

Primary Care Commissioning Committee held in Public

21 February 2019, 9.30am – 12.30pm

Board Room, Jubilee House, Bloxwich Lane, Walsall WS2 7JL

Quoracy: A minimum of 50% membership (8 members) which must include: The Chair or Vice Chair, one CCG Director, the Secondary care consultant or Chief Nursing Office/ Director of Quality.

Time	Item no.	Agenda Items	Enclosures	Assurance/ Decision/ Approval
9.30	1.	To receive apologies for absence* Tony Gallagher, John Taylor, Sara Hadley, Sumaira Tabassum, Natalie Balmain, Lee Dukes Is the meeting quorate? Yes / No		
9.30	2.	Declarations of interest *		
9.30	3.	Conflicts of Interest on the agenda items*		
9.30	4.	Notification of any items of other business*		
9.30	5.	Approval of Minutes * Minutes of the Primary care commissioning meeting held on 17 January 2019 as an accurate record.	Item 5.0	Approval
9.35	6.	Matters Arising* Action log	Item 6.0	Assurance
9.40	7.	Committee Business *		Information
9.45	8.	Committee Risk Register *	Item 8.0	Information
9.55	9	Workforce Strategy update * - DM - Refresh of NHS Digital Data	Item 9.0	Information
10.05	10.	Finance report – LG	Item 10.0	Information
10.15	11.	PCOG update - Update from PCOG workshop - Quality - SS - Contracting - CM	verbal Item 11.2 verbal	Information Information Information
10.30	12.	Update on January PTL events - DM	verbal	Information
10.40	13.	GP 2019/20 Contract – DM - PCN development	Item 13.0	Information
11.10	17.	Items for Information only *		
10.10	18.	Any other business*		
11.10	19.	Date of next meeting* 21 March, 9.30am – Board Room, Jubilee House		
11.15		Close		

*Monthly standing items on the agenda.

Definition of an Interest: A Committee member has a *personal interest* if the issue being discussed at a meeting affects the well-being or finances of the member, the member’s family, or a close associate more than most other people who live in the area affected by the issue.

Personal interests are also things related to an interest the member must register such as outside bodies to which the member has been appointed by the CCG or membership of certain public bodies.

A personal interest is also a *prejudicial interest* if it affects the finances of the member, the member’s family or a close associate and which a reasonable member of the public with knowledge of the facts would believe it likely to harm or impair the member’s ability to judge the public interest.

Management of Interest: Chair to manage the interest which may range from no management required to requesting the member to leave the meeting for that agenda item. The management action needs to be noted in minutes and entered on declaration of interest log.

Declaration of Interest table:

Name	Type of Interest Financial/ Non-financial professional/ Non-financial personal/ Indirect	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Is the interest direct or indirect?	
					Direct	Indirect

Primary Care Commissioning Committee (Public Meeting)

17 January 2019, 9.30am Jubilee House

Notes

Present

Mike Abel (MA), Chair, CCG Lay member
 Donna Macarthur (DM), Director of Primary Care & Integration
 Rachel Barber (RB), CCG Lay member
 Lorraine Gilbert (LG), Head of Finance Relationships
 Sarah Shingler (SS), Chief Nursing Officer & Director of Quality
 Dr Parijat De (PD), Secondary Care Consultant

In attendance

Sara Hadley (SH), Administration to committee
 Lee Dukes (LD), PMO & QIPP Manager
 Alison Simmons (AS), Primary Contracts & Procurement Officer
 Dr H Lodhi (Dr HL), LMC representative
 Graham Westgate (GW), Interim Digital lead
 Dr Harinder Baggri (Dr HB), Clinical Executive/ GP
 Bal Dhami (BD), NHS England Senior Contract Manager (Primary Care)
 Uma Viswanathan (UV), Public Health Consultant
 John Taylor (JT), Chair Healthwatch Walsall, Health Wellbeing Board
 Sumaira Tabassum (ST) Head of Medicines Management
 Rupesh Thakkar (RT), Interim Head of Medicines Management
 Simon Brake (SB), Chief Officer

134/18 Apologies for Absence

Tony Gallagher, Chief Financial Officer
 Dr Carsten Lesshafft (Dr CL), Clinical Executive/ GP
 Gulfam Wali (GW), CCG Lay member
 Carol Marston (CM), Senior Commissioning Manager Primary Care

135/18 Notification of any items of other business

None

136/18 Declarations of Interest

Declarations of Interest Declared were declared by:

1. Dr Baggri as a GP provider
2. Dr Lodhi as a GP provider

137/18 Conflicts of Interest from agenda items

Review at each agenda item.

138/18 Approval of Minutes

Minutes of the Primary care commissioning meeting held on 15 November 2018 were agreed as an accurate record.

Minutes of the Primary care commissioning meeting held on 20 December 2018 were agreed as an accurate record.

139/18 Report on Matters Arising – Action log

130/18 – IT Update, Open, agenda item.

127/18 - Workforce, update actions from development session & update data: Open

112/18 – Primary care long term plan: Open, on agenda, Close

112/18 – Suicide prevention strategy: Open, ongoing plan

111/ 18 – Patient online update: Open, on agenda close

109/18 – GP patient survey – development session: Open, add to next PPLG meeting agenda.

52/17 & 97/17 – combine action under Workforce: remains open. Good progress with National programme of recruitment and retention, International recruitment gone out for expressions of interest.

140/18 Committee Business

Committee members need to leave promptly for another meeting offsite.

The Chair, thanked the Interim Head of Management for his hard work and input into the committee meetings and offered the committees best wishes in his new role.

141/18 Risk Register

Network issues, review later in the meeting.

142/18 Workforce Strategy Update

The Director of Primary Care & Integration informed the committee that there was no update for this meeting, revised data will be available for the February meeting along.

Further update on workforce retention will be available in either February or March 2019.

Agenda Item: Review refresh of data in February 2019 meeting.

142/18 Finance Update

The Head of Finance Relationships presented a report to the committee, stating no significant changes since the last report. At the end of December 2018 there is an estimated underspend of £557k against a budget of £29,815k for delegated primary care budgets. Together with an overspend of £983k for CCG core commissioning budgets. At this stage of the year, an overspend of £1,066k is forecast across the two budgets which is due to prescribing costs.

Initial allocation for 2019/20 were received on 14 January 2019, details to next committee in February.

The paper briefly outlined the NHS long term plan impact on primary care financially. Investment will fund the new New Primary care networks (PCN) typically covering 30 -50,000 patients. In 2019/20 CCGs are required to set aside £1.50 per head on a recurring basis to develop and maintain PCNs as 100% coverage is expected by 30 June 2019

Regarding GP contracts, significant changes will be agreed to the Quality and Outcome Framework (QOF) which will include a new Quality Improvement (QI) element. An update on the funding available for 2019/20 will be presented at the next committee.

Agenda Item: 2019/20 initial allocation detail for February meeting: LG

Agenda Item: PCNs.

The Director of Primary Care & Integration opened the invitation to attend the Protected Learning Time (PLT) event to committee members.

Agenda Item: Update on PLT events taking place in January: DM

143/18 Primary Care Operational Group (PCOG) Update

Quality & Safety Update

The committee received a verbal update from the Chief Nursing Officer & Director of Quality. The minor surgery report has been received and will go to the next PCOG meeting. The report indicates that there were no evidence patients were at harm and that 5 of the 6 providers were working in line with the Directed Enhanced Service (DES) policy

Contracting

The Director of Primary Care & Integration presented a report to the committee;

- Blackwood Health Centre, has completed and sent documentation to join Our Health partnership (OHP), once due diligence is completed Blackwood will join OHP as a partner. Its proposed to retain the existing M number, no timescale for this was provided by the practice.
- Holland Park APMS, the proposed extension of the APMS - Recommendation supported was to agree a phased reduction of the contract payment over the 5-year contract period, agree the practice will no longer have half day closing from 1 April 2020. Deduct the NPT and Treatment room LCS from the contract extension and claw back payments made in 2018/19.

Decision: Committee agreed with the recommendations, requested trajectory for next meeting.

Action: Trajectory for next meeting: LG

- The GPFV Transformation Funding Task and Finish group were reconvened on 8 January 2019 to discuss the underspend 2018/19 funding. It was proposed that any slippage on the GPFV money (currently £32k) and £265k remaining from the £3 per head funding would be used to provide support to develop primary care networks this would be underpinned by a Memorandum between the CCG and emergent PCNs. This will also be the main agenda item on the February GP locality meetings.

Decision: Committee endorsed and agreed the proposed use of monies in this way.

Agenda Item: Bring specific plan for use of monies to next meeting. CM

- Memorandum of Understanding (MOU) arrangements with NHS England remain as in 2018/19, awaiting confirmation on support for 2 rather than 1 contract monitoring visit per month. Unsure of future MOU arrangements from 2020/21 the NHSE team will collate responses and feedback when more is known.

144/18 Datix Implementation

The Chief Nursing Officer & Director of Quality presented a report to the committee on the Datix project and its implementation within the CCG.

There has been a delay in implementation as the original scope underestimated the work involved. The project plan is now in place with the Deputy Chief Nurse taking oversight of this, there will be monthly progress reports to PCOG with any exceptions being brought to PCCC. The committee were asked to agree and support the proposed next steps detailed in the report.

Decision: Committee agreed and supported the next steps detailed in the report.

145/18 Medicine Management Update

The Head of Medicines Management presented a report to the committee.

Walsall Care Homes service.

This service covers training and education sessions for care staff delivered by 15 community pharmacies. There is some overlap with NHSE Medicines Optimisation in Care Homes (MOCH) but MOCH doesn't include education of community pharmacists and the care homes. PCOG recommended supported continuation of scheme.

Decision: Committee agreed with report recommendations

Community Pharmacy service for Provision of Specialist Drugs for End of Life and One stock holder for 'in hours'

Details are in the report, committee requested to confirm continuing commissioning of the service, following committee decision in January the SLA and application process will go out to all community pharmacies.

Decision: Committee agreed with report actions.

NHS England's Consultation Medicines of Limited Clinical Value update

Updated list of medicines of limited clinical value now includes 8 more medicines and guidance on Rubefacients (excluding topical NSAIDs)
Committee asked to note update.

Decision: Committee noted update.

NHS England Medicines Optimisation in Care Homes (MOCH)

Recruitment of an 8a pharmacist has been successful, the recruitment of the pharmacy technician and other service staff is still underway.
Committee asked to note this paper.

Decision: Committee noted paper.

Walsall CCG Gluten Free Position Statement

In line with national guidance gluten free foods except bread and flour mixes will no longer be routinely prescribed on the NHS, this will take effect from December 2018.
Committee requested to agree implementation of the gluten free position statement within Walsall CCG.

Decision: Committee agreed to implement the gluten free position statement within Walsall CCG.

146/18 IT, MESH Update

The Interim Digital lead gave the committee a verbal update , a paper has been distributed to the IT Steering group and the committee will get feedback on the outcome.

147/18 Online Consultation Update

The Interim Digital lead gave the committee a verbal update. The online consultation draft specification should be ready next week. The time line for procurement is tight even with support from the procurement team.
The specification is to link in with the NHS Long term plan to provide a robust platform for future requirements.

148/18 NHS Long Term Plan

The Director of Primary Care & Integration presented slides to the committee to highlight the main points of the NHS Long term plan and its impacts on the work of primary care and the committee.

Action: Slides to be circulated to committee members.

149/18 Items for Information only

None

150/18 AOB

None

151/18 Date of next meeting

21 February, 9.30am – Board Room, Jubilee House

DRAFT

Primary Care Commissioning Committee Action Log - Public

Please check the completed actions on the log are accurate as they will be removed after this meeting

Complete
Live

Item	Lead	Required By	Comments	Action
148/18	NHS Long Term Plan Circulate slides to committee members	SH	Feb-19	Complete
143/18	PCOG Update Holland Park APMS contract extension, trajectory to reduce additional costs to next meeting	LG	Feb-19	Live
130/18	IT Update Chair to write to IT Steering group to ask for decision re Docman	MA	Jan-19	in progress Live
128/18	Workforce Action from development sessions and up to date data	DM	Feb-19	on agenda Live
112/18	Suicide prevention strategy Update at January 2018 meeting	CL	Jan-19	on going, going to commissioning committee Live
109/18	GP patient survey Topic for next development session	MA		SH & MA to discuss dates add to PPLG agenda Live
52/17 & 97/17	Workforce Strategy Discuss Workforce strategy (97/17) GPFV International recruitment, Alice McGee to take through LETB, ALWAB PCOG Contracting Update - International Recruitment Develop Walsall engagement event re GPFV Transformation - International Recruitment	SR CM		ON HOLD Parital assurance working with STP partners to look at retention may be getting some support with this work. Make standing item on agenda. International recruitment has gone out for expression of interest with practices. National recruitment and retention programme making good progress particular the mentoring scheme where 4 mentors have been secured, and increased funding for Nurse associates. Live
127/18	PCOG Report on future direction of PCOG	JB	Jan-19	on agenda Complete
122.18	Response to Primary caer long term (10 year) plan @ Jan 19 meeting	DM	Jan-19	not yet available from NHSE, on agenda Complete
111/18	Patient online service update How to improve the number of practices achieving the 20% sign up target	DM	Jan-19	on agenda Complete

Decision Log

Date	Item	Minutes	Outcome
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Primary Care Commissioning Committee Action Log - Public

19/04/2018	08/18 Medicines Management update	NHSE care home service - committee approved service proposed outlined subject to service evaluation post year 1	Approved
19/04/2018	08/18 Medicines Management update	Agreed to continue with Walsall care home service running concurrently with NHSE car home service, evaluate NHSE service after 1 year with view to decommission Walsall service	Agreed
19/04/2018	Pilot programme - Integration of voluntary & community sector link workers in placed based teams	committee recommends putting this proposal with high priority to the GPFV transformation funding group for potential funding via that route, agree scheme in principal LG & AB to discuss outside of committee and that this goes with other projects for discussion	Agreed
19/04/2018	Public & Patient Involvement update	Agree changes to format of PPG group, development of a PRG Charter and PPG conference proposed for June 2018	Agreed
19/04/2018	Terms of Reference	committee approved terms of reference	Agreed
17/05/2018	26/18 Macmillan cancer champion project service specification	committee wanted more detail, to be brought back to June meeting	Deferred
17/05/2018	27/18 Online digital consultation	stop current online pilot	Agreed
17/05/2018	27/18 Online digital consultation	develop specification and undertake a new pilot, requires GP & patient involvement to be brought back to committee	Approved
21/06/2018	45/18 Macmillan cancer champion project	committee approved project, subject to clarification on face to face reviews	Approved
21/06/2018	46/18 Latent TB specification update	decision delegated to DP, DM, LG once funding is confirmed from NHSE or CCG as willing to go at risk	Agreed
19/07/2018	59/18 PCOG update	committee agreed to continue with the current PCC CIC package at the current level	Agreed
16/08/2018	80/18 Transformation funding update	Approved the list of schemes & investment guidelines	Approved
15/11/2018	110/18 Medicines management - OTC consultation guidance	committee supported recommendation going to Governing Body for approval with an added positive & robust communication strategy	agreed
15/11/2018	114/18 APMS contract monitoring & KPIs	Delegate to PCOG contractual performance regarding KPIs but highlight any concerns to PCCC	Agreed
20/12/2012	130/17 IT , MESH update	risk register reviewed for PCCC 13 - close, PCCC 14 review in January committee	Agreed
17/01/2019	143/18 , PCOG Update	Holland Park APMS contract extension agreed with recommendation, requested trajectory	Agreed
17/01/2019	143/18 , PCOG Update	GPFV use of underspend methodology endorsed and approved	Approved
17/01/2019	144/18 , Datix Implementation	committee agreed and supported the next detailed in the report.	Agreed
17/01/2019	145/18 , Medicines Management Update	Walsall Care Home service, agree to continue with the services as per report	Agreed
		Community Pharmacy services for provision of specialist drugs for end of life and one stock holder for in-hours, agreed to continue the service as per report.	Agreed
		NHSE consultation of medicines of limited clinical value.	noted update
		NHSE Medicines Optimisation in Care homes	Noted update
		Walsall CCG Gluten Free Position Statement, agreed to implement statement	Agreed

Primary Care Commissioning Committee Action Log - Public

Conflict of Interest Log

Meeting	Date of meeting	Chairperson	Administrator	Agenda Item	Minutes	Outcome
Primary Care Commissioning committee	20/07/2017	Mike Abel	Sara Hadley	59/17 Town centre Development Update	Three members of the meeting declared a personal interest either directly or indirectly with the GP practices end events discussed within this paper. (Mike Able, John Duder & Carsten Lesshafft)	Conflict of Interest noted in committee minutes.
Primary Care Commissioning committee	16/11/2017	Mike Abel	Sara Hadley	97/17 PCOG Contacting Update - Practice mergers	Dr Baggri left the meeeting for this agenda item	Noted in the minutes
Primary Care Commissioning committee	16/11/2017	Mike Abel	Sara Hadley	101/17 AQP Update	Dr Baggri declared conflict of Interest in this agenda item	Noted in the minutes
Primary Care Commissioning committee	21/06/2018	Mike Abel	Sara Hadley	43/18 APMS procurement update	potential conflict of interest identified in this agenda item	Noted in the minutes

Primary Care Commissioning Committee

Walsall CCG Assurance Framework																								
Strategic Aims 2017 - 2019																								
Aim 1 To effectively commission services which will improve the health and wellbeing for Walsall People																								
Aim 2 To comply with our statutory duties and responsibilities and keep people safe																								
Aim 3 To ensure strong leadership and governance arrangements																								
Link to Aim	Link to Corp Obj	Cmt risk ID	Original Date	Last Review (Committee Date)	Last Update (Risk Amended)	Risk Description	Cmt	Lead	Initial Risk Likelihood	Initial Risk Consequence	Initial Risk Score (LxC)	Key Controls	Gaps in Control	Internal Assurances	External Assurances	Gaps in Assurance	Residual Risk Likelihood	Residual Risk Consequence	Residual Risk Score (LxC)	Residual Risk Trend from last update	Actions	Timescale	COMMENTS	ACTIVE / CLOSED
2	N/A	PCCC 03	May-16	Dec-18	Nov-18	Resilience of the General Practitioner workforce will result in pressures on current workforce and have a potential negative impact on patient care in primary care.	PCCC	DM	4	4	16	Links with local CEPN, Primary Care Operational Group to review workforce issues.	None identified	Practice Nurse Strategy under development. Pharmacy support for general practice reviewed for equal support. Aug 18 PCC Development session devoted to workforce agenda.	Black Country STP intensive support site to address issues of GP retention. STP workforce plan submitted to NHSE for assurance.	Re establish workforce group which stood down, Now at STP level.	4	4	16	↔	PCCC Development session devoted to workforce agenda. Actions from development session, breakdown DPC , show FTE breakdown, identify practice managers within admin staff use most recent data available		Partial NHSE assurance of Workforce Strategy	Active
2	4	PCCC 12	Aug-17	Dec-18	Dec-18	Corporate Risk - To maximise the potential of primary care through the delivery of the Primary Care Strategy incorporating the GP FYFV. There is risk that the limitations in primary care capacity and capability will affect the ability of primary care to work at scale which will impact on the development of place based care. There is a risk that the limited primary care commissioning resources and finances result in the	PCCC	DM	4	4	16	Implement GPGV, Oversee delivery of PC strategy. Secure resources for Practice resilience.	None identified	Contract monitoring, Workforce group established to develop / oversee utilization of transformation funds, Aug 18 proposal for transformation funding developed and supported by committee	NHSE Assurance April 18 - 7 practices have been supported with resources from the resilience programme.	None identified	3	3	9	↓	Support 7 practices with resources from the resilience programme. Proposal for transformation funding developed and supported by committee		Contract Monitoring visits to be completed by 2020	Active

Primary Care Commissioning Committee

Walsall CCG Assurance Framework																								
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Link to Aim	Link to Corp Obj	Cmt risk ID	Original Date	Last Review (Committee Date)	Last Update (Risk Amended)	Risk Description	Cmt	Lead	Initial Risk Likelihood	Initial Risk Consequence	Initial Risk Score (LxC)	Key Controls	Gaps in Control	Internal Assurances	External Assurances	Gaps in Assurance	Residual Risk Likelihood	Residual Risk Consequence	Residual Risk Score (LxC)	Residual Risk Trend from last update	Actions	Timescale	COMMENTS	ACTIVE / CLOSED
1		PCCC 14	Nov-17	Dec-18	Dec-18	IT Corporate SLA - There is a risk that without an established contract/agreement with an IT service provider, the scope and quality of services provided through an implied contract will not meet requirements locally or mandated nationally. There is a risk that without the appropriate level of IT service support, business and clinical services could be impacted.	PCCC	TG	4	3	12	Establish with incumbent a corporate SLA for 2017/18.		Procurement options paper to enable a preferred approach for procuring future IT service completed.	NHSE Assurance		4	3	12	↔	update requirements specification for 2018/19 services.		Corporate IT service offer received and similarly to previous years, the offer continues not to align to the corporate IT service specification. Feedback has been provided to WHT IT. As the WHT IT business relationship manager leading on the SLA development for WHT has left the organisation, the next Corporate IT service offer is due by end of December 2018. Review at January meeting for potential closure.	Active
2	5	PCCC 15	Nov-17	Dec-18	Dec-18	QIPP 2018/19 Failure to deliver 18/19 QIPP assigned to committee	PCCC	DM	4	4	16	Medicines Management team to develop proposals and prepare PID/business cases.		Medicines management team vacancies filled. More schemes identified - proposal for a repeat prescribing hub in development. Aug 18 - vacancies filled, more schemes identified, proposal for a repeat prescribing hub in development.	NHSE Assurance		4	3	12	↔	Review prescribing incentive scheme and SLA pharmacist work plans. Review of LCS to be undertaken.	Feb-18	QIPP savings should now be within scope to be delivered. Discussed closing this risk and opening another for 19/20.	Active

In Confidence

Not for Publication or Dissemination Delete if paper is for public dissemination

PRIMARY CARE COMMISSIONING COMMITTEE

Date of committee meeting: 21 February 2019

Agenda Item No: 9

TITLE OF REPORT	Walsall CCG Primary Care Workforce Data
EXECUTIVE SUMMARY:	The report shows the latest primary care workforce data as at September 2018
IMPLICATIONS	
RECOMMENDATION TO THE COMMITTEE:	Note information
CONFLICT OF INTEREST MANAGEMENT	None
COMMITTEE ACTION REQUIRED:	Information
REPORT WRITTEN BY:	Sara Hadley
REPORT PRESENTED BY:	Donna Macarthur
REPORT SIGNED OFF BY:	Donna Macarthur
CONSENT AGENDA	
PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION	

There is a requirement for all members to read the papers prior to the meeting. The presenter **must not go through the paper in detail**. The presentation should go through the executive summary and include any amendments/additional information which was not available at the time of writing the report or if there has been any discussion or challenge prior to the meeting.

The CCG Corporate Objectives. <i>Delete the objectives not relevant to the paper</i>
Ensure robust financial management for in-year and subsequent years
Identify and implement QIPP
Direct performance improvements to ensure compliance with NHS constitution

Ensure effective quality and safety assurance of the system
Ensure effective contract management of Primary Care (including QIPP contribution)
Active participation in formulating the Black Country STP
Active participation in formulating Walsall Together
Improving CCG Governance and Capability

All papers are subject to the Freedom of Information Act. All papers marked as 'in confidence, not for publication or dissemination' are sent securely to named individuals and they cannot be distributed further without the written permission of the Chair. Exemption 41, Information provided in confidence, applies.

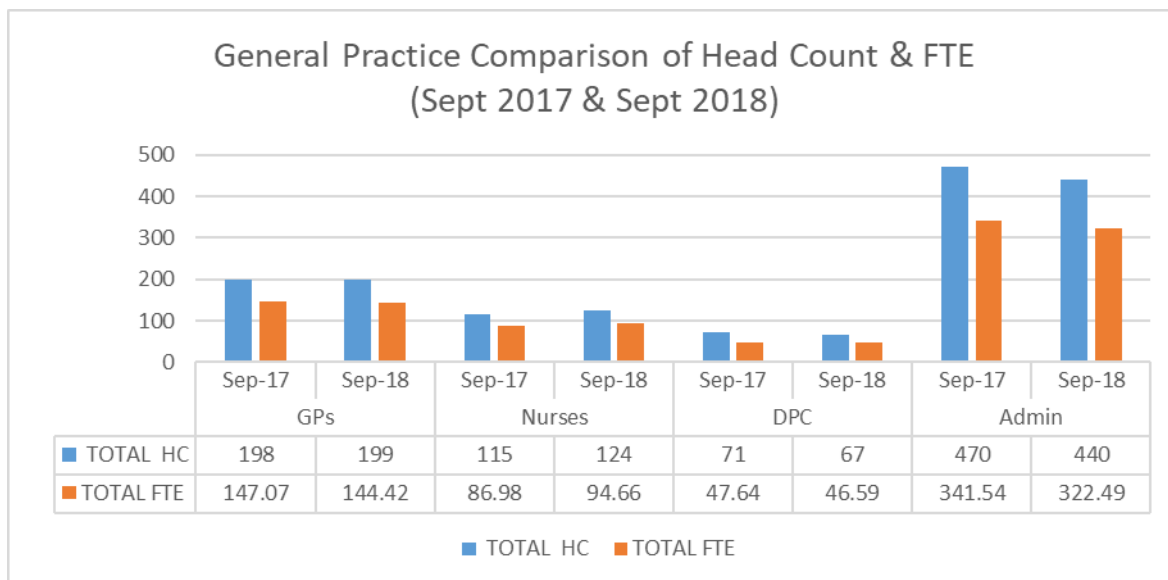
Workforce Data – September 2018

Source: NHS Digital

The Primary care commissioning committee as a result of the development session requested more workforce data. The latest workforce data available from NHS Digital is September 2018, therefore comparisons will be between September 2017 and September 2018.

- A high level CCG count showing head count and FTE for GP's, nurses, DPC and admin. (figure 1)
- Direct patient care (DPC) to be broken down by job category, showing both headcount and full time equivalent (FTE) figures. (figure 2)
- Practice managers to be separated from the general practice administration figures and shown separately by headcount and FTE. (figure 3)

Figure 1

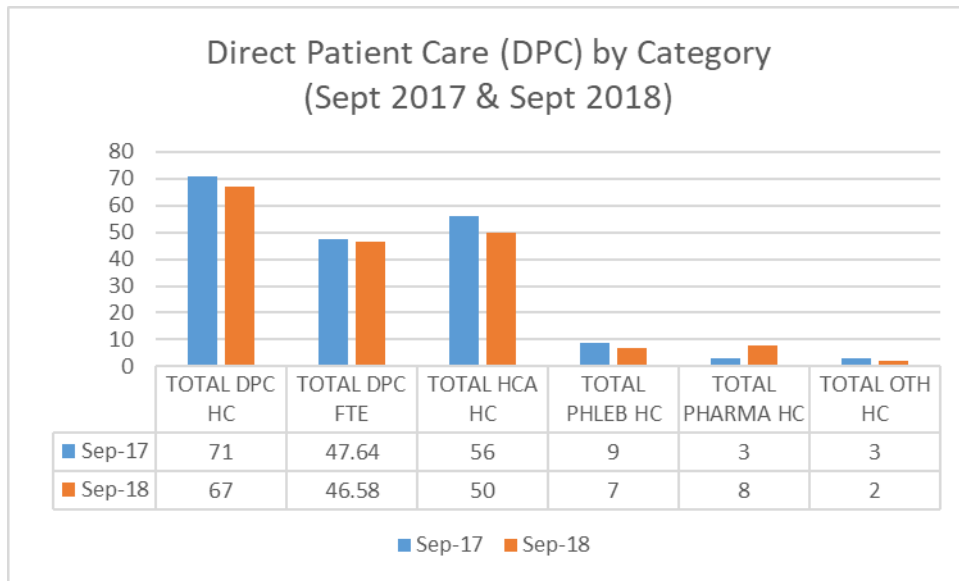


This graph and table identifies and increased in the head count for GP's but a reduction in the FTE.

The nurse head count has increased as has the FTE.

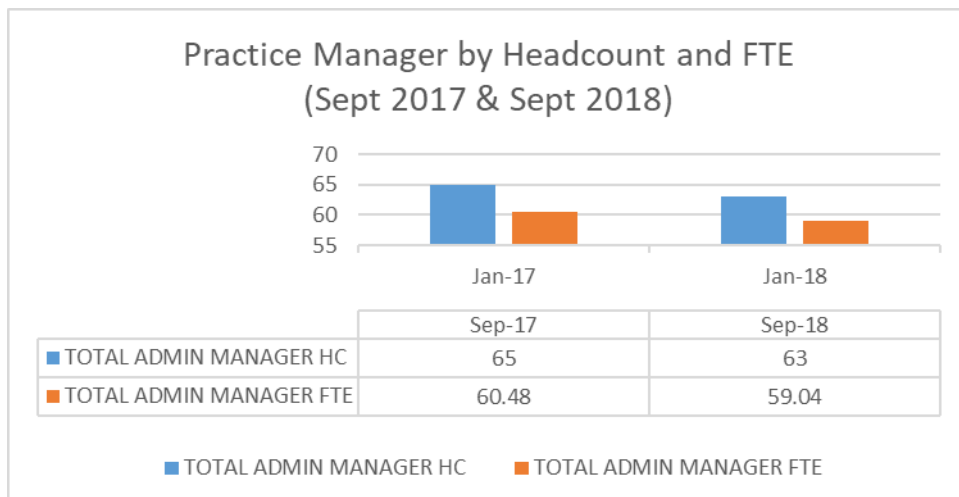
Direct patient care (DPC) has reduced both the head count and FTE as has general practice administration staff.

Figure 2



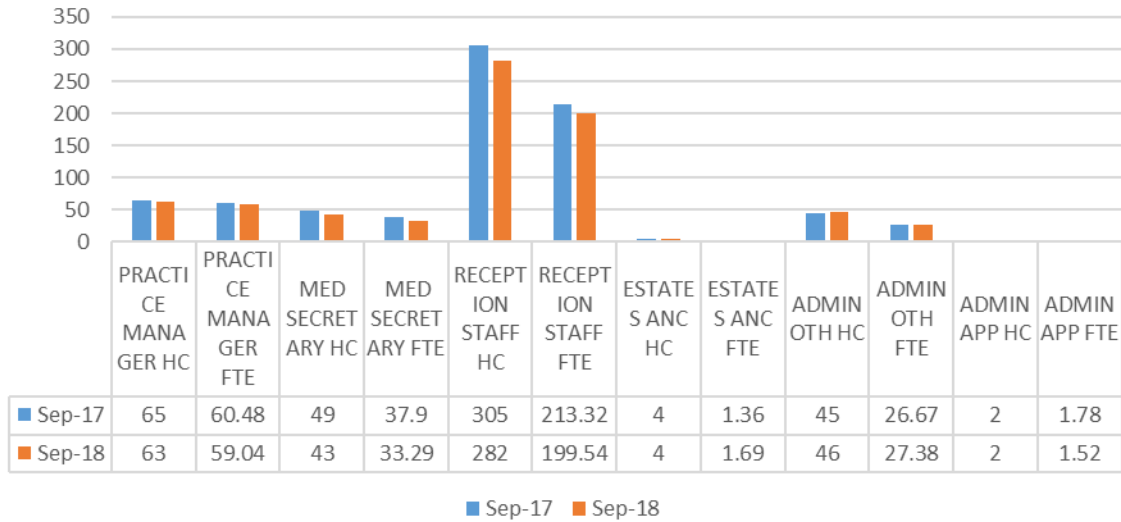
The above data identifies a reduction in the head count of DPC from 71 to 67, but the FTE is only slightly less (1.1 FTE) indicating fewer staff working more hours. Most job roles have decreased HCA from a head count of 56 to 50 (2.8 FTE reduction), Phlebotomists 9 to 7 (2.44 FTE reduction) but pharmacists have increased from a head count of 3 to 8 (4.29 FTE increase).

Figure 3



By showing the practice managers separately from the overall general practice administration figures a slight decrease of a head count of 2 and a FTE of 1.44 has occurred between September 2017 and September 2018.

General Practice Admin Staff by Headcount and FTE (Sept 2017 & 2018)



The above graph and table identifies both the headcount and FTE for general practice administration staff. There has been a reduction of both headcount and FTE for practice manager, medical secretary headcount has decreased by 6 and a 4.61 FTE reduction. Reception staff have seen a head count reduction of 23 and a FTE decrease of 13.78. Estates ANC maintained the headcount and increased the FTE by 0.33. Other admin roles had a slight increase of 1 headcount and 0.71 FTE, admin apprentice's maintained the headcount by reduced the FTE by 0.26.

The table below shows the latest data for September 2018 by age category compared to September 2017 and highlights the changes.

Month	TOTAL HC	TOTAL FTE	TOTAL UNDER30	TOTAL 30-34	TOTAL 35-39	TOTAL 40-44	TOTAL 45-49	TOTAL 50-54	TOTAL 55-59	TOTAL 60-64	TOTAL 65-69	TOTAL 70+	TOTAL UNKNOWN AGE
GP's													
Sep-17	198	147.07	8	30	31	38	22	19	17	14	9	10	0
Sep-18	199 ↑	144.42 ↓	8 ↔	29 ↓	36 ↑	37 ↓	23 ↑	16 ↓	23 ↑	6 ↓	8 ↓	13 ↑	0 ↔
Nurses													
Sep-17	115	86.98	8	3	10	13	19	28	23	8	2	1	0
Sep-18	124 ↑	94.66 ↑	6 ↓	11 ↑	15 ↑	7 ↓	15 ↓	31 ↑	27 ↑	10	1 ↓	1 ↔	0 ↔
Direct Patient Care (DPC)													
Sep-17	71	47.64	14	9	8	5	8	14	7	4	0	0	2
Sep-18	67 ↓	46.58 ↓	11 ↓	9 ↔	6 ↓	7 ↑	11 ↑	11 ↓	8 ↑	2 ↓	1 ↑	0 ↔	1 ↓
General Practice Admin Staff													
Sep-17	470	341.54	61	38	43	45	74	77	51	53	21	6	1
Sep-18	440 ↓	322.48 ↓	61 ↔	41 ↑	36 ↓	37 ↓	65 ↓	67 ↓	52 ↑	47 ↓	28 ↑	5 ↓	1 ↔

Recommendation

Committee asked to note the report.

Primary Care Commissioning Committee (Public Meeting)

21 February 2019

Agenda Item No: 10

TITLE OF REPORT	Financial Monitoring Report for Delegated Primary Care and other Primary Care budgets for the period to 31 January 2019
PURPOSE:	This report is to inform the Primary Care Commissioning Committee of the financial position of the delegated and other Primary Care budgets.
KEY POINTS:	At the end of January 2019, Walsall CCG's management accounts report an underspend of £588k against a budget of £33,091k for delegated Primary Care budgets, and an overspend of £278k for CCG core commissioning budgets. At this stage of the year, an overspend of £208k is forecast across the two budget areas, which is due to Prescribing costs.
RECOMMENDATION TO THE COMMITTEE:	To note for information.
CONFLICT OF INTEREST MANAGEMENT	
COMMITTEE ACTION REQUIRED:	For information.
REPORT WRITTEN BY:	Lorraine Gilbert
REPORT PRESENTED BY:	Lorraine Gilbert
REPORT SIGNED OFF BY:	Tony Gallagher
CONSENT AGENDA	No
PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION	None

There is a requirement for all members to read the papers prior to the meeting. The presenter **must not go through the paper in detail**. The presentation should go through the executive summary and include any amendments/additional information which was not available at the time of writing the report or if there has been any discussion or challenge prior to the meeting.

The CCG Corporate Objectives.
Ensure robust financial management for in-year and subsequent years
Identify and implement QIPP
Direct performance improvements to ensure compliance with NHS constitution
Ensure effective quality and safety assurance of the system
Ensure effective contract management of Primary Care (including QIPP contribution)
Active participation in formulating the Black Country STP
Active participation in formulating Walsall Together
Improving CCG Governance and Capability

1 Funding Available

There has been one small change to CCG allocations in the last month, with a non recurring allocation of £4K received to meet the costs of GP Retained Doctors; the final element of funding of £330k for the Extended Access services has been received as income rather than an allocation adjustment, and no further allocations are anticipated at this stage in the financial year, and therefore total funding for 2018-19 is £99,925K. The following table identifies the changes to these budgets since April 2018.

	Delegated £000	£000	Core £000	Total £000
Initial Allocation	38,937		58,364	97,301
Premises Cost addition	1,200			1,200
	40,137		58,364	98,501
Change in funding for Medical Indemnity - transfer to FYFV	-290			-290
FYFV- Reception & Clerical		48		
FYFV- Online consultations		95		
FYFV - Improving access to GP services		<u>147</u>		
			290	290
FYFV - Improving access to GP services			844	844
LCS Referral pilot			285	285
FYFV - Improving access to GP services			291	291
Agenda for Change Pay uplift			8	8
Transfer of Flu vaccine funding to NHSE			-335	-335
Additional funding for 1% contract uplift	304			304
WiFi CCG Maintenance funding 2018-19			23	23
GP Retained Doctors	4			4
	40,155		59,770	99,925

2 Performance against budget

The following table analyses expenditure and forecast outturn across the various areas for Primary Care:

	Annual Budget	Budget YTD	Actual YTD	YTD Variance	FOT	FOT Variance
	£000	£000	£000	£000	£000	£000
Global Sum/MPIG/APMS Contract Value	27,094	22,426	21,905	(521)	26,790	(304)
Quality & Outcomes Framework	4,003	3,336	3,305	(31)	4,003	0
Direct Enhanced Services	861	717	680	(37)	861	0
Premises	7,032	5,700	5,777	77	7,032	0
Dispensing Fees	223	186	170	(16)	223	0
PCO Admin	682	509	482	(27)	678	(4)
Other	260	217	184	(33)	260	0
Sub total Delegated Commissioning	40,155	33,091	32,503	(588)	39,847	(308)
Locally Commissioned Services	3,363	2,802	2,966	164	3,622	259
GP Transformation Fund	627	0	3	3	629	2
	3,990	2,802	2,969	167	4,251	261
<u>GP Forward View</u>						
<u>Allocated to date</u>						
Improved Access	1,282	753	753	0	1,282	0
E-consult	95	22	22	0	95	0
Training Care navigator	48	25	25	0	48	0
	1,425	800	800	0	1,425	0
<u>Primary Care Commissioning</u>						
Collaborative arrangements	15	13	9	(4)	15	0
Commissioning Schemes	1,255	1,046	1,034	(12)	1,255	0
Developments	64	53	43	(10)	64	0
GP IM&T	1,030	731	731	0	1,030	0
NHS 111	993	828	810	(18)	976	(17)
Out of Hours	1,628	1,357	1,414	57	1,628	0
Pharmaceutical Schemes	1,733	1,446	1,399	(47)	1,676	(57)
Prescribing	47,637	39,958	40,103	145	47,962	325
Sub total	54,355	45,432	45,543	111	54,606	251
Subtotal Primary Care Commissioning	59,770	49,034	49,312	278	60,282	512
TOTAL FORECAST 2018-19	99,925	82,125	81,815	(310)	100,129	204

In relation to Delegated Commissioning budgets, for the ten month period to January 2019, total expenditure of £32,503k was incurred against budget of £33,091k, resulting in an underspend of £588k, the majority of which has been realised following the APMS reprocurement exercise, and by year end, the savings forecast of £308k remains. There are no significant variations in other areas, and it is assumed that all other service lines have a breakeven position by March 2019.

In relation to Locally Commissioned Schemes, there is an overall overspend of £164k, of which £333K is due to the non achievement of the QIPP target, and there are overspends in Treatment Room (£32K) and Ultrasound scanning (£46K), due to increased activity, which are being covered by small underspends in other services. By year end, the forecast adverse variance has reduced slightly to £259k.

For CCG core commissioning budgets, there is an overspend of £111k to date, which represents an improvement from month 09, due to changes in Prescribing – there has been a technical accounting adjustment, a reduction in forecast drugs charges and an increased recharge for flu and pneumococcal vaccines. By year end an overall net overspend of £251K is forecast.

3 The NHS Long Term Plan and Primary Care

The CCG has received notification on the Delegated Co commissioning allocation for 2019-20, and funding for the new financial year will be £42.643 million – this represents an increase of approx. £2.5 million on the current year funding. This additional funding is required to meet the financial consequences of changes to the national GMS contract, and negotiations are ongoing between Dept of Health and General Practitioner Committee. Further guidance in relation to the impact of the NHS Long Term Plan on Primary Care contracts was published at the end of January 2019, and outlined a little more detail on the financial changes which will be introduced in 2019-20. A commitment has been given that funding for core contract will increase by 1.4% in 2019-20, and additional investment will be made to support the formation of Primary Care Networks (PCNs). A new Direct Enhanced Service (DES) called the Network Participation DES will be introduced from 01 July 2019, and whilst specific payment detail is awaited, the guidance states that a typical practice will receive approx. £14K when signing up for this scheme. Further funding for the reimbursement of additional roles will also be allocated to PCNs, with a PCN covering circa 50K patients receiving a maximum of £92K to support the roles of clinical pharmacist and social prescribing link worker. Each PCN will receive funding to support the appointment of a Clinical Director, and an amount of £0.51 per patient is suggested in the guidance. At this stage, the guidance is not totally prescriptive as to whether all these cost elements will need to be funded from the CCG's delegated allocation, so further updates will be given as more detailed guidance is received.

Walsall Clinical Commissioning Group

Quality and Safety update for Primary Care Commissioning Committee

Date of committee meeting: 21 February 2019

Agenda Item No:11.2

TITLE OF REPORT	Primary Care Quality and Safety
EXECUTIVE SUMMARY:	<p>This report aims to provide an update related to the quality and safety of care provided by Primary Care within Walsall CCG.</p> <p>Included within the report are updates related to:</p> <ul style="list-style-type: none"> • CQC inspections December 2018 • Quality Visits • Datix project implementation
IMPLICATIONS	Nil
RECOMMENDATION TO THE COMMITTEE:	<p>Primary Care Committee are invited to:</p> <ol style="list-style-type: none"> 1. Be Assured that the Quality and Safety team has appropriately identified key areas of risk and are taking the correct steps with Providers and other Lead Commissioners to ensure that our local population continues to have access to high quality and safe care. 2. Be Assured that the Chief Nursing Officer has acted appropriately to address any immediate quality and safety concerns included within the summary report. Note the contents of the report.
CONFLICT OF INTEREST MANAGEMENT	There have been no conflicts of interest identified by the author of this paper.
COMMITTEE ACTION REQUIRED:	The Committee is invited to be assured that the Quality and Safety Team have taken appropriate actions to address quality and safety issues.
REPORT WRITTEN BY:	Bilal Jeewa - Quality & Safety Officer Shelley Price – Quality & Safety Manager
REPORT PRESENTED BY:	Sara Bailey, Deputy Chief Nurse
REPORT SIGNED OFF BY:	Sarah Shingler, Chief Nursing Officer & Director of Quality & Safety
CONSENT AGENDA	This paper is not appropriate for the consent agenda.
PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION	Primary Care Operational Group

Indicate the corporate objectives this report is linked to

Tick	Corporate Objective Summary	Cmt
	Developing the Walsall Together programme into a fully integrated care partnership supported by a new contractual arrangement from April 2019	CC
	Further development of GP involvement in the Walsall Together programme	PCCC
	To establish new commissioning arrangement for MH & LD in collaboration with the BC STP	CC/JCC

	To establish new commissioning arrangements for Acute services in collaboration with the BC STP	CC/JCC
	To maintain financial sustainability and ensure delivery of the QIPP programme (For 18/19 and plan for 19/20)	F&P
✓	To deliver the CCG quality and safety responsibilities to improve the incident reporting, assurance and ensure that robust Quality Assurance processes are in place for all commissioned services.	Q&S
	To ensure effective performance across the system to deliver the locally agreed targets – especially ones in the lower quartile	F&P
	To improve the communication and engagement with system partners, providers and GPs	GB
	Continuing organisational development of system and CCG leadership and capability to ensure ongoing resilience and effectiveness	A&G/GB
	Supporting the evolution of the Black Country STP towards a Black Country Integrated Care System	JCC/GB

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1. Care Quality Commission (CQC) Independent Inspections

- **St Luke's Surgery** (Dr N Pillai and Dr L Nair) – A CQC inspection took place on 13th December 2018. The practice maintained their “Good” rating overall with a previous rating of “Good” in October 2015. The report identified the following improvements areas:
 - Update the safeguarding policy to include information about modern slavery.
 - Improve the identification of carers to enable this group of patients to access the care and support they need.

- **CQC Inspections in February 2019**
 1. Dr Thornett - Blackwood Health Centre

2. Quality Visits – Moxley Medical Centre

The Quality & Safety team are planning to start performing quality visits to each GP practice from February 2019. The first of these visits will be at Moxley Medical centre in light of the recent CQC inspection result. Data has been collated from various sources including CQC report, friends and family test, patient survey, primary care web tool and immunisation data to aid the inspection.

The key lines of enquires for the visit to Moxley medical centre include:

- **Documentation issues:**
 - a. CQC Recommendation – To periodically review the letters filed by the administrative staff member to check that all significant information in correspondence been highlighted for the GP to action.
 - b. Review filed clinical letters
- **Long term condition care:**
 - a. CQC Recommendation – Improve systems for the management of long term conditions.
 - b. Diabetes related outcomes was below the local and national averages
 - c. Collect information for the Accessible Information Standard
- **Information:**
 - a. Collect information in relation to the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.) at the point of registration.
- **Medicines:**
 - a. The practice had not carried out a risk assessment to determine the choice of medicines and equipment for use in a medical emergency.
 - b. The practice did not monitor the prescribing of controlled drugs, and were not aware of the arrangements in place for raising concerns around controlled drugs with the Accountable Officer.

Medicines Management and any other relevant speciality will also be in attendance at the Quality visit.

3. DATIX Project

Work on the Datix project continues. The external Datix Company Project Manager visited the CCG on Tuesday 22nd January to progress the project and assist in designing the system layout.

The project has been split into 5 phases:

Phase 1 - Setup Serious Incidents (STEIS) module – end of March 2019

Phase 2 - Setup Incident reporting module - Go live at Walsall CCG end of March 2019

Phase 3 - Configuration and Testing, Setting up the complaints, quality concerns and risk modules

Phase 4 - Rollout to 4 trial GP localities - end of April 2019

Phase 5 - Go live at all GP's and final tailoring of system - end of June 2019.

It is envisaged the system will go live in April 2019 within the CCG and then a phased rollout to GP's from June 2019. All GP Surgery staff will be provided with training and support on the system.

A Datix presentation was delivered to a number of GP's on 31st January 2019 and was well received. The presentation has been forwarded to the GP surgeries for review and comments.

Primary Care Commissioning Committee

Date of committee meeting: February 21st 2019

Agenda Item No:13.0

TITLE OF REPORT	GP Contract 2019/20 – update
EXECUTIVE SUMMARY:	<p>A five-year framework for GP contract reform was published on the 31 January 2019. This document outlines the agreement reached between NHS England and the BMA General Practitioners Committee and translates the commitments in the NHS Long Term Plan. Specifically, the agreement:</p> <ul style="list-style-type: none"> • Seeks to address workload issues resulting from workforce shortfall. • Brings a permanent solution to indemnity costs and coverage. • Improves the Quality and Outcomes Framework (QOF). • Introduces automatic entitlement to a new Primary Care Network Contract. • Helps join-up urgent care services. • Enables practices and patients to benefit from digital technologies. • Delivers new services to achieve NHS Long Term Plan commitments. • Gives five-year funding clarity and certainty for practices. • Tests future contract changes prior to introduction
IMPLICATIONS	The CCG will need to determine local implications and work with general practice to deliver the significant change required to deliver the new contract particularly in relation to the development of primary care networks
RECOMMENDATION TO THE COMMITTEE:	The committee are asked to note the update and to receive regular updates on PCN development
CONFLICT OF INTEREST MANAGEMENT	Nationally agreed GP contractual changes
COMMITTEE ACTION REQUIRED:	For Information
REPORT WRITTEN BY:	Donna Macarthur – Director of primary care and Integration
REPORT PRESENTED BY:	Donna Macarthur – Director of primary care and Integration
REPORT SIGNED OFF BY:	Mike Abel - Chair PCCC
CONSENT AGENDA	No
PREVIOUS COMMITTEES,	This has not been discussed at any previous committee

DISCUSSION OR CIRCULATION	
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The CCG Corporate Objectives. <i>Delete the objectives not relevant to the paper</i>
Ensure robust financial management for in-year and subsequent years
Identify and implement QIPP
Direct performance improvements to ensure compliance with NHS constitution
Ensure effective quality and safety assurance of the system
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Active participation in formulating the Black Country STP
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“Investment and Evolution” A Five Year Framework for GP Contract Reform to Implement the NHS Long Term Plan

1. Introduction

A five-year framework for GP contract reform was published on the 31 January 2019. This document outlines the agreement reached between NHS England and the BMA General Practitioners Committee and translates the commitments in the NHS Long Term Plan. The full guidance can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

The purpose of this paper is to:

- Brief the Primary Care Commissioning Committee on the key points of the above document
- Brief the Primary Care Commissioning Committee on the development of Primary care networks (PCNs) in Walsall

2. Background and Key commitments

The NHS Long Term Plan set out the case for enhanced primary medical and community care, backed by an extra £4.5bn a year by 2023/24. The Long Term Plan reinforced the role general practice needs to play to deliver the aspirations outlined.

The BMA and NHS England have consequently negotiated a five framework for general practice to support the implementation of the plan. As well as significant increases in practice level funding the new contract delivers a fundamental change to primary care through the establishment of primary care networks. £1.799 billion will be invested annually by 2023/24 and nationally networks will be directly reimbursed for the employment of 20,000 clinical pharmacists, physiotherapists, community paramedics, physician associates and social prescribing link workers.

This will be through a new Additional Roles Reimbursement Scheme. The scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, first contact physiotherapists, and first contact community paramedics; and 100% of the costs of additional social prescribing link workers

The annual increase in funding for the Additional Roles Reimbursement Scheme is subject to agreeing seven national Network Service Specifications and their subsequent delivery. Each will include standard national processes, metrics and expected quantified benefits for patients. The specifications will be developed with GPC England as part of annual contract negotiations and agreed as part of confirming each year's funding. Five of the seven start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The other two start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

In addition, the new contract describes the new state-backed indemnity scheme, announces significant reform to QOF and enables improvements on digital, access and connectivity to NHS 111

In summary the new contract:

- Seeks to address workload issues resulting from workforce shortfall.

- Brings a permanent solution to indemnity costs and coverage.
- Improves the Quality and Outcomes Framework (QOF).
- Introduces automatic entitlement to a new Primary Care Network Contract.
- Helps join-up urgent care services.
- Enables practices and patients to benefit from digital technologies.
- Delivers new services to achieve NHS Long Term Plan commitments.
- Gives five-year funding clarity and certainty for practices.
- Tests future contract changes prior to introduction

3. Primary Care Networks

The long term plan is explicit that going forward Primary care networks will become an essential building block of every Integrated Care System. The concept is intended to dissolve the historic divide between primary and community health services. PCNs *are about provision not commissioning*, and are not new organisations.

A Primary Care Network will typically serve a population of at least 30,000 people and will not tend to exceed 50,000 people.

A new Network Contract DES will go live in July 2019, every practice will have the right to join a PCN and participate in the DES. Under the Network Contract DES, only the individual Primary Medical Services contract holders have the legal right to sign up, but it is the PCN as a whole that becomes responsible for delivery. If a practice doesn't want to sign-up to the Network Contract DES, its patient list will need to be added into one of its local Primary Care Networks. That PCN then takes on the responsibility of the Network Contract DES for the patients of the nonparticipating practice through a locally commissioned agreement. For those patients, it receives all the Network Financial Entitlements, and it delivers the Network Service Specifications as well as Supplementary Network Services

To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG by no later than 15 May 2019, and have all member practices signed-up to the DES. CCGs are responsible for confirming that the registration requirements have been met by no later than Friday 31 May 2019.

3.1 Clinical Director

A PCN must appoint a Clinical Director as its named, accountable leader, responsible for delivery. In recognition of the importance of this role and as a contribution to the costs, from 1st July 2019 each Network will receive an additional ongoing entitlement to the equivalent of 0.25 FTE funding per 50,000 population size.

3.2 PCN Support

PCNs will be guaranteed a cash payment of £1.50 per registered patient. From 1 July 2019, this will become a Network Financial Entitlement and will be based on the agreed network list size (based on practices' registered lists) as of 1 January each year. This payment is a recurrent extension of the existing £1.50 per head support scheme, which was set out in the December 2018 NHS planning. CCGs will need to continue to fund this out of their general CCG allocations, rather than the specific NHS England primary medical care allocation.

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract DES goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • year 1 of the additional workforce reimbursement scheme • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

4. Local PCN Development

Prior to publication of the framework the CCG had begun dialogue with practices around the development of PCNs. A GP PCN event was run in January and discussions have been progressed at the February Locality meetings. In addition, the PCCC in January had also supported the investment of the remaining transformation funding to support development of PCNs. The proposal being put to localities is to support practices to form and sign up to geographically aligned PCNs, to identify a lead practice and a clinical lead before the end of February.

Given the timing of the locality meetings in February a verbal update on the outcome of discussions will be provided at the meeting.

5. Recommendations

The committee are asked to note the update and to receive regular updates on PCN development