

## Meeting in Common of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees – Held in Public

Tuesday 1<sup>st</sup> May 2018, 10.00am – 11.30am

The Conference Suite, Bridge Centre, Birches Head Road, Birches Head, ST2 8DD

### Agenda

Agenda No	Item description	Enc./ Table / Pres.	Decision / To Note / Discussion / Information	Item Presenter
1	Welcome and Apologies for Absence: North Staffordshire CCG: Stoke-on-Trent CCG:			
2	Declarations of Interest North Staffordshire CCG & Stoke-on-Trent CCG : <i>If any member of the Committee or invited attendee has any pecuniary interest, in any contract, proposed contract or other matter under consideration at this meeting he/she shall disclose the fact to the Chairman and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it unless agreed by the Chairman and members of the committee</i>	Verbal	To Note	MWO 10.00am (5 mins)
3	Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG			
4	Minutes from: Public Meeting In Common Of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups' Primary Care Commissioning Committee Tuesday 10 <sup>th</sup> April 2018 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
5	Primary Care Risk Register	Enc. 5	Assurance	LM (10 mins)
<b>6</b>	<b>Finance, Performance and Planning</b>			<b>10.15am</b>
6.1	Finance Update - Primary Care Delegated Budgets	Enc. 6.1	To Note	AM (15 mins)
6.2	Primary Care 2018/19 Planning - <i>To follow</i>	Enc. 6.2	Discussion/ To Note	LM (15 mins)
<b>7</b>	<b>Quality</b>			<b>10.45am</b>
7.1	Primary Care Quality Report	Enc. 7.1	Assurance/ To Note	NA (15 mins)
<b>8</b>	<b>GP Forward View</b>			<b>11.00am</b>

8.1	10 High Impact Actions – Rolling Programme of Updates ❖ Social Prescribing Update	Enc. 8.1	To note	LM (15 mins)
<b>9</b>	<b>Standing Agenda Items</b>			<b>11.15am</b>
9.1	Primary Care Horizon Scanning	Enc. 9.1	Information	ALL (5 mins)
<b>10</b>	<b>Any Other Business</b>			<b>11.20am</b>
	<ul style="list-style-type: none"> <li>❖ Questions from the Public</li> <li>❖ Any other key issues</li> <li>❖ Committee Effectiveness</li> </ul>	Verbal Verbal Enc. 10.1	Information	MW0

**DATE/TIME OF NEXT MEETING:**

Date	Time	Venue	Chair
Tuesday 5 <sup>th</sup> June 2018	10.00am	The Conference Suite, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	PD

**Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees held in Common**  
**Tuesday 10<sup>th</sup> April 2018, 10.00am – 11.30am**  
**Churnet Room, Moorlands House, Stockwell Street, Leek, ST13 6HQ**  
**Unconfirmed Minutes**

Members:			Quoracy	10/04/2018	01/05/2018	03/07/2018	04/09/2018	02/10/2018	06/11/2018	04/12/2018
<b>Present:</b>										
<b>North Staffordshire CCG Voting Members:</b>										
Peter Dartford	PD	Lay Member – Patient and Public Involvement (meeting chair)		✓						
Mike Edgley	ME	Lay Member		✓						
Neil McFadden	NMcF	Lay Member – Governance		✓						
<b>Stoke-on-Trent CCG Voting Members:</b>										
Tim Bevington	TB	Lay Member		✓						
John Howard	JH	Lay Member – Governance		✓						
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement		✓						
<b>North Staffordshire and Stoke-on-Trent CCGs' Voting Members:</b>										
Cheryl Hardisty	CH	Director of Commissioning and Operations		x						
Zara Jones	ZJ	Director of Strategy, Planning and Performance		x						
Heather Johnstone	HJ	Director of Nursing and Quality		x						
Alistair Mulvey	AM	Chief Finance Officer		✓						
Marcus Warnes	MWa	Accountable Officer		✓						
<b>In attendance:</b>										
<b>North Staffordshire and Stoke-on-Trent CCGs:</b>										
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups		x						
Jessica Chaplin	JC	Executive Assistant (Minutes)		✓						
Dr Lorna Clarson	LC	Clinical Director – Patient and Public Involvement		✓						
Anna Collins	AC	Head of Communications and Engagement		✓						
Dr Steve Fawcett	SF	Medical Director		✓						
Dr John Gilby	JG	Clinical Director – Primary Care		✓						
Charlotte Harper	CHa	Project Manager – Care Navigation		✓						
Dr Latif Hussain	LH	Non-Executive GP Board Member		✓						
Alex Palethorpe	AP	Associate Director – Corporate Services		✓						
<b>Staffordshire Single Leadership Team:</b>										
Lynn Millar	LM	Director of Primary Care		✓						
Mark Seaton	MS	Managing Director		x						
Sally Young	SY	Director of Corporate Governance, Communications and Engagement		✓						
<b>NHS England</b>										
Rebecca Woods	RW	Head of Primary Care		✓						
Terry Chikurhune	TC	Primary Care Lead		✓						
<b>Public/Observers</b>										
Dr Paul Scott	PS	North Staffordshire LMC Chair		x						
Dr Harald Van-Der Linden	HVL	North Staffordshire LMC Secretary		✓						
0 members of public/press in attendance										
<b>2018/APR /043</b>	<b>1. Welcome and Apologies for absence</b>									<b>Action</b>

	<p>PD welcomed members to the public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common.</p> <p>Apologies were duly <b>received</b> and <b>noted</b> as above.</p>	
<b>2018/APR /044</b>	<b>2. Members' Declarations of Interest</b>	<b>Action</b>
	No further declarations of interests made extraordinary to items declared on the CCGs' Declaration of Interest Register.	
<b>2018/APR /045</b>	<b>3. Confirmation of Quoracy</b>	
	The meeting was confirmed as quorate for North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.	
<b>2018/APR /046</b>	<b>4. Minutes, Action Sheet and Matters Arising</b>	
	<p><u>Minutes from the meeting held on Tuesday 6<sup>th</sup> March 2018</u> The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies Duly <b>received</b> and <b>approved</b> the minutes of the public session of the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees held in common on Tuesday 6<sup>th</sup> March 2018 subject to the following amendments to be made:</p> <ul style="list-style-type: none"> <li>❖ <i>Page 3, Paragraph 3</i> – Sentence to be updated to read '<b>MW</b>a explained that the responsibility for the underspend was due to the responsible commissioners and provided assurances that there was not a systematic underspend'.</li> </ul> <p><u>Actions from the meeting held on Tuesday 6<sup>th</sup> March 2018</u></p> <ul style="list-style-type: none"> <li>❖ <i>Item ref. 2018/FEB/025 – Primary Care Risk Register</i> It was confirmed that the review of content on the Primary Care Risk Register was to be looked at as a part of a wider review being undertaken across the Six Staffordshire CCGs', in addition the Primary Care Risk Register would be presented to the May 2018 Primary Care Commissioning Committee meeting – <u>Action complete</u></li> <li>❖ <i>Item ref. 2018/MAR/033 – Finance Update, Delegated Budgets</i> LM confirmed to the meeting that work was taking place in relation to the development of a 3-5 year strategy for Primary Care Commissioning, work was ongoing and it was agreed that the action could be closed off due to the ongoing development – <u>Action complete</u></li> <li>❖ <i>Item ref. 2018/MAR/034 – Delegated Budgets – Proposals for underspend allocation</i> It Was confirmed that MWa and AM had met outside of the meeting to discuss the financial concerns in relation to the Primary Care Underspend – <u>Action complete</u></li> <li>❖ <i>Item ref. 2018/MAR/035 – Commissioning GP Access</i> PS confirmed that the LMC agreed with the preferred option for commissioning of Extended GP Access at their March 2018 Board Meeting – <u>Action complete</u></li> </ul> <p><i>All other actions complete or on the meeting agenda for discussion.</i></p> <p><u>Matters Arising – Social Prescribing</u> A discussion took place around the funding agreed at the March 2018 Committee to support the development of social prescribing for North Staffordshire and Stoke-on-Trent CCG Practices. Clarity was requested by members in relation to the funding arrangements agreed as there was a level of confusion if Social Prescribing was funded through the 2017/18 underspend or 2018/19 anticipated underspend. LM informed members that the funding was a non-allocated budget and funding would be from subsequent years onwards. JH further commented that due to the historical recurrence of the Primary Care underspend it was hoped that the CCGs Primary Care and Finance Team would work to consume the underspend and to extend the collaborative working in future years.</p> <p>In summary, it was recognised that there was confusion in relation to the context of the funding and clarity needed to be obtained earlier in the process to ensure all members were clear of the funding arrangements.</p>	

2018/APR /047	5.1 Finance Update	
<p>AM presented the Committees with a paper detailing performance against Primary Care Budgets as at month 11. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to <b>receive</b> and <b>note</b> the contents of the report. The report was taken as read by members and key details presented as follows:</p> <p>The meeting were advised that as at month 11, there was a significant underspends for both North Staffordshire CCG and Stoke-on-Trent CCG of £365k and £827k respectively. It was noted that the key areas of underspend for both CCGs were premises and extended hours services. AM highlighted the importance of the CCGs having robust plans and processes in place to ensure that underspends were responded to better.</p> <p>PD queried if there had been a sense of risk aversion in 2017/18 due to the CCGs first year taking on delegated commissioning. AM responded that 2017/18 was the first year that the CCGs had visibility of the delegated budgets and it took a number of months for the CCGs Primary Care and Finance Teams to obtain full understanding of the budgets.</p> <p>JH asked how the CCGs underspend and financial performance for the delegated budgets compared with other CCGs and if an underspend was typical with peer CCGs. RW responded that all CCGs in Staffordshire and Shropshire had an underspend for delegated budgets, with Shropshire and Telford CCGs having an underspend most similar to North Staffordshire and Stoke-on-Trent CCGs. It was further recognised that there had been discussions around the allocation of underspend later on in the process than anticipated and improvements would need to be made in 2018/19. In addition, RW informed the meeting that some CCGs had found flexibility around the allocation of the underspend for targeted purposes. It was suggested that for 2018/19 the first three months focused on the development on plans and to scope out opportunities for the allocation of potential underspend.</p> <p>MW0 commented that when planning for 2018/19 and when looking at a 3-5 year Primary Care Commissioning Plan, there needed to be a clear focus on funding for transformational change to support the shift in to care in the community, as outlined in the STP Enhanced Primary and Community Care Workstream. LM added that there had been a lot of investment to support transformational change in General Practice across Staffordshire in 2017/18 and going in to 2018/19 there would be £1.80 per head of population allocated for extended access, which would encourage new ways of working in General Practice to support the transformation and working at scale agenda.</p> <p>MW1 provided members with a brief verbal context overview of the CCGs wider financial position and informed the meeting that previous issues in relation to the reporting of NSCO drugs had been resolved, with a recognition of the improved position due to the resolution. In addition, members were advised that the refreshed planning guidance for CCGs indicated that the CCGs must invest in acute growth on top of QIPP and highlighted the need for the Delegated Budgets not to be looked at in isolation.</p> <p>MW0 queried if the CCGs were able to have a full transformational agenda with the financial allocations in 2018/19. AM responded that through the STP and the EPCC work stream there was the opportunity to ensure effective transformational delivery and ensuring a commitment for transformational delivery.</p> <p>MW0 further queried how could the CCGs influence wider discussions to mirror the need for a left shift in to Primary Care. AM responded that through the STP structures conversations would take place to look at how to manage impact across the Staffordshire system and how to demonstrate delivery and improvement through credible, worked through plans to support transformation.</p> <p>LM stated that going forward, the CCGs Primary Care Team would have a dedicated commissioning function for Primary Care Commissioning and teams would be aligned to the EPCC function and priorities, proving opportunity for transformational commissioning in the future.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the month 11 delegated budget update; and Stoke-on-Trent CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the month</p>		

	11 delegated budget update.	
<b>2018/APR /048</b>	<b>5.2 Primary Care Focussed Performance Review</b>	
	<p>NA presented the meeting with the Primary Care Focussed Performance Review. The reported informed members of the historic and current Primary Care position in the local health economy. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to <b>receive</b> and <b>note</b> the contents of the report. The report was taken as read by members and key details presented as follows:</p> <p>Key areas were highlighted as (1) both CCGs were below the England average for practices providing extended opening on evenings and weekends; (2) All practices across North Staffordshire and Stoke-on-Trent were using e-referral and performance was at 80% for both CCGs; and (3) Provision of high quality care, looking at CQC ratings. The report provided details around performance for the CCGs and comparing against National averages and targets. Members were advised that some of the data contained in the report was refreshed on an annual basis only.</p> <p>ME commented that it was positive for the Committees to receive details on Primary Care performance but queried if the information could be presented differently to ensure that value was obtained from the data and highlighted the potential for information to be presented in a concise dashboard. ME further queried the readiness of the CCGs achieving 100% against the Extended Hours Requirement. LM responded that the 100% delivery by October 2018 was a national mandate and the CCGs were confident for their plans of delivery. Furthermore, the CCGs would need to meet the seven National requirements for Extended Access and a report would be presented to the next meeting detailing progress in relation to the Commissioning of GP Extended Access.</p> <p><b>ACTION: LM to present the May Committees with an update on the progress being made to commission GP Extended Access and the approach to be taken to ensure national targets were met.</b></p> <p>MW0 highlighted an issue reported outside of the meeting whereby reportedly patients were being booked in to appointments outside of the usual systems and asked for assurance that this was not an actual position. MWa responded that the CCGs had a dedicated Choice and Referral centre, with 20-25% of referrals to eight of the pressured specialities being managed through the centre. It was advised that the process worked well to divert activity – with a number of tier three clinics.</p> <p>To conclude, North Staffordshire CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the Primary Care Focussed Performance Review; and Stoke-on-Trent CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the Primary Care Focussed Performance Review.</p>	
<b>2018/APR /049</b>	<b>5.3 Cycle of Business 2018/19 Primary Care Commissioning Committee</b>	
	<p>LM presented the Committees with the proposed cycle of business for 2018/19 for the Primary Care Commissioning Committees. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to <b>approve</b> the proposed cycle of business for 2018/19. Key details presented as follows:</p> <p>The meeting were advised that the Cycle of Business had been developed in collaboration with the CCGs Primary Care Team, Corporate Governance Team and the Primary Care Commissioning Committee co-chairs through reviewing the business transacted in 2017/18 Committees. The cycle of business presented to the meeting provided a clear view of Primary Care Transformation and Primary Care Operation.</p> <p>Following on from comprehensive consideration and discussion, the North Staffordshire and Stoke-on-Trent CCGs Primary Care Commissioning Committees <b>approved</b> the Cycle of Business subject to the following amendments; (1) Inclusion of Performance Item to be considered; (2) Primary Care Quality to be presented on a monthly basis; (3) Item to be included for Primary Care Planning – including the requirement for allocation of future underspends.</p>	
<b>2018/APR /050</b>	<b>6.1 10 High Impact Action – Rolling Programme of Updates – Care Navigation</b>	
	CHa presented the Committees with an report detailing an update on Care Navigation and Social	

	<p>prescribing. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to <b>receive</b> and <b>note</b> the update report. Key details presented as follows:</p> <p>The meeting were advised that 61 out of 76 practices across North Staffordshire and Stoke-on-Trent CCGs were participating in the project, with a total of 35 practices fully live showing activity – between September 2017 and January 2018 c7,000 patients had been offered a signpost to an alternative service, 97% of which were accepted, equating to a total saving of 1,000 GP hours.</p> <p>The meeting were advised that work was taking place to strengthen relationships with providers and to explore how skills are best utilised for care navigation. Furthermore, it was noted that practices were being supported in the implementation of Care Navigation as it was noted that the successful delivery of Care Navigation relied upon all practices and practice staff embracing the model.</p> <p>The meeting were advised that work was taking place to develop a dashboard to monitor delivery and activity, which would be presented to the committee on a quarterly basis to obtain assurance around delivery of Care Navigation. It was noted that as at the time of the meeting data was being collected by the CSU Data Quality Specialists and there was a recognition that the process would be streamlined to ensure clear demonstration of the capacity released through the project.</p> <p>The meeting were advised that super user sessions had been offered to practices that were performing well, staff were being encouraged to share learning and best practice. In addition, three parties had been contacted to submit a bid to undertake the full evaluation for care navigation.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the Care Navigation and Social Prescribing Update; and Stoke-on-Trent CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the Care Navigation and Social Prescribing update.</p>		
<b>2018/APR /051</b>	<b>6.2 GP Forward View Milestone Report</b>		
	The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees duly <b>noted</b> the GP Forward View Milestone Report which set out a concise update on the overall position of each GP Forward View work stream and specific progress made since the last period across the Staffordshire and Stoke-on-Trent CCGs.		
<b>2018/APR /052</b>	<b>7.1 Primary Care Horizon Scanning – Including National Heads of Primary Care Update</b>		
	The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees duly <b>noted</b> the NHS England National heads of Primary Care update for information.		
<b>2018/APR /053</b>	<b>8 Any other Business</b>		
	<p><u>Questions from the Public</u> No members of public in attendance.</p> <p><u>Any other key issues</u> No further items raised</p> <p><u>Committee effectiveness</u></p> <ol style="list-style-type: none"> <li>1. <i>Did we achieve what we set out to achieve linking back to the agenda?</i> <b>Yes</b></li> <li>2. <i>Was the information presented appropriate/easy to understand?</i> <b>Yes</b></li> <li>3. <i>Was the information received in a timely manner prior to the meeting?</i> <b>Yes</b></li> <li>4. <i>Do we need to inform our decision?</i> <b>No</b></li> <li>5. <i>Are we assured?</i> <b>Yes</b></li> <li>6. <i>Do we need any more information/require a further progress report at a later date?</i> <b>Yes, report to be received on Commissioning Extended Access</b></li> <li>7. <i>Agreed actions captured in the minutes?</i> <b>Yes</b></li> <li>8. <i>Were there any risks raised in the meeting that should be captured on the risk register?</i> <b>Risk Register under review as at the time of the meeting.</b></li> </ol>		
<b>Date and Time of next meeting</b>			
<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Chair</b>
<b>Tuesday 1<sup>st</sup> May 2018</b>	<b>2.30pm – 5.00pm</b>	<b>Bridge Centre, Birches Head Road, Birches Head, Stoke-</b>	<b>AB</b>

		<b>on-Trent, ST2 8DD</b>	
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*All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.*

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting's minutes.

Signed: ..... Position: ..... Date:.....

DRAFT



**Action Tracker from March meeting of North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning  
Committees'  
Public Session**

MEETING DATE	REFERENCE	AGENDA ITEM	Action	Responsible Officer	Outcome / update
10/04/2018	2018/APR /048	<b>Primary Care Focussed Performance Review</b>	LM to present the May Committees with an update on the progress being made to commission GP Extended Access and the approach to be taken to ensure national targets were met.	Lynn Millar	<b><i>Item on the agenda for discussion</i></b>

## Public Paper

<b>Enclosure:</b>	5
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<b>Report to</b>	North Staffordshire and Stoke on Trent CCG Primary Care Commissioning Committee meeting in Common
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<b>Title</b>	Primary Care Risk Register as at 31 <sup>st</sup> March 2018
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<b>Meeting Date</b>	1 <sup>st</sup> May 2018
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<b>Sponsor Director</b>	Lynn Millar, Director of Primary Care and Medicines Optimisation
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<b>Action required</b>	<b>Decision</b>	Y	<b>Discussion</b>	Y	<b>For assurance/For Information</b>	Y
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### Purpose of the paper, key issues, points and recommendations

This paper presents

- the latest version of the primary care risk register for risks rated as 12 and above as at 31<sup>st</sup> March 2018.
- Identifies changes in risk score and seeks approval for risks to be closed
- Provides an update on the alignment of risks across Staffordshire

#### Risk Register

Risk owners were asked to complete a quarterly assurance statement as at 31<sup>st</sup> March 2018 for those risks scoring twelve and over. The risk register has been updated accordingly and the following suggested changes are drawn to the Committees attention for discussion and approval.

#### Reduction in current risk score

PC1 Vulnerability within General Practice (GPs and Practice Nurses). Recruitment and Retention national shortage.

**Current Risk reduced from 16 to 12**

PC2- Lack of clinical and managerial capacity and capability in Primary Care to deliver the required transformation and operate Primary Care at scale. **Current Risk reduced from 15 to 12.**

#### Proposed risks to be closed

**PC9 - Lack of provision of a GP service for a cohort of violent and aggressive patients due to current provider giving notice.**

**Rationale** - Alternative arrangements sourced. The service is offered on Enhanced Service term so the current provision is for a year and will be reviewed in March 2019. Usually were no significant changes have occurred, the provider will remain the same for a foreseeable future. The risk has been mitigated for another 12 months' noting that either the provider or the commissioner are at liberty of terminating the agreement following a three months' notice.

**Recommend current risk to be closed or risk reduced to 2 – which is a low level managed risk**

**Alignment of risks across Staffordshire.**

Work to align risks across Staffordshire has commenced, with the first workshop taking place on the 30 April 2018. Two new risks that have been previously been highlighted by the Committee in relation to social prescribing and GPFV will be considered across Staffordshire to ensure not only alignment, but mitigations are robust and sufficient assurance can be provided around the management of risks and will be included on the risk register.

The Committee is asked to

- i) **Confirm** they are adequately assured for PC9 that the action put in place have sufficiently mitigated against the risk and
- ii) **Confirm** whether they wish risk PC9 to be closed or the risk score reduced to a 2 – which is low level managed risk

The Committee is requested to **approve**;

- i) The closure of risk PC11
- ii) The proposed reduction in risk scores.

The Committee is asked to **note**;

- i) The Staffordshire wide risk workshop which is seeking to review and align existing risks and new risks identified that are applicable to all CCG's whilst identifying and retaining those risks that are unique to one CCG.

The Committee is asked to **review** and make any comments regarding the content, lay out etc. of the risk register and identify if they require any further assurances in regard to the risks recorded or identify any new risks to be added to the register.

**Which other CCG committee and/or Group has considered this report**

<b><u>Committee/Group</u></b>	<b><u>Other agreements</u></b> Executive Team meeting NSCCG & SOTCCG Audit Committee
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**Summary of risks relating to the proposal**

Without a risk register , there is little or no assurance that controls are in place to mitigate risks and that those controls can be assessed for effectiveness
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**Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications**

Feed into each CCG annual governance statement regarding how risks are managed
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**Strategic objectives supported by this paper**

<b>Our shared Goals:</b>		<b>Yes</b>	<b>No</b>
1.	Empowered Staff		
2.	Commissioning Health Outcomes		
3.	Seamless Partnerships		
4.	Responsible Use of Resources	Y	

<b>Key Requirements:</b>		<b>Yes</b>	<b>No</b>
1.	Has a Quality Impact Assessment been completed?		N
2.	Has an Equality Impact Assessment been completed?	Y	
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	Y	

**Acronyms**

contained in document
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Version Control	
Version	1.19
Author	Alex Palethorpe
Date	31/03/2018

Risks Register 2017/18 - Finance & Performance Committee  
(risks cover finance, commissioning & planning and performance)

Directorate	Risk Ref	Date risk recorded	Risk Owner	Risk Description	Current Risk Score 1			Trend	Risk Proximity	Actions	Action Owner	Completion Date for Actions		Anticipated Risk Score on Completion of Actions			Last reviewed
					Likelihood	Impact	RAG Status					Likelihood	Impact	RAG Status			
	<i>A unique coding that allows the risk to be easily identified</i>	<i>Date risk recorded</i>	<i>Job title of the person responsible for the management, monitoring, control and escalation where appropriate, of the identified risk</i>	<i>A statement describing the risk event, cause and impact</i>	<i>Likelihood</i>	<i>Impact</i>	<i>RAG Status</i>	<i>The trend indicates any change in the current risk score in the form of an arrow</i>	<i>Timescale as to when the risk will occur</i>	<i>The actions and activities planned to take place that will when implemented or completed reduce, eliminate or minimise the risk</i>	<i>Job title of the person responsible for completing the action</i>	<i>Each action should have a completion date set</i>		<i>Likelihood</i>	<i>Impact</i>	<i>RAG Status</i>	<i>Date when the risk was last reviewed and/or updated</i>
Primary Care	PC1	22/09/2017	Director of Primary Care	Vulnerability within General Practice (GPs and Practice Nurses). Recruitment and Retention national shortage.	4	3	AR	↓	12+ months	1. Staffordshire Primary Care Workforce Plan 2. International recruitment scheme in progress 3.GPFV - workforceincluding practice maanger funding ( intenrational recruitment, clinical pharmacists, GP retention, GP medical Assistants, Local nurse redeployment)	1. Staffordshire Primary Care Workforce Plan 2. International recruitment scheme in progress 3.GPFV - workforceincluding practice maanger funding ( intenrational recruitment, clinical pharmacists, GP retention, GP medical Assistants, Local nurse redeployment)	1. 31.03.18 2.31.03.19 3.31.03.19	3	3	A	11/4/18 Assurance statement risk reduced from 16 to 12. Actions updated anticipated risk score reduced to 9 Mitigations plan for recruitment being actioned	
Primary Care	PC2	22/09/2017	Director of Primary Care	Lack of clinical and managerial capacity and capability in Primary Care to deliver the required transformation and operate Primary Care at scale.	4	3	AR	↓	12+ months	1. Staffordshire Primary Care Workforce Plan 2.GPFV Staffordsres Improvement plan 3. Releasing capa city workstream 4. Training being provided 5. Care navigation rollout	1. Director of Primary Care 2. Director of Primary Care 3-5 Director of Primary Care	1. 31.10.17 2.31.03.19 3. 31.03.19 4.31.03.19	3	3	A	11/4/18 -asurance statement completed, Actions updated tisk score reduced from 15 to 12 anticipated remains the same as culture will need to change actions taken to mitigate capacity and capability	
Primary Care	PC3	22/09/2017	Director of Primary Care	Transition from PMS to GMS may result in instability for practices in terms of funding and service provision.	3	3	A	↔	9-12 months	1. NHSE to raise at National forums 2.PMS review group to be established	1. Rebecca Woods, Head of Primary Care, NHSE 2. Director of Primary Care	1. 31.10.17 2. 28.02.18	2	2	G	30.01.18 risk rewritten anticipated risk scores revised from 1 to 4	
Primary Care	PC4	22/09/2017	Director of Primary Care	Requirement for extended hours provision within primary care for both CCGs may adversely affect both resilience and quality of care, resulting in inadequate care for the population .	3	3	A	↔	9-12 months	1. Development of overarching Staffordshire Specification 2. Development of localised specification 3. Local GP Engagement 4. Revised specification development for CCG Governance processes	1. Staffordshire Working Group 2.Local working Group 3. Director of Primary Care 4. Director of Primary Care	1. Completed 2. 28.02.18 3.31.03.18 4. 31.03.18	3	3	A	30.01.18- risk reviewed no change	
Primary Care	PC5	22/09/2017	Director of Primary Care	CCGs' failure to engage with Primary Care via Localities.	3	2	AG	↔	9-12 months	1. Executive Director representative to attend Locality Meetings. 2. Feedback to Executive Team. 3. Briefing presented by EDs to Localities.	1. Medical Director 2. All Executive Directors 3. Head of Comms and Engagement (Anna Collins)	1. Ongoing	2	2	G	30.01.18 risk revied no change	

Primary Care	PC6	22/09/2017	Director of Primary Care	Failure by CCGs' to plan to deliver and support GP 5 Year Forward View.	4	3	AR	↔	9-12 months	1. Set up Task and Finish Group 2. Staffs wide implementation plan and identified programme team Organise events on Extended Access 3. Engagement events for public and other Stakeholders	1. Director Primary Care 2. Head of Primary Care 3. Director Primary Care	1. Completed 2. Ongoing 3 Ongoing	4	3	AR	11/4/18- assurance completed - Extended access is a must do to be achieved by October 18 actions being implemented to mitigate this from not happening.
Primary Care	PC8	13/11/2017	Director of Primary Care	Potential quality concerns rasied by Tunstall primary care centre in respect of Packmoor Medical Centre.	3	4	AR	↔	0-3 months	1. Independent review of quality issues to take place with feedback to PCCC at December 17 meeting 2. NHSE Primary Care lead visited providing support 3. Future vist by NHSE CCG to take place before 31/5/18 to see how performing an dif further support required	1. Director of Nursing & Quality 2. Director of Primary Care 3. Director of Primary Care	1. Complete 2. Complete 2. 31/5/18	2	2	G	11.4.18 assurance completed Actions take to mitigate risk future visit will idnietify if further actions required.
Primary Care	PC9-	26/01/2018	Director of Primary Care	Lack of provision of a GP service for a cohort of violent and aggressive patients due to current provider giving notice	4	4	R	↔	0-3months	1. NHSE have requested expressions of interest 2. Review the service as part of the enhanced service review 3. Dr Sri is providing service	1. NHSE 2. Director Primary Care and Medicine Optimisation 3. Director of Primary Care and Medicine Optimisation	1.31.01.18 2. 31.03.18	3	4	AR	Update 13th April 2018- DR Sri providing service Confirmation requested by Audit Committee that this is a long term solution before risk is closed .
Primary Care	C10- confidential	26/01/2018	Director of Primary Care	CCG fail to provide alternative location (Drubbery Lane) for Willowbank branch surgery due to planning permission not being granted	4	4	R	n/a	0-2mths	1. Branch surgery is temporarily relocated to Meir Primary Care Centre 2. Transport review to support planning application has been completed and submitted to local authority and outcome of planning application is awaited 3. Alternative premises are being reviewed to mitigate the planning application being refused. An options paper will be taken for discussion to the Primary Care Commissioning Committee.	1. Director Primary Care 2. Local working group 3. Director primary Care/Vicky Oxford	1. Complete 2. Awaiting feedback 3. currently work in progress	3	4	AR	11/4/18- Assurance statement completed. Actions updated risk remains the same
Primary Care	C11- confidential	26/01/2018	Director of Primary Care	Processes for temporary relocation site for willowbank(Drubbery Lane) not in place	4	4	R	n/a	0-2mths	1. Ongoing discussions with solicitor for lease 2. escalation to Head of Primary Care NHSE 3. Temoprany location found practe relocated. No longer a risk recommend closed as now covered by PC10	1. Director Primary Care 2. Working group	1. 12.02.2018 2. 15.02.2018	2	2	G	11/4/18- Assurance statement completed. Recommend risk to be closed as practice relocated. Other Issue covered PC10.

## Public Paper

<b>Enclosure:</b>	6.1
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<b>Report to</b>	Primary Care Commissioning Committee
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<b>Title</b>	Finance Update – Delegated Budgets – Final Outturn 2017/18
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<b>Meeting Date</b>	1 <sup>st</sup> May 2018
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<b>Sponsor Director</b>	Alistair Mulvey
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<b>Action required</b>	<b>Decision</b>		<b>Discussion</b>		<b>For assurance/For Information</b>	X
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### Purpose of the paper, key issues, points and recommendations

This paper provides the final outturn position for the primary care budgets 2017/18.

North Staffordshire CCG reported an underspend of £584k which is slightly higher than the month 11 forecast. Stoke reported an underspend of £1,197k which is in line with the forecasted position.

The use of primary care underspends was agreed at the March Committee, and spend plans for 2018/19 have been adjusted accordingly.

**The Committee is asked to:**

- ❖ **Note** the financial position at month 12.

### Which other CCG committee and/or Group has considered this report

<u>Committee/Group</u>	<u>Other agreements</u>

### Summary of risks relating to the proposal

Financial risk should expenditure exceed approved budgets

### Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Financial balance is a statutory duty for the CCG

### Strategic objectives supported by this paper

Our shared Goals:		Yes	No
1.	Empowered Staff		X
2.	Commissioning Health Outcomes		X
3.	Seamless Partnerships		X

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*

<b>4.</b>	Responsible Use of Resources	<b>X</b>	
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Key Requirements:		Yes	No
<b>1.</b>	Has a Quality Impact Assessment been completed?		<b>X</b>
<b>2.</b>	Has an Equality Impact Assessment been completed?		<b>X</b>
<b>3.</b>	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients		<b>X</b>

Acronyms	
GMS – General Medical Services	
PMS – Personal Medical Services	
AMPS – Alternative Provider Medical Services	
QOF – Quality and Outcomes Framework	



## 1. Introduction

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets, and this report presents the final reported position of the delegated budgets for 2017/18. Although the Committee does not have responsibility for the other CCG primary care commissioning budgets, an update is also included within this report for information only.

In summary, the position for the two CCGs on delegated primary care budgets is as follows:

	2017/18 Actual £'000s
North Staffordshire CCG	-584
Stoke-on-Trent CCG	-1,197
Combined Surplus / Deficit	-1,781

Additional commitments were agreed at the March Committee meeting and will be appropriately reflected in CCG financial plans.

## 2. Primary Care Delegated Budgets – NHS Stoke-on-Trent CCG

Appendix 1 provides the financial detail for Stoke-on-Trent CCG.

The CCG is showing an underspend of £1,197k, with uncommitted reserves being the main reason for the underspend, along with underspends on rents and extended hours as previously reported.

Although this year end position is in line with the month 11 forecast, within this there is an unexpected underspend on GP indemnity payments as a result of a late decision by NHS England for such payments to be funded centrally rather than through the delegated budget. This benefit has been offset by some late additional rent costs and a recalculation of the expected QOF payments.

## 3. Primary Care Delegated Budgets – NHS North Staffordshire CCG

Appendix 2 provides the financial detail for North Staffordshire CCG.

The CCG is showing an underspend of £584k, which is slightly higher than the month 11 forecast position due to the unexpected underspend on indemnity payments as noted above.

For both CCGs the recurrent nature of all under and overspends has been reflected within the base budgets for 2018/19.

## 4. Other Primary Care Commissioning Budgets

Appendix 3 presents the other CCG primary care commissioning budgets for information.

North Staffs CCG is showing an underspend of £39k, with an underspend of £168k on the learning & development budget offset by small overspends on other budgets.

Stoke is showing an underspend of £1,190k which is higher than expected at month 11 due to the low spending on the learning and development budget.

## 5. Summary of wider CCG Financial Position

At month 12 Stoke-on-Trent CCG is reporting a £0.59 million in-year surplus and £1.06 million in-year deficit for North Staffordshire CCG. This is a favourable movement of £4.26m compared to the previous forecast mainly relating to the release of the CCGs 0.5% headroom reserve, a more favourable position on continuing healthcare budgets and also the return of category M drug tariff savings from NHS England.

	Planned Control Total £'000s	Final Position £'000s	Variance from Control Total £'000s
North Staffordshire CCG	1,400	1,056	-344
Stoke-on-Trent CCG	-320	-595	-275
Combined Surplus / Deficit	1,080	461	-619

## 6. Conclusion

The Committee are requested to note the financial position of the Primary Care budgets for 2017/18.

Stoke-on-Trent CCG  
Primary Medical Services - Delegated Budgets 2017/18  
Month 12

	Year End Actual		
	Budget £'000s	Actual £'000s	Variance £'000s
<b>Core contracts</b>			
GMS	21,079	21,079	0
PMS	1,914	1,914	0
APMS	4,289	4,251	-39
	27,282	27,243	-39
<b>Enhanced Services</b>			
Extended Hours	541	324	-217
LD Health Checks	216	257	41
Minor Surgery	245	242	-3
Violent Patients	7	14	8
TPP Qrisk	0	2	2
	1,008	839	-169
<b>Other Services</b>			
Dispensing & Prescribing	171	195	24
CQC Fees	213	203	-10
Locums	123	223	100
Seniority	347	293	-55
Indemnity	150	0	-150
Named GP for Safeguarding	25	33	8
All Other	29	16	-13
	1,058	962	-96
<b>Premises</b>			
Rents	3,939	3,688	-251
Rates	399	443	44
Water Rates	43	49	6
Clinical Waste	98	99	0
	4,480	4,279	-201
<b>QOF</b>	3,819	3,923	104
<b>Reserves</b>			
0.5% Discretionary Reserve	192	0	-192
0.5% Contingency	192	0	-192
PMS Reinvestment	194	195	1
Premises Reserve	130	0	-130
Demographic Changes & inflation	93	0	-93
	800	195	-605
<b>Sub Total</b>	<b>38,446</b>	<b>37,441</b>	<b>-1,005</b>
<b>0.5% Risk Reserve</b>	192	0	-192
	<b>38,638</b>	<b>37,441</b>	<b>-1,197</b>

North Staffordshire CCG  
Primary Medical Services - Delegated Budgets 2017/18  
Month 12

	Year To Date		
	Budget £'000s	Actual £'000s	Variance £'000s
<b>Core contracts</b>			
GMS	18,309	18,309	0
PMS	653	655	1
APMS	767	767	0
	19,730	19,731	1
<b>Enhanced Services</b>			
Extended Hours	337	227	-110
LD Health Checks	127	131	4
Minor Surgery	169	180	11
Violent Patients	64	64	0
Other Enhanced Service Payments	8	12	4
	704	613	-91
<b>Other Services</b>			
Dispensing & Prescribing	829	861	31
CQC Fees	141	144	4
Locums	90	219	129
Seniority	292	284	-9
Indemnity	112	0	-112
Named GP for Safeguarding	25	25	0
	1,488	1,532	43
<b>Premises</b>			
Rents	2,360	2,299	-61
Rates	383	329	-54
Water Rates	36	38	2
Clinical Waste	72	72	0
	2,852	2,738	-113
<b>QOF</b>	2,958	3,041	83
<b>Reserves</b>			
0.5% Discretionary Reserve	135	0	-135
0.5% Contingency	135	0	-135
PMS Reinvestment	143	143	0
Premises Reserve	54	0	-54
Demographic Changes & inflation	48	0	-48
	516	143	-373
<b>Sub Total</b>	<b>28,248</b>	<b>27,799</b>	<b>-449</b>
<b>0.5% Risk Reserve</b>	135	0	-135
	<b>28,383</b>	<b>27,799</b>	<b>-584</b>

Stoke-on-Trent CCG  
Primary Care - Commissioning Budgets 2017/18  
Month 12

	Year To Date		
	Budget £'000s	Actual £'000s	Variance £'000s
<b>Enhanced Services</b>			
Anti-coagulation	21	55	34
Basket of care / Treatment Room Services	286	307	21
Nursing Homes	0	45	45
Near Patient Testing	3	22	20
Shared Care Follow-ups	27	62	35
GTT	95	93	-2
Extended Minor Surgery	220	93	-127
Extended Hours Access	293	293	0
Other Enhanced Services	77	67	-10
	1,021	1,038	17
<b>GP Forward View Investments</b>			
Transformational Support	435	435	0
Care Navigators	49	36	-13
	484	471	-13
<b>Other Primary Care Budgets</b>			
Admission Avoidance LIS	1,724	1,695	-29
Membership and Transformation Scheme	432	432	0
QIF	1,519	1,066	-453
Primary Care Development	250	0	-250
Mental Health Act Assessments	125	124	-1
Learning & Development	541	52	-490
	4,591	3,369	-1,222
<b>GP IT</b>	1,069	1,097	29
	<b>7,165</b>	<b>5,975</b>	<b>-1,190</b>

North Staffordshire CCG  
Primary Care - Commissioning Budgets 2017/18  
Month 12

	Year To Date		
	Budget £'000s	Actual £'000s	Variance £'000s
<b>Enhanced Services</b>			
Anti-coagulation	26	12	-14
Basket of care / Treatment Room Services	232	229	-3
Nursing Homes	135	172	37
Near Patient Testing	10	33	23
GTT	26	45	18
Extended Hours Access	183	183	0
Other Enhanced Services	21	0	-21
	633	674	40
<b>GP Forward View Investments</b>			
Transformational Support	326	326	0
Care Navigators	37	15	-22
Improving Access	0	0	0
	363	342	-22
<b>Other Primary Care Budgets</b>			
Admission Avoidance LIS	1,300	1,299	-1
Membership and Transformation Scheme	326	326	0
QIF	219	200	-19
Mental Health Act Assessments	142	163	21
Learning & Development	305	136	-168
	2,292	2,125	-167
<b>GP IT</b>	777	887	110
	<b>4,066</b>	<b>4,027</b>	<b>-39</b>

## Public Paper

<b>Enclosure:</b>	7.1
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<b>Report to</b>	Primary Care Commissioning Committee
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<b>Title</b>	Primary Care Quality Assurance Report
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<b>Meeting Date</b>	1 <sup>st</sup> May 2018
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<b>Sponsor Director</b>	Lynn Millar, Director of Primary Care and Medicines Optimisation
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<b>Action required</b>	<b>Decision</b>	X	<b>Discussion</b>		<b>For assurance</b>	X
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### Purpose of the paper, key issues, points and recommendations

This paper provides an update and assurance regarding Primary Care Quality. It includes the following areas:

- Care Quality Commission Practice ratings
- Quality Improvement in Practice
- Friends and Family Test
- Complaints

Meetings to discuss Primary Care Quality Assurance and Performance take place on a bi-monthly and/or quarterly basis and therefore data update is not available monthly. Committee is asked to confirm the frequency of receiving reports on Primary Care Quality Assurance.

**The Committee is asked to:**

- **Note** the content of the report
- **Confirm** the frequency of reporting

### Which other CCG committee and/or Group has considered this report

<u>Committee/Group</u>	<u>Other agreements</u>
N/A	N/A

### Summary of risks relating to the proposal

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### Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Care Navigation and Social Prescribing are within the Ten High Impact Actions of the General Practice Forward View
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### Strategic objectives supported by this paper

Our shared Goals:		Yes	No
1.	Empowered Staff	X	

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*

2.	Commissioning Health Outcomes	X	
3.	Seamless Partnerships	X	
4.	Responsible Use of Resources	X	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed?		X
2.	Has an Equality Impact Assessment been completed?		X
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	X	

Acronyms	



## Primary Care quality Assurance Report

### 1.0 Introduction

The Primary Care quality report has been presented on a bi-monthly basis and a request as part of the Business Cycle was to provide this on a quarterly basis to enable information from the related meetings and discussions to be included in the report. At the last PCCC it was requested that this report be presented monthly.

Two meetings take place at the end of April or beginning of May:

CCG/CQC	24.04.2018	(Bi-monthly meeting)
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Primary Care Dashboard	04.05.2018	(Quarterly meeting)
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The output from these meetings cannot therefore be included within this paper but will be available for the June meeting.

### 2.0 Care Quality Commission (CQC) assurance to the CCG

#### 2.1 Current Ratings

The tables below illustrate the current CQC ratings for all practices in North Staffordshire and Stoke on Trent. The practices highlighted in yellow are the most recent reports received.

In North Staffordshire:

Moss Lane Madeley and Talke Pits received a focussed revisit to review areas where they had received requires improvement in one indicator. Talke Pits now have an overall rating of "Good" and Moss Lane "Outstanding"

RJ Mitchel practice received a comprehensive inspection and a rating of "Requires Improvement". Members of the Primary Care Teams at the CCG and NHSE have a practice visit planned for 27<sup>th</sup> April to review the action plan the practice have developed and ensure they are on track to achieve the planned actions or to determine what support the practice requires to attain the actions.

Midway Medical Centre are due a revisit by the CQC during this quarter of the year.

The CCG and NHSE Primary Care Teams will visit Betley practice on the 26<sup>th</sup> April to review their action plan and achievement of the planned actions to date.

In Stoke on Trent:

The Orchard Surgery received comprehensive inspection and a rating of "Requires Improvement" overall. A visit is planned with the practice to review the action plan and any support the practice may require attaining the planned actions.

A visit is also planned to Merton Surgery which has an ongoing issue with leadership in the practice which is rated "requires improvement" for the indicator but "good" overall

All other practices in both CCGs which have indicators rated less than “good”, are being monitored by the CCG Primary Care Teams.

### 2.1.1 North Staffordshire CCG

(Key – O – Outstanding; G – Good; RI – Requires Improvement; I – Inadequate)

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Allen Street Surgery	12.01.17	G	G	G	G	G	G
Alton Primary Care Centre	17/10/17	G	RI	G	O	G	G
Ashley Surgery	16.11.16	O	G	O	O	G	O
Audley Health Centre	12.01.15	O	G	O	G	O	O
Betley Surgery	Comprehensive 15.12.17	RI	RI	RI	G	G	RI
Biddulph Doctors)	14.08.15	G	G	G	G	G	G
Biddulph Valley Surgery	11.01.17	G	G	G	G	G	G
Heathcote Street Surgery	10/10/17	G	G	G	G	G	G
Higherland Surgery	19.1.2017	G	G	G	G	G	G
Keele Practice	28.01.15	G	G	G	G	G	G
Kidsgrove Medical Centre	02.02.15	G	G	G	G	G	G
Kidsgrove Medical Centre (Dr Harbidge & Patnrs)	07.06.17	G	G	G	G	G	G
Kingsbridge Medical Practice	10.05.17	G	G	G	G	G	G
Leek Health Centre	26.07.16	G	G	G	G	G	G
Loomer Road Surgery	19.07.2017	G	G	G	G	G	G
Lyme Valley Practice	15.01.15	G	G	G	G	G	G
Midway Medical & Walk-in Centre	01.02.16	RI	G	RI	G	RI	G
Milehouse Medical Practice	Comprehensive 05.09.17	G	G	G	G	G	G
Miller Street Surgery	01.08.16	G	G	G	G	G	G
Moorland Medical Centre	28.11.16	G	G	G	G	G	G
Moss Lane	Focussed	O	G	O	O	O	G

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Surgery	28.02.2018						
Park Medical Centre	20.07.16	G	G	G	G	O	G
R J Mitchell Medical Centre	Comprehensive 06.02.18	RI	I	G	G	G	RI
Silverdale Village Surgery	12.09.16	G	G	G	G	G	O
Talke Pits Clinic	Focused 08/01/18	G	G	G	G	G	G
Tardis Surgery	16.12.2017	G	G	G	G	G	G
Tean Surgery	06.02.15	G	G	G	G	G	G
The Village Surgery	Comprehensive 04.12.17	G	G	G	G	G	G
Waterhouses Medical Practice	Focused 04/10/17	G	G	G	G	G	G
Well Street Medical Centre	15.07.16	G	G	G	G	G	G
Werrington Village Surgery	20.07.15	G	G	G	G	G	G
Wolstanton Medical Centre	01.06.16	O	G	O	G	G	O

### 2.1.2 Stoke on Trent CCG

(Key – O – Outstanding; G – Good; RI – Requires Improvement; I – Inadequate)

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Abbey Surgery	17.01.17	G	G	G	G	G	G
Adderley Green Surgery	08.08.17	G	G	G	G	RI	G
Apsley House	20.08.15	G	G	G	G	G	G
Baddeley Green Surgery	14.12.15	G	G	G	G	G	G
Belgrave Medical Centre	21.11.14	G	G	G	G	G	G
Birches Head Medical Centre	24.07.17	G	G	G	G	G	G
Blurton Health Centre	09.08.17	G	G	G	G	G	RI

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Borse & Partner	27/06/17	G	G	G	G	G	G
Brinsley Avenue Practice	19.09.16	O	O	O	O	O	O
Brook Medical Centre	07.01.16	G	G	G	G	G	G
Cambridge House Surgery	18.09.15	G	G	G	G	G	G
Cobridge Surgery	02.09.15	G	RI	G	G	G	G
Dr A K Sinha	03/01/18	G	RI	G	G	G	Good
Tunstall Primary Care	02.12.14	G	G	G	G	G	G
Dr P D Miles & Partner	05.07.17	G	G	G	G	G	G
Dr P P Shah & Partners	17/10/17	G	G	G	G	G	G
Drs Rees & Lefroy	25.01.16	O	G	O	O	G	G
Dr S B Kulkarni	17.11.14	G	G	G	G	G	G
Dunrobin Street Medical Centre	29.09.15	G	G	G	G	G	G
Five Towns GP Surgery	29.06.16	G	G	G	G	G	G
Foden Street Surgery	19/09/17	G	RI	G	G	G	G
Furlong Medical Centre	Comprehensive 22/11/17	G	G	G	G	RI	G
Glebedale Medical Practice	01.12.14	G	G	G	G	G	G
Goldenhill Medical Centre	07.09.16	G	G	G	G	G	G
Harley Street Medical Centre	05.09.17	RI	RI	RI	G	G	G
Hartshill Surgery	Comprehensive 28/11/17	G	G	G	G	G	G
Haymarket Health Centre	28/09/17	G	G	G	G	RI	G
Longton Hall Surgery	13.06.17	G	G	G	G	G	G
Longton Health Centre	25.05.16	G	G	G	G	G	G
Lucie Wedgwood Surgery Ltd	24.05.17	G	G	G	G	G	Good
Dr McCarthy & Partners)	18/10/17	G	G	G	G	G	G
Meir Park Surgery	05.12.14	G	G	G	G	G	G
Merton Street Surgery	04/12/17	G	G	G	G	G	RI

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Middleport Medical Centre	26/09/17	G	G	G	G	G	G
Millrise Medical Practice	22.05.17	G	G	G	G	G	G
Moorcroft Medical Centre	15.06.16	G	G	G	G	G	G
Moss Green Surgery	15.12.14	G	G	G	G	G	G
Norfolk Street Surgery	05.07.16	G	G	G	G	G	G
Orchard Surgery	22/01/18	RI	RI	G	G	G	RI
Potteries Medical Centre	12 & 27.07.17	G	G	G	G	G	G
Snowhill Medical Centre	29.02.16	G	G	G	G	G	G
Trent Vale Medical Practice	04.05.16	G	G	G	G	G	G
Trentham Mews Surgery	07.12.15	G	G	G	O	G	G
Trinity Medical Centre	12.01.17	G	G	G	G	O	G
Willow Bank Health Centre	21.06.17	G	G	G	G	G	G

### 3.0 Quality Improvement

This is monitored under the 10 High Impact Actions within the GP Forward View document 'Develop the Team' and 'Productive Workflows'. The Sustainable Improvement Team offered a number of training schemes and opportunities for general practice to support them to achieve improvements in quality care and service delivery. Practices in North Staffordshire and Stoke on Trent CCGs supported by the LMC accessed some of these opportunities and are now seeing the benefits. The sessions undertaken are:

- An initial engagement event on 13/10/17
- The Fundamentals of Change and Improvement (12/1 & 24/1/17),
- 'What is quality Improvement?' session on 2/2/17
- 10practices have completed the PGP Quickstart Programme and a second cohort are currently undertaking this.

The quickstart programme has enabled practices to review and renew their working processes to ensure they are fit for purpose in the future. Changes have enabled tasks to be done "right first time" and reduce workload and duplication.

One practice has reported: "It means that the job is 'right first time' and that time is not wasted going back to pts or other people when anomalies arise. There is a definite improvement and the new process has cut down on errors."

The main benefit is the streamlining of processes and reduction in duplication of tasks. The programme involves the whole team and they “feel involved and own it”. Staff feel they have more time to concentrate on patient care as time on admin tasks is reduced.

A resource pack is being developed and the learning will be uploaded onto the internet for all practices to access. The aim is for this to be available in June.

#### 4.0 Friends and Family Test (FFT)

Data published 08.03.17 in relation to the January 2018 reporting period.

#### 4.1 North Staffordshire CCG - FFT Implementation

- A total of six practices are listed as having no data in relation to the January 2018 reporting period; this represents a decrease of four when compared to the previous month.
- Of the six practices, three are noted as having had no data published for three or more months; this represents an increase of two when compared to the previous month (table 1)
- Practices with no data published for three or more months are sent a letter reminding of their contractual requirement and signposting to sources of support available, subject to the agreement of the Primary Care lead.
- No practices are noted as having a zero number of responses for three or more months

<b>Table 1</b>	<b>Actions taken in response to no data publication for three or more months</b>
<b>Provider</b>	<b>Actions</b>
Audley Health Centre	Initial escalation letter sent 26.03.18
R J Mitchell Medical Centre	Initial escalation letter sent 23.03.18
Talke Pits Clinic	Repeat initial escalation letter to be sent subject to the agreement of the Primary Care Lead

#### 4.2 North Staffordshire CCG FFT Results

- Nine providers have no FFT results available in the quality dashboard due to no data publication or due to the number of responses: no results are published when the number of responses is less than five.

#### 4.3 Stoke on Trent CCG FFT Implementation

- A total of seventeen practices are listed as having no data in relation to the January 2018 reporting period; this represents a decrease of one when compared to the previous month.
- Of the seventeen practices, seven are noted as having had no data published for three or more months; this represents no change when compared to the previous month (table 2)
- Practices with no data published for three or more months are sent a letter reminding of their contractual requirement and signposting to sources of support available, subject to the agreement of the Primary Care lead.
- No practices are noted as having a zero number of responses for three or more months

<b>Table 2 Providers with no data published for three or more months</b>	
<b>No FFT data published for three or more months</b>	
Provider	Action Taken
Birches Head Medical Centre	To send initial letter subject to the agreement of the Primary Care Lead
DR VSR Chadalavada	To send initial letter subject to the agreement of the Primary Care Lead
Drs Shah & Talpur Medical Practice	To send initial letter subject to the agreement of the Primary Care Lead
Meir Park & Weston Coyney Medical Practice	Previous initial letter sent June 2017 with data publication June 2017 reporting period – to send repeat initial letter subject to the agreement of the Primary Care lead
Merton Surgery	Initial escalation letter sent 11.12.17 - .awaiting update from the CCG as to whether to send a second escalation letter.
Millrise Medical Practice	To send initial letter subject to the approval of the Primary Care Lead
Willow Bank Surgery	To send initial escalation letter subject to the approval of the Primary Care Lead

#### **4.3 Stoke on Trent CCG FFT Results**

- Ten providers have no FFT results available in the quality dashboard due to no data publication or due to the number of responses: no results are published when the number of responses is less than five.
- Five providers have a declining or variable trend in respect of the percentage of recommendation (table 3)

<b>Table 3</b>	<b>Providers with a declining or variable trend of recommendation percentage</b>								
<b>Provider</b>	<b>FFT Results</b>								
	<b>Number of responses</b>			<b>% of Recommendation</b>			<b>% of Non-Recommendation (number of responses unlikely to recommend)</b>		
	Nov 17	Dec 17	Jan 18	Nov 17	Dec 17	Jan 18	Nov 17	Dec 17	Jan 17
Foden Street Surgery	14	16	11	86%	81%	73%	0%	6%(1)	9% (1)
Furlong Medical Centre	2	32	22	*	84%	77%	*	16%(5)	18%(4)
Glebdale Medical Practice	96	no data	127	91%	no data	89%	4%(4)	no data	6% (7)
Mayfield Surgery	7	no data	24	71%	no data	63%	29%(2)	no data	25%(6)
Trent Vale Medical Practice		66	92	96%	95%	91%	2%(2)	2%(1)	7% (6)

Following the April Shropshire and Staffordshire Primary Care Quality Leads meeting it is understood that the Friends and Family Test is currently under review. Further detail will be provided when available. In its current format, the FFT guidance states that FFT does not provide results that can be used to directly compare practices because of the flexibilities in the collection methodologies and variation in local practice populations which means that we are not comparing like with like.

## 5.0 Complaints

It was anticipated that further information about the process being developed to standardise the consent form to enable sharing of more detail on complaints. This was not available at the April meeting but will be followed up for the June meeting.

Complaints which have been reported and not upheld are detailed in the tables below and is the most up to date data available:

North Staffordshire

<b>Date Received</b>	<b>GP Practice</b>	<b>Status</b>	<b>Complaint Detail</b>
04/01/2018	Dr D O Yates & Ptrs Well Street, Cheadle	Closed - Not Upheld	Clinical Care and Treatment
01/02/2018	Dr P M Unyolo	Closed - Not Upheld	Issues with death certificate



	Talke Clinic	Upheld	
02/02/2018	Dr H Singh & Ptrs Heathcote Street Surgery	Closed - Not Upheld	Prescribing Error

Stoke on Trent

<b>Date Received</b>	<b>GP Practice</b>	<b>Status</b>	<b>Complaint Detail</b>
16/01/2018	Dr J M McGowan & Ptrs Moorcroft Medical Centre	Closed - Not Upheld	Clinical Care and Treatment
09/02/2018	Dr M Guindy & Ptrs (Orchard Surgery)	Closed - Not Upheld	Follow up Care
19/02/2018	Adderley Green Surgery	Closed - Upheld	Unable to register
01/02/2018	Dr J N R Bashford & Ptrs Trent Vale Surgery	Closed - Not Upheld	Removal from Register

## Public Paper

<b>Enclosure:</b>	8.1
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<b>Report to</b>	Primary Care Commissioning Committee		
<b>Title</b>	Social Prescribing Project Position Statement		
<b>Meeting Date</b>	1st May 2018		
<b>Sponsor Director</b>	Lynn Millar, Director of Primary Care and Medicines Optimisation		
<b>Action required</b>	<b>Decision</b>	<b>Discussion</b>	<b>For Information</b>
			X

### Purpose of the paper, key issues, points and recommendations

This paper provides a position statement on the development of the Social Prescribing Project.

The steering group has met twice since the agreement to fund the project in principal. Terms of reference have been agreed and the group now meets on a more formal basis. Membership includes representatives from the following areas:

- North Staffordshire Local Medical Committee (LMC)
- North Staffordshire GP Federation
- Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups (CCG)
- Non-Executive Directors for Patient and Public Involvement for Stoke-on-Trent & North Staffordshire CCG's
- Voluntary Sector Representatives
- North Staffs Combined Healthcare Trust
- Stoke-on-Trent City Council - Public Health and Adult Social Care
- Staffordshire County Council - Public Health and Adult Social Care
- Cooperative Working Strategic Partnership Board
- HealthWatch

A number of task and finish groups are meeting during April to discuss and plan out the project as follows:

- Early Implementer Sites
- Model to be used
- Evaluation

Two proposals have been received and a further is expected this week for evaluation of the project. These are proposals in principal as the model is not yet developed. The evaluation group is developing a specification for evaluation to enable a decision to be made on how the evaluation is carried out and by whom.

Proposals for the early implementer sites have been made by the task and finish group and will be discussed at the next steering group meeting in May for decision alongside the proposed model.

The proposed model and costs will be presented to the June PCCC

**The Committee is asked to:**

- **Note** the content of the report

**Which other CCG committee and/or Group has considered this report**

<b><u>Committee/Group</u></b> N/A	<b><u>Other agreements</u></b> N/A
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**Summary of risks relating to the proposal**

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**Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications**

Social Prescribing are within the Ten High Impact Actions of the General Practice Forward View
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**Strategic objectives supported by this paper**

<b>Our shared Goals:</b>		<b>Yes</b>	<b>No</b>
1.	Empowered Staff	X	
2.	Commissioning Health Outcomes	X	
3.	Seamless Partnerships	X	
4.	Responsible Use of Resources	X	

<b>Key Requirements:</b>		<b>Yes</b>	<b>No</b>
1.	Has a Quality Impact Assessment been completed?		X
2.	Has an Equality Impact Assessment been completed?		X
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	X	

**Acronyms**

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