

## Primary Care Commissioning Committee held in Public

21 March 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, Dr De, Rachel Barber  Is the meeting quorate? <span style="float: right;">Yes / No</span>		
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 21 February 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
9.50	9.	Finance report – LG	Verbal	Information
10.00	10.	PCOG update - Quality - SS - Contracting - CM	Item 10.0 verbal	Information Information
10.20	11.	PCN update - CM	verbal	Information
10.30	12.	Primary Care Estates update – Steve Howells	Item 12.0	Information
10.40	13.	NHS property service update – LG	Verbal	Information
10.50	14.	Outcome of online consultant procurement – CM	verbal	Information
11.00	15.	Items for Information only *		
11.05	16.	Any other business*		
11.05	17.	Date of next meeting*		

		18 April, 9.30am – Board Room, Jubilee House		
11.10		Close		

***If you have mobility issues and require assistance to and from the meeting room, please contact Sara Hadley***

\*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	Title	Relevant Interests
Mike Abel	Chair of Primary care commissioning committee, Lay member Transformation & Performance	<ul style="list-style-type: none"> <li>• Director of Chuckery festival</li> <li>• Chair of Chuckery Community and Neighbourhood Watch group</li> <li>• Member of Walsall Health &amp; Wellbeing Board</li> </ul>
Donna Macarthur	Director of Primary Care and Integration	<ul style="list-style-type: none"> <li>• Member of Institute of Healthcare Management</li> </ul>
Rachel Barber	Vice Chair of Primary care commissioning committee, Lay member Public & Patient Involvement	<ul style="list-style-type: none"> <li>• North Wales Police Joint Audit Committee</li> <li>• Onward Housing NED</li> <li>• Brighter Futures NED</li> <li>• A2Dominion Industry Expert Customer Panel</li> </ul>
Dr Parijat De	Secondary Care Consultant	<ul style="list-style-type: none"> <li>• NICE Guidance Group Member (London)</li> <li>• CQC Medical Advisor for hospitals in the UK</li> </ul>
Sarah Shingler	Chief Nursing Officer, Director of Quality	<ul style="list-style-type: none"> <li>• Member of RCN</li> <li>• NMC registered member</li> <li>• Nurse Consultant and Acute Medicine employed through</li> </ul>

		Hallam Medical Ltd on a locum basis
John Taylor	Chair – Healthwatch Walsall, member Primary Care Commissioning Committee	<ul style="list-style-type: none"> <li>• Director John Taylor Consultancy</li> <li>• Trustee, Heart of England Community Funds</li> <li>• Presiding Justice Magistrates Courts</li> <li>• Member of the Lord Chancellors Advisory Committee</li> <li>• Volunteer, Oxfam</li> <li>• Chair, Healthwatch Walsall</li> </ul>
Bal Dhami	Contract Manager, NHS England	None
Tony Gallagher	Chief Finance Officer WCCG and Wolverhampton CCG	<ul style="list-style-type: none"> <li>• Member of the Chartered Institute of Public Finance and Accountancy</li> <li>• Joint CFO with Wolverhampton CCG</li> </ul>
Dr Carsten Lesshafft	Clinical Executive for Transformation	<ul style="list-style-type: none"> <li>• In a relationship with a commissioning manager</li> <li>• Salaried GP at Croft Surgery, Willenhall</li> <li>• British Medical Association (BMA) member</li> <li>• Fine-Line Medical Aesthetic Treatment (sole – trader)</li> <li>• Member of Walsall Health and Wellbeing Board</li> <li>• Appraiser for GPs, contracted by NHS England in Birmingham</li> </ul>
Dr Harinder Bagri	CCG Clinical Executive Member, Modality GP Partner Berkley Practice	<ul style="list-style-type: none"> <li>• Modality Partner, Berkley Practice</li> <li>• WCCG GB Member, Primary Care Exec</li> </ul>
Dr Uzma Ahmad	LMC Representative	<ul style="list-style-type: none"> <li>• Named GP is the principle GP who provides GMS and Enhanced Services</li> <li>• Named GP is a shareholder of Walsall Alliance Federation</li> <li>• Member of RCGP</li> </ul>

		<ul style="list-style-type: none"> <li>• LMC Member</li> <li>• Member of BMA</li> </ul>
Carol Marston	Senior Commissioning Manager, Primary Care	None
Gulfam Wali	Patient Public Involvement Lay Member	<ul style="list-style-type: none"> <li>• Bayer Health Care – Area Manager</li> <li>• Vice Chair Bereavement Service</li> <li>• Homeless outreach Walsall Charity ASUFA</li> </ul>

## 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 Bailey (SB), Deputy Chief Nurse  
 Dr Parijat De (PD), Secondary Care Consultant  
 Gulfam Wali (GW), CCG Lay member

#### In attendance

Nusrat Nasreen (NN), Administration to committee  
 Babita Mehmi, (BM Prescribing Advisor  
 Dr Harinder Baggri (Dr HB), Clinical Executive/ GP  
 Alison Simmons (AS), Primary Contracts & Procurement Officer  
 Bal Dhami (BD), NHS England Senior Contract Manager (Primary Care)  
 Dr Paulette Myers (PM) Public Health Consultant  
 Dr Uzma Ahmed (UA) LMC representative  
 Carol Marston (CM), Senior Commissioning Manager Primary Care  
 Dr Carsten Lesshafft (Dr CL), Clinical Executive/ GP

#### 134/18 Apologies for Absence

Tony Gallagher, Chief Financial Officer  
 John Taylor (JT), Chair Healthwatch Walsall, Health Wellbeing Board  
 Sumaira Tabassum (ST) Head of Medicine Management  
 Lee Dukes (LD), PMO & QIPP Manager  
 Sarah Hadley (SH) Administration to committee

#### 152/18 Notification of any items of other business

None

#### 153/18 Declarations of Interest

DOI noted on the agenda

#### 154/18 Conflicts of Interest from agenda items

Reviewed and managed on agenda items as required.

#### 155/18 Approval of Minutes

Minutes of the Primary care commissioning meeting held on 17<sup>th</sup> January 2019 as an accurate record following the minor amendment below: -

Page 1 - 112/18 – Suicide prevention strategy: Open, ongoing plan to read ‘*action transferred to Commissioning Committee closed*’

The Chair requested for updates to be presented to this committee to ensure GP colleagues were aware of the progress and requested for the Suicide Prevention Strategy to be added to future agendas as information items only.

**Action: SH**

Page 2 141/18 to read – ‘*Risk register to be reviewed virtually once updated*’

Page 2 – 141/18 to read ‘*Head of Medicine Management*’

**156/18 Report on Matters Arising – Action log**

148/18 – Long term Plan circulated, action to be closed

143/18 - Holland Park APMS – no financial impact or concerns, 109action to be closed

130/18 – IT Update, Open – not complete

127/18 - Workforce, Open and on the Agenda

112/18 – Suicide prevention strategy, risk transferred to Commissioning Committee. updates to PCC

109/18 – GP patient survey – included on the next PPLG Agenda scheduled in March 2019. The development session for Committee members will be scheduled prior to end of April 2019 – action open.

**157/18 Committee Business**

None declared

**158/18 Risk Register (RR)**

Members of the committee discussed the red risks within the Risk Register. The following updates were discussed: -

PCC 03 – the risk will be reviewed following discussions at today’s committee meeting

PCC 12 – detail with regard to impact on Primary Care Network (PCN) request to be reviewed and included within the RR.

**Estates / NHS Property Service issues**

Members of the committee discussed adding a risk with regards to implementation of PCNs.

The Clinical Executive/ GP provided example where the Modality practice requires estate changes to function as a joint service, however a lease is required to make changes. The Director of Primary Care & Integration advised that discussions had been held with the LMC who advised all concerns should be logged via a specific portal as this provides an audit of all open actions.

Members of the Committee agreed for the LMC to refresh the message to all GP’s informing them on how to report onto the portal and that a summary report could be obtained all concerns raised this way

**Action: UA – LMC**

The Secondary Care Consultant raised issues re some pathways and queried whether and action plan had been developed and whether a lead had been identified.

The Director of Commissioning is leading so this should be discussed by Commissioning Committee.

**Action: DM**

Given the significant number of estates and property concerns it was agreed that an update should be provided at the next meeting.

**Action: DM/SH**

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### **159/18 Workforce Strategy Update**

The Director of Primary Care & Integration informed the committee that refreshed data has been received from NHS digital. Comparison has been made against data for September 2018 and September 2019. The Director of Primary Care & Integration referred to page 3 of the report detailing the comparison for Head Count Data and FTE. The graph demonstrates a decline in figures with a decline of 1.8% noted for GPs and Nurses. An 8.8% increase has been noted across all staff. Members of the Committee queried whether the decline in GP and Nurses compared regionally/ nationally. The Director of Primary Care & Integration advised that the number of GPs is reducing by 1.5% per year, while the number of Nurses and other staff within the workforce has increased. Further investment is being made to increase pharmacists in GP practice and it is anticipated that an increasing in alternative posts will be seen. The reduction in Managers and Administration may be as a result of a reduction in practice numbers.

The Senior Commissioning Manager Primary Care advised that an increased number of GPs are interested in developing a portfolio career, but limited interest has been seen from practices to showcase vacancies and promote practices as an option for developing skills.

The lay representative questioned whether the CCG was taking all the steps it needed to regarding increasing the workforce. The Director of Primary Care & Integration reiterated that work was being undertaken across the STP on these issues and it was agreed that the DTP programme lead should be invited to a future meeting.

**Action: CM**

The Deputy Chief Nurse joined the meeting

The Director of Primary Care & Integration advised and Lay Member agreed to meet outside of the meeting to discuss workforce plan for Walsall.

**Action: DM/RB**

### **160/18 Finance Update**

The Head of Finance Relationships presented a report to the committee, which was taken as read. 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. At this stage of the year, an overspend of £208k. 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. No further funding is expected. Page 3 details standard analysis, stating no significant changes since the last report.

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. 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.

Long Term Plan – 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. Page 3 details 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. 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). new Direct Enhanced Service (DES) called the Network Participation DES will be introduced from 01 July 2019.

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### **161/18 Primary Care Operational Group (PCOG) Update**

#### Quality & Safety Update

The Deputy Chief Nurse presented the Quality and Safety Report which was taken as read. The Deputy Chief Nurse advised that the first joint CQR meeting had been held with Dudley CCG

#### CQC Ratings

St Luke's Surgery retained 'good' however areas of improvement were noted. The inspection to Blackwood Health Centre has been undertaken and the report is awaited.

The Quality and Safety team are planning to perform a quality and Safety visit to Moxley Medical Centre.

Work on the Datix project continues and is on track.

The Chair of the committee suggested undertaking joint contract and quality visit to support practices. The Deputy Chief Nurse advised that Assurance visits include, members of the quality team, clinical Nurse, member of the Medicine Management Team and a member of the Infection Control team. Members of the committee suggested including a GP to attend visits, both Clinical Executive/ GPs agreed to discuss the Quality Assurance visit attendance with the Quality team outside of the meeting.

**Action: SB/HB/CL**



**Contracting**

Senior Commissioning Manager Primary Care provided a verbal update. PCOG recommended the training programme of Practice Manager Development for 2019/20, Primary care commissioning committee agreed the programme.

Blackwood Health Centre, due diligence process with OHP has been delayed due to recent CQC visit, process now restarted.

The extension to Holland Park APMS has been agreed.

GPFV – Online Consultation, now out for tender, evaluation of bids on 26 February, with a pilot commencing on 1 April 2019. CCG received request for backfill got GP/ Practice manger time to enable input onto the business process, recommended CCG support reasonable requests.

PLT – 2 events took place in January 2019 for GP’s and Practice Managers both were well attended. Feedback from the events was positive with predominately good/Excellent responses.

**GP Contract 2019/20 Update**

The Director of Primary Care & Integration presented a report to the committee. A five-year framework for GP contract reform was published on the 31 January 2019. Information has been shared with all practices to become part of the pilot scheme for a PCN. Funding has been agreed in January and practices have a framework of requirements. To be eligible for the National Network Contract DES, a PCN needs to submit completed registration form to its CCG by no later than 15 May 2019.

CCGs are responsible for confirming that the registration requirements have been met by no later than Friday 31 May 2019. A PCN must appoint a Clinical Director as its named, accountable leader. The current plan is based on 7 PCNs and each PCN must have at least 30,000 patients with maximum of 50,000 patients.

The primary care commissioning committee will receive regular updates on progress.

**162/18 Items for Information only**

None

**163/18 AOB**

None

**164/18 Date of next meeting**

21 March 9.30am – Board Room, Jubilee House

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
161/18	<b>PCOG Update</b> Clinical Executive / GPs to discuss quality assurance visit attendance with Quality team SB/HB/CL			Live
159/18	<b>Workforce Strategy</b> DM and RB to meet to discuss workforce plan for Walsall DM	Apr-19		Live
	<b>Workforce strategy update</b> Invite programme lead to future meeting CM	Apr-19	Project lead has been contacted- Jazz Singh will be able to attend	Live
158/18	<b>NHS PS</b> Estates and property services update for next meeting DM	Mar-19	Report requested from Steve Howells, on March agenda.	Complete
	<b>PCNs</b> Secondary consultant requested contract be added to Commissioning committee agenda as AOB DM			Live
	<b>NHS PS</b> LMC to inform GP's of how to report NHS PS concerns through the designated portal to collate ongoing issues UA - LMC			Live
155/18	Suicide Prevention Strategy to be added to future agendas as information item SH	Apr-18		Live
130/18	<b>IT Update</b> Chair to write to IT Steering group to ask for decision re Docman MA	Jan-19	in progress	Live
128/18	<b>Workforce</b> Action from development sessions and up to date data DM	Feb-19	on agenda	Complete
112/18	<b>Suicide prevention strategy</b> Update at January 2018 meeting CL	Jan-19	on going, going to commissioning committee. Updates to Committee	Live
109/18	<b>GP patient survey</b> Topic for next development session MA		SH & MA to discuss dates add to PPLG agenda, added to March 2019 PPLG agenda Date on hold 23 April	Live
52/17 & 97/17	<b>Workforce Strategy</b> Discuss Workforce strategy (97/17) GPFV International recruitment, Alice McGee to take through LETB, ALWAB PCOG Contracting Update - International Recruitment Devlop Walsall engagement event re GPFV Transformation - International Recruitment SR CM		<b>ON HOLD</b> Parital assurance working with STP partners to look at retention may be getting some support with this work. Make standing item on agenda. Potential dates sent to Chair. 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 fot Nurse associates.	Live
148/18	<b>NHS Long Term Plan</b> Circulate slides to committee members SH	Feb-19		Complete
143/18	<b>PCOG Update</b> Holland Park APMS contract extention, trajectory to reduce additional costs to next meeting LG	Feb-19		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 Assurance	External Assurance	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	Feb-19	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	Feb-19	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 CCG not delivering delegated primary care commissioning adequately which may impact on patient care.	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
1		PCCC 14	Nov-17	Feb-19	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	Feb-19	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
3	5	PCCC 16	Nov-17	Feb-19	Nov-18	NHS Property Services ongoing disputes between general practices and NHSPS regarding charges, lease arrangements and non payment of invoices has exposed a financial risk.	PCCC	TG	4	4	16	Meetings between NHSE, NHSPS and individual practices, some concerns regarding scale of dispute. As of August some practices agreed repayment plan.			NHSE Assurance		4	4	16	↓				Active



## Walsall Clinical Commissioning Group

### Quality and Safety update for Primary Care Commissioning Committee

Date of committee meeting: 21 March 2019

Agenda Item No:10.0

<b>TITLE OF REPORT</b>	<b>Primary Care Quality and Safety</b>
<b>EXECUTIVE SUMMARY:</b>	This report aims to provide an update related to the quality and safety of care provided by Primary Care within Walsall CCG. Included within the report are updates related to: <ul style="list-style-type: none"> <li>• CQC inspections January 2019</li> <li>• Quality and Safety Assurance visits</li> <li>• Primary Care Analysis Tool (PCAT)</li> </ul>
<b>IMPLICATIONS</b>	Nil
<b>RECOMMENDATION TO THE COMMITTEE:</b>	<ol style="list-style-type: none"> <li>1. Note the contents of the report.</li> <li>2. Review LCS arrangements in primary care commissioning committee.</li> <li>3. Confirm risks to be split and specific ownership.</li> </ol>
<b>CONFLICT OF INTEREST MANAGEMENT</b>	There have been no conflicts of interest identified by the author of this paper.
<b>COMMITTEE ACTION REQUIRED:</b>	The Committee is invited to be assured that the Quality and Safety Team have taken appropriate actions to address quality and safety issues.
<b>REPORT WRITTEN BY:</b>	Bilal Jeewa - Quality & Safety Officer Sara Bailey, Deputy Chief Nurse
<b>REPORT PRESENTED BY:</b>	Sara Bailey, Deputy Chief Nurse
<b>REPORT SIGNED OFF BY:</b>	Sarah Shingler, Chief Nursing Officer & Director of Quality & Safety
<b>CONSENT AGENDA</b>	This paper is not appropriate for the consent agenda.
<b>PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION</b>	Primary Care Operational Group

Indicate the corporate objectives this report is linked to

Tick	Corporate Objective Summary	Cmt
	Developing the <b>Walsall Together</b> programme into a fully integrated care partnership supported by a new contractual arrangement from April 2019	CC
	Further development of <b>GP involvement in the Walsall Together</b> programme	PCCC
	To establish new <b>commissioning arrangement for MH &amp; LD</b> in collaboration with the BC STP	CC/JCC
	To establish <b>new commissioning arrangements for Acute services</b> in collaboration with the BC STP	CC/JCC
	To <b>maintain financial sustainability</b> and ensure <b>delivery of the QIPP</b> programme (For 18/19 and plan for 19/20)	F&P
✓	To deliver the CCG <b>quality and safety</b> 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 <b>effective performance</b> across the system to deliver the locally agreed targets – especially ones in the lower quartile	F&P
	To improve the <b>communication and engagement</b> with system partners, providers and GPs	GB
	Continuing organisational development of <b>system and CCG leadership and capability</b> to ensure ongoing resilience and effectiveness	A&G/GB
	Supporting the evolution of the Black Country STP towards a <b>Black Country Integrated Care System</b>	JCC/GB

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## **1. Care Quality Commission (CQC) Independent Inspections**

**Sina Health Centre** – A CQC inspection took place on 8<sup>th</sup> January 2019 with the practice receiving a “Good” overall rating, an improvement from the previous rating of “Requires Improvement” in December 2017.

Previously the CQC Inspection in December 2017 highlighted:

- Gaps in recruitment information
- No system to demonstrate safety alerts had been received, recorded and acted upon.

Following the re-inspection, the CQC identified that the provider had satisfactorily addressed these concerns and identified the following improvements:

- To review and update the health and safety risk assessment as the health and safety risk assessment had not been reviewed and updated since the initial assessment.
- To identify the outstanding training needs for staff and ensure completion. All staff are required to complete on line fire training. However, staff told us they were experiencing difficulties completing this training during the visit.

### **CQC Inspections undertaken**

1. All Saint’s Surgery – Inspected on 23<sup>rd</sup> January 2019 – awaiting final report
2. Blackwood Health Centre (Dr Thornett) – Inspected 5<sup>th</sup> February 2019 – awaiting final report.
3. Broadway Medical Centre - inspected on 19<sup>th</sup> February – awaiting final report.

## **2. Quality and Safety assurance visits**

A Quality and Safety visit schedule has been developed to visit all 52 GP practices during 2019/2020. The visits have been prioritised based on a number of sources include; CQC report, Friends and Family Test, National patient survey results, significant incidents and complaints.

Moxley medical centre was inspected on 4<sup>th</sup> March 2019 with Medicines Management in attendance due to previous concerns raised by the CQC in relation to controlled drugs. The report once finalised will to be presented to the PCOG in April 2019.

## **3. Primary Care Analysis Tool (PCAT)**

A second meeting was held on 7<sup>th</sup> March to discuss the development of the PCAT tool for use within the CCG to monitor quality and performance. Following discussions and a demonstration of the tool by Dudley CCG, we wish to explore the feasibility of customising the tool to use in-house. Further scoping meetings have been planned to progress this further.

A demonstration of the PCAT tool will be presented PCOG in March 2019.

## **4. GP letters Quality Concern**

The CCG was alerted via the CCG Quality concerns email inbox of a number of delays in receiving Outpatient letters sent from the Trust to GP’s. On initial investigation it was identified that due to a faulty connection with the software system at the Trust it created a backlog of approximately 18,000

patient's letters. Once the issue was identified the backlog was cleared and the processing of letters returned to normal levels. The issue had a significant impact on a number of the GP practices processing the additional letters and any potential patient harm.

The Trust have now implemented a twice daily manual check to provide assurance the system is functioning and processed effectively.

**Actions Taken:**

- The Trust are in the process of carrying out a RCA investigation.
- A risk has been added to the Quality and Safety Risk Register.
- The email address for reporting any potential harm cases has been set up by the Trust and communicated to the GP's.
- The GP practices have been reimbursed for the additional workload in processing all the clinic letters.
- A progress update will be provided at the April 2019 Clinical Quality Review meeting.

## ESTATES UPDATE March 2019

### APPROVED PROJECTS

#### (Sai) Forester Street Medical Centre

The project is ready to be delivered on site; tenders have been received from contractors, a successful contractor chosen and JCT contracts in place. We are waiting for Modality to sign the TIR lease which we believe is being done. Once these have been signed, there is a 2 week lead time to start on site for Forrester Street Medical Practice. This will unlock the ability to carry out the works which are: Creating a single front facing reception and single entrance doors: Retaining the existing waiting area and creating two new waiting areas around the focal reception desk: Relocating the existing ground floor administration and meeting spaces to the first floor, thus centralising the administration element of the practice: Converting the four vacated administration offices on the ground floor to provide four new compliant consulting rooms.

#### APMS Procurement

The APMS contract was executed on 1<sup>st</sup> September 2018 with an appendix Occupancy Agreement Letter in lieu of a Lease, this was due to NHS PS not providing the lease by the due date but since then TIR leases for all APMS - Modality premises have now been provided by NHS PS and are awaiting signatures from Modality. Once the Forrester Street Medical Practice scheme has been delivered, other projects can be progressed. There are no known issues around signing the leases, and SH has met with Modality to confirm that there are no issues / risks around signing the lease.

### SCHEMES FOR FUTURE FINAL APPROVAL

#### Walsall Town Centre

Land on Hatherton Street has been secured from the Council with an agreement to buy the land subject to successful patient engagement and planning permission. Patients from all 4 practices were invited to provide their opinion on whether they were in support of the relocation. 64% of patients supported the relocation, approximately 20% did not support, and the remainder of patients were unsure. The CCG were satisfied that there was a sufficient response to proceed with the development. Planning was sent in around 19<sup>th</sup> December, and the aim is to present this to the March planning committee. If the application is granted in March, the plan is to complete a full business case for the scheme. The agreement is based on a fully remediated site and therefore, if planning is approved, the Council are engaging an organisation (Kier) to clear the site to make it ready to build on by December 2019, and with an estimated one year build time; the health centre would be ready to open around December 2020. At present £2.141m is in the ETTF plan for 2019 to 2021.

## Bentley Health Centre

There is a proposal being considered at present to carryout alteration works within the existing building which would increase the capacity of consulting rooms for Stroud Medical Practice, this work is being discussed with the landlord directly because NHS PS as the head lease holders do not have available capital for progressing projects at present.

## Utilisation Surveys and Option Appraisals

There are a number of options appraisals being considered at present which include, Bloxwich, Darlaston, Walsall North East, Willenhall and Walsall Wood. Also there are a number of Utilisation Surveys being carried to gather greater detail around the respective appraisal areas where necessary all of which assist in informing the Estates Strategy.

## **STP ESTATES**

### Update

The CCG estates team is currently leading Black Country STP estates activity to produce a more robust Black Country Estate Strategy than the first draft submitted in May. The purpose of this exercise is to provide the support required by DoH for all future capital bids across the area. The Black Country STP Estates Strategy received the highest score category of “Strong” in this first submission. The Estates Team is also currently preparing a Walsall CCG Estates Strategy the first draft of which will be available in the spring of 2019.

Results of this year’s Wave 4 bids have been extremely successful securing approximately £70m in addition to the £300m funding for the completion of MMH. Further instructions on next wave of bids are awaited although not expected imminently.

## **ESTATES COMPLIANCE**

The CCG’s Estates team is currently working with NHS PS to improve statutory compliance monitoring particularly around water safety and fire.

A series of water safety training events open to all GP’s have now been arranged across the STP footprint to take place during March.

## **RECOMMENDATIONS**

Members of the PCCC committee are asked to note the contents of the report.

