

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

Tuesday 4th July 2017, 10.00am – 11.25am

The Auditorium, 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
3	Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG			10.00am (5 mins)
4	Minutes from: Public Meeting In Common Of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups' Primary Care Commissioning Committee Tuesday 6 th June 2017 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
5	Strategic/Planning			10.05am
5.1	GP Forward View Delivery Plan	Enc. 5.1	To Note/ Decision	LM/SB (20 mins)
5.2	NHS England Resilience Funding – process paper	Enc. 5.2	To Note	SB (20 mins)
6	Quality			10.45am
6.1	Primary Care Quality Report	Enc. 6.1	To Note/ Decision	TS (15 mins)
7	Governance			11.00am
7.1	Northern Staffordshire Primary Care Delivery Group <i>Item deferred to August 2017 meeting.</i>			
8	Standing Agenda Items			11.00am
8.1	NHS England Head of Primary Care Update	Verbal	Information	RW (5 mins)
8.2	CCG Primary Care Update	Verbal	Information	SB (15 mins)

9	Any Other Business			11.10am
	<ul style="list-style-type: none"> ❖ Questions from the Public ❖ Any other key issues ❖ Committee Effectiveness 	Verbal Verbal Enc. 9.1	Information	MW _o
DATE/TIME OF NEXT MEETING:				
Date	Time	Venue		Chair
Tuesday 1 st August 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD		PD
Tuesday 5 th September 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD		MW _o
Tuesday 3 rd October 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD		PD
Tuesday 7 th November 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD		MW _o
Tuesday 5 th December 2017	10am	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 6th June 2017, 10am – 11.25am
The Sky Room, YMCA, Harding Road, Stoke-on-Trent, ST1 3AE
Unconfirmed Minutes

Present:			
Voting Members North Staffordshire (NS) CCG:	Peter Dartford	(PD)	North Staffordshire CCG Lay Member Patient and Public Involvement (<i>Meeting chair</i>)
	Mike Edgley	(ME)	North Staffordshire CCG Lay Member
	Neil McFadden	(NMCF)	North Staffordshire CCG Lay Member Governance
Voting Members Stoke-on-Trent (SOT) CCG:	Tim Bevington	(TB)	Stoke-on-Trent CCG Lay Member
	Margy Woodhead	(MWo)	Stoke-on-Trent CCG Lay Member Patient and Public Involvement
Voting Members both CCGs:	Dr Steve Fawcett	(SF)	CCGs' Executive Medical Director
	Fiona Hamill	(FH)	CCGs' Chief Operating Officer
	Zara Jones	(ZJ)	CCGs' Director of Strategy, Planning and Performance
	Alistair Mulvey	(AM)	CCGs' Chief Financial Officer
	Marcus Warnes	(MW)	North Staffordshire CCG Accountable Officer, Stoke-on-Trent CCG Interim Accountable Officer
In attendance:			
SOT CCG:	Dr Waheed Abbasi	(WA)	Stoke-on-Trent CCG Clinical Director, Mental Health and Specialist Groups
	Dr John Gilby	(JG)	Stoke-on-Trent CCG Clinical Director, Primary Care
Both CCGs:	Sarah Blenkinsop	(SB)	CCG's Head of Primary Care Commissioning
	Jessica Chaplin	(JC)	CCGs' Executive Assistant (<i>minutes</i>)
	Anna Collins	(AC)	CCGs' Head of Communications and Engagement
	Lorraine Cook	(LC)	CCGs' Head of Quality
	Dr Latif Hussain	(LH)	CCGs' Non-Executive GP Board Member
	Sally Parkin	(SP)	CCGs' Clinical Director Partnerships and Engagement
NHS England:	Wendy Henson	(WH)	NHS England Quality and Safety Manager
	Rebecca Woods	(RW)	NHS England Head of Primary Care
Observers:			
Local Medical Committee (LMC):	Dr Paul Scott	(PS)	Chair, North Staffordshire LMC
Public/Press:	No members in attendance		
Apologies:			
SOT CCG:	John Howard	(JH)	Stoke-on-Trent CCG Lay Member Governance
Both CCGs:	Dr Steve Fawcett	(SF)	CCGs' Executive Medical Director
	Cheryl Hardisty	(CH)	CCGs' Director of Commissioning
	Alex Palethorpe	(AP)	CCGs' Associate Director Corporate Services
	Tracey Shewan	(TS)	CCGs' Director of Nursing and Quality
Observers:	Simmy Akhtar	(SA)	Healthwatch Stoke-on-Trent
2017/JUN /022	1. Welcome and Apologies for Absence		Action
	PD welcomed members to the Public meeting of the North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees held in common.		

	Apologies were duly received and noted as above.	
2017/JUN /023	2. Members' Declarations of Interest	
	North Staffordshire CCG: There were no new declarations of interests declared at the meeting in respect of the items on the agenda. Stoke-on-Trent CCG: There were no new declarations of interests declared at the meeting in respect of the items on the agenda.	
2017/JUN /024	3. Confirmation of Quoracy	
	The meeting was confirmed as quorate for both North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.	
2017/JUN /025	4. Minutes, Action Sheet and Matters Arising	
	<p><u>Minutes from the meeting held on Tuesday 9th May 2017</u> The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees in Common duly received and approved the minutes of the Public Primary Care Commissioning Committee held in Common on Tuesday 9th May 2017.</p> <p><u>Actions from the meeting held on Tuesday 9th May 2017</u> <u>2017/MAY/016 Consistency of Terminology</u> It was confirmed that a Glossary of Terms for the Primary Care Commissioning Committee had been developed. The Glossary of Terms had been included within the meeting papers as an appendix for ease of reference. MWO stated that there needed to be further detailed included within the Glossary of Terms to capture emerging terms and provided an example that Multi-Speciality Community Provider (MCP) and other terms for the New models of care were not included. It was agreed that AC and FH would look to further develop the Glossary of Terms. ACTION: FH and AC to build upon the Glossary of Terms and include emerging terms. Once complete, the updated Glossary of Terms will be included as an appendix within future meeting papers.</p> <p>All other Actions were marked as complete or on the Agenda for discussion.</p> <p><u>Matters Arising</u> No matters raised.</p>	FH/AC
2017/JUN /026	5.1 Terms of Reference	
	<p>FH presented the meeting with Version Three of the updated Draft Terms of Reference for the North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees in Common. The Committees in Common were asked to note and approve the amendments to the Terms of Reference. Key points were highlighted to the Committees as follows:</p> <p>The meeting were advised that the North Staffordshire and Stoke-on-Trent CCGs' Governing Bodies had ratified the decision for the LMC and Healthwatch to be invited to the closed meeting of the Committees as participating observers, the decision had been reflected within the Terms of Reference and the relevant information had been circulated to the organisations to ensure attendance. Furthermore, the document had been updated to ensure accuracy and geographical references referred to North Staffordshire and Stoke-on-Trent CCGs' only. It was highlighted that the local appeals process had not yet been agreed as advice needed to be sought how to shape a local process. The local appeals process would define how to manage the process for a challenge decision that the Committees had made. The Terms of Reference, with the agreed local Appeals Process, would be presented back to the September 2017 meeting.</p> <p>The North Staffordshire CCG Primary Care Commissioning Committee noted and approved version three of the Terms of Reference for the Primary Care Commissioning Committees subject to the inclusion of a local appeals process in section 12, which would be presented to the September 2017 Meeting; And Stoke-on-Trent CCG Primary Care Commissioning Committee noted and approved version three of the Terms of Reference for the Primary Care Commissioning Committees subject to the inclusion of a local appeals process in section 12, which would be presented to the September 2017</p>	

	meeting.	
2017/JUN /027	6.1 GP Forward View – Delivery Plan and Timescales	
	<p>SB presented the meeting with the GP Forward View Delivery Plan and Timescales report. The North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees were asked to receive and note the high level milestones. The high level milestones provided the Committees with details around the work that was taking place as at the time of the meeting to support the delivery and implementation of the requirements under the GP Forward View. Key points were highlighted to the Committees as follows:</p> <p>The meeting were updated that the North Staffordshire and Stoke-on-Trent CCGs' GP Forward view submission had been RAG rated in line with the updated domains. The overall assessment for North Staffordshire and Stoke-on-Trent CCGs' was 'Partially Assured'. The CCGs' were awaiting the release of the General Practice Workforce Strategy, which was being led by NHS England Head of Primary Care and the guidance for roll-out of online consultation systems.</p> <p>A clear governance structure for the GP Forward View had been developed on a pan-Staffordshire basis, with the Director of Primary Care for South Staffordshire CCGs' overseeing the delivery and implementation of the key requirements to support the GP Forward View plans. The draft high level milestones for the five domains were presented to the meeting; the high level milestones and supporting timelines had been developed through a Pan-Staffordshire workshop, agreed by each CCG and would be used to hold each CCG to account for delivery.</p> <p>A Staffordshire wide GP Forward View steering group would be implemented to oversee the four key areas of, Access, Workforce, Workload/Resilience and Infrastructure. Each CCG would have the responsibility of ensuring delivery of the 4 key areas, with accountability to the GP Forward View Steering Group to ensure an aligned approach to drive the work forward. It was highlighted that the next steps would be to ensure that the plans were shared with the LMC, Localities and the North Staffordshire and Stoke-on-Trent CCGs' Patient Congress. It was further highlighted that an updated delivery plan would be presented to the Committees' for consideration in July 2017.</p> <p>MW0 queried if there would be Lay Representation on the Staffordshire wide GP Forward View steering group. SB responded that the Terms of Reference had not yet been developed for the meeting, although preliminary discussions had taken place in order to define the membership and it was anticipated that there would be Lay representation on the steering group.</p> <p>PS raised concerns that there was not a North Staffordshire CCG or Stoke-on-Trent CCG representative leading on any on the areas. It was highlighted that North Staffordshire and Stoke-on-Trent CCGs' faced different challenges compared to South Staffordshire CCGs and there needed to remain a localised focus to ensure the needs of General Practice and the population were met. RW responded that the roles defined were co-ordinating points only and the work would be carried out by local CCGs'. The Governance Structure and relevant leads were defined in order to create an effective reporting mechanism and the localised focus would be maintained. MW0 re-iterated the importance of ensuring that the localised need was not lost through Pan-Staffordshire working. FH provided assurance that the North Staffordshire and Stoke-on-Trent CCGs' were working to ensure localised detail and milestones to bring the Northern Staffordshire focus.</p> <p>To conclude, The North Staffordshire CCG Primary Care Commissioning Committee received and noted the GP Forward View update on Delivery Plans and Timescales; And Stoke-on-Trent CCG received and noted the GP Forward View update on Delivery plans and Timescales.</p>	
2017/JUN /028	Midway Medical Centre – Update on Progress	
	<p>SB presented the Committees with an update paper on Midway Medical Centre. The paper provided an update on the current position of Midway Medical Centre, an overview of the current service and detailed potential options for the re-specification of the service. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the content of the paper and to agree the next steps for Midway Medical Centre. Details were presented to the Committee as follows:</p>	

	<p>SB provided a brief context on the Midway Medical Centre; the Midway Medical Centre was set up following on from the Lord Darzi review in 2009, the centre was open from 8.00am – 8.00pm, 365 days a year and operated on an appointment basis for non-registered and registered patients. The Midway Medical Centre operated on a time limited AMPS contract, which had been extended to its final limit until 31st March 2019. The Midway Medical Centre would re-locate its services to Lyme Valley Medical Practice from 24th June 2017, maintaining its registered list size of 3,442 and non-registered patient appointments. The Planning and Commissioning Committees in common approved a contract extension in July 2016 for the Midway to its full extent and a contract variation had removed phlebotomy and dressing activity within the walk in element of the service, as the services were already commissioned by the CCGs'. Furthermore, the contract included a break clause of 6 months.</p> <p>A review of the Midway Medical Centre took place in 2015/16 which highlighted that the service was utilised by mostly patients registered in the local area of the practice, which suggested that the service was used as a mop up service for surrounding practices under pressure. Furthermore, the service was a high user of A&E for their registered population with the majority being patients that self-present. The review also concluded on value for money of the service and the issues regarding the appropriate use of the service. In addition, the review identified issues with recruitment and retention for Midway Medical Centre. The meeting was advised that the CCGs' would be producing an updated report on both the Midway Medical Centre and Hanley Health and Wellbeing centre, following on from the Hanley Primary Care Access Hub and the contract variation to Midway Medical Centre to look at the outcomes of the services and to explore future commissioning of the services. It was highlighted that options for the future commissioning of Midway Medical Centre would be fully defined by November 2017.</p> <p>SP requested assurances that robust discussions had taken place with commissioners, to ensure that suitable services were commissioned in the community for phlebotomy and dressings prior to the contract variation being included. SB responded that work had taken place to ensure that there were services in place to support those patients who required Phlebotomy and Dressing services. In addition, the Primary Care Team were working with commissioners to look at Phlebotomy services.</p> <p>The meeting discussed the access to the Midway Medical Centre, prior to the relocation of services to Lyme Valley premises from 24th June 2017. It was highlighted that the CCGs and NHS England had considered in depth the re-location of premises for Midway Medical Centre and concluded that the relocation would support the workforce capacity for Midway Medical Centre and highlighted that both Lyme Valley and Midway Medical Centre services were provided by NH Solutions Ltd, who provided assurances that the re-location would help to stabilise the services and to increase capacity. The Committees engaged in a robust discussion around the need to obtain assurances that the re-location of Midway Medical Centre was showing a positive impact on the services provided. It was agreed that RW and SB would obtain assurances from NH Solutions for the Midway Medical Centre around the impact of the relocation of Midway Medical Centre.</p> <p>NMcF queried if the CCGs' had national information regarding the Darzi Centres and how many remained across the Country. MW responded that the Darzi Centres were implemented to improve access, although data indicated that there had not been an impact on A&E attendances due to the centres and that feedback received for Hanley Health and Wellbeing Centre highlighted that the service was used for convenience as an alternative to Primary Care. It was further stated that Walk-In centres had created their own demand. Furthermore, the meeting highlighted the need for an updated review to highlight areas which did not manage demand and how to best invest to support Primary Care. The meeting requested that an update report was presented to the November 2017 meeting in order to understand the up to date position for both Hanley Primary Care Access Hub and Midway Medical Centre.</p> <p>ACTIONS: SB and RW to work up 3 assurance questions regarding Midway Medical Centre to obtain assurances around the re-location of the service and the impact on services.</p> <p>SB and RW to provide an update to the September 2017 on the re-location of Midway Medical Centre.</p> <p>A full review of Hanley Primary Care Access Hub and Midway Medical Centre to be presented</p>	<p>SB/RW</p> <p>SB/RW</p> <p>SB</p>
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	<p>to the November Committees.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the update on Midway Medical Centre and agreed for the next steps to obtain assurance around the re-location of services and for a robust review to be carried out for both Hanley Primary Care Access Hub and Midway Medical Centre, following on from the implementation of the respective pilot and contract variation;</p> <p>And Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the update on Midway Medical Centre and agreed for the next steps to obtain assurance around the re-location of services and for a robust review to be carried out for both Hanley Primary Care Access Hub and Midway Medical Centre, following on from the implementation of the respective pilot and contract variation.</p>	
<p>2017/JUN /029</p>	<p>Local Digital Roadmap</p>	
	<p><i>Andy Hadley in attendance to present item 2017/JUN/029 Local Digital Roadmap</i></p> <p>AH presented the meeting with a paper to update the Committees on the Staffordshire and Stoke-on-Trent Local Digital Roadmap (LDR); the digital transformation programme across Staffordshire and Stoke-on-Trent and the 10 Universal Capabilities Programme. The Primary Care Commissioning Committees were asked to receive and note the update. Details were presented to the meeting as follows:</p> <p>The Committees were advised that work was progressing well across CCGs' and Providers across Staffordshire to harness the potential of digital technology and Health and Care to enable system-wide transformation. The LDR aligned with the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP) and the priorities were aligned with the STP also. It was highlighted that engagement was taking place across all providers including Primary and Secondary Care. The LDR philosophy was built around the need to improve the delivery of Health and Social care and to Improve the patient experience of Health and Social Care. The meeting was informed that NHS England had viewed the Staffordshire LDR as an exemplar area of best practice, with a robust plan and timelines in place.</p> <p>The 5 core themes were raised in detail to the meeting as below; (1) Share – to address the challenge of how, as a collaborative system, information is safely shared for the safety and quality of care for patients. The work progressed for the Share theme and work was taking place closely in line with Governance – with an Integrated Care Record being developed; (2) Understand – it was highlighted that a large challenge was to ensure the understanding of health data in Primary Care, Secondary Care and Social Care. Work was taking place across Staffordshire and across the Midlands in order to understand the challenges and differences. This was highlighted as a key deliverability to ensure that Staffordshire were ready for paper free by 2025; (3) Connect – It was stated that the LDR focused on ensuring the infrastructure was correct and there were clear work plans to develop on the infrastructure. Furthermore, GP Forward View Funding had been allocated for full coverage of GP Wi-Fi for patients and practice staff. Once the work had been completed for Primary Care, there would be a move to implement across secondary care. The work would be complete for Primary Care over the following 12 months; (4) Engage – The LDR had a commitment to ensure full engagement with patients and stakeholders to ensure successful delivery; (5) The final core theme was Delivery.</p> <p>Further work was highlighted whereby digital leads had been identified in order to drive the work forward and to ensure accountability and governance. It was highlighted that the 10 Universal Capabilities programme was a key driver for Primary Care and a successful bid had been submitted under the NHS England Estates and Technology Transformation Fund for £1.7m to develop Staffordshire Connected. In addition, resources were being allocated to ensure the rollout of Electronic Prescribing Services to practices across Staffordshire. Furthermore, General Practice across Staffordshire were doing well for patient online to achieve the contractual target of 20% patients to be signed up for Patient Online Services. AH agreed to send through the full Local Digital Roadmap to Committee members for further consideration and information. ACTION: JC to forward Committee members the Local Digital Roadmap.</p> <p>TB requested assurances that the LDR ensured a focus on safety, in light of the recent Cyber</p>	<p>JC</p>

	<p>Attacks across the country. AM responded that the LDR was focusing on interoperability across systems, with the main clinical systems across North Staffordshire and Stoke-on-Trent looking to achieve interoperability in 2017. The LDR looked to further strengthen the infrastructure and it was highlighted that there were 7 devices affected across Staffordshire from the Cyber Attack and the actions from SSHIS worked well to resolve the issues promptly and safely.</p> <p>SP highlighted the need to ensure interoperability across the whole of the healthcare system, including Community Trusts. AH stated that work was taking place to ensure that data could be shared across all trusts, no matter what system trusts operated.</p> <p>SP informed AH that the North Staffordshire and Stoke-on-Trent CCGs' were running a Health Technology Expo on Tuesday 18th July 2017 and requested that AH attended to provide an opportunity to inform patients, public and Stakeholders of the LDR and the underpinning work to support delivery. ACTION: SP and AH to link in around attendance at the North Staffordshire and Stoke-on-Trent CCGs' Health Technology Health Expo in July 2017.</p> <p>The meeting requested to be sighted on the 3 key risks that the Committee were to be aware of for the delivery of the LDR. The risks were detailed as (1) The risk of organisations not working together and disengaging. It was hoped that the work to ensure that the LDR was aligned to the local strategic views would mitigate the risk of disengagement; (2) The LDR not having the correct funding aligned and if there was not the right amount of capital aligned, this could pose a risk and (3) The risk of ensuring that there was enough resources in order to support efficient and successful delivery.</p> <p>The Committees discussed the importance of ensuring patient engagement and highlighted that attendance at the Health Technology Expo would be positive step in ensuring robust patient understanding of the LDR. Furthermore, the potential to engage and align an STP patient reference group to the LDR work was highlighted as an opportunity to ensure robust patient engagement.</p> <p>To conclude, the North Staffordshire Primary Care Commissioning Committee received and noted the update on the work that was progressing across Staffordshire and Stoke-on-Trent for the Local Digital Roadmap; And Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the work that was progressing across Staffordshire and Stoke-on-Trent for the Local Digital Roadmap.</p>	<p>SP/AH</p>
<p>2017/JUN /030</p>	<p>North Staffordshire and Stoke-on-Trent CCGs' Primary Care Quality Report</p>	
	<p>LC presented the meeting with the Primary Care Quality Assurance Update. The North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees were asked to receive and note the content of the paper which set out the current position for the CCGs' and the new legislation in relation to Learning Disabilities and deprivation of Liberty Safeguards. Details were presented to the meeting as follows:</p> <p>The Committees were advised that the Pan-Staffordshire Quality Task and Finish Group continued to meet on a monthly basis to finalise the Quality Schedule and to monitor quality in Primary Care through the Quality Dashboard. An overall position was presented to the committees in relation to the CQC ratings across North Staffordshire and Stoke-on-Trent CCGs'. It was further added that the CCGs' Primary Care Teams had regular meetings with the local CQC inspectors. All practices across North Staffordshire and Stoke-on-Trent CCGs' were signed up to the Membership and Transformation scheme. The updated Learning Disabilities mortality review would go live with full coverage from December 2017.</p> <p>MW referred to Brindley Avenue Practice, in Stoke-on-Trent CCG and asked for the Committees to reflect on the Outstanding CQC rating across all domains. It was queried how learning would be shared to support other practices across North Staffordshire and Stoke-on-Trent CCGs'. WH responded that the Quality Leads Group discussed the need to share learning and highlighted that the CQC had developed a guide for practices with key lines of enquiry for CQC inspections of how to achieve the 'Good' or 'Outstanding' Standard. Furthermore, NHS England and CCGs' worked closely with practices to support with CQC inspections. WH assured the meeting that the CQC had a robust moderation process during inspections and went to the National Team for moderation. The Committees requested that robust information was provided within the next Primary Care Quality Report of the steps being taken to support practices and to follow up when CQC identify</p>	

	practices as 'Requires Improvement'. It was agreed that the next Primary Care Quality Report would provide an update on the action plans for those identified practices. In addition, the action plans fed up to the Quality Surveillance Group.		
2017/JUN /031	NHS England Head of Primary Care Update		
	No items to update.		
2017/JUN /032	CCGs' Primary Care Update		
	SB provided a brief update to the meeting around the Northern Staffordshire Primary Care Delivery Group whereby work was taking place to define the governance of the operational meeting, with Locality Leads, CCG, LMC and NHS England attendance and how the meeting would feed in to the committees. It was agreed that the Terms of Reference would be presented to the July 2017 meeting. ACTION: The Draft Terms of Reference for the Northern Staffordshire Primary Care Delivery Group to be presented to the July 2017 meeting.		SB/JC
2017/JUN /033	Any other Business		
	Committee Effectiveness Review 1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> Yes 2. <i>Was the information presented appropriate/easy to understand?</i> It was highlighted that there needed to be clarity in relation to the purpose of the papers – if the item is for decision/information/noting and that the coversheet and agenda reflected these needs correctly. 3. <i>Was the information received in a timely manner prior to the meeting?</i> Yes 4. <i>Do we need to inform our decision?</i> No 5. <i>Are we assured?</i> Yes 6. <i>Do we need any more information / require a further progress report at a later date?</i> Captured within action sheet for future meeting items. 7. <i>Agreed actions captured in the minutes?</i> Yes 8. <i>Were there any risks raised in the meeting that should be captured in the risk register?</i> No.		
Date and Time of next meeting			
Date	Time	Location	Chair
Tuesday 4th July 2017	10am – 11.30am	The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	MWo

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:.....

Action Tracker from June 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
06/06/2017	2017/JUN /025	Terms of Reference and Cycle of Business	FH and AC to build upon the Glossary of Terms and include emerging terms. Once complete, the updated Glossary of Terms will be included as an appendix within future meeting papers.	Fiona Hamill /Anna Collins	In process - work taking place with the STP comms lead to ensure all terms are captured.
06/06/2017	2017/JUN /028	Midway Medical Centre – Update on Progress	<ul style="list-style-type: none"> a. SB and RW to work up 3 assurance questions regarding Midway Medical Centre to obtain assurances around the re-location of service and impact on services. b. SB and RW to provide an update to the September 2017 meeting on the re-location of Midway Medical Centre c. A full review of Hanley Primary Care Access Hub and Midway Medical Centre to be presented to the November Committee. 	<p>Rebecca Woods/ Sarah Blenkinsop</p> <p>Rebecca Woods/ Sarah Blenkinsop</p> <p>Sarah Blenkinsop</p>	<p>Item added to the September 2017 Meeting Agenda</p> <p>Item added to the September 2017 Meeting Agenda</p> <p>Item added to the November 2017 Meeting Agenda</p>
06/06/2017	2017/JUN /029	Local Digital Roadmap	<ul style="list-style-type: none"> a. JC to forward Committee members the Local Digital Roadmap. b. SP and AH to link in around attendance at the North Staffordshire and Stoke-on-Trent CCGs' Health Technology Expo in July 2017 	<p>Jessica Chaplin</p> <p>Sally Parkin/ Andy Hadley</p>	<p>Document shared with members Wednesday 28th June.</p> <p>Discussions have taken place and an LDR representative will attend</p>
06/06/2017	2017/JUN /032	CCGs' Primary Care Update	The Draft Terms of Reference for the Northern Staffordshire Primary Care Delivery Group to be presented to the July 2017 meeting.	Sarah Blenkinsop	Item added to the July 2017 Meeting Agenda

Public Paper

Enclosure:	5.1
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Report to	North Staffordshire and Stoke-on-Trent Primary Care Committee					
Title	GP Forward View Delivery Programme					
Meeting Date	Tuesday 5 th July 2017					
Sponsor Director	Lynn Millar – Director of Primary Care, South Staffordshire CCGs Fiona Hamill – Chief Operating Officer, North Staffordshire and Stoke-on-Trent CCGs					
Action required	Decision	<input checked="" type="checkbox"/>	Discussion		For assurance	<input checked="" type="checkbox"/>

Purpose of the paper, key issues, points and recommendations

This document outlines a pan-Staffordshire approach to support the delivery of the GPFV plans across the 6 CCGs in Staffordshire and Stoke-on-Trent.

The paper details the Programme Management approach, proposed programme leadership, proposed reporting arrangements and roles and responsibilities to support the delivery of the GP Forward View plans.

The Primary Care Committee are asked to:

- Approve the proposed approach to the programme management of the GPFV
- Approve the proposed governance arrangements.
- Receive future programme updates and confirm frequency of reporting arrangements.
- Receive overarching GPFV Delivery plan
- Note the roles and responsibilities.

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

Committee/Group	Other agreements

Summary of risks relating to the proposal

Finance – Financial reporting, allocations and decision making remain responsibility of the CCG

Quality – Work programme may require QIAs as required.

Reputation – Delivery of the GPFV is a high priority for practices, LMC, Federation and NHSE and therefore it is essential that a robust and transparent programme structure is put in place to ensure delivery

Governance – The GPFV Delivery Programme should complement existing CCG and STP governance arrangements.

Strategic workforce – The Workforce programme needs to be aligned with CCG/GP/Federation work force plans and reflect local demographics and requirements. Needs to link to the CEPN **and HEWM**

Clinical – Clinical leadership and engagement will be essential to the local delivery of the plan and ensure the right solutions are put in place.

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

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.

The GPFV is one of the 9 national priorities and delivery will be monitored by NHSE at a regional level.

The delivery of the GPFV is a statutory responsibility of the CCG and a key deliverable within the CCG Operational plans.

Strategic objectives supported by this paper			
Our shared Goals:		Yes	No
1.	Empowered Staff	X	
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
GPFV – General Practice Five Year Forward View
PMO – Programme Management Office
CEPN – Community Education Provider Network
LMC – Local Medical Committee
HEWM – Health Education West Midlands

GPFV Delivery Programme

1.0 Introduction

This document outlines a pan-Staffordshire approach to support the delivery of the GPFV plans across the 6 CCGs in Staffordshire and Stoke-on-Trent.

2.0 Background

Each CCG footprint submitted their GPFV plan to NHSE in February 2017. Feedback from the NHSE assurance process gave Staffordshire a blend of red, amber, green ratings and suggested that the CCGs should work more closely together to ensure a consistent approach to deliver the plan.

A workshop was held in March 2017 with NHSE in order to review the three plans and ensure a robust implementation plan was put in place supported by a programme management approach.

The plans were re-submitted and subsequently assured under the new NHSE assurance arrangements, with the exception of Patient online due to the outstanding national guidance.

On this basis, it was agreed that CCGs would work collaboratively to share collective resources, reduce duplication and ensure delivery of the collective and individual CCG milestones.

2.0 Programme Management

There are currently at least three programme teams involved in delivering and monitoring all or elements of the GPFV which means that the three CCG footprints would be expected to respond to 9 different programme arrangements:

- Each region had been allocated a programme team to support the delivery of the GPFV and provide assurance to NHS England.
- Staffordshire Transformation Programme PMO is also monitoring delivery of the GPFV through the STP Enhanced Primary and Community Care Programme.
- Each CCG also has management arrangements and governance structures to oversee deliver of the GPFV.

It was therefore proposed to have a single programme monitoring office (PMO) to support delivery and feed into the relevant organisations and committees. The programme brings together the existing programmes and programme leads into a single coordinated approach.

It was felt that the NHSE Programme Office was best placed to support the GPFV delivery as it was an externally funded resource and provides a supportive approach with minimal bureaucracy. The PMO will also feed into the other PMOs using the same documentation and PM3.

There is an expectation that this approach will provide a number of benefits to CCGs:

- Shared collective staffing resource to reduce duplication and optimise capacity.

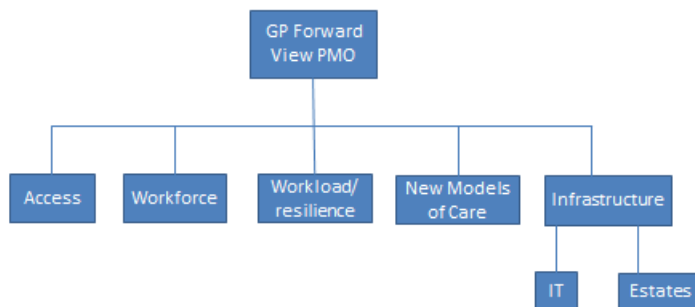
- Sharing of best practice and innovation.
- Reduced bureaucracy.
- Opportunity to do it once and do it well.
- Single reporting arrangements to satisfy NHSE and STP requirements.

3.0 Programme Plan

A single implementation plan has been developed which pulls together the existing plans and milestones from each individual CCG. While there will be a single programme plan, this will not replace the need for local plans which will be incorporated into the plan.

The programme has been structured into the five main work programmes identified in the GPFV (Figure 1.)

Figure 1. Proposed Programme Structure



A high level implementation plan has been developed and is currently being populated with Milestones and actions. The plan will be presented to the Primary Care Committee for approval and assurance.

4.0 Programme leadership

Programme leadership has been identified to support the coordination of a single programme of work across Staffordshire. Lynn Millar is the Director of Primary Care in South Staffordshire and was asked to support the coordination of the GPFV on behalf of the CCGs. Rebecca Woods, Head of Primary Care for Shropshire and Staffordshire is the GPFV Lead for NHSE.

Each work programme has been allocated a programme lead to support the coordination and development of the programme plan working with local teams who will be responsible for the delivery.

While coordination will occur on a pan-Staffordshire basis this does not replace the local leadership, ownership and engagement that is currently in place.

Table one shows the proposed programme leads, local delivery leads and those clinical leads that have been identified to date.

Table 1. Proposed Programme Leadership

Programme Area	Programme Lead	CCG lead	Clinical Lead
GPFV	Lynn Millar	Sarah Blenkinsop Sarah Jeffery Kirsten Owen	Dr John Gilby Dr Paddy Hannigan Dr Charles Pidsley
Access	Mark Rayne	Cheryl Hardisty/Sarah Blenkinsop Kirsten Owen Mark Rayne	TBC TBC TBC
Workforce	Rebecca Woods	Sarah Blenkinsop Tracey Cox Kirsten Own	TBC Dr Janet Eames TBC
Workforce/resilience	TBC	Sarah Blenkinsop Sarah Jeffery Kirsten Owen	LMC TBC TBC
Infrastructure – IT	Andy Hadley	Andy Hadley Nicola Austerberry Julie Hughes	Dr Asif Ahmed Dr Steve Fawcett TBC
Infrastructure – Estate	Phil Brenner	Eleanor Wood Sarah Blenkinsop Julie Huges	TBC TBC TBC

5.0 Reporting and Monitoring

There is an expectation that the responsibility for the delivery of the GPFV will be steered by the Governing Bodies, alongside GP representatives from the LMC and Federations.

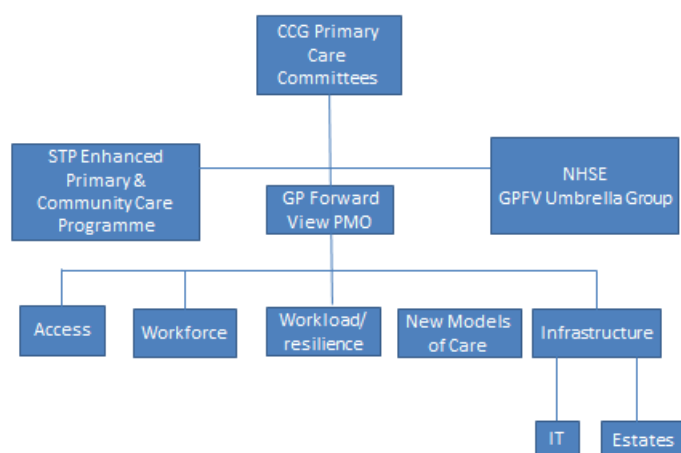
The PMO will work with local teams to reflect the governance arrangements within each CCG through the Primary Care Committees

Figure 2. describes proposed reporting and monitoring arrangements to the relevant Primary Care Committee. The PMO will produce a monthly highlight report that will be presented to the Primary Care Committee as required by the Primary Care lead.

Any changes to the programme plan will be discussed locally and a change request made to the relevant Primary Care Committee.

The PMO will also provide assurance to the STP EPCC Programme Board and also the NHSE GPFV Umbrella Group which monitors progress across the whole of the NHSE North Midlands.

Figure 2. Proposed GPFV reporting arrangements



6.0 Roles and Responsibilities

Responsibility for monitoring and reporting the Programme will be through the GPFV PMO. CCGs remain statutorily responsible for the local design and delivery of the GPFV. The PMO does not have the authority to make decisions pertaining to any individual CCG.

Financial responsibility remains with the CCGs which each individual CCG receiving an allocation to deliver the GPFV across their registered practice populations. There is no expectation that this resource will be pooled or used to deliver the GPFV in another area.

The PMO approach does not replace existing communication and engagement processes and there is an expectation that local leads will continue to engage with primary care, patients and other stakeholders.

7.0 Recommendation

The Primary Care Committee are asked to:

- Approve the proposed approach to the programme management of the GPFV
- Approve the proposed governance arrangements.
- Receive future programme updates and confirm frequency of reporting arrangements.
- Receive overarching GPFV Delivery plan
- Note the roles and responsibilities.

Public Paper

Enclosure:	5.2
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Report to	Primary Care Commissioning Committee
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Title	General Practice Resilience Programme
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Meeting Date	4 th July 2017
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Sponsor Director	Fiona Hamill, Chief Operating Officer
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Action required	Decision		Discussion		For assurance/For Information	X
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Purpose of the paper, key issues, points and recommendations

This papers provides a briefing on the GP Resilience Programme managed regionally by NHS England and sets out the timescales for 2017/18 expressions of interest.

The Board is asked to note the content of the report.

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

Practices do not take up the offer to submit an expression of interest and funding allocated elsewhere in the DCO

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

This funding is allocated to support delivery of the General Practice Forward View

Strategic objectives supported by this paper

Our shared Goals:		Yes	No
1.	Empowered Staff	x	
2.	Commissioning Health Outcomes		x
3.	Seamless Partnerships	x	
4.	Responsible Use of Resources	x	

Key Requirements:	Yes	No

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.

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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General Practice Resilience Programme (GPRP)

The GPRP guidance document was published in July 2016 with the aim to deliver a menu of support to help practices become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

The guidance document described how the GPRP would operate to invest £40m nationally over the next four years to support struggling practices. In 2016/17 £16m was made available to be invested with a further £8m per year thereafter until March 2020.

2016/17

In 2016/17, North Staffs and Stoke CCGs were allocated £95,000 of resilience monies which was awarded to 9 practices, 4 in North Staffs and 5 in Stoke. This funding has been managed by NHSE and an evaluation is about to be undertaken.

2017/18

Practices have been asked to submit an expression of interest for funding for 2017/18 monies either as individual or groups of practices and localities and in doing so should consider collaborative/at scale working and support. Practices have been directed to the guidance document published in July 2016 which provides details of the menu of support available to practices. In developing an expression of interest, practices have been asked to consider the following:

- Rapid intervention and management support for practices at risk of closure
- Diagnostic services to quickly identify areas for improvement support within the practice team
- Specialist advice and guidance e.g. operational HR, IT, management and finance
- Coaching / supervision / mentorship as appropriate to identified needs
- Practice management capacity support
- Coordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practices or groups of practices
- Personal resilience training

Timescales

Expressions of interest are due for submission to the CCG by 30th June 2017 and these will be forwarded to NHSE. A panel to consider all the expressions of interest and to make decisions on allocation across the DCO is being arranged for later in July. The panel will consist of representatives from NHSE, LMC and CCG.

Successful practices will be required to evidence commitment through an agreed action plan and memorandum of understanding.

The successful practices and the programmes of work they will use the monies to support will be brought back to the next meeting for information.

Nicola Austerberry
Senior Commissioning Manager – Primary Care

Public Paper

Enclosure:	6.1
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Report to	Primary Care Commissioning Committee				
Title	Primary Care Quality Assurance Report				
Meeting Date	4 th July 2017				
Sponsor Director	Tracey Shewan				
Action required	Decision	X	Discussion	For assurance	X

Purpose of the paper, key issues, points and recommendations

This paper sets out the range of schemes and initiatives that are in place to support practices to deliver quality care to their patient population. These include local incentive schemes, national schemes such as the Friends and Family Test and Care Quality Commission inspection programme.

The paper also provides details of the Quality Dashboard developed in conjunction with NHSE colleagues and the other CCGS within Staffordshire and how this is monitored and actions set.

Information and data for the schemes discussed is available on a bi-monthly and quarterly basis and the report provides a proposal for future reporting to the Primary Care Commissioning Committee.

The Governing Body is asked to agree:

- I. That they **agree** to the future reporting proposal as follows:
 - That a full quality assurance report is presented on a quarterly basis with any exception reports as required on a monthly basis. Exception reporting would include any CQC reports published since the last meeting, any concerns raised outside of the dashboard meetings and intervention has been given.
- II. That the report provides the assurance that has been requested

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

Committee/Group	Other agreements
N/a	N/a

Summary of risks relating to the proposal

As detailed within the report.

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

Care Quality Commission (CQC), Friends and Family Test, NHS England collaboration in the development of the dashboard.

Strategic objectives supported by this paper

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.

Our shared Goals:		Yes	No
1.	Empowered Staff	X	
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? <i>*Reference Local Improvement Scheme</i>	X*	
2.	Has an Equality Impact Assessment been completed? <i>*Reference Local Improvement Scheme</i>	X*	
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	X	

Acronyms
<p>GPHLI – General Practice High Level Indicators GPOS – General Practice Outcome Standards QOF – Quality and Outcomes Framework CQC – Care Quality Commission FFT – Friends and Family Test QIF – Quality Improvement Framework LIS – Local Improvement Scheme COPD – Chronic Obstructive Pulmonary Disease NEL – non elective</p>

Primary Care Quality Assurance Report July 2017

1.0 Current Position

The Primary Care Team are working closely with NHS England and colleagues from the other CCGs in Staffordshire and Shropshire to develop a Quality Schedule as part of the Memorandum of Understanding following delegated commissioning. The schedule will:

- Articulate a shared understanding of quality assurance for primary care general practice;
- Set out the accountability structure and quality reporting structures as part of a phased approach to support the primary care general practice commissioning arrangements under delegated commissioning;
- Describe the robust process that the Shropshire and Staffordshire CCGs will follow to assure quality in primary care general practice; and
- Develop a consistent approach to the management, monitoring and improvement of quality in primary care general practice.

The schedule is awaiting final ratification and can be shared once this is complete.

A number of initiatives are in development that will support delivery of quality care in general practice and enable the schedule to be achieved. This includes a process to monitor individual practices in a supportive and effective manner; further details can be found under 'Next Steps', below.

This paper sets out a number of schemes and initiatives that are in place to support practices to deliver quality care to their patient population.

2.0 NHSE position relating to updating the dashboard

A dashboard has been developed by NHSE in collaboration with the Primary Care Leads for the 6 Staffordshire CCGs and has been through a number of iterations with a final document due in the next month. The dashboard has a number of indicators which assess different aspects of quality for a general practice:

- Achievement of General Practice High Level Indicators (GPHLI)
- Achievement of General Practice Outcome Standards (GPOS)
- Quality and Outcomes Framework (QOF) Scores
- Care Quality Commission Rating overall and against the individual indicators
- GP Patient Survey – overall experience and recommendation of practice
- Number of complaints to NHSE upheld
- Friends and Family Test (FFT) number of responses
- If the practice is highlighted as a vulnerable practice
- Breach or remedial notices in place
- Contract succession (single hander / time limited contract less than 2 years remaining)

Each practice is given a status according to the position against the indicators. Status will be categorised as:

- Green No concerns
- Yellow Emerging concerns
- Amber Investigation of concerns and potential resolution
- Red Formal action / intervention to ensure resolution

The triggers for each status are being finalised and will be shared with the committee when complete as will potential actions for the CCG to undertake to monitor and support the practice to maintain or improve the status.

Up to the present, the dashboard has been reviewed by the Primary Care Team and NHSE to highlight where practices may require support and where the practice may be considered vulnerable in terms of sustainability. Moving forward, the information will be used in a similar manner but will also support the development of a quality visit programme for practices.

This will support the Membership and Transformation requirement:

3.1.6 Practices will participate in a Quality and Performance visit programme to discuss their individual performance and the support / intervention which the CCG can provide to assist with making improvement.

The CCG Primary Care Lead meets bi-monthly with NHSE to discuss the dashboard and the actions which need to be undertaken. Following review of the data, expanded metrics are requested from NHSE and the CCG provide local intelligence to enhance the discussions and develop an action plan where required which could include a practice visit. Examples of expanded metrics have been developed for Stoke-on-Trent practices and requested for North Staffordshire practices for the next dashboard meeting. With 79 practices it is not possible to look in detail at all practices in one meeting. Metrics are requested for practices at either end of the spectrum not only those with a red or amber status. Practices with a green status may have good practice which needs to be shared.

3.0 Links with the CCG Executive performance dashboard

Discussions are currently underway within the CCG to incorporate Primary Care indicators into the Executive dashboard reporting and progress will be shared as this develops.

4.0 Care Quality Commission (CQC) responsibilities and assurance to CCG

All practices have now received a CQC initial inspection over the last eighteen months and a programme of revisits is in progress.

The revisits are a combination of full comprehensive inspections and focussed inspections. Where a practice has received a rating of less than 'Good' in any indicator and a revisit takes place within a 6 month period from the publication of the report, a focussed inspection on those indicators will be undertaken. If a revisit cannot be undertaken in the 6 month period, a full comprehensive inspection has to be completed.

If a practice registration has changed for example following a practice merger or change from a single handed to a partnership, a full comprehensive inspection is undertaken treating the practice as a new entity.

The ratings for all practices can be found at Appendix 1. The information shows for those practices that have had a re-visit, whether there has been an improvement in the areas re-inspected. The CQC reports to practices provide a set of "must do" actions and a set of recommended "should do" which form the focus of a re-visit.

The Primary Care Team continue to meet bi-monthly with the CQC inspectors to receive updates on inspections which have been undertaken and to provide intelligence for any planned inspections. Any guidance that is available from CQC is sent out to practices and where there are concerns; practices are given the links to the CQC website and supporting documents.

A summary of the CQC findings from the inspections carried out since the last report are detailed at Appendix 2. Four practices have been re-inspected and one has had the first comprehensive inspection. Of the four re-inspections, all have made some improvements to the domains under review. Only one remains with an overall rating of 'requires improvement', the other three are all 'Good' overall. The detail of the changes to the individual domains can be seen in the table in the appendix.

5.0 Learning and Development Programme to support Primary Care

The Primary Care Team have a budget of £350,000 across the two CCGs for learning and development of practice staff. This fund is to be overseen and managed through the Organisational Development (OD) Committee. A Learning and Development group is being set up as a sub-group of this committee. The sub-group will have the mandate from the OD Committee to finalise the process and principles for submitting and approving bids to the fund and for approving the bid submissions. Once the subgroup is established, a summary of the learning and development opportunities approved will be provided to the committee.

6.0 Quality Improvement Framework (QIF), Local Improvement Scheme (LIS), Membership & Transformation scheme links to Quality

These three schemes are offered to all member practices and are mechanisms for supporting practices to improve the quality of care delivery to their patient population. Practices are incentivised to deliver the schemes.

6.1 QIF: The purpose of the scheme for 2016-19 is to drive the consistent delivery of high quality general practice care over and above core practice, to minimise unwarranted clinical variation and health inequalities and enhance the patient experience of the registered population of practices across North Staffordshire and Stoke-on-Trent.

There are a number of elements and indicators within the scheme which practices sign up to deliver and achieve. Monitoring of progress is completed on a quarterly basis either through data provided by the Data Quality facilitators working with the practices or the submission of audit data from the practice. Each indicator has an achievement target and payment is made based on the achievement.

The indicators include Management of COPD, Asthma, Diabetes, Atrial Fibrillation, Pre-diabetes and Falls. Practices will submit details of achievement against the indicators at the end of Quarters 2, 3 and 4. The Primary Care Team will carry out verification visits in 10% of practices which will involve the examination of patient records against the achievement recorded at year end.

6.2 LIS: The LIS Scheme has been in place for 3 years and has been reviewed and developed annually. The overall aim of the LIS is to improve the care provided to the frail elderly population however; the scheme is also part of the QIPP programme for the reduction in A&E attendances and non-elective admissions.

To support new models of care delivery, the scheme is funded for a two year period, 2017-2019. There is a single scheme which combines the proactive and reactive case management approach to managing an identified cohort of patients. An overarching aim of the scheme is to reduce attendances to the emergency portals and non-elective admissions for the population overall. The first year will be a transition year to develop a plan / model to be delivered on a wider footprint across a locality / care hub or to have a standardised delivery model within each practice within the care hub.

During year two, 2018 / 19, practices will work to deliver the scheme across a locality / care hub with a particular focus on the frail elderly population. The delivery model will be developed in collaboration with the other practices working together in the locality or care hub and the focus will be reducing attendances to the emergency portals and non-elective admissions for the frail elderly cohort whilst maintaining or continuing to reduce the same for the overall population.

The outcome measures for the scheme are:

- 1) Reduction (or maintenance where activity is stable) in A&E attendances
- 2) Reduction (or maintenance where activity is stable) in NEL admissions <2 days LoS
- 3) Qualitative data to reflect:
 - a. Benefits and improvements to the practice way of working
 - b. Benefits to individual/groups of patients
 - c. Benefits to carers
 - d. Narrative by practice, including case studies or patient stories

The qualitative data will be summarised within the quality assurance report when it is available. Practices are required to provide a qualitative report at quarter 3 but also to provide any ad hoc qualitative information so this can be shared with other practices throughout the year.

6.3 Membership and Transformation Scheme: The aim of the scheme is to ensure that the member practices of North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups are in a position to undertake the delivery of the requirements of the General Practice Forward View (GPFV) which was published in recognition of the pressures facing general practice and an acknowledgement that action needs to be taken. The GPFV sets out how to do this and provides “specific, practical and funded steps – on investment, workforce, workload, infrastructure and care redesign”.

The scheme asks practices to work closely with the CCGs as in previous schemes and in addition to consider the transformational agenda through collaborative working and development of new models of care that will increase the resilience and sustainability of primary care. Supporting resilience and sustainability will maintain the delivery of quality care in practice.

7.0 Friends and Family Test

Submission of data from the Friends and Family Test (FFT) is a contractual requirement for GPs. Data must be submitted on a monthly basis to NHSE on the three questions asked by the practice. If practices have not had responses in the month to be reported they must report a ‘null return’ which will prevent them being recorded as no data submitted.

Practices are discussed as part of the dashboard review in relation to performance against the FFT requirements. Practices that do not submit data for three consecutive months receive a letter which acts as a reminder of the contractual agreement and provides details of support that can be offered to improve performance. Further information can be found at Appendix 3.

8.0 Proposed next steps

8.1 Monitoring individual practice quality

The outcomes from the Dashboard meetings will form the basis for working with practices to improve primary care quality. A process is to be developed which will enable all practices to be monitored and maintain engagement with the CCG. Whilst practice visits would provide the best avenue to do this, a programme of visits for all 79 practices is beyond the capacity available within the Primary Care and Quality Teams and alternatives need to be agreed.

A mechanism is to be agreed which will identify a proportion of practices which would benefit from a supportive visit to discuss areas of low performance / quality. This will enable an action plan to be developed which provides access to bespoke support agreed by all parties.

A desktop review of the data and information following on from the Dashboard meetings will enable the Primary Care Team to implement support mechanisms with the individual practices. Targeted interventions will be implemented for practices where deemed necessary, e.g. where QOF figures are low in a specific area, the skills of the practice team will be assessed and any gaps in knowledge and training will be identified and a support mechanism such as access to training or contact with a specialist nurse will be offered.

When developed, the proposed process will be presented to the Quality Committee and the outcomes reported to the Primary Care Commissioning Committee.

8.2 Learning and Development (L&D)

The Dashboard meetings will highlight themes and areas of greatest need for improvement. The CQC reports are highlighting similar themes across practices including use of alert systems, closing the audit cycle, recording significant events. The QOF data highlights conditions in which several practices may be performing below the expected average for the CCG.

The proposal will be to utilise the L&D budget to develop and deliver masterclasses around the specific areas and themes highlighted across the practices. These have been used in the past and shown great benefit to how practices deliver care, supported the development of skills within the practice teams and ultimately increased the quality of care received by the patient.

8.3 Practice Profiles

The Primary Care Team are in the process of developing a profile for each of the practices with the aim to provide details of practice makeup, population, workforce / skills, CQC ratings, information from the Dashboard, details of visits and support provided, performance against local schemes. This will be updated regularly and the local data will feed into the dashboard meetings to provide a more robust picture of each practice.

Any action plans will be monitored and managed through the practice profile to ensure that up to date information is maintained.

This information will be available to the Primary Care Team and will enable a more holistic profile of the member practices to be available and to provide assurance that quality care is being delivered.

8.4 CCG Quality Assurance Process Proposal

- Dashboard Meetings where discussion provide a practice status on a quarterly basis
- Internal / local information to support the dashboard discussions and substantiate the status or change the status on a quarterly basis following the dashboard meetings.
- Programme of practice visits on two levels:
 - Responsive visits following the status level raising some concerns
 - Routine as part of a rolling programme
- Remote monitoring of practice performance where there are no concerns raised
- Outcomes of the above reported to CCG Quality Committee in common on a quarterly basis currently
- High level report to Primary Care Commissioning Committee to include:
 - overview of visits completed,
 - practices with CQC ratings of 'requires improvement' or 'inadequate'
 - practices with CQC rating of 'outstanding'
 - practices with CQC rating of 'good' but where local intelligence would show concern
 - overview of themes from the practice reviews, CQC reports and actions being undertaken taken
 - Learning and Development opportunities offered to practices.

8.5 Proposal to the Primary Care Commissioning Committee

That a full quality assurance report is presented on a quarterly basis with any exception reports as required on a monthly basis. Exception reporting would include any CQC reports published since the last meeting, any concerns raised outside of the dashboard meetings and intervention has been given.

Mitigation for quarterly reporting:

- The dashboard meetings take place on a quarterly basis
- CQC meetings are on a bi-monthly basis
- QIF data is submitted in a quarterly basis and would not be available to report until Q3
- LIS data, some performance data is available on a monthly basis but the qualitative reporting will be available after Q3
- Reporting to Quality Committee is on a quarterly basis. The report to PCCC would be a high level report of the detailed information taken to Quality Committee and would therefore fit into a business cycle.

Appendix 1 CQC Ratings

North Staffordshire CCG

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comments
Allen Street Surgery	12.1.2017	Good	Requires Improvement	Good	Good	Good	Good	Focused revisit scheduled
Alton Primary Care Centre								Visited 13/06/17, awaiting report
Ashley Surgery	16.11.16	Outstanding	Good	Outstanding	Outstanding	Good	Outstanding	
Audley Health Centre	12.01.15x	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding	
Betley Surgery	14.01.15	Good	Good	Good	Good	Good	Good	
Biddulph Doctors)	14.08.15	Good	Good	Good	Good	Good	Good	
Biddulph Valley Surgery	11.1.2017	Good	Requires Improvement	Good	Good	Good	Good	Focused revisit scheduled
Heathcote Street Surgery	25.04.17	Good	Good	Good	Good	Good	Requires Improvement	Comprehensive inspection on 25/04/17 see details below
Higherland Surgery	19.1.2017	Good	Good	Good	Good	Good	Good	
Keele Practice	28.01.15	Good	Good	Good	Good	Good	Good	
Kidsgrove Medical Centre	02.02.15	Good	Good	Good	Good	Good	Good	
Kidsgrove Medical Centre (Dr Harbidge & Patnrs)	06.10.16	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	CQC visited 07/06/17, awaiting report
Kingsbridge Medical Practice	10.05.17	Good	Good	Good	Good	Good	Good	Focused visit on 10/05/17 see details below
Leek Health Centre	26.07.16	Good	Good	Good	Good	Good	Good	
Loomer Road Surgery	10.1.2017	Requires Improvement	Inadequate	Good	Good	Good	Requires Improvement	Focused revisit scheduled
Lyme Valley Practice	15.01.15	Good	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comments
Midway Medical & Walk-in Centre	01.02.16	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement	Good	Focused revisit scheduled
Milehouse Medical Practice	18.10.16	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Comprehensive inspection scheduled
Miller Street Surgery	12.07.16	Good	Requires Improvement	Good	Good	Good	Good	Focused revisit scheduled
Moorland Medical Centre	28.11.16	Good	Requires Improvement	Good	Good	Good	Good	Received focused visit, awaiting report
Moss Lane Surgery	09.01.15	Good	Good	Good	Good	Outstanding	Good	
Park Medical Centre	20.07.16	Good	Good	Good	Good	Outstanding	Good	
R J Mitchell Medical Centre	11.02.15	Good	Good	Good	Good	Good	Good	
Silverdale Village Surgery	12.09.16	Good	Good	Good	Good	Good	Outstanding	
Talke Pits Clinic	18.05.16	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Comprehensive inspection scheduled
Tardis Surgery	16.12.2017	Good	Good	Good	Good	Good	Good	
Tean Surgery	06.02.15	Good	Good	Good	Good	Good	Good	
The Village Surgery	26.01.15	Good	Good	Good	Good	Good	Good	
Waterhouses Medical Practice	05.10.16	Good	Requires Improvement	Good	Good	Good	Good	
Well Street Medical Centre	15.07.16	Good	Good	Good	Good	Good	Good	
Werrington Village Surgery	20.07.15	Good	Good	Good	Good	Good	Good	
Wolstanton Medical Centre	01.06.16	Outstanding	Good	Outstanding	Good	Good	Outstanding	

Stoke-on-Trent CCG

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comment
Abbey Surgery	17.1.17	Good	Good	Good	Good	Good	Good	
Adderley Green Surgery		Good	Good	Good	Good	Good	Good	Comprehensive inspection scheduled
Apsley House	20.08.15	Good	Good	Good	Good	Good	Good	
Baddeley Green Surgery	14.12.15	Good	Good	Good	Good	Good	Good	
Belgrave Medical Centre	21.11.14	Good	Good	Good	Good	Good	Good	
Birches Head Medical Centre	18.01.16	Good	Requires Improvement	Good	Good	Good	Good	Comprehensive inspection scheduled
Blurton Health Centre	19.09.16	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Good	Comprehensive inspection scheduled Action plan not submitted for areas requiring improvement. This is being followed up by the Primary Care Team.
Borse & Partner	17.10.16	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	Focused visit planned
Brinsley Avenue Practice	19.09.16	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	
Brook Medical Centre	07.01.16	Good	Good	Good	Good	Good	Good	
Cambridge House Surgery	18.09.15	Good	Good	Good	Good	Good	Good	
Cobridge Surgery	02.09.15	Good	Requires Improvement	Good	Good	Good	Good	
Dr A K Sinha	03.05.17	Good	Requires Improvement	Good	Good	Good	Good	Comprehensive visit conducted on 03/05/17 (see table below)
Dr C Bose & Ptners	02.12.14	Good	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comment
Dr P D Miles & Partner	17.08.16	Good	Requires Improvement	Good	Good	Good	Good	Comprehensive inspection scheduled
Dr P P Shah & Partners	12.04.17	Good	Requires Improvement	Good	Good	Good	Good	
Drs Rees & Lefroy	25.01.16	Outstanding	Good	Outstanding	Outstanding	Good	Good	
Dr S B Kulkarni	17.11.14	Good	Good	Good	Good	Good	Good	
Dr A K Sonnathi & Partner	Awaiting visit							
Dunrobin Street Medical Centre	29.09.15	Good	Good	Good	Good	Good	Good	
Five Towns GP Surgery	29.06.16	Good	Good	Good	Good	Good	Good	
Foden Street Surgery	23.11.15	Requires Improvement	requires improvement	Good	Good	Good	requires improvement	Comprehensive inspection scheduled
Furlong Medical Centre	25.11.14	Good	Good	Good	Good	Good	Good	
Glebedale Medical Practice	01.12.14	Good	Good	Good	Good	Good	Good	
Goldenhill Medical Centre	07.09.16	Good	Good	Good	Good	Good	Good	
Harley Street Medical Centre	12.09.16	Requires Improvement	requires improvement	requires improvement	Good	requires improvement	requires improvement	Comprehensive inspection scheduled. Supporting Change in General Practice team involved.
Hartshill Surgery	24.11.14	Good	Good	Good	Good	Good	Good	
Haymarket Health Centre	11.1.2017	Inadequate	inadequate	requires improvement	requires improvement	requires improvement	inadequate	Focused visit scheduled. The Primary Care Team are aware that the Supporting Change in General Practice team

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comment
								involved. Primary Care have contacted the practice to arrange a visit and are awaiting a response.
Longton Hall Surgery	04.07.16	Good	requires improvement	Good	Good	Good	Good	Comprehensive inspection scheduled
Longton Health Centre	25.05.16	Good	Good	Good	Good	Good	Good	
Lucie Wedgwood Surgery Ltd	24.05.17	Good	Good	Good	Good	Good	Good	Revisit completed (see table below for details)
Mayfield Surgery	10.12.14	Good	requires improvement	Good	Good	Good	Good	
Meir Park Surgery	05.12.14	Good	Good	Good	Good	Good	Good	Practice merged with Weston Coyney Medical Practice 01.06.17
Merton Street Surgery	15.05.17	Requires Improvement	requires improvement	Good	Good	Good	requires improvement	Focused re-visit completed (see table below for details)
Middleport Medical Centre	12.12.14	Good	Old style assessment					
Millrise Medical Practice	27.07.16	Good	requires improvement	Good	Good	Good	Good	Focused visit completed awaiting publication of report.
Moorcroft Medical Centre	15.06.16	Good	Good	Good	Good	Good	Good	
Moss Green Surgery	15.12.14	Good	Good	Good	Good	Good	Good	
Norfolk Street Surgery	05.07.16	Good	Good	Good	Good	Good	Good	
Orchard Surgery	21.11.14	Good	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Comment
Packmoor Medical Centre	11.04.16	Good	Good	Good	Good	Good	Good	
Potteries Medical Centre	10.08.16	Requires Improvement	requires improvement	Good	Good	Good	requires improvement	Comprehensive inspection scheduled
Snowhill Medical Centre	29.02.16	Good	Good	Good	Good	Good	Good	
Trent Vale Medical Practice	04.05.16	Good	Good	Good	Good	Good	Good	
Trentham Mews Surgery	07.12.15	Good	Good	Good	outstanding	Good	Good	
Trinity Medical Centre	12.01.17	Good	Good	Good	Good	outstanding	Good	
Weston Coyney Medical Practice								Practice merged with Meir Park Surgery 01.06.2017
Willow Bank Health Centre	04.08.16	Good	requires improvement	Good	Good	Good	Good	Focused visit

Appendix 2: Care Quality Commission (CQC) inspection visit reports published within the last month

North Staffs CCG

Practice	Date of visit	Date of publication	Domain	Rating from Initial Visit	Follow up Rating	Comments
Heathcote Street Surgery (Dr H Singh & Partners)	25/04/17	30/05/17	Overall rating	Requires Improvement	Good	Comprehensive inspection and follow up from visit 02/12/16 shows vast improvements in all but the Well led domain. Areas the practice must improve: <ul style="list-style-type: none"> Review whether staff are up to date with their routine immunisations and take appropriate action as required Introduce a systematic approach for the receipt, monitoring and implementation of NICE updates and guidelines.
			Safe	Inadequate	Good	
			Effective	Requires Improvement	Good	
			Caring	Requires Improvement	Good	
			Responsive to people's needs	Requires Improvement	Good	
			Well-led	Requires Improvement	Requires Improvement	

Practice	Date of visit	Date of publication	Domain	Rating from Initial Visit	Follow up Rating	Comments
Kingsbridge Medical Centre	10/05/17	30/05/17	Overall rating	Good	Good	Focused visit on safe domain, 10/05/17 shows an improvement in rating. However, the CQC identified areas the practice should improve: <ul style="list-style-type: none"> Date all policies to ensure policies are reviewed and updated within an appropriate time frame Ensure the updated policy for the employment of agency workers is fully implemented.
			Safe	Requires Improvement	Good	
			Effective	Good	Good	
			Caring	Good	Good	
			Responsive to people's needs	Good	Good	
			Well-led	Good	Good	

Stoke on Trent

Practice	Date of visit	Date of publication	Domain	Rating from Initial Visit	Comments
Dr A K Sinha	03/05/17	31/05/17	Overall rating	Good	First comprehensive inspection. Areas the practice must improve: <ul style="list-style-type: none"> • Ensure recruitment arrangements include all necessary employment checks for all staff • Implement a consistent system to log, review, discuss and act on patient safety alerts received as soon as possible after the alerts are issued to identify an affected patients
			Safe	Requires Improvement	
			Effective	Good	
			Caring	Good	
			Responsive to people's needs	Good	
			Well-led	Good	

Practice	Date of visit	Date of publication	Domain	Rating from Initial Visit	Follow up Rating	Comments
Merton Surgery	15/05/17	08/06/17	Overall rating	Requires Improvement	Requires Improvement	Focused inspection on safe, effective and well-led domains. The practice had taken some action on the areas of concern identified at the visit on 18/08/16 and show an improvement in the 'effective' domain. The actions were not sufficient, effective and consistent in some areas. The practice remains rated as requires improvement overall. The Primary Care Team are arranging to visit the practice.
			Safe	Requires Improvement	Requires Improvement	
			Effective	Requires Improvement	Good	
			Caring	Good	Good	
			Responsive to people's needs	Good	Good	

			Well-led	Requires Improvement	Requires Improvement	<p>Areas the practice must improve:</p> <ul style="list-style-type: none"> • Complete recruitment checks in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities). • Complete a risk assessment or criminal records check for all staff who chaperone • Introduce effective processes for ensuring all significant events, incidents and near misses are recorded, discussed and audited to maximise learning. • Implement a consistent system to review, discuss and act on patient safety alerts <p>In addition the provider should improve the following areas:</p> <ul style="list-style-type: none"> • Governance arrangements • Content & frequency of clinical meetings • Register of vulnerable children • Business plan & Continuity Plan • Analysis of significant events and complaints • Review of policies and procedures • Testing on the fire system and emergency lighting system • Legionella risk assessment • Staff training in information governance
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Practice	Date of visit	Date of publication	Domain		Rating	Comments
Lucie Wedgewood Health Centre	24/05/17	12/06/17	Overall rating	Good	Good	<p>Focused inspection on safe domain showed that all areas of concern addressed.</p> <p>There was one areas the practice should improve:</p> <ul style="list-style-type: none"> • Ensure the complaints procedure is readily accessible to patients.
			Safe	Requires Improvement	Good	
			Effective	Good	Good	
			Caring	Good	Good	
			Responsive to people's needs	Good	Good	
			Well-led	Good	Good	

Appendix 3: Friends and Family Test: April 2017 Reporting Period

Chart 1 identifies a total of fifteen practices in the North Staffordshire CCG were reported as having 'no data' in relation to the April 2017 reporting period (published in June 2017) of which ten practices are identified as having 'no data' published for three or more months and a further five practices with 'no data' published for one or two months. The term 'no data' is used in the FFT publication to identify when no data has been received by NHS England by the monthly submission closure date. The remaining 17 practices have submitted data for this period.

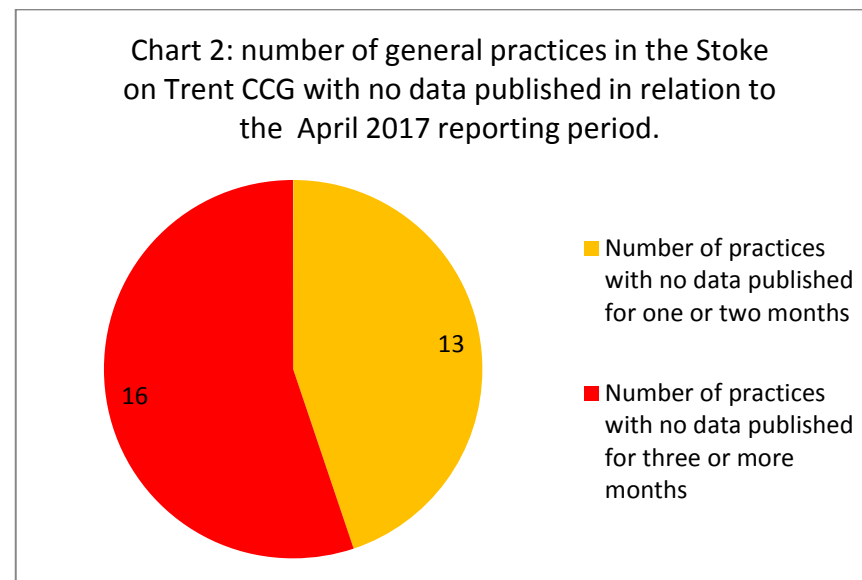
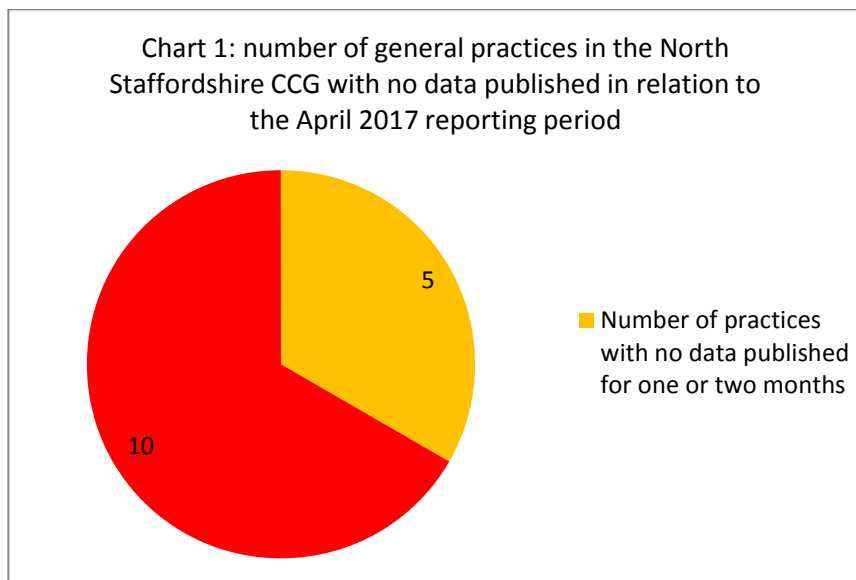


Chart 2 identifies a total of twenty nine practices in the Stoke on Trent CCG as having 'no data' listed in relation to the April 2017 reporting period (published June 2017) of which sixteen practices are noted as having had no data published for three or more months with a further thirteen practices with no data published for one or two months. The term 'no data' is used in the FFT publication when no data has been received by NHS England by the monthly submission closure date.

Targeted Support

Subject to agreement by the quality dashboard review meeting practices are sent an escalation letter where it was recorded as no data being received by NHS England for three or more months. The escalation letter reminds practices of the contractual requirement to submit FFT data and provides details of support that can be offered relating to FFT. Action plans to offer targeted support are planned for ten practices in North Staffordshire and fifteen practices in Stoke-on-Trent (one practice is noted as having no data published for three or more months is not included in the targeted support action plan detailed below due to practice changes).

NORTH STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS' MEETING IN COMMON - Governance Template

To be completed by the Chair(s) of the Committee:

Name of Committee: Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees

Name of Chair(s): Peter Dartford/Margy Woodhead

Date: Tuesday 4th July 2017

	Question	Answer
1.	Did we achieve what we set out to do; linking back to the agenda	
2.	Was the information presented appropriate / easy to understand? Was the information received in a timely manner prior to the meeting?	
3.	Do we need to escalate any issues elsewhere?	
4.	Do we need to inform any of our decisions / actions? Sub Committees / Staff / NHS E etc.?	
5.	Are we assured?	
6.	Do we need any more information / require a further progress report at a future date?	
7.	Agreed actions captured in the minutes	
8.	Were there any risks raised in the meeting that should be captured on the risk register?	

Enclosed for information

**North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees in Common
Glossary of Terms**

Acronyms	
A&E	accident and emergency
A&C	Administrative and Clerical – an NHS staff banding category
AHP	Allied Health Professional
ACPA	Area Child Protection Committee
ADT	Admissions, discharges and transfers
APMS	Alternative Provider Medical Services
APHO	Association of Public Health Observatories (now known as the Network of Public Health Observations)
AO	Accountable Officer
AQP	Any Qualified Provider
AT	area team (of the NHS Commissioning Board)
AUR	appliance use reviews
AWP	Any Willing Provider
BACS	Bankers Automated Clearance System
BDA	British Dental Association
BMA	British Medical Association
BMJ	British Medical Journal
CAS	Central Alert System – for issuing medicine or medical devices alerts
CCG	clinical commissioning group
CD	controlled drug
CDAO	controlled drug accountable officer
CEO	Chief Executive Officer
CG	Caldicott Guardian
CGST	NHS Clinical Governance Support Team
CIC	community interest company
CIO	Chief Information Officer
CMO	chief medical officer
COT	course of treatment
CPAF	community pharmacy assurance framework
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service (replacement for QMAS)
CQUIN	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
DAC	dispensing appliance contractor
Days	calendar days unless working days is specifically stated
DBS	Disclosure and Barring Service
DDA	Disability Discrimination Act
DES	directed enhanced service
DH	Department of Health
DNA	Did Not Attend – missed an outpatient appointment

EEA	European Economic Area
ePACT	electronic prescribing analysis and costs
EPS	Electronic Prescription Service
ESPLPS	essential small pharmacy local pharmaceutical services
ETP	Electronic Transfer of Prescriptions
EU	European Union
EWTD	European Working Time Directive
FHS	family health services
FHS AU	family health services appeals unit
FHSS	family health shared services
FIMS	Financial Information Management System
FOI/FOIA	Freedom of Information / Freedom of Information Act
FPC	family practitioner committee
FTA	failed to attend
FTE	Full Time Equivalent
FTT	first-tier tribunal
FU	Follow-Up
FY	Financial Year
FYE	Full-Year Effect
GDP	general dental practitioner
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GOC	General Optical Council
GP	general practitioner
GPC	General Practitioners Committee
GPES	GP Extraction Service
GPPCS	GP Payments Calculation Service
GPhC	General Pharmaceutical Council
GSMP	global sum monthly payment
H&S Care	Health and Social (Care)
HCA	Health Care Assistant
HCC	Health Care Commission
HIS	Health Information Service/System
HPA	Health Protection Agency
HR	human resources
HSE	Health and Safety Executive
HWB	health and wellbeing board
HSJ	Health Service Journal
HV	Health Visitor
IC	NHS Information Centre
ICAS	Independent Complaints and Advisory Service
ICP	Integrated Care Pathway
IELTS	International English Language Testing System
IFR	Individual Funding Requests
IG	Information Governance
IGSoC	Information Governance Statement of Compliance

ISIP	Integrated Service Improvement Programme
ITT	Invitation to Tender
KPIs	key performance indicators
LA	local authority
LAN	Local Area Network
LDC	local dental committee
LES	Local enhanced service
LETB	local education and training board
LHB	Local Health Board
LIN	local intelligence network
LLP	limited liability partnership
LMC	local medical committee
LOC	local optical committee
LPC	local pharmaceutical committee
LPN	local professional network
LPS	local pharmaceutical services
LRC	local representative committee
LSP	Local Service Provider / Local Strategic Partnership
MDO	medical defence organisation
MHRA	Medicines and Healthcare Products Regulatory Agency
MIS	management information system
MPIG	minimum practice income guarantee
MUR	medicines use review and prescription intervention services
NACV	negotiated annual contract value
NAO	National Audit Office
NCAS	National Clinical Assessment Service
NDRI	National Duplicate Registration Initiative
NHAIS	National Health Authority Information System (also known as Exeter)
NED (Ned)	Non-Executive Director
NHS Act	National Health Service Act 2006
NHS BSA	NHS Business Services Authority
NHS CB	NHS Commissioning Board
NHS CfH	NHS Connecting for Health
NHSD	NHS Direct
NHS DS	NHS Dental Services
NHS LA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NMS	new medicine service
NPE	net pensionable earnings
NPSA	National Patient Safety Agency
NSF	National Service Framework
NSG	National Stakeholder Group
OJEU	Official Journal of the European Union
OMP	ophthalmic medical practitioner
ONS	Office of National Statistics
OOH	out of hours
OSC	Overview and Scrutiny Committee

PAF	postcode address file
PALS	patient advice and liaison service
PAM	professions allied to medicine
PbR	Payment by Results – national NHS payments tariff system
PCC	Primary Care Commissioning
PCIS	Primary Care Information System
PCT	primary care trust
PDS	personal dental services
PDS NBO	Personal Demographic Service National Back Office
PEARS	Primary Eye-care Acute Referral Service
PGD	patient group direction
PHE	Public Health England
PID	Project initiation document / patient identifiable data
PLDP	performers' list decision panel
PM	Practice Manager
PMC	primary medical contract
PMS	Personal Medical Services
PNA	pharmaceutical needs assessment
POL	payments online
PPA	Prescriptions Pricing Authority
PPD	prescription pricing division (part of NHS BSA)
PPG	Patient Participation Group
PPI	Patient and Public Involvement
PSG	performance screening group
PSNC	Pharmaceutical Services Negotiating Committee
QIPP	Quality, Innovation, Productivity and Prevention
QOF	quality and outcomes framework
RCGP	Royal College of General Practitioners
RO	responsible officer
SBS	Shared Business Service
SEO	social enterprise organisation
SFE	statement of financial entitlements
SI	statutory instrument
SLA	Service Level Agreement
SMART	specific, measurable, achievable, realistic, timely
SOA	super output area
SOP	standard operating procedure
SPA	Single Point of Access
SPMS	Specialist Personal Medical Services
SUI	serious untoward incident
TCS	Transforming Community Services
UDA	unit of dental activity
UOA	unit of orthodontic activity
VFM	Value for money
WIC	Walk-in centre
WL	Waiting list
WTE	Whole time equivalent

YTD	Year to date
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