working with key partners to enable the smooth implementation of an accountable care system</li> <li>Arrangements for tactical and strategic commissioning defined and implemented</li> <li>Plan for shared support functions to facilitate the delivery of integrated care models, including quality, BI, finance, communications and population health management</li> <li>GPs and Neighbourhood team staff will report improved job satisfaction and an increased ability to meet the needs of their patients</li> <li>Continuation of targeted IQSP visits to practices in order to address variation and support delivery of the GP Forward View</li> <li>Establish collaborative arrangements and relationships with key partners including integrated care partners, STP partners, urgent care providers, NHSE, HEE and deaneries in order to achieve successful system wide implementation of the GPFV</li> </ul>	<ul style="list-style-type: none"> <li>Development of a communication and patient engagement plan, which will support delivery for the Alliance Boards</li> <li>Provision of regular progress updates regarding the new models of care workstream, including responding to feedback and incorporating into future plans, as appropriate</li> <li>Development of an effective communications and patient engagement strategy to support improved access to general practice services across Worcestershire</li> <li>Ensure that best practice is shared in respect of transformational opportunities which will promote at scale working and transformation</li> </ul>	<ul style="list-style-type: none"> <li>Integrated reporting systems and processes will be devised which will provide robust mechanisms through which progress against new model of care plans can be managed during the transitional phase</li> <li>Promoting Clinical Excellence 18/19 will act as a contractual incentive to support delivery of primary care commissioning intentions and working at scale</li> </ul>	<ul style="list-style-type: none"> <li>Continuing development of countywide data sharing processes to facilitate collaborative working between practices in natural neighbourhoods to support successful delivery of extended access and integrated care</li> <li>Agreement and implementation of integrated care governance structures</li> <li>Strengthen Neighbourhood Team development, increasing range of aligned health &amp; care professionals and scope of services</li> <li>Through the STP, establish roles, responsibilities and governance processes for the integrated care system and integrated care organisation</li> </ul>	<ul style="list-style-type: none"> <li>Development of a combined, Worcestershire Alliance OD plan, along with locality focussed OD plans</li> <li>Identification of the personal and organisational development needs for key personnel involved in the delivery of integrated care</li> <li>Ensuring appropriate and adequate capacity and capability exists across the system, in order to ensure successful delivery of this objective</li> </ul>			
Summary of Strategic Risks							
Risk ID	Risk Description			Initial Risk Score 18/19	Current Risk Score	Target Risk Score	Projected Risk Score
R2.2A	Schemes will not deliver as planned to meet trajectories and close the GP workforce gap due to potential non achievement of a number of key factors as detailed below:  <ul style="list-style-type: none"> <li>GPs in training not converting to local posts and uptake of GP retention schemes being lower than planned</li> <li>Inability to recruit sufficient GPs through local marketing and schemes such as TERS and international recruitment</li> <li>Joint initiatives with acute and community trusts not being successfully mobilised</li> </ul>			L4x14=16	L4x14=16	L3x14=12	TBC
R2.2B	Potential inability to achieve the national improving access trajectory in 18/19 for 100% coverage of the practice population and meeting national criteria; due to a number of factors including funding streams and non-delivery of the enablers highlighted above.			L3x13=9	L2x13=6	L1x13=3	TBC

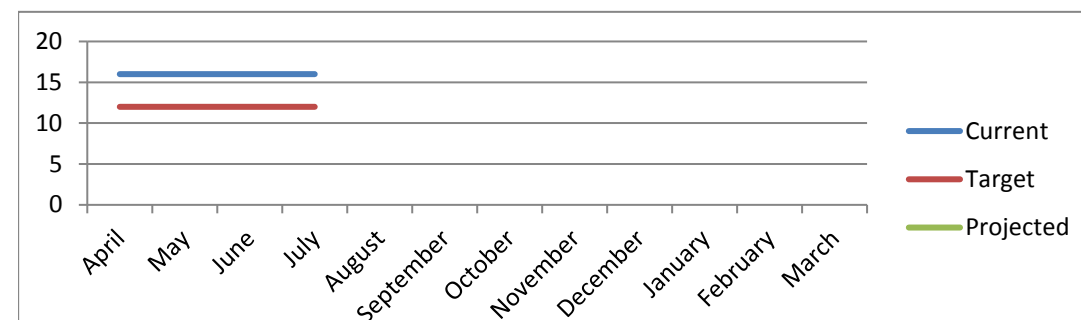


<b>Executive Lead</b>	Lynda Dando, Associate Director of Primary Care	<b>Lead Committee:</b>	PCCC	<b>Date Last Reviewed:</b>	Jun-18	<b>Date of Next Review</b>	Jul-18
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**Risk 2.2A:** Schemes will not deliver as planned to meet trajectories and close the GP workforce gap due to potential non achievement of a number of key factors as detailed below:

- GPs in training not converting to local posts and uptake of GP retention schemes being lower than planned
- Inability to recruit sufficient GPs through local marketing and schemes such as TERS and international recruitment
- Joint initiatives with acute and community trusts not being successfully mobilised

**Risk Scores**  
 Initial: L3xI4=12  
 Current: L3xI4=12  
 Target: L2xI4=8  
 Projected: TBC



Controls	Current Performance & Rationale for Current Score
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- Controls Implemented April – June 2018**
- GP Workforce survey has been included within the PCE 2017/18, which will enable local intelligence to be obtained and therefore inform progress against the GP workforce trajectories
  - Revised GP and wider workforce trajectories submitted in April and will be reviewed quarterly
  - Paper and presentation relating to primary care workforce delivered to STP Local Workforce Action Board
  - Practice Manager appraiser /training programme rolled out with plans to scale up across STP footprint
  - STP expression of interest made to HEE for GP Fellowship Programme. Full engagement with both Trusts offering 2 training places each

Requesting allocation of 50 GP whole time equivalent recruits between 2018 – 2020 in line with GP Forward View STP GP Workforce Trajectory of 37 additional WTE GPs across Herefordshire and Worcestershire by 2020. An alternative workforce model is required to bridge this gap, including the introduction of new roles of practitioners in primary such as physician associates, enhanced care practitioners and paramedics. Furthermore, practice nurse succession planning is a critical issue as 40% of practice nurses are over 50.

The impact of WAHT junior doctor training posts is a significant risk in terms of maintaining statutory levels of clinical supervision for posts, which in turn will impact upon the pipeline of future GP training posts.

Partial assurance from NHSE against the Hereford and Worcestershire GPFV Workforce Plan submission in February 2018. Regionally, no plans gained full assurance due to the international recruitment programmes not delivering in line with expectations. This is due to both the flow of international recruits and the conversion of those becoming successfully embedded within practices being lower than anticipated.

The other key actions are centred around:

- Strengthening local initiatives to close the GP workforce gap
- Strengthening data assumptions for supply and demand of the workforce trajectory, up until 20/21
- Defining “how” alternative workforce solutions will be deployed across primary care home/neighbourhood teams

Mitigating Actions			
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Action	Due Date	Lead	Status
Development of workforce survey for use quarterly across the STP footprint	Roll-out to practices in August 18	Lynda Dando – Director of Primary Care	Ongoing
Working up of NHSE GP retention funding proposal with CCG, HEE and LMC GPs	July-18	Lynda Dando – Director of Primary Care	Ongoing
Project management support for the understanding of NHSE trajectories and workforce data (0.5 WTE) expected up to 2020.	July-18	Lynda Dando – Director of Primary Care	Ongoing
Establish GP Career Plus Programme (New GP Retention Schemes) across Worcestershire to support the wider offer to GPs nearing retirement (GP retention), with particular focus upon reviewing a menu of retention initiatives as part of the STP Workforce Plan.  <b>Update:</b> During Q4, roll-out and engagement of practices regarding applications to the NHS GP retainer scheme (17/18) will take place. This scheme includes GPs nearing retirement, but the offer is also open to all GPs at risk of/considering leaving the profession. This is financially supported by NHSE as a national scheme	May-18	Lynda Dando – Director of Primary Care Jonathan Leach – RBCCG Governing Body GP	Complete
Signposting/care navigation implemented in 2 of 3 CCGs (Wyre Forest likely to be covered in 17/18) to support the signposting of patients to the right professional and releasing GP capacity appropriately  <b>Update:</b> The approach adopted in Redditch and Bromsgrove will be mirrored across Wyre Forest and South Worcestershire. Significant engagement has taken place in Q3 and Q4. The 17/18 national funds for care navigation are committed locally. Now in the process of rolling Health Care navigation training out in South Worcestershire (23rd May is the first course) and then again in Wyre Forest in June	May/June 18	Lynda Dando – Director of Primary Care	Complete
Identify wider CCG team understanding of NHSE trajectories and workforce data, as this expertise presently lies with a single individual across the STP footprint and could possibly create business continuity issues. Interim workforce data support from NHSE commenced	May-18	Lynda Dando – Director of Primary Care	Complete
Action plans to be produced for the following areas O Primary care at scale – Ongoing through the Neighbourhood Teams O Workforce supply O Workforce Retention – Action plan expected by 25/06/18 O Improvement of data quality – Supported by NHSE O Mechanisms for tracking and monitoring progress – Driven by NHSE	Ongoing	Lynda Dando – Director of Primary Care	Ongoing

Assurances	Gaps in Controls/Assurances & Assurances Commentary
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1. Countywide workforce group meets every 6-8 weeks as the delivery vehicle for the programme and connects with Herefordshire via the STP footprint to support delivery of the programme. This has multiagency representation including LMC, practice staff, GPs, HEE/CEPN (Health Education England/Community Education Provider Networks)

1. Potential that the CCGs cannot proactively address the workforce gap due to the timeliness and completeness of GP workforce datasets that are received, which also has reliance upon NHSE to provide HR expertise to interpret the workforce data

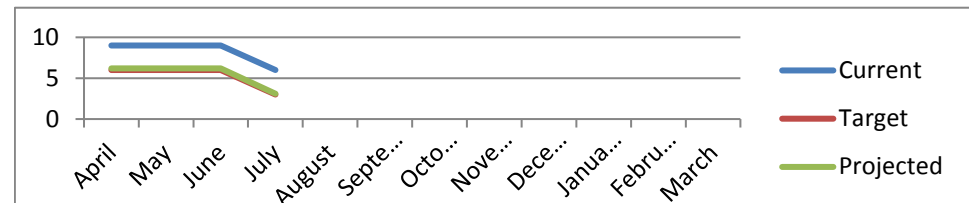


2. NHSE Transformational workforce group which is attended by primary care team and provides strategic oversight, sharing practice and promotes identification of opportunities as part of the regional/national GP Forward View programme

<b>Executive Lead</b>	Lynda Dando, Associate Director of Primary Care	<b>Lead Committee:</b>	PCCC	<b>Date Last Reviewed:</b>	Jun-18	<b>Date of Next Review</b>	Jul-18
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**Risk 2.2B:** Potential inability to achieve the national improving access trajectory in 18/19 for 100% coverage of the practice population and meeting national criteria; due to a number of factors including funding streams and non-delivery of the enablers highlighted above.

**Risk Scores**  
 Initial: L3xI3=9  
 Current: L2xI3=6  
 Target: L1xI3=3  
 Projected: TBC



Controls	Current Performance & Rationale for Current Score
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1. Agreeing contracts with providers to deliver in line with NHSE trajectories

2. Services are currently being provided – 50% baseline level, but to 100% of the population. In the north of the county and 100% in the south of the county. This is in line with trajectories set.

The trajectories were increased by NHSE during August and October, which has increased the level of risk.

2 CCG areas (R&B and WF) are providing 50% capacity to 100% population. NHSE national trajectories, as at 1<sup>st</sup> October, of 100% capacity will be met. However, local NHSE West Mids trajectories for August and September of 75% and 100% respectively may not be achieved

Mitigating Actions			
Action	Due Date	Lead	Status

Action	Due Date	Lead	Status
Additional funding has been identified by the CCGs to mitigate this risk. Awaiting contract sign off to confirm if activity can be achieved.	Jul-18	Lynda Dando – Associate Director of Primary Care	Ongoing

Assurances	Gaps in Controls/Assurances & Assurances Commentary
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1. Improving access programme board will be monitoring and reviewing progress

# Countywide Primary Care Commissioning Committee Meeting 'meetings in common'

10.30 am Wednesday 11 July 2018

The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PD

## Risk Register Report

<b>Report author</b>	Tony Ciriello, Corporate Governance Manager
<b>Presented by</b>	Hana Taylor, Head of Governance and Corporate Affairs
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> All CCGs <input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>The Primary Care Commissioning Committees in Common are requested to:</p> <ul style="list-style-type: none"> <li>• Review those operational risks which fall within the remit of the committees, including associated controls and mitigating actions</li> <li>• Identify any new risks related to the remit of the committees</li> <li>• Report back to the Audit Committees as appropriate.</li> </ul>
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information/noting <input type="checkbox"/>

### Executive Summary

Review of operational risks contained within the Worcestershire risk register which fall within the remit of the Primary Care Commissioning Committees in Common

### Operational Risks Summary

There are currently 3 operational risks which fall within the remit of the Primary Care Commissioning Committees in Common, with one red rated risk as detailed below:

PC1: Following the removal of Woodrow Medical Centre's provider licence due to significant quality concerns, there is presently unclear assurance regarding the adequacy of partner organisations oversight and governance arrangements to identify and act upon any evidence of failure to achieve standards; which may lead or may have previously led to patient harm.

Full detail of this risk is enclosed within appendix 1.

### Review Processes for Identification of Operational Risks

The activities of the subcommittees of the PCCC, namely the GPFV Implementation Group and the Primary Care Quality and Risk Subcommittee are actively monitored; with a view to identifying any areas of operational risk associated with particular work strands. No further areas of risk have been identified to date.

## **Summary and Next Steps**

The risks will continue to be reviewed and horizon scanning undertaken, with reports presented to each PCCC meeting.

## **Appendices**

### **Appendix 1 – Risk Register Extract**

#### **Recommendations:**

- Review those operational risks which fall within the remit of the committees, including associated controls and mitigating actions
- Identify any new risks related to the remit of the committees
- Report back to the Audit Committees as appropriate

Appendix 1: Risk Register Extract

Risk Reference and Subject Matter	Date Risk Opened	Risk Lead and Executive Lead	Lead Committee	Risk Description	Initial and Target Scores	Current	Key Risk Factors and Controls (Latest Actions Delivered)	Committees and Groups Responsible for Management	Further Remedial Actions Planned	Planned Completion Date and Lead for Mitigating Action
PC1 - Woodrow Medical Centre Quality Concerns	May 2018	Lynda Dando, Director of Primary Care	Primary Care Commissioning Committee	Following the removal of Woodrow Medical Centre's provider licence due to significant quality concerns, there is presently unclear assurance regarding the adequacy of partner organisations oversight and governance arrangements to identify and act upon any evidence of failure to achieve standards; which may lead or may have previously led to patient harm	Initial: 16 Target: 8	16	<ul style="list-style-type: none"> <li>• Adequacy of governance framework and oversight mechanisms employed by partner organisations</li> <li>• Setting up of processes for identifying and managing any potential patient harm</li> </ul> <p>- Removal of the current provider's license to practice at Woodrow Medical Centre, Redditch thus rendering the provider unable to deliver patient services under the General Medical Services contract.</p> <p>- In order to minimise disruption for the existing patient list, the current Medical Centre building remains open from where a contracted 'caretaker' service is providing core General Practice services. This is a temporary arrangement whilst more medium term arrangements are established</p> <p>- Weekly logs being compiled by the CCGs for any concerns/patient harm identified/complaints/incidents. This is also being reported to the Care Quality Commission (CQC) and NHSE</p>	<ul style="list-style-type: none"> <li>• NHSE responsible for individual clinical performance concerns via PPIGG structure (Practice Performance Information Gathering Group)</li> <li>• Primary Care Quality &amp; Risk Subcommittee responsible for GMS Contract performance and monitoring current implementation plan in respect of issues identified by CQC</li> <li>• Project team, with clinical lead established, with responsibility for day to day management via weekly meetings</li> <li>• Clinical lead for caretaker provider, who is a member of the project team which meets weekly</li> </ul>	<p>1. NHSE undertaking an investigation, liaising with General Medical Council (GMC) and Nursing and Midwifery Council (NMC)</p> <p>2. CQC to arrange a risk quality summit involving NHSE and the CCGs to discuss oversight and lessons learnt, which will form part of a formal review.</p> <p>3. Ongoing review of issues identified by CQC and assessment of patients through attendance at practice.</p>	<p>Dr Francis Campbell/Jacqueline Barnes – NHSE</p> <p>Ongoing</p> <p>Dr Jonathan Leach – Clinical Lead/ Lynda Dando – Director of Primary Care/ July/August 2018</p> <p>Dr Richard Davies – Chair of RBCCG/ Lynda Dando – Director of Primary Care</p> <p>Partially completed for high risk clinical areas and anticipated to be ongoing for the next 6-12 months</p>

## NHS ENGLAND – BOARD PAPER

<p><b>Title:</b></p> <p>Developing the NHS long term plan: primary care reform</p>
<p><b>Lead National Director:</b></p> <p>Ian Dodge, National Director, Strategy and Innovation</p>
<p><b>Purpose of Paper:</b></p> <p>As part of the new NHS Long Term Plan, we want to reform the GP contract, originally designed fifteen years ago. Drivers of reform include:</p> <ul style="list-style-type: none"> <li>(i) Changing patient needs, linked to our growing and aging population;</li> <li>(ii) Pressures on general practice including workforce;</li> <li>(iii) Primary care network development;</li> <li>(iv) Faster application of digital technology; and</li> <li>(v) Specific reviews of Quality and Outcomes Framework (QOF), the funding formula, premises, the GP partnership model, as well as major change to professional indemnity.</li> </ul> <p>Within that wider context, the NHS England Board is asked to approve publication of the report of the Review of the GP Quality and Outcomes Framework, and proposals to future-proof payment for digital-first primary care. Public feedback is requested by 31 August, in the light of which NHS England will seek to agree specific changes with the BMA General Practitioners' Committee in England (GPC(E)) to start taking effect from 2019/20.</p>
<p><b>Patient and Public Involvement:</b></p> <p>Patient and public participation is important to this work. A number of patient reference groups have been held as part of the QOF review in London, Leeds and Bristol, along with two workshops for national charities and an event with people with a learning disability, autism or both. Patient engagement on the digital proposals will take place in July including through a webinar that will cover a number of aspects of the proposed GP contract negotiating remit. NHS England welcomes views from clinicians, managers, patients and members of the public.</p>
<p><b>The Board invited to:</b></p> <ul style="list-style-type: none"> <li>• Note the planned joint work with the BMA on contract reform;</li> <li>• Approve the attached reports; and</li> <li>• Launch the engagement exercises on the QOF Review and on payments for digital-first primary care</li> </ul>

## Developing the NHS long term plan: primary care reform

### GP contract reform

1. As part of the forthcoming Long Term NHS Plan, 2019 could herald the most substantial changes to the GP contract since 2004. The drivers of reform include:
  - (i) the implications and opportunities arising from the recent NHS funding settlement in allowing us to take forward our ambitions for sustaining and strengthening general practice as the foundation of NHS care; and its critical role in improving outcomes, quality, and moderating avoidable utilisation of more expensive hospital-based care as well as over-medication;
  - (ii) tackling the **pressures on general practice including workforce** recruitment, retention, and skill-mix, by building on the work of the GP Forward View and going further;
  - (iii) alongside our ongoing commitment to General Medical Services and to the practice, **supporting the nationwide development of 1000-1500 primary care networks** as an expanding service delivery unit. This includes: a) the full integration of primary care as part of a more joined up wider urgent care system, including 111, pharmacies, Urgent Treatment Centres and Emergency Departments; b) the expansion of anticipatory and coordinated care teams for the increasing number of people with complex needs, drawing on the work of the vanguards; and c) for primary care to lead the way in personalised care that empowers patients (e.g. through shared decision making, personalised care planning, patient activation and personal budgets) and connects better with local communities (e.g. through social prescribing). Support for networks could take the form of a new national 'network contract', for example as an enhanced service;
  - (iv) supporting the **faster full application of digital technology**, for the benefit of patients and practices alike; and
  - (v) an **array of specific reviews** of Quality and Outcomes Framework (QOF), the Carr-Hill funding formula, GP premises, the GP partnership model, as well as fundamental change to professional indemnity arrangements.
2. NHS England and the BMA GPC(E) will work together on associated contractual changes to GMS, including those steps that can be taken in time for 2019/20. Most funding for general practice goes through the General Medical Services contract, with changes involving negotiation with the General Practitioners Committee (GPC) of the British Medical Association (BMA).
3. NHS England has taken over from NHS Employers direct responsibility for developing and agreeing changes to the contract with BMA GPC(E). The new NHS England negotiation team comprises: Ian Dodge (chair), Ed Waller (NHSE Director of Primary Care Contracts), Dr Abid Irfan (GP, and Chair West Berkshire CCGs), Kathy Winfield (Chief Officer, West Berkshire CCGs and ICS lead), Dr Amanda Doyle (GP, Chief Clinical Officer Blackpool CCG and Lancashire ICS lead), and Dr Nikki Kanani (GP Bexley and Deputy Primary Care Medical Director, NHS England).
4. Today the NHS England Board is asked to consider two specific facets: the report of the Review of the Quality and Outcomes Framework, and proposals for funding reform to reflect emerging models of digital-first primary care.

5. Subject to Board approval, the purpose of sharing these reports publicly is threefold. To allow us to listen and take into consideration the views from GPs and practice staff about how changes could impact on their income and workload. To test with patients that we are focussing on the right priorities for them; and in the case of the digital proposals, to test with digital providers how we can better support and spread proven innovations positively and fairly.

## The Review of the Quality and Outcomes Framework

6. NHS England has made a number of commitments to review QOF, both publicly through the General Practice Forward View, Next Steps on the NHS Forward View, and also as part of negotiations with the BMA GPC. And so NHS England has conducted a formal review process, which started in September 2017.
7. Three overarching objectives for a reformed scheme are that it:
  - delivers **better patient care**, particularly by enabling more holistic person-centred care and incentivising on-going quality improvement;
  - supports practices to move into a role in which they can **optimally impact demand on the wider system**, and so optimise the use of finite NHS resources; and
  - supports **stability and sustainability in general practice**, at a time when workload is high and the profession is reporting high levels of stress and concern.
8. The review process was designed to incorporate views and evidence from the wide constituency of stakeholders involved in QOF, and to go through a transparent methodology in order to reach a balanced assessment of future opportunities. To assist, we formed a senior external Advisory Group and a Technical Working group, complemented by supporting reference groups, workshops, surveys and a review of existing evidence.
9. The review has involved the following stakeholders:
  - the profession (represented by GPC and RCGP on the Advisory Group and within wider practice staff reference groups). At the England LMC conference in 2017 the representatives voted to retain QOF, although this followed a vote the previous year seeking to scrap it. RCGP went to council in April 2018 and agreed to continue feeding into proposals for reform, but with mixed opinion on whether change at this time would be positively received by members;
  - Public Health England (represented on the Advisory Group) who champion the of public health indicators and make frequent use of associated data;
  - CCGs (represented on the advisory group through NHS Clinical Commissioners, and also engaged directly via reference groups) who both use the data from QOF and who have in a number of instances sought to implement local variations to QOF in order to deliver on local objectives (originally encouraged as a benefit of delegated commissioning, but paused in 2017 for the duration of this review);
  - National patient groups and charities (engaged directly through an event and follow-up survey) who strongly advocate both for indicators in domains related to their patient group, but also for a patient-centred and evidence-based approach to reforms;
  - patients and the public (represented on the Advisory Group through a lay member and engaged directly through reference groups) who are affected by the impacts that QOF has on the quality and experience of care they receive;

- the academic community (represented through a technical working group) who reiterate the importance of the evidence-based nature of QOF, and offer a spectrum of views on potential reforms, which have been taken into account in the proposals.
10. The report of the Review is attached. The advisory group members support the publication of the full report of work undertaken in the review, as the basis for a transparent engagement including with the profession. The members of the advisory group are named within the report. They have agreed its contents and all co-signed a joint foreword.
  11. Chapter 5 of the report sets out the proposals. In short, the Review proposes five main changes, subject to further engagement and negotiations:
    - (i) **to modify indicators** to improve efficacy and impact where there is good evidence (for example through a more targeted approach to population segments) - accounting for up to half the scheme
    - (ii) **to update and rebrand exception reporting**, to be termed the personalised care adjustment for all indicators. This would operate at the individual indicator level rather than the domain level, which would bring it into closer alignment with the way in which clinical decisions are taken and patient choice is expressed. It would also improve data quality and reduce scepticism around the use of the mechanism;
    - (iii) **to include a new quality improvement (QI) domain**, applying quality improvement cycles to address around 3 priority areas each year. This would utilise points freed up through indicator retirement as below;
    - (iv) **to undertake moderate retirement of indicators**, identified through a transparent indicator assessment methodology. A case could be made for up to a quarter of current indicators;
    - (v) whilst the Review concluded that wide-scale implementation of a network QOF may be premature, it proposes to run a **national trial of a network level QOF**, with a select number of sites.
  12. Whilst it is likely to take a number of years to phase in all of the reforms to QOF described in the report, and to learn from evaluations of new components (particularly the QI domain and network trial), there was consensus amongst the advisory groups that this was the likely direction of travel, and well aligned with current strategic priorities. NHS England and the GPC will remain mindful of the workload implications and the views of GPs once the report is public.

## Updates to GP payments in light of the growth of digital-first primary care

13. Digital systems will be integral to a modern, efficient and responsive health service. Well-designed digital tools are already helping to provide care and services that are convenient for patients, efficient for the NHS and which get people the right care for them, as quickly as possible. Over the next decade NHS England will be seeking to support faster, full adaption of digital delivery in primary care.
14. One of the challenges is ensuring that the way we commission, contract and pay for care keeps up with the opportunities digital innovation offers – ensuring that new technology is safely integrated into health and care pathways, whilst not unfairly destabilising existing services. There are concerns, for example, that the rapid



expansion of digital-first practices is leading to patient selection effects not being adequately captured in the GP funding formula.

15. With fair funding in mind, NHS England has reviewed the funding implications of digital-first models in the attached report. Our analysis concludes that there are a number of ways in which the payments for general practice may need to be updated to account for the emergence of digital-first primary care providers. It is important to recognise that this is a first step, informed by the evidence available but inevitably followed by further debate as our understanding of new delivery models evolve and mature. We also seek wider views about how primary care funding models can best support innovation.
16. In summary, we conclude that three specific aspects of the current funding arrangements may lead to excessive redistribution to digital-first models. We propose:
  - amendment of the rurality index payment to apply to patients living within a practice catchment area only, rather than to all patients;
  - the amendment of the London adjustment to apply to patients resident in London, rather than registered in London; and
  - a reduction in the payment to practices for patients who live outside of their catchment area (and to whom they are therefore not obliged to provide home visits).
17. The vast majority of practices would not be impacted significantly, and in fact would gain marginally from the redistribution of funds through the formula towards in-area patients. This is fairer, and as such, removes the potential for providers to seek to maximise income by advertising to patients from particular locations. As further evidence emerges it may be appropriate to make further updates reflecting different patient characteristics and costs of service delivery.

## Next steps

18. NHS England welcomes views on both documents by 31 August 2018, in order to inform subsequent discussions and negotiations with the BMA GPC, and allow the possibility of implementation from 2019/20. There is not a precedent for consulting on proposals of this kind, which will be the subject of negotiation. However, in this case, NHSE and GPC are agreed that an open engagement exercise on both the attached reports will helpfully inform negotiations.

## Recommendations

19. The Board is asked to:
  - Note the planned joint work with the BMA on contract reform;
  - Approve publication of the attached reports; and
  - Launch engagement exercises on reform of the Quality and Outcomes Framework (QOF) and updates to GP payments in light of the growth of digital-first primary care.

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**Primary Care Commissioning Committee – ‘meetings in common’  
Forward Planner  
Wednesday, 11 July 2018**

Agenda item	Lead	Applicable to xx CCG	12 Sept 2018	24 Oct 2018	12 Dec 2018	30 Jan 2019	13 Mar 2019	May 2018	July 2018
<b>All meetings/regular items</b>									
Minutes & Action Log	LD/SK	ALL	X	X	X	X	X	X	X
Open Forum/public	TH	ALL	X	X	X	X	X	X	X
<b>Sub Committees</b>									
PC Quality & Risk Sub Committee	DG/JH	ALL	X	X	X	X	X	X	X
Estates Strategy & Technology ETTTP	JH	Various Ad hoc			X				
<b>Strategy</b>									
GPFV Local Delivery Plan incl workforce	LD/HS	SW	X	X	X	X	X	X	X
PCE/PMS Contractual Offer	CS/DG/JH	ALL	X	X		X	X	X	
Dashboard	LD	ALL		X					
STP – update	LD	ALL	X	X	X	X	X	X	X
GP Access <ul style="list-style-type: none"> <li>• improved access SW/R&amp;B/WF</li> </ul>	LD/DG	ALL	X	X	X		X		
<b>Contractual changes</b>									
GMS/PMS contract variations plus DES	DG/JH/CS	ALL	X	X	X	X	X	X	X
Enhanced Services	CS	ALL	X			X			X

**On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

Agenda item	Lead	Applicable to xx CCG	12 Sept 2018	24 Oct 2018	12 Dec 2018	30 Jan 2019	13 Mar 2019	May 2018	July 2018
<b>Quality &amp; Assurance</b>									
PCCC Committee Effectiveness	HT/TC	ALL		X					
Board Assurance Framework	HT/TC	ALL	X	X	X	X	X	X	X
<b>Resources</b>									
Financial Update	NM/MD	ALL	X	X	X	X	X	X	X
<b>Governance and Risk</b>									
Terms of reference	HT	ALL					X	X	
<b>Ad hoc / specific purpose</b>									
WF PC Bundle – Incentive monies	HM/SH	WF							
Medicines Optimisation	JF	ALL							

**On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG