

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

Tuesday 4th September 2018, 10.00am – 11.30am

The Conference Suite, The 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 7 th August 2018 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
5	Assurance & Governance			10.05am
5.1	Primary Care Risk Register	Enc. 5.1	Assurance	LM (10 mins)
5.2	Primary Care Delegated Budgets	Enc. 5.2	To Note	AM (10 mins)
5.3	Delegated Commissioning Unallocated Budget Update	Verbal	To Note	LM (10 mins)
6	Strategy & Planning			10.45am
6.1	GP Forward View Mid-Year Review	Pres.	Discussion	SJ (15 mins)
6.2	GP Forward View General Practice Workforce – Deep Dive	Pres. <i>To follow</i>	Assurance	RW (10 mins)

6.3	Primary Care Enhanced Services and Investment Programme Plan	Pres.	Assurance	MM (15 mins)	
6.4	Primary Care Commissioning Strategy Update	Verbal	Assurance	LM (5 mins)	
7	Items for Information			11.25am	
7.1	NHS England Update	Enc. 7.1	For Information	RW (5 mins)	
9	Any Other Business			11.30pm	
	<ul style="list-style-type: none"> ❖ Questions from the Public ❖ Any other key issues ❖ Committee Effectiveness 	Verbal Verbal Enc. 9.1	Information	MWo	
DATE/TIME OF NEXT MEETING:					
Date		Time	Venue		Chair
Tuesday 2 nd October 2018		10.00am	The Churnet Room, Moorlands House, Stockwell Street, Leek, ST13 6HQ		PD

Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees held in Common
Tuesday 7th August 2018, 10.00am – 11.30am
The Conference Suite, The Bridge Centre, Birches Head, ST2 8DD
Unconfirmed Minutes

Members:			Quoracy	10/04/2018	01/05/2018	05/06/2018	03/07/2018	07/08/2018	02/10/2018	06/11/2018
Present:										
North Staffordshire CCG Voting Members:										
Peter Dartford	PD	Lay Member – Patient and Public Involvement		✓	✓	✓	✓	x		
Mike Edgley	ME	Lay Member		✓	✓	✓	✓	✓		
Neil McFadden	NMcF	Lay Member – Governance		✓	✓	x	✓	✓		
Stoke-on-Trent CCG Voting Members:										
Tim Bevington	TB	Lay Member		✓	✓	✓	✓	✓		
John Howard	JH	Lay Member – Governance		✓	✓	x	✓	✓		
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement <i>(meeting chair)</i>		✓	x	x	✓	✓		
CCGs' Voting Members:										
Lorraine Cook	LC	Head of Quality		x	✓	✓	✓	x		
Lynn Millar	LM	Director of Primary Care and Medicines Optimisation		✓	✓	✓	x	x		
Alistair Mulvey	AM	Chief Finance Officer		✓	✓	✓	✓	✓		
Manir Hussain	MH	Deputy Director of Primary Care and Medicines Optimisation		x	x	x	✓	✓		
Mark Seaton	MS	Managing Director – North Locality		x	✓	✓	x	✓		
Marcus Warnes	MWa	Accountable Officer		✓	✓	✓	✓	✓		
In attendance:										
North Staffordshire and Stoke-on-Trent CCGs:										
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups		x	x	✓	x	x		
Nicola Austerberry	NA	Primary Care Lead		✓	x	✓	✓	✓		
Jessica Chaplin	JC	Executive Assistant <i>(Minutes)</i>		✓	✓	✓	✓	✓		
Dr Lorna Clarson	LCI	Clinical Director – Partnerships and Engagement		✓	✓	x	✓	✓		
Anna Collins	AC	Head of Communications and Engagement		✓	x	x	x	x		
Dr Steve Fawcett	SF	Medical Director		✓	x	✓	x	✓		
Dr John Gilby	JG	Clinical Director – Primary Care		✓	✓	✓	✓	✓		
Dr Latif Hussain	LH	Non-Executive GP Board Member		✓	x	✓	✓	✓		
Sarah Jeffery	SJ	Head of Primary Care Development commenced in post June 18		-	-	✓	x	✓		
Mel Mahon	MM	Head of Primary Care Commissioning Commenced in post June 18		-	-	✓	x	x		
Vicky Oxford	VO	Senior Commissioning Manager		✓	✓	✓	✓	✓		
Alex Palethorpe	AP	Associate Director – Corporate Services		✓	✓	✓	✓	x		
Paul Winter	PW	Deputy Director of Corporate Governance, Communications and Engagement		-	-	-	-	✓		
Staffordshire Single Leadership Team:										
Sally Young	SY	Director of Corporate Governance, Communications and Engagement		✓	x	x	x	x		
NHS England										
Rebecca Woods	RW	Head of Primary Care		✓	x	x	x	✓		
Wendy Henson	WH	Primary Care Lead		✓	✓	x	✓	✓		
Terry Chikurhune	TC	Primary Care Lead		✓	✓	✓	✓	x		
Public/Observers										

Simmy Aktar	SA	Healthwatch Stoke-on-Trent		x	✓	x	✓	✓		
Jackie Owen	JO	Healthwatch Staffordshire		✓	✓	x	x	✓		
Dr Paul Scott	PS	North Staffordshire LMC Chair		x	✓	✓	✓	x		
Dr Harald Van-Der Linden	HVL	North Staffordshire LMC Secretary		✓	x	✓	x	x		
0 members of public/press in attendance										
2018/AUG /084	1. Welcome and Apologies for absence									Action
	MWO welcomed members to the August public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common. Apologies were duly received and noted as above.									
2018/AUG /085	2. Members' Declarations of Interest									
	No new declarations of interests made extraordinary to those items already declared on the CCGs' Declaration of Interest Register published on the respective CCGs' webpages.									
2018/AUG /086	3. Confirmation of Quoracy									
	The meeting was confirmed as quorate for both North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.									
2018/AUG /087	4. Minutes, Action Sheet and Matters Arising									
	<p><u>Minutes from the meeting held on Tuesday 3rd July 2018</u> The minutes from the meeting held on Tuesday 3rd July 2018 were duly received and approved as a true and accurate account of discussions held subject to the below amendments:</p> <p><u>Actions from the meeting held on Tuesday 3rd July 2018</u></p> <ul style="list-style-type: none"> ❖ 360 Ipsos MORI Stakeholder Survey 2018 – The meeting were advised that due to annual leave a meeting had not yet taken place to discuss the action plan following on from the 360 Ipsos MORI Stakeholder Survey. The action plan was deferred to the September 2018 meeting – Action carried forward ❖ Primary Care Risk Register – The Primary Care Risk Register had been circulated to meeting members for information outside of the meeting and was also on the agenda for assurance and discussion – Action Complete ❖ Primary Care Commissioning Strategy Plan – JH highlighted that it was also requested that a Lay Member development workshop take place to support the development of the Primary Care Commissioning Strategy Plan which would provide the opportunity for comparative work and benchmarking. It was suggested that this workshop could take place across all six Staffordshire CCGs to ensure alignment – Action carried forward <p>ACTION: LM to look in to the Lay Member workshop for all six CCGs to support the development of the Primary Care Commissioning Strategy Plan, including the opportunity to look at comparative work across other CCGs.</p> <ul style="list-style-type: none"> ❖ BMJ Marketing Campaign – NA informed the meeting that as at the time of the meeting, the BMJ Marketing Campaign had not gone live although Academic General Practice had been included on the draft advert and video interviews of GPs to support the advert had been filmed. <p>AM expressed disappointment that the marketing campaign had not gone live following the initial approval and that there had been a two month delay in publication. The meeting expressed concern that GP recruitment was a high priority and an identified risk and that the campaign had been delayed. MH recognised the concerns of the Committees and it was agreed that this would be looked in to ensure that progress was expedited as soon as possible with an understanding of the barriers causing the delay.</p>									

	<p>ACTION: MH and SJ to support NA with the publication of the BMJ marketing campaign as soon as possible.</p> <p>❖ Workforce – RW presented the Committees with a verbal update on General Practice Workforce. It was explained to the Committees that the CCGs' were 18% under their trajectory for GP whole time equivalent posts (WTE) across Staffordshire and 2% behind trajectory for other General Practice clinical staff. The Staffordshire Workforce plan outlined a clear commitment for retention with c£162,000 allocated for resilience. General Practice had submitted bids to support workforce to access the funding and there was a focus on the issues in retaining female GPs and an engagement plan was being developed to address the issues. Furthermore, there was work taking place regionally to support international GP recruitment.</p> <p>In addition, members were advised of the following areas from the Staffordshire General Practice Workforce Plan were taking place to support General Practice Workforce; (1) 6 WTE Physician Associates had been employed through Midlands Partnership Foundation Trust and working in practice across Staffordshire (2) the MPFT Nursing Redeployment scheme was underway which was supporting the retaining of nursing across the Local Health Economy; (3) A total of 8 WTE GP fellows had been recruited across Staffordshire and (4) The national clinical pharmacist scheme was progressing nationally.</p> <p>SA commented that the update highlighted positive schemes taking place across Staffordshire but queried the impact and value of each scheme. RW responded that Keele University were undertaking an evaluation of the implementation of the Staffordshire Workforce Plan as work was progressing.</p> <p>LC expressed concerns that the Committees had requested sight of detailed figures and an overall picture of General Practice Workforce for a number of meetings but this had not been received. It was agreed that there would be full detailed update to the September Committee to provide assurance, including an LMC View on the position – Action Carried forward - RW</p> <p><u>Matters Arising</u></p> <p>❖ Smoking Cessation and Healthy Lifestyles Service – The meeting were advised that MS was writing to both Health and Wellbeing Boards to highlight the concerns in relation to provision of the Healthy Lifestyle Service, including smoking cessation. In addition, AM to further write in relation to the Health and Wellbeing Board, in MW absence to follow up the action outside of the meeting.</p>
<p>2018/AUG /087</p>	<p>5. Primary Care Risk Register</p>
	<p>The meeting were presented with the Primary Care Risk Register, there was a total of eight risks on the Public register with four high scoring risks. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the content of the risk register. The report was taken as read by the Committees and PW presented key details as follows:</p> <p>The meeting were advised that since the register was presented to the June meeting there had been no new risks included and there was no request for the reduction in any risk scoring.</p> <p>JH queried risk PC16 which was in relation to the lack of a written integrated plan for Primary Care and why the risk score was so high for this area when there were clear mitigations included on the risk register. Furthermore NMCF highlighted an issue in relation to the mitigation for risk PC1, were the mitigating actions due date had passed without any clear update on mitigations. It was agreed that PW would take back comments and feedback to the primary care risk managers.</p> <p>ACTION: PW to feedback the issues in relation to the quality of information provided in the Primary Care Risk Register to Primary Care Risk Managers.</p> <p>JH further expressed disappointment in his capacity as Chair of the SOTCCG Audit Committee, as assurance had been obtained through the Joint Audit Committee that the risk register had been refreshed with meaningful mitigations, risk assessment and ownership and highlighted that the register presented to the PCCCs was not acceptable and the matter needed escalating and JH and</p>

	<p>NMcF to escalate as Chairs of the Audit Committees.</p> <p>ACTION: JH and NMcF to escalate the issues in relation to the Primary Care Risk Register to the Audit Committee.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Primary Care Risk Register but were not assured on the mitigation content of the Risk Register and requested that concerns were escalated to the Audit Committees; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Primary Care Risk Register but were not assured on the mitigation content of the Risk Register and requested that concerns were escalated to the Audit Committees.</p>	
2018/AUG /088	6.1 Finance Update – Primary Care Delegated Budgets	
	<p>The meeting were presented with the month three financial position for North Staffordshire CCG and Stoke-on-Trent CCG Delegated Budgets. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the update presented to the Committee. AM presented details as follows:</p> <p>The meeting were advised of the current CCGs financial position to provide a level of context to the Committees, whereby members were advised that the CCGs were £8.6m off their financial targets. In relation to delegated budgets North Staffordshire CCG were reporting an underspend of £156,000 and Stoke-on-Trent CCG were reporting an underspend of £94,000. Although the CCGs were reporting overspends on AMPS contracts and cost pressures in relation to premises rent for General Practice.</p> <p>AM expressed concern that an underspend was being generated and that he had reported to the Committee on a monthly basis that no clear plans had begun to be developed for the allocation of the underspend and highlighted that underspends would not be committed without a clear process and structured expenditure plans. It was noted that there needed to be a fully costed delivery plan to articulate the potential for utilisation of the underspend. Following a comprehensive discussion, it was agreed that MH would take forward the development of a Primary Care underspend plan, which would be presented back to the October Committee and a verbal update on progress will be made to the September 2018 Committee.</p> <p>ACTION: MH to take forward the development of the Primary Care Underspend plan with a verbal update being presented to the September Committee and a fully worked up plan in October 2018.</p> <p>TB queried if there had been an improvement in the financial position and forecasting in 2018/19. AM responded that the position was similar to the position in 2017/18.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the month 3 financial update; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the month 3 financial update.</p>	
2018/AUG /089	6.2 Primary Care Commissioning Strategy Plan – Update	
	<p>The meeting engaged in a verbal discussion around the progress on the development of the Primary Care Commissioning Strategy Plan. Discussions took place as follows:</p> <p>MH informed the meeting that the Draft Primary Care Commissioning Strategy plan had been presented to all Primary Care Commissioning Committees across Staffordshire. A stakeholder group was to be convened in late August/early September to provide robust input into the development of the plan. Once complete, the plan would be presented back to the Committees for approval and any work out of the plan would be reported on a monthly basis.. It was noted that the plan would help to operationalise the objectives within the GP Five Year Forward View.</p> <p>LC expressed concern that work was not moving at pace and the Committee was not receiving timely updates and reports on progress made and highlighted that in the context of evolving general practice the Committees should be fully sighted on all progress made. It was recognised that there</p>	

	<p>was a lot of work taking place to support Primary Care but progress was not being sufficiently reported and monitored by the Committees. Furthermore, there was a recognition by the Committees that Communication needed to be improved, with a robust system for the Committee and matters to be presented. It was noted that the September meeting would receive a robust update on the development of the Primary Care Commissioning Strategy.</p> <p>ACTION_ Update on the development of the Primary Care commissioning Strategy to be presented at the September meeting.</p>		
2018/AUG /090	7.1 GP Forward View Stocktake – Presentation		
	Due to the time constraints the presentation was deferred to the September 2018 meeting.		
2018/AUG /091	8.1 NHS England Update		
	NHS England Update to be circulated to members outside of the meeting due to time constraints.		
2018/JUL /083	9. Any other Business		
	<p><u>Questions from the Public</u> No members of public in attendance.</p> <p><u>Any other Key Issues</u> No further issues raised.</p> <p><u>Committee Effectiveness</u></p> <ol style="list-style-type: none"> 1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> No – due to items running over. 2. <i>Was the information presented appropriate/easy to understand?</i> The information presented was although there were a number of incomplete papers not presented. 3. <i>Was the information received in a timely manner prior to the meeting?</i> No. 4. <i>Do we need to inform our decision?</i> Yes – concerns to be escalated to the Audit Committee in respect of the risk register and Health and Wellbeing Board in respect of Smoking Cessation and Healthy Lifestyles Service. 5. <i>Do we need any more information / require a further progress report at a later date?</i> Yes – detailed within actions. 6. <i>Agreed actions captured in the minutes?</i> Yes 7. <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 September 2018	10.00am	Bridge Centre, Birches Head Road, Birches Head, Stoke-on-Trent, ST2 8DD	PD

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	AGENDA ITEM	Action	Responsible Officer	Outcome / update
<i>Actions from June 2018 meeting</i>				
05/06/18	360 Ipsos MORI Stakeholder Survey 2018	❖ LCI to present the July Primary Care Commissioning Committees with an Engagement Plan following on from the 360 Ipsos Mori Stakeholder Survey, including a revisit of the actions identified in 2017.	Lorna Clarson	<i>Item deferred to September 2018 Meeting</i>
<i>Actions from July 2018 Meeting</i>				
03/07/2018	BMJ GP Recruitment Marketing Campaign – Update	RW to present the Committees with a deep-dive in to General Practice Workforce, including the current workforce position and work taking place to support General Practice workforce including progress made with the BMJ GP Recruitment Marketing Campaign.	Rebecca Woods	<i>Item on agenda for September 2018 meeting</i>
<i>Actions from August 2018 Meeting</i>				
07/08/2018	Actions from July meeting	<ul style="list-style-type: none"> a. MH and SJ to support NA with the publication of the BMJ marketing campaign as soon as possible. b. LC to share GP Vacancy figures with RW outside of the meeting. c. AM to look in to the escalaton of issues in relation to Smoking Cessation Services to the Health and Wellbeing Boards. d. LM to look in to the Lay Member workshop for all six CCGs to support the development of the Primary Care Commissioning Strategy Plan, including the opportunity to look at comparative work 	<p>Nicola Austerberry/ Mani Hussain/ Sarah Jeffery</p> <p>Lorna Clarson/ Rebecca Woods</p> <p>Alistair Mulvey</p> <p>Lynn Milar</p>	

		across other CCGs.		
07/08/2018	Risk Register	<ul style="list-style-type: none"> ❖ PW to forward concerns in relation to the quality of the Primary Care Risk Register to risk owners and present the risk register back to the September 2018 meeting. ❖ JH and NMCF to escalate the issues in relation to the Primary Care Risk Register to the Audit Committee. 	<p>Paul Winter</p> <p>Margy Woodhead</p>	<i>Risk Register added to September 2018 meeting agenda.</i>
07/08/2018	Financial Update	<ul style="list-style-type: none"> ❖ LM/MH to pull together a robust plan for allocation of the Delegated Budget Underspend for 2018/19. A verbal update is to be presented to the September meeting and a full paper to be presented to the October meeting. 	Lynn Millar/Mani Hussain	<i>Verbal update added to September 2018 meeting agenda</i>

REPORT TO:

North Staffordshire CCG and Stoke-on-Trent CCG

Enclosure:	5.1
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Report to:	Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee
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Title:	Primary Care Risk Register
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Meeting Date:	Tuesday 4 th September 2018
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar – CCGs' Director of Primary Care	Y	Tracey Revill – CCGs' Governance Manager

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
N/A	N/A

Action Required (select):					
Decision		Discussion		For Assurance / For Information	X

Purpose of the Paper (Key Points + Executive Summary):

This report provides the Primary Care Committee with information about the primary care related risks currently facing North Staffordshire CCG and Stoke-on-Trent CCG. The risk register has been updated accordingly by the Head of Primary Care Development and the following suggested changes are drawn to the Committees attention for discussion and approval.

There are currently eight risks on the Primary Care Committee register as follows:

No of risks	Risk Score	Risk Rating
2	12	High
2	9	Moderate
1	6	Moderate
2	4	Low

New Risks:

There have not been any proposed new risks for the Primary Care Register.

Risk Closures:

There have not been any proposed risks for closure.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

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

Implications:

Legal and/or Risk	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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CQC	
Patient Safety	Detailed in Risk Register – if applicable
Patient Engagement	Detailed in Risk Register – if applicable
Financial	Detailed in Risk Register – if applicable
Sustainability	Detailed in Risk Register – if applicable
Workforce / Training	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		N/A
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i> <ul style="list-style-type: none"> Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		N/A
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>		N/A

Recommendations / Action Required:

Version Control			Primary Care Commissioning Committee Risk Register							
	Version	1								
	Author									
Risk Ref	SCOPE OF RISK inc CONSEQUENCE (Risk Description)	NATURE OF RISK (Risk Type)	STAKEHOLDERS (Org Name)	INHERENT SCORE (L x C)	RISK TREATMENT & CONTROL MECHANISMS (Initial Mitigating Actions to reduce to TARGET RISK SCORE - to be supplied). (Including any policy or strategy implications)	RESIDUAL SCORE (L x C)	Risk Owner(s)	Directorate	Trend	CCG
<i>(A) CLINICAL RISKS = processed via Joint Quality and Safety Committee + Audit Committee</i>										
A1.2	WORKFORCE: GP RECRUITMENT AND RETENTION Failure to stabilise General Practice due to national shortage of GPs / Practice Nurses. This shortage also spans health and social care in particular community nurses and other staff which may impact across the Staffordshire footprint. There is also a risk that due to the national workforce shortage, which spans health and social care in particular community nurses and other staff may impact across the Staffordshire footprint. GP WTE trajectory 545wte compared to a 595 wte target. 80 GP retirements expected within 3 years and 40 vacancies over 18 months Higher than average GP to patient ratios, particularly in SOT and SAS.	Clinical, Operational and Financial risks. Challenge in delivery of constitutional targets which may impact on patient care and performance. Failure to support and develop sustainable Primary Care and General Practice.	North Staffs and SOT	12 (4x3)	1. Workforce plans and action plan developed by GPFV Workforce Programme - approved by NHSE. workforce plan includes plans recruitment and retention, international recruitment, training and development, new workforce models, Marketing Northern Staffordshire in partnership with BMJ 3. Workforce presentation to September PCC to provide assurance of delivery against plan 4. International recruitment scheme in progress, task and finish group established. 5. North Staffs GP Federation successful in becoming one of the 11 national GP Career Plus Pilot sites. Advised further allocation of funding to be distributed, but no clarification of actual figures given at present, figures scheduled to be released by end of May 2018 / beginning of June 2018. 6. Resilience funding bids approved to support new workforce models in practices - report to October PCC for assurance 7. Releasing Time to Care - 990 care navigators trained to direct patients to appropriate services. 8. Releasing Time to Care - Brighton and Hove workflow training rolled out to practices. Evaluation to commence, along with sharing best practice events to encourage wider uptake. 9. Practice Manager development funding plan continues to be rolled out via the Staffordshire training hub.	12 (4x3)	Rebecca Woods	Director of Primary Care	=	East Staffordshire CCG North Staffordshire CCG Stoke-on-Trent CCG
A1.15	INVESTMENT LOCAL ENHANCED SERVICES Variation in investment and service provision leading inequity for patients and poor outcomes There is a requirement to review all LESs to ensure that they meet local need and there is equitable access to service by practice populations, services are of high quality and are cost effective. The risk is that these services have not been reviewed for sometime and there is a need to be assured of the above requirements.	Operational, Clinical and reputational risk. Failure to support and develop sustainable Primary Care and General Practice.	North Staffs and SOT	9 (3x3)	1. Primary Care Investment implementation plan has been developed to outline the timeline and process for reviewing the current funding arrangements. Including LES, LIS, QIFs etc This will be presented to the September PCC for approval. 2. Task and finish group established to oversee LES review. 3. Review will prioritise LESs where there is greatest risk to service delivery eg ACM, woundcare, DMARDs	4 (2x2)	Mel Mahon	Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
	INVESTMENT DELEGATED BUDGET Failure to invest in primary care resulting in an underspend in the delegated commissioning budget and a lack of investment in primary care. Failure to spend the budget highlights a lack of planning in Primary Care and poses a significant reputational risk to the CCG	Operational, Clinical and reputational risk.	North Staffs and SOT	12 (3x4)	1. July 2018. Proposal presented to PCC outlining the budget and the current commitments and expected cost pressures. The committee approved the current spending principles and next steps 2. .PLT proposal to be presented in September 2018 3. Process and criteria for funding to be presented in October 2018 4. Social prescribing project is not likely to be fully operational which will mean the allocation will not be fully spent, therefore proposal to invest into other projects including winter and practice leadership will be developed by October	12 (3x4)	Manir Hussein	Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG
A1.28	ESTATES: PRACTICE LEASES Current lease arrangements pose problems for partnership model in terms of retirements and attracting new partners	Clinical, Operational, Financial and reputation risks. Failure to support and develop sustainable Primary Care and General Practice.	North Staffs and SOT	9 (3x3)	1. Short term Lease review completed August 2018. 2. Clinical model for General Practice to be developed as part of Primary Care Strategy which will inform the future estates requirements and lease arrangements 3. Ambition to move to larger list sizes and development of new business models as described in the STP NMC Programme. Link to primary care strategy to describe roadmap	9 (3x3)	Manir Hussein	Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG
A1.40	QUALITY: <u>Outpatient Referrals, Admissions and A&E Activity:</u> known variation across Practices within the CCGs which is lead to potentially higher than expected outpatient referrals, admissions and A&E activity. There is potential inequitable service provision.	Failure to identify quality / safety risks impacting on patient outcomes / patient experience.	North Staffs and SOT	12 (3x4)	1. Quality visits underway targeting high referring practices and poor outcomes 2. Task and finish group in place to put in place single benchmarking dashboard and reporting process in place to monitor practice performance. 3. Links to LES review which will aim to improve access to local enhanced services so all patients have equity 4.	9 (3x3)	Sarah Jeffery	Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
A1.45	ACCESS: EXTENDED HOURS PROVISION: 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 .	Clinical, Operational, Financial and reputation risks. Risk of inadequate care for the population.	North Staffs and Stoke-on-Trent CCGs' (PC4)	9 (3x3)	1. On track to procure and deliver extended access by 1 September 2018 in partnership with the North staffs Federation. 2. Contract award approved by Governing Body - August 2018	4 (2x2)	Mel Mahon	Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG

Risk Ref	SCOPE OF RISK inc CONSEQUENCE (Risk Description)	NATURE OF RISK (Risk Type)	STAKEHOLDERS (Org Name)	INHERENT SCORE (L x C)	RISK TREATMENT & CONTROL MECHANISMS (Initial Mitigating Actions to reduce to TARGET RISK SCORE - to be supplied). (Including any policy or strategy implications)	RESIDUAL SCORE (L x C)	Risk Owner(s)	Directorate	Trend	CCG
A1.46	ENGAGEMENT: CCGS' FAILURE TO ENGAGE WITH PRIMARY CARE VIA LOCALITIES: Resulting in a lack of engagement with and by GP member practices and a lack of clinical input into clinical commissioning.	Clinical, Operational and reputation risks. Risk of lack of engagement with and by GP member practices, and a lack of clinical input into clinical commissioning.	North Staffs and Stoke-on-Trent CCGs' (PC5)	6 (3x2)	1. Primary care Delivery Group re-established. 2. Management of change complete staff in place to support engagement of practices. 3. Engagement visits continue. 4. Review of 360 survey results underway. An action plan will be developed with the Comms and Engagement Committee to address issues identified by the survey. Update to October PCC	4 (2x2)	Mark Seaton	Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
A1.47	PRIMARY CARE STRATEGY LACK OF SINGLE, STRATEGIC PLAN FOR PRIMARY CARE resulting in failure to support sustainable primary care.GP 5 YEAR FORWARD VIEW: Failure by CCGs' to plan to deliver and support GP 5 Year Forward View	Clinical, Operational, Financial and reputation risks.	North Staffs and Stoke-on-Trent CCGs' (PC12)	16 (4x4)	1.Proposal to develop a single primary care strategy for Staffordshire including details of investment for 2018/19 and longer term investment approved by Primary Care Commissioning Committee 3/7/18 2. GPFV implementation plan in place and will continue to deliver transform primary care to deliver sustainable general practice. Governance through NHSE GPFV PMO and assurance to PCC through highlight reporting 3.Engagement process to develop the clinical model with stakeholders wstill commence September 2018 4.Primary Care Investment plan reviewing current and future funding will be presented to the Primary Care Committee in September 2018	6 (3x2)	Lynn Millar	Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG

REPORT TO:

North Staffordshire CCG & Stoke-on-Trent CCG

Enclosure:	5.2
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Report to:	Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee
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Title:	Delegated Commissioning Month 4 2018/19
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Meeting Date:	Tuesday 4 th September 2018
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Alistair Mulvey – CCGs' Chief Finance Officer		Anne Perry

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
N/A	N/A

Action Required (select):				
Decision		Discussion		For Assurance / For Information
				√

Purpose of the Paper (Key Points + Executive Summary):
To inform the Board of the Month 4 position for North Staffordshire and Stoke on Trent CCG's This paper provides an update on performance against the primary care budgets as at Month 4. The Committee is asked to note the financial position at Month 4.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	
CQC	
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce / Training	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		√



2.	<p>Has an Equality Impact Assessment been completed?</p> <p><i>Please provide detail within the body of the report as to these considerations:</i></p> <ul style="list-style-type: none"> • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 		√
Key Requirements:		Yes	No
3.	<p>Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients</p> <p><i>Please provide detail within the body of the report</i></p>		√

Recommendations / Action Required:
The Primary Care Committee Name is asked to receive the report.

- **Introduction**

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets and this report presents an update on the current and forecast financial position of the delegated budgets at Month 4.

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.

- **Primary Care Delegated Budgets – NHS North Staffordshire CCG**

Information from NHSE has been received to indicate that the Global Sum payment to practices will increase by £1.04 per head of population.

Confirmation is awaited as to whether this will be backdated to April 1st, and whether the increase will be funded centrally.

The potential risk to the organisation if this is not funded is a cost pressure of circa £219k. Further updates will follow once information is confirmed.

There is currently a funding reserve of £300k as indicated in the attached report Appendix 1 – section “Reserves”.

However £219k of this will need to be protected at this stage until we have clarity around the additional Global Sum funding, leaving a balance of £81k.

We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Primary Care Delegated Budgets – NHS Stoke on Trent CCG**

Information from NHSE has been received to indicate that the Global Sum payment to practices will increase by £1.04 per head of population.

Confirmation is awaited as to whether this will be backdated to April 1st, and whether the increase will be funded centrally.

The potential risk to the organisation if this is not funded is a cost pressure of circa £255k. Further updates will follow once information is confirmed.

There is currently a funding reserve of £1,253k as indicated in the attached report Appendix 2 – section “Reserves”.

However £255k of this will need to be protected at this stage until we have clarity around the additional Global Sum funding, and a further £381k relating to Willowbank Surgery, leaving a balance of £617k.

We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Other Primary Care Commissioning Budgets**

Appendix 3 presents the other CCG Primary Care Commissioning budgets for information.

North Staffs CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 4

		Year To Date			Forecast		
		Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts							
	GMS	6,175	6,211	36	18,524	18,524	0
	PMS	195	194	-0	583	583	0
	APMS	259	259	0	777	777	0
	PMS Reinvestment	147	147	0	440	440	0
	Demographic Growth	43	4	-39	129	129	0
		6,818	6,815	-3	20,453	20,453	0
Enhanced Services							
	Extended Hours	53	53	0	159	159	0
	LD Health Checks	33	33	0	131	131	0
	Minor Surgery	65	54	-11	195	195	0
	Violent Patients	21	1	-20	64	64	0
	TPP Qrisk	0	0	0	0	0	0
		172	141	-31	547	547	0
Other Services							
	Dispensing & Prescribing	286	286	0	901	901	0
	CQC Fees	140	141	1	140	140	0
	Locums	61	61	0	183	183	0
	Seniority	59	55	-5	244	244	0
	Named GP for Safeguarding	8	8	0	25	25	0
	Medical Fees	4	4	0	11	11	0
		559	554	-4	1,505	1,505	0
Premises							
	Rents	782	797	16	2,375	2,375	0
	Rates	242	220	-22	319	319	0
	Water Rates	13	15	2	39	39	0
	Clinical Waste	24	24	0	72	72	0
		1,060	1,056	-4	2,805	2,805	0
QOF		717	717	0	3,072	3,072	0
Reserves							
	0.5% Contingency Reserve	0	0	0	145	145	0
	Balance to Allocation Reserve Discretionary	88	0	-88	260	260	0
	Indemnity Startpoint	0	0	0	111	111	0
	Indemnity budget moved to CCG re GPFV	0	0	0	-222	-222	0
	Inflation	2	2	0	7	7	0
	Prior Year Balances	0	0	0	0	0	0
		90	2	-88	300	300	0
Sub Total		9,415	9,284	-131	28,681	28,681	0
		9,415	9,284	-131	28,681	28,681	0

Stoke on Trent CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 4

		Year To Date			Forecast		
		Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts							
	GMS	7,185	7,238	53	21,543	21,535	-8
	PMS	538	571	34	1,613	1,613	0
	APMS	1,366	1,595	229	4,098	4,098	0
	PMS Reinvestment	189	189	0	567	567	0
	Demographic Growth	49	3	-45	146	146	0
		9,326	9,597	271	27,966	27,958	-8
Enhanced Services							
	Extended Hours	61	52	-10	184	184	0
	LD Health Checks	63	63	0	252	252	0
	Minor Surgery	90	77	-13	270	270	0
	Violent Patients	5	27	22	16	16	0
	TPP Qrisk	0	0	0	0	0	0
		219	219	0	721	721	0
Other Services							
	Dispensing & Prescribing	77	77	0	231	231	0
	CQC Fees	187	175	-11	187	187	0
	Locums	70	70	0	209	209	0
	Seniority	63	53	-10	259	259	0
	Named GP for Safeguarding	8	11	3	25	33	8
	Medical Fees	10	10	0	29	29	0
		413	394	-19	939	947	8
Premises							
	Rents	1,226	1,318	92	3,724	3,724	0
	Rates	280	274	-6	416	416	0
	Water Rates	16	19	2	49	49	0
	Clinical Waste	33	33	0	99	99	0
		1,556	1,644	88	4,287	4,287	0
QOF							
		913	913	0	3,915	3,915	0
Reserves							
	0.5% Contingency Reserve	0	0	0	197	197	0
	Balance to Allocation Reserve Discretionary	392	0	-392	1,180	1,180	0
	Indemnity Startpoint	0	0	0	148	148	0
	Indemnity budget moved to CCG re GPFV	0	0	0	-296	-296	0
	Inflation	8	8	0	24	24	0
	Prior Year Balances	0	0	0	0	0	0
		400	8	-392	1,253	1,253	0
Sub Total		12,827	12,776	-51	39,080	39,080	0

North Staffordshire CCG
 Primary Care - Commissioning Budgets 2018/19
 Month 4

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	4	11	7	12	12	0
Basket of care / Treatment Room Services	78	77	-1	233	233	0
Nursing Homes	57	50	-8	172	172	0
Near Patient Testing	0	8	8	0	0	0
GTT	15	17	2	45	45	0
Extended Hours Access	61	-3	-64	183	183	0
Shared Care	0	0	0	0	0	0
Intra Partum Care	0	0	0	0	0	0
Spirometry	0	0	0	0	0	0
Multiple Sclerosis	0	0	0	0	0	0
Phlebotomy	0	0	0	0	0	0
Primary Care Offer	0	0	0	0	0	0
Other Enhanced Services	0	292	292	0	0	0
Prior Year balances	0	-10	-10	0	0	0
	215	442	227	645	645	0
GP Forward View Investments						
Transformational Support	112	133	21	335	335	0
Care Navigators	0	4	4	37	37	0
Improving Access	0	0	0	883	883	0
Online consultation Software	0	0	0	73	73	0
Other GPFV	0	0	0	-0	-0	0
	112	136	25	1,327	1,327	0
Other Primary Care Budgets						
Admission Avoidance LIS	436	433	-3	1,309	1,309	0
Membership and Transformation Scheme	109	84	-25	327	327	0
QIF	75	56	-19	224	224	0
Mental Health Act Assessments	55	67	12	163	163	0
Learning & Development	103	90	-13	307	304	-4
	777	728	-48	2,330	2,327	-4
GP IT	263	351	88	806	903	97
	1,367	1,658	291	5,108	5,202	94

** Budget adjustments to be completed Month 5 to correct coding issues.

Stoke-on-Trent CCG

Primary Care - Commissioning Budgets 2018/19

Month 4

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	18	2	-16	55	55	0
Basket of care / Treatment Room Services	104	104	0	311	311	0
Nursing Homes	15	20	5	45	45	0
Near Patient Testing	0	1	1	0	0	0
GTT	31	36	5	93	93	0
Extended Hours Access	98	-22	-119	293	293	0 **
Shared Care	21	22	1	62	62	0
Intra Partum Care	0	0	0	0	0	0
Spirometry	0	0	0	0	0	0
Multiple Sclerosis	0	0	0	0	0	0
Phlebotomy	0	0	0	0	0	0
Primary Care Offer	20	-1	-21	60	60	0
Extended Minor Surgery	31	6	-25	93	93	0
Other Enhanced Services	0	298	298	0	0	0 **
	337	466	129	1,012	1,012	0
GP Forward View Investments						
Transformational Support	295	182	-113	884	1,312	428 **
Care Navigators	0	32	32	49	49	0
Improving Access	0	0	0	1,166	1,166	0
Online consultation Software	0	0	0	97	97	0
Other GPFV	0	2	2	0	2	2
	295	215	-79	2,195	2,626	430
Other Primary Care Budgets						
Admission Avoidance LIS	582	0	-582	1,745	1,745	0
Membership and Transformation Scheme	145	686	540	436	436	0
QIF	398	296	-102	1,195	1,195	0
Mental Health Act Assessments	41	172	130	124	124	0
Learning & Development	99	100	1	298	298	0
	1,266	1,254	-12	3,798	3,798	0
GP IT	328	408	81	1,050	1,181	131
	2,225	2,344	118	8,055	8,616	561

** Budget adjustments to be completed Month 5 to correct coding issues.

REPORT TO:

North Staffordshire CCG & Stoke-on-Trent CCG

Enclosure:	6.1
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Report to:	Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee
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Title:	GP Forward View – Mid Year Presentation
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Meeting Date:	Tuesday 4 th September 2018
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar – CCGs' Director of Primary Care		Sarah Jeffery – CCGs' Head of Primary Care Development

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
N/A	N/A

Action Required (select):					
Decision		Discussion		For Assurance / For Information	√

Purpose of the Paper (Key Points + Executive Summary):
The purpose of this presentation is to update the Committees on the progress made against the delivery of the GP Five Year Forward view in 2018/19 to date.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Detailed in presentation

Implications:	
Legal and/or Risk	
CQC	
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce / Training	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		√
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i>		√

	<ul style="list-style-type: none"> • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 		
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>		√

Recommendations / Action Required:	
The Primary Care Committees are asked to receive and note the presentation.	

GPFV Mid Year Review

Sarah Jeffery
Head of Primary Care
Development

Workload and the 10 High Impact Changes

Active Signposting

Signposting patients to the most appropriate services freeing up general practice capacity

Achievements and benefits

- 933 practice staff members (including Reception team members) across Staffordshire trained
- Dashboards in development to measure the impact.
- Estimated 2,558 hours of GP appointments saved for other patients at the practice - total across Stoke-on-Trent, North Staffordshire and Cannock Chase CCGs.
- Proportion of signposting declined by patients has reduced in Cannock Chase from 16% to 6% between November 2017 and May 2018.
- Training continues to be rolled out across Staffordshire and active signposting further embedded.

Workload and the 10 High Impact Changes

Redirecting workflow

Practice administration staff trained to support Read coding and actioning clinical correspondence according to standard protocol freeing up GP capacity

Achievements and benefits

- 93 administrators trained to support administrative flow of clinical letters
- Evidence demonstrates reduction of GP needing to deal with clinical correspondence by 80%
- Evidence shows freeing up of 30 minutes per GP per day once in place
- Dashboards in development to measure the impact.
- Online training module and evaluation of impact in collaboration with trained practices across Staffordshire is in planning stage
- Positive soft intelligence from GPs and staff

Workload and the 10 High Impact Changes

Productive General Practice Quick-start Programme

The programme aims to help practices release time for care through High Impact Action 5: Productive Work Flows, and High Impact Action 10: Develop Quality Improvement Expertise.

- 21 practices have participated in the programme with a further 9 practices about to participate.

GP resilience Funding

- £247,436 has been invested in general practice resilience across Staffordshire for 2017/18 and a further £150,000 to be invested for 2018/19.
- Funding used to test a variety of new shared workforce models such as urgent care practitioners.
- 38 practices have been supported. A deep dive is currently underway to establish outcomes from 2017/18 schemes.

Time to care Programme

- Number of events have been held for Primary care and 2 events are due to take place with the national Time to Care Programme Team across South Staffordshire in the autumn to share learning and successes of the implementation of the 10 high impact actions and support available in taking more of the actions forward.

Workload and the 10 High Impact Changes

Quality Improvement Facilitators

- Recruitment underway to employ 2 improvement facilitators.
- These roles will report to the LMC's and GP Federations to support co-ordination of quality improvement learning for primary care.

Quality Improvement Pack

- A generic primary care quality improvement administrative resource pack to share best practice Pan Staffordshire is in development

Practice Manager Development Funds

- A plan has been developed and now being implemented across the 6 CCGs (with input from LMCs, practice manager reps, Federations and NHSE) via the Staffordshire Training Hub.
- Funding utilised to cover targeted development (currently being implemented), mentorship and coaching, networking and shared learning (Summer to Autumn 2018).

Workforce

Workforce strategy developed for Staffordshire (assured by NHSE) and a deep dive of the workforce plan is due for Submission in July 2018.

International GP Recruitment

- Task Group established
- Staffordshire allocation of International Recruits is 45 (20 expressions of interest received to date). Third IR bid submitted for an additional 12 recruitments in February 2018.
- Programme delivery closely monitored through the training hub and assurance through checkpoint meetings.

GP Retention

- North Staffordshire GP Federation successful in becoming one of the 11 national GP Career Plus pilot sites. Further funding to be distributed.
- GP Retention funding allocation incorporating new schemes submitted in June 2018.
- Scoping exercise being undertaken to collate drivers for GPs to leave profession and ideas to promote retention.
- Ongoing work with the Staffordshire Training Hub to submit bids and coordinate activities.

Workforce

Physicians Associates (PAs)

- Additional 10 PAs to be appointed in Cohort 3, commencement in June and September 2018.
- **GP Medical Assistants**
- Development of new apprentice role and specific job description ongoing.
- Levy of 90% training funded to General Practice.

Local Nurse Redeployment (school nurses and health visitors)

- 11 candidates interested in taking up the scheme. Matching of Nurses with prospective practices in June 2018.

GP Ten Point Plan

Action plans received for each STP area and regular workshops organised to discuss actions, share information and good practice.

GP Nursing 10 point plan

- 10 point plan for General Practice nursing published August 2017
- Supported by £15m national investment
- Collaborative implementation and delivery plan between Staffordshire CCGs, NHSE, Staffordshire Training Hub (formally CEPN) and Practice Nurse Leads / Facilitators across the 6 CCGs

Key Highlights:

- Nurse facilitator roles across the 6 CCGs to support practice nursing, develop learning and education programmes, delivery of the 10 point plan
- Training hub established to support training at scale – funding opportunities created for nurse prescribing and physical assessment courses (current funding for 20 places)
- Secured attendance at nursing careers convention generating interest from 17 student nurses – plan to do annually
- East Staffordshire undertaken nurse leadership development and is being scoped across all Staffordshire CCGs
- North Staffordshire/Stoke-on-Trent working with practices to support up to 10 newly qualified student nurses to do the fundamentals course and an associated training budget – to consider rolling out wider
- Increase seen in student nurse placement opportunities and in-house mentorship

GP Nursing 10 point plan

Key Highlights continued:

- Fundamentals course for new practice nurses – current funding for 20 places and 2 places on the Specialist GPN Bsc.
- Access to Masters level courses supporting GPNs to advance their practice and assisting retention
- Practice nurse digital champions in place across the six CCGs utilising varied technology enabled care to support diagnosis and management of patients
- A pilot scheme in East Staffordshire (and potential further rollout in other South Staffordshire practices) will be launched with Keele University using innovative automated equipment to help meet NHSE's for wound assessment and improve the care of patients – this will be evaluated National Minimum Dataset

Access

- GPFV committed £500 million by 2020/21 to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England
- This ensures by 2020 that everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.
- Staffordshire investing £21m over 3 years to 7 locality federations to provide extended access to a patient population of 1.1m.
- Localities have worked together to submit delivery proposals to meet the 7 core requirements set by NHSE plus an additional 2 local to transform primary care delivery at scale.

On the 1st September 2018 the CCG will have commissioned the following number of additional appointments:

	Additional appointments per week	Total number additional appointments Full Year 52 weeks
Cannock Chase	274	14,259
South East Staffordshire	424	22,057
Stafford & Surrounds	303	15,741
East Staffordshire	287	14,939
North Staffordshire	460	23,914
Stoke on Trent	607	31,579
Totals	2,356	122,489

New Models of Care

Practice Optimisation

Staffordshire GP practice mergers 2013 to 2017				
Excluding closures or list transfers				
	North	South	Total	Ambition to deliver 10,000 average list size by 2025
2013 baseline number of practices	87	93	180	
2013/14	0	2	2	
2014/15	1	1	2	
2015/16	1	2	3	
2016/17	2	2	4	
2017/18 to 30th October	2	4	6	
TOTALS	6	11	17	
Practice footprint	77	81	158	118

2018/19
157 practices in total
(3 pending mergers)

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

New Models of Care Locality Networks

Locality development Programme

Aims:

- Understand progress made at locality level
- Identify best practice
- Identify risks and blockages
- What further support is needed

Outcomes and next steps:

- Set of case studies for each participating locality produced
- Engagement to take place with localities about 'what next'?
- OD plan will be produced taking into account the recommendations in the report and following the engagement with localities

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

New Models of Care

Locality Networks

What are our localities delivering?

- Supporting older people
- Improving care for people in nursing homes
- Improving the care of dementia patients
- Sharing the learning
- Sharing back office functions
- Working collaboratively with other NHS providers and third sector organisations
- Employment of joint posts

Infrastructure - Digital

Extended access record sharing

- Full patient record sharing to support extended services across 90% of Staffordshire

Workflow optimisation additional monitors

- 1600 monitors distributed to support Workflow Optimisation programme.

Online consultations

- Will support practices to improve Patient Online sign up as this also encourages patients to better manage their care and send requests to practices online as opposed to visiting site/phoning in
- Single Staffordshire approach to deliver the GPFV Online Consultations programme.
- 20% practices have either had EMIS Online Triage or eConsult with the first phase due to be complete January 2019. More practices are due to on-board to pilot a solution during this period

Infrastructure Digital (cont'd)

Integrated care record

- Following successful funding of a bid Staffordshire secured £1.7million to develop an Integrated Care Record (ICR).

Docman 10

- Docman 10 (cloud version) has been piloted in 10 Staffordshire practices. CCG's now secured funding for all practices to receive this.

Electronic Prescribing

- Staffordshire continues to have 4 out of the top 5 CCGs across the region for EPS activity with the remaining 2 CCGs in the top 15.

Estates

Estates and Technology Transformation Funds

- Successful bids for 18 NHSE Infrastructure Grants (200k)
- ETTF funding agreed for:
 - Greenwood House (South East Staffordshire) £4.5 million
 - Longton South (phase 1) (Stoke on Trent) £ 5 million – exclusivity agreement in place
- Detailed Business case completed for Codsall One Public Estate

Next Steps

- STP Estates Strategy – ongoing transformation for 23 localities
- Future bids through STP Capital
- Working with other health care partners to utilise enhanced primary estates in a community hub model to deliver Integrated care teams
- Outwoods (East Staffordshire) £22 million
- Longton South (phase 2) (Stoke on Trent) £7million



REPORT TO:

North Staffordshire CCG & Stoke-on-Trent CCG

Enclosure:	7.1
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Report to:	Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee
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Title:	NHS England Head of Primary Care Update
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Meeting Date:	Tuesday 4 th September 2018
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar – CCGs' Director of Primary Care	Y	Rebecca Wood – Head of Primary Care NHS England

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
N/A	N/A

Action Required (select):				
Decision		Discussion		For Assurance / For Information
				√

Purpose of the Paper (Key Points + Executive Summary):
The purpose of this presentation is to update the Committees on work taking place at NHS England to support Primary Care.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Detailed in paper.

Implications:	
Legal and/or Risk	N/A
CQC	N/A
Patient Safety	N/A
Patient Engagement	N/A
Financial	N/A
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		√
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these</i>		√



	<p>considerations:</p> <ul style="list-style-type: none"> • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 		
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>		√

Recommendations / Action Required:	
The Primary Care Committees are asked to receive and note the update for information.	

Heads of Primary Care - National Update

July 2018

MEDICAL

1 General Practice and Dental K041b 2017/18 complaints collection: closing summary status update:

The General Practice and Dental 2017/18 K041b complaints collection was opened to receive submissions from 8th May 2018 and was due to close on 8th June, a discretionary one week extension was applied to seek a higher response rate and was extended to close COP Friday 15/06/2018. We would like to extend our thanks to all commissioning teams for supporting the collection.

The general practice K041b collection is completed within the NHS England primary care web tool, whilst the dental return is completed using the NHS BSA collection tool.

PROVISIONAL submission response rates at time of collection closure are as follows:

For General Practice: **98.45%** submitted (n=7,036) with n= 111 practices who did not submit; our highest response rate on record!

For Dental: **84.73%** submitted.

Previous year's return rates are as follows:

- 2016-17 are: 97% for GP and 87% for Dental
- 2015-16 are: 92% for GP and 87% for Dental
- 2014-15 are: 94% for GP and 83% for Dental.

NB. Colleagues are reminded that the official K041b statistics comprise two component parts:

- i) provider self-declared complaints (such as the data which has just been collected)
- ii) NHS England commissioner managed complaints (i.e. complaints which have been made by the patient to the commissioner about the practice and complaint has been managed/processed by the commissioner – NHS England customer contact centre).

Now the collection has closed the self-declared GP and Dental data and the NHS England Commissioner managed complaints is all handed over to NHS Digital who are the responsible asset owner for K041b.

NHS Digital will now complete further onward analysis and generate a report and the data will be published as official statistics on the NHS Digital website in **September 2018**.

The previous year's 2016/17 K041b official published data can be found here: <https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/data-on-written-complaints-in-the-nhs-2016-17>

2 General Practice Indicators launched in Primary Care website:

Further to the previous heads of primary care meeting presentation on this subject, a major milestone has been achieved! On 4th June 2018, the new General Practice Indicators (GPI) module was launched in the Primary care website (PCWT) www.primarycare.nhs.uk.

In the first 3.5 days since GPI has been available, audit records from the website show that 101,120 web pages have been served already, 59.1% of GP practices have had performance data viewed and 84.39% of NHS groups data has been viewed (a group is e.g. a CCG, NHS England DCO etc).

The new GPI module brings together and replaces the General Practice Outcome Standards (GPOS) and General Practice High level indicators (GPHLI) modules, creating a single unified indicator set. This development draws on the valued feedback from users, commissioners, and stakeholders and working with colleagues at CQC in seeking greater alignment in our approach.

A presentation and power point presentation was circulated following the previous heads of primary care meeting. In brief a number of enhancements have been made such as:

- With regards to the practice rating and assessment of variation of indicators within: We have taken into account positive variation into the practice rating and used Z-scores to assess variation. We have retained the use of funnel plots for visual presentation (used in GPHLI) of variation and we have also retained the use of GP practice rating terminologies used in GPOS.
- In the practice overview: we present a summary of practice activity alongside contextual information about the practice.
- We have made a number of enhancements to the GP practice catchment area functionality. Where it is possible to identify any uncovered areas, as well as separately ability to bespoke select and compare gp practice catchment areas and a postcode look up features on coverage.
- NHS organisation presentation has been introduced for STPs as well as for CCG/NHS England DCO/regional levels.
- Custom group feature also available so users can compare specific practices of choice.
- Multiple enhancements on the technical side whereby the website adapts to the size of your computer screen; the colour scheme / font layout has also all changed in providing a more modern look and feel.
- We have produced a 12 minute demonstration video available in the resources and help section of the website to support the launch of the module, we would encourage all colleagues to view the video to help colleagues use the new GPI module.
- User manual and technical guidance also published in the website.

For any queries about the GPI module we have a dedicated support service, email is: primarycareweb@nhs.net we aim to respond within two working days.

This milestone has been a complex project to achieve and has involved considerable time and effort from a number of colleagues working in several teams across NHS England including analytical services, systems development and primary care commissioning. We would like to thank all our colleagues for their help and supporting us with the GPI indicator set.

The launch of GPI also represents closure and a fond farewell to the GPOS and GPHLI indicator sets. Therefore this update also represents an opportunity to say thank you to all colleagues who have been involved in supporting us in maintaining GPOS/GPHLI indicator sets. These data sets served their purposes well in the past and have helped us to ask the right questions along the way.

3 **Dispersed patient lists:**

GPC have requested a national standard approach to support dispersals. We have offered to write up good practice in these situations so if you have any particular examples of list dispersals that have been managed well (or even not so well) please could you share details with mark.smith@nhs.net. Any other comments welcome. (To note - we'll trawl the case studies submitted from the resilience programme to see if anything

relevant here also).

4

Phased return and locum reimbursements:

We recently confirmed with Bob Morley (GPC rep and Birmingham LMC Chair) our position on phased return. This confirmed:

“Where a GP is signed off sick then the SFE may entitle the practice to locum reimbursement where the requirements under the SFE are met. This includes where a GP is signed off sick as part of a phased return. I think it helps to add, for the avoidance of doubt, that where a GP is not signed off sick but has agreed a phased return or does not meet the requirements of the SFE this would be a discretionary matter. “

SFE requirements for mandatory entitlement include ensuring phased return aligns with statutory sick pay provisions. We are reviewing the protocol and will formalise with GPC what the outcome should be for discretionary payments. One of the principles we believe we should be working to is to support return of GPs who have been ill, and to avoid unnecessarily penalising practices who have to make adjustments to a GPs working week to aid safe return.

DENTAL

5

Dental workforce

There is growing evidence that the dental workforce is becoming an increasing challenge in some areas of England. The issues are most acute in rural areas, reflecting the trend in GP and Primary care nursing workforce.

Areas like Lincolnshire, Cumbria and the South West appear to be particularly affected. Arguably, there are sufficient dentists being trained each year, but the distribution of dentists across England is leaving some areas challenged.

A survey of Lincolnshire dental practices has revealed:

There are at least 20 whole time equivalent vacancies for General Dental practitioners in Lincolnshire currently and procurements underway will require an additional 19 dentists to service contracts from Jan 19

10 out of the 18 practices that have had a full time vacancy in the practice have had that vacancy for over 12 months.

8 out of the 15 practices that have a part time vacancy have had this for over 12 months.

There is no coherent NHSE workforce strategy to support recruitment / retention of dentists.

We have agreed to hold a workshop on dental recruitment and retention with the BDA and HEE on 22/8/18 to explore the issue and consider development of a dental workforce plan.

6

NHS Dental Care – June 2018

The trifold highlighting Dental Statistics for the latest quarter compared with the same quarter last year is enclosed here



Dental Trifold June 2018.pdf

CONTRACTS

7 Dispensing Services Quality Scheme (DSQS):

Further to an email issued to Pharmacy Contract Managers and Heads of Primary Care at the beginning of June, this is by way of a reminder that the SFE requires that payments under the Dispensing Services Quality Scheme should be made to eligible practices in the first payment of the new financial year. We are still receiving feedback from the Dispensing Doctors Association and from individual practices that these payments have not been made or have been delayed. We will be working with local contract managers around their responsibilities for assessing and paying the DSQS, with a dial in due in mid-July this year to ensure there are no issues for the next payments. However, we would urge you to ensure that all payments are made within the timeframes set out in the SFE. Finance colleagues are also being reminded of these payments to ensure that the 18/19 service payments are made in a timely manner.

If you have any queries please contact Jane Horsfall- jane.horsfall@nhs.net.

ASSURANCE

8 Assurance of Delegated CCGs – Internal Audit Framework:

The framework document is now in the publications gateway ideally published this month (July) subject to Chief Executive sign off. The draft framework as attached has also been sent to CCG Audit Chairs Network in view of their involvement in its development and in lieu of gateway sign off.

9 Winter Planning:

Annual winter planning letter is expected to land in August this year but we are keeping close to Urgent Care colleagues given things moved quickly last year.

From a primary care perspective our clear expectation is not only that extended access is fully operational for next winter (from October) but also that it is fully integrated with other services, and that each system has done a thorough demand and capacity plan for primary care as well as the rest of the system. We will be looking at the role of the new GP Workload Tool in supporting winter assurances (forward look at appointment capacity and back look at use) and 111 forecasting data to inform local plans.