Meeting in Common of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees – Held in Public
Tuesday 4 December 2018, 10.00am – 11.30 am
Waddington Suite, Bet365 Stadium, Stanley Matthews Way, ST4 4EG

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:	Verbal	To Note	PD 10.00 (10 mins)
2	Declarations of Interest North Staffordshire CCG & Stoke-on-Trent CCG : *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*			
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 2 October 2018 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
5	**Assurance & Governance**			
5.1	Primary Care Risk Register	Enc. 5.1	Assurance	LM 10.10 (15 mins)
5.2	Digital Presentation	Presentation	Assurance	AH 10.25 (15 mins)
5.3	Delegated Budget Update	Enc. 5.3	Assurance	AT 10.40 (15 mins)
5.4	NHSE Merger Policy	Enc. 5.4	Assurance / Information	TCh 10.55 (10 mins)

6	**Strategy & Planning**			**11.00am**
6.1	Primary Care Quality Report	Enc. 6.1	Assurance	TCox 11.05 (10 mins)
7	**Any Other Business**			
	❖ Questions from the Public ❖ Any other key issues ❖ Committee Effectiveness	Verbal Verbal Enc. 7.1	Information	PD 11.20 (10 mins)

DATE/TIME OF NEXT MEETING:			
Date	**Time**	**Venue**	**Chair**
Tuesday 8 January 2019	10.00am	The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	PD

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

Tuesday 2nd October 2018, 10.00am – 12.00md

The Churnet Room, Moorlands House, Stockwell Street, Leek

Unconfirmed Minutes

Members:			Quoracy	10/04/2018	01/05/2018	05/06/2018	03/07/2018	07/08/2018	04/09/2018	02/10/2018
Present:										
North Staffordshire CCG Voting Members:										
Peter Dartford	PD	Lay Member – Patient and Public Involvement *(meeting chair)*		✓	✓	✓	✓	x	✓	✓
Mike Edgley	ME	Lay Member		✓	✓	✓	✓	✓	✓	✓
Neil McFadden	NMcF	Lay Member – Governance		✓	✓	x	✓	✓	x	✓
Stoke-on-Trent CCG Voting Members:										
Tim Bevington	TB	Lay Member		✓	✓	✓	✓	✓	✓	✓
John Howard	JH	Lay Member – Governance		✓	✓	x	✓	✓	x	✓
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement		✓	x	x	✓	✓	✓	✓
CCGs' Voting Members:										
Lynn Millar	LM	Director of Primary Care and Medicines Optimisation		✓	✓	✓	✓	x	✓	✓
Alistair Mulvey	AM	Chief Finance Officer		✓	✓	✓	✓	✓	✓	x
Manir Hussain	MH	Deputy Director of Primary Care and Medicines Optimisation		x	x	x	✓	✓	✓	✓
Mark Seaton	MS	Managing Director – North Locality		x	✓	✓	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	x	X
Nicola Austerberry	NA	Primary Care Lead		✓	x	✓	✓	✓	x	X
Jessica Chaplin	JC	Executive Assistant *(Minutes)*		✓	✓	✓	✓	✓	✓	✓
Dr Lorna Clarson	LCl	Clinical Director – Partnerships and Engagement		✓	✓	x	✓	✓	✓	✓
Anna Collins	AC	Head of Communications and Engagement		✓	x	x	x	x	x	X
Dr Steve Fawcett	SF	Medical Director		✓	x	✓	x	✓	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		✓	✓	✓	✓	✓	x	X
Paul Winter	PW	Deputy Director of Corporate Governance, Communications and Engagement		–	–	–	–	✓	✓	X
NHS England										
Rebecca Woods	RW	Head of Primary Care		✓	x	x	x	✓	✓	✓
Wendy Henson	WH	Primary Care Lead		✓	✓	x	✓	✓	x	x
Terry Chikurhune	TC	Primary Care Lead		✓	✓	✓	✓	x	✓	✓
Public/Observers										
Simmy Aktar	SA	Healthwatch Stoke-on-Trent		x	✓	x	✓	✓	✓	X
Jackie Owen	JO	Healthwatch Staffordshire		✓	✓	x	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	✓	X

4 members of public/press in attendance

2018/OCT /104	**1. Welcome and Apologies for absence**	**Action**
	PD welcomed members to the October 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/OCT /105	**2. Members' Declarations of Interest**	
	LC, LH, PS, JG declared their interests in relation to the following agenda items; (1) Primary Care Delegated Budget Plan; and (2) Primary Care Enhanced Services and Investment Programme Plan. It was concluded that as GP members were not voting members, the conflicted members could remain in the meeting room to contribute to discussions.	
2018/OCT /106	**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/OCT /107	**4. Minutes, Action Sheet and Matters Arising**	
	Minutes from the meeting held on Tuesday 4th September 2018 The minutes from the meeting held on 4Th September 2018 were duly ***received*** and ***approved*** as a true and accurate account of discussions once the following amendments had been made: ❖ **Page 4, Delegated Commissioning Unallocated Budget Update, Paragraph 3 –** It was clarified that the delegated budget underspend for 2017/18 had not been carried forward in to the 2018/19 budget as worded in the minutes and this would be updated to reflect the correct utilisation of the 2018/19 budget. Actions from the meeting held on Tuesday 4th September 2018 ❖ **BMJ GP Recruitment Marketing Campaign –** SJ confirmed to the meeting that the BMJ Recruitment Marketing campaign for North Staffordshire and Stoke-on-Trent CCGs had gone live for a 12 month period. SJ thanked the Northern Staffordshire GP Federation, LMC and CCG Communications Team for supporting in the development of the campaign which included videos with GPs across the area highlighting the benefits of working in the area. ❖ **GP Forward View Mid Year Review –** Committee members were advised that the CCGs' Primary Care Team had a monthly assurance meeting with NHS England to monitor progress made against the Staffordshire GP Forward View Plan. Work was taking place to further develop a plan to pull together all of the streams, including Care Navigation. ***All further actions marked as complete on the action tracker or on the agenda for discussion*** Matters Arising ❖ **Primary Care Committees Organisational Development (OD) Session –** JH requested an update in relation to the proposed OD session for the Primary Care Committees, which would include comparative data from other local CCGs. LM responded that following on from discussions with LMC representatives it was agreed that the November meeting would include an OD session and a separate session to conduct business. It was noted that the OD session would include a focus on the new model of care across Staffordshire and how this would be supported through delegated commissioning. **ACTION: LM, PD, MWo and JC to include an organisational development session to the November meeting agenda.** ❖ **Healthy Lifestyles Service – Local Authority Response –** MS presented the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees with an	

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	update paper following on from concerns raised at the August Committee in relation to the provision of Healthy Lifestyles Service in North Staffordshire – with concerns that the provider was not meeting their statutory obligations for the service, including information in relation to the age range for the service Members were advised that following on from the concerns, a letter was sent from Staffordshire CCG Chairs with the concerns. Following on from the letter, the Local Authority updated the information and were now advertising the service for ages 40+ as per statutory guidance for the service. PS commented that it was hoped that a change in the subcontract would take place following on from this to ensure that GPs were able to refer to the appropriate age ranges.	
2018/OCT /108	**5.1 Primary Care Risk Register**	
	The meeting were presented with the Primary Care Risk Register for North Staffordshire CCG and Stoke-on-Trent CCGs. LM informed the meeting that there had been a merge of the new and old risks from Staffordshire CCGs separate registers and that the format presented to the meeting was the format the risks would be presented in going forwards. 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 – noting that there were no new risks identified as at the time of the meeting. The Risk Register was taken as read by members and LM presented key details and risk updates as follows: LM informed the meeting that risk scores had been revised for key areas of; (1) Workforce; (2) Primary Care Strategy; and (3) Investment - in line with comments received at the September Committee from LMC representation. LM provided an update to the meeting in relation to estates. It was noted that there was an update to the estates risk, regarding a lease issue and work was taking place with NHS England to review the risk as through the delegated commissioning agreement it was detailed that any emergent risks post CCGs taking on delegated commissioning would be covered from NHS England if before April 2017, when CCGs' took delegated commissioning responsibility. It was anticipated that there would be an update available to the November meeting. The meeting were advised that following on from discussions at the September meeting Social Prescribing had not been included as a risk on the risk register as an action plan had been developed and was to be presented later on in the meeting and provided assurances that there were robust mitigations in place for the delivery of the Social Prescribing Pilot. MWo expressed concerns in relation to the formatting of the document, whereby the font size of the risks was too small when printed. LM agreed to raise this with the CCGs' Governance Team. **ACTION: LM to highlight concerns in relation to the font size of the Risk Register to the CCGs' Governance Team.** Furthermore, it was recognised by Committee members that the revised Risk Register, including a refreshed format and revised scoring was an improvement on previous versions presented and were assured that the Risk Register was actively monitored on a regular basis. In addition, Committee members welcomed the proposed introduction of an issues log. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Risk Register; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Risk Register.	
2018/OCT /109	**5.2 Primary Care Delegated Budgets**	
	The meeting were presented with the month five 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 Committees. The report was taken as read by the committees key details presented as follows: Members were advised that following on from confirmation from NHS England in relation to the	

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	Global Sum Increase of £1.04 per head of population, the CCGs' were holding reserves to cover this increase as confirmation was still awaited in relation to if this increase would be centrally funded. For North Staffordshire CCG the Global Sum equated to £219k and for Stoke-on-Trent CCG this equated to £255k. Furthermore, it was noted that there was a further financial risk for Stoke-on-Trent CCG in relation to a risk associated with an APMS contract of £381k from an historic agreement made in 2016. It was highlighted to members that the report included details in relation to GP Forward View and allocations. Following on from discussion, Committee members concluded that it would be helpful to receive a full breakdown on practice and scheme level for the GP Forward view. **ACTION: Delegated Budget update report for Month six to include further detail around GP Forward View Budget and how the spent was allocated across Staffordshire.** MWo highlighted the importance of CCGs' Finance and Primary Care Teams working collaboratively to ensure that all issues were captured and highlighted to ensure timely resolution and members were advised that monthly planning meetings took place with CCG Finance and Primary Care Teams and there was the intention to include NHS England going forward to allow for a broader view. NMcF queried where the spend against GP Forward View projects was monitored. LM responded that agreement had been obtained that this would be through the GP Forward View Highlight Report, which would feed in to the Committees through the monthly spotlight reports on GP Forward View key areas. WA queried where the spend associated with supporting the Mental Health Forward View in Primary Care was reported. IS updated that this was reported directly through the mental health budgets and all spend was made in line with the Mental Health Forward View. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the month five financial update; and the Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the month five financial update.	
2018/OCT /110	**5.3 Primary Care Delegated Budget Plan**	
	The meeting were presented with the Primary Care Delegated Budget Plan. The meeting were advised that the paper outlined the current spending position against the Primary Care Budget and to support recommendations of how available resource was to be invested. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to ***receive*** and ***note*** the volatility of the primary care budget, risks and risk management and to ***support*** the proposals within the report. LM presented key details as follows: The Committees were advised that the paper highlighted the current commitment of the Primary Care Delegated Budget for 2018/19 against risks. The paper recognised the significant underspend in 2017/18 without a clear plan and for 2018/19 there was a plan detailed. Members received detail of the budget and spend for 2018/19 and it was noted that there was significant cost pressures in the budgets from July 2018, including cost pressures associated with GP Indemnity costs for winter pressures. It was highlighted to members that the paper mapped out the expectations against the delegated budget, including anticipated practice changes and included consideration of any anticipated risks which would be included in future forecasting. In line with the considerations, the paper provided details of a best case scenario year end of £1,093,300 for Stoke-on-Trent CCG and £265,000 for Stoke-on-Trent CCG and a worst case scenario of £617,000 and £38,000 for the respective CCGs. On the basis of planning and forecasting discussions three schemes had been identified to progress with going forward and the schemes had been prioritised against the CCGs organisational goals. These were detailed as (1) Productive General Practice (PGP) – to support investment around frequent flier and to support best practice; (2) Polypharmacy – to support patients with complex needs , with proposals for the Northern Staffordshire GP Federation and pharmacists to work in collaboration and (3) Winter pressures – this had been identified as it was anticipated that there	

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	would not be winter pressures monies for 2018/19 centrally and schemes had been scoped to best support practice capacity over winter. JH queried if there was the potential for any overlap with any existing CCG schemes for the PGP proposal in key areas such as QIF, QOF and QIPP. LM responded that there would be no overlap and was about improving processes and efficiencies in general practice and would complement other schemes with a further internal benefit to general practice. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Delegated Budget Plan, including risks and risk management and ***supported*** the proposed way forward for utilisation of potential available resource in to the three key areas of (1)PGP Quick Start Programme; (2) Polypharmacy and (3) Winter Pressures; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Delegated Budget Plan, including risks and risk management and ***supported*** the proposed way forward for utilisation of potential available resource in to the three key areas of (1(1)PGP Quick Start Programme; (2) Polypharmacy and (3) Winter Pressures.	
2018/OCT /111	**6.1 Primary Care Enhanced Services and Investment Programme Plan**	
	The meeting were presented with the Primary Care Enhanced Service Investment Review Paper and supporting presentation. The paper detailed a plan for the review of the following Primary Care Commissioning Schemes across Staffordshire of (1) Local Enhanced Services (LES); (2) Local Improvement Scheme (LIS); Membership agreements; (3) Transformation Funding; (4) PMS Re-investment; (5) Quality Improvement Framework. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee were asked to ***receive*** and ***note*** the details of the programme plan for information. MM presented details as follows: The meeting were advised that the review looked at the Primary Care Commissioning Budget and aligned with a strategic plan for investment. It was noted that the review built on the STP principles and that a framework was to be developed. The outcome for the review would be a central list of all schemes in to General Practice. The importance of ensuring a consistent approach was highlighted to ensure that there would be an aligned approach across Staffordshire, with local variation as required and to ensure clear alignment of each scheme against the GP Forward view outcomes also. A discussion took place in relation to variances in schemes across Staffordshire, of which the majority of variances were in relation to LES schemes and work would take place looking at the best way for delivery. LIS variation was also highlighted whereby it was noted that the investment across Staffordshire was attributed differently and some available only in certain CCGs. Furthermore, there was variation in relation to PMS reinvestment due to the number of practices per CCG. The Committees received detail of the different schemes and investments and the scoring mechanisms which were to be applied to the schemes under the review. The scoring approach would remain consistent throughout the review with areas of focus including evidence base, long term condition management and cost effectiveness – with a CPAG scoring approach to be taken. The next steps were highlighted whereby members noted that there would be a Invest Review Steering Group with representation from each of the Six Staffordshire CCGs, LMC Representatives and Lay members. JH commented that the review of investments for the schemes detailed was welcomed but requested assurances that there would be capacity to support the review, recognising the level of work to take place for the important review. LM recognised that as at the time of the meeting there was a number of capacity gaps although the restructure of the Staffordshire CCG Teams allowed for a focus on both Primary Care Commissioning and Primary Care Development. PS requested assurances that fixed variances would remain the same where required. MM responded that these would not be changes in relation to fixed variances and provided assurances that in line with statutory requirements no Enhanced Services would be signed off without LMC approval as this was vital. There would be a local approach taken where applicable looking at needs of each CCG population. JG provided further assurances to the meeting that there was no intention to disinvest in the schemes and the work was taking place to ensure alignment for strong delivery	

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	based on each CCGs' need. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Enhanced Services and Investment Programme Plan; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Primary Care Enhanced Services and Investment Programme Plan.	
2018/OCT /112	**6.2 GP Forward View General Practice Workforce – Deep Dive**	
	RW provided the meeting with a presentation provide a deep dive of work taking place in relation to GP Forward View General Practice Workforce. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to ***receive*** and ***note*** the update. Key details presented to Committee members as follows: The meeting received and recognised details of the significant challenges facing GP Workforce both Locally and Nationally. The presentation provided detail of the work taking place pulling together a plan to address the issues and trajectories has been identified focussing on recruitment and retention. The key pressures were outlined to the meeting which included a rising patient expectation, prevalence of chronic disease, GP and Nurse recruitment and a significant number of GP vacancies across Staffordshire – some of which had been vacant for over 12 months. An update was provided in relation to GP retention whereby it was noted that the Trajectory numbers were set by a September 2015 baseline. It was noted that physician associates were not included within the trajectory as they were employed through Midlands Partnership Foundation Trust (MPFT). It was noted that in each scheme GP retention was critical and through the Staffordshire STP £168k had been allocated to support GP retention schemes. Work was taking place to explore why young female GPs were leaving the profession early to obtain an understanding and to address the causes. In addition, a scheme was taking place looking at newly qualified GPs to help them to remain in the Staffordshire area. In addition, Staffordshire had been identified as pilot site for the Career Plus pilot with one GP on the scheme locality. The steps being taken to support the wider GP workforce was identified as follows; (1) 7 Bids submitted against the Clinical Pharmacist schemes; (2) The development of a Locum app and roll out anticipated for Practice Nurses and admin staff as well as GPs; (3) NHS England funded Clinical Pharmacist Ambassador; (4) Employment of 24 Physician Associates across Staffordshire and additional funding for a further 6 and evaluation of the roles was being undertaken in collaboration with Keele University. LC commented on the scheme highlighted in relation to exploring the reasons why female GPs were leaving the profession early and highlighted that most GPs were choosing not to work full time due to the overwhelming pressures in General Practice and highlighted that there needed to be a strong focus of how to reduce pressures across all of General Practice Workforce. PS further commented that locally 80% of the GP Trainees were female and although a local review was welcome, there needed to be a national focus also. The Committees welcomed the update and highlighted that there was a lot of positive work ongoing across Staffordshire to support General Practice Workforce. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the GP Forward View General Practice Workforce Deep Dive presentation; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the GP Forward View General Practice Workforce Deep Dive Presentation.	
2018/OCT /113	**6.3 Ipsos Mori 360 Stakeholder Survey – Action Plan**	
	The Committees were presented with the action plan that had been developed to address the concerns raised following on from the Ipsos Mori 360 Stakeholder Survey. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to ***receive*** and ***note*** the action plan. The report was taken as read by the meeting and LC presented key details as follows:	

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	The meeting was advised that the action plan looked to address the issues with engagement with the GP Membership for the CCGs and included a plan of how to improve engagement with the CCGs partners. In addition, the plan included details of how response rates were to be improved, including a clear programme of preparation and communication in the run up to the next survey being carried out – with best practice to be explored. A key area was highlighted as the refresh of the GP Inatranet across Staffordshire to ensure that this is a tool proactively used to improvement engagement. Clinical Director engagement visit programme was proposed to take place on a rolling basis and the protected learning sessions were implemented fully across Staffordshire. The CCGs were also challenging the STP to strengthen clinical engagement across Staffordshire. MWo highlighted the importance of ensuring Practice Patient Participation Groups were involved as it was important to have synergy with GPs and PPGs. LC informed members that work was ongoing as at the time of the meeting to revive PPGs and to create networks. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Ipsos Mori 360 Stakeholder Survey Action Plan; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Ipsos Mori 360 Stakeholder Survey Action Plan	
2018/OCT /114	**6.4 Social Prescribing**	
	The meeting were presented with a paper providing detail on the implementation of the social prescribing project across North Staffordshire and Stoke-on-Trent. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to ***receive*** and ***note*** the update. MH presented key details to the Committees as follows: The meeting were advised that a number of key developments had taken place since the September meeting. The meeting were reminded that although the scheme supported Primary Care there was a strong focus on collaborative working to support patients between key stakeholders including the Voluntary Sector. At the Social Prescribing Steering Group an approach moving forward had been agreed which included work with VAST to build on directory of services and agreement had been obtained from Stoke-on-Trent Local Authority to fund four Link workers through a TUPE arrangement - with a full paper detailing the commitment to the Stoke-on-Trent Health and Wellbeing Board with commitment in principles obtained as at the time of the meeting. An update was provided in relation to the funding of the scheme, which had been revised following on from the Local Authority link worker contribution – bringing the cost of the scheme to the CCGs of c£400k. It was noted that the Local Authority requested assurance that there would be a commitment for a 12 month project and key sites had been identified and those sites had agreed their involvement. A service specification was being developed in collaboration with VAST, who would oversee the implementation across the sites and this would be provided by VAST project co-ordinator. MWo further informed the meeting that there would be a further partnership Workshop taking place in November 2018 to ensure that key stakeholders were kept engaged throughout the process. It was noted that £30k had been allocated for evaluation of the scheme and the specification for the evaluation would be shared with interest parties in October 2018. To conclude, the North Staffordshire CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Social Prescribing implementation update; and Stoke-on-Trent CCG Primary Care Commissioning Committee ***received*** and ***noted*** the Social Prescribing implementation update	
2018/OCT /115	**7.1 NHS England Update**	
	The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees ***received*** and ***noted*** the NHS England Update for information.	
2018/OCT /116	**8. Any other Business**	
	Questions from the Public	

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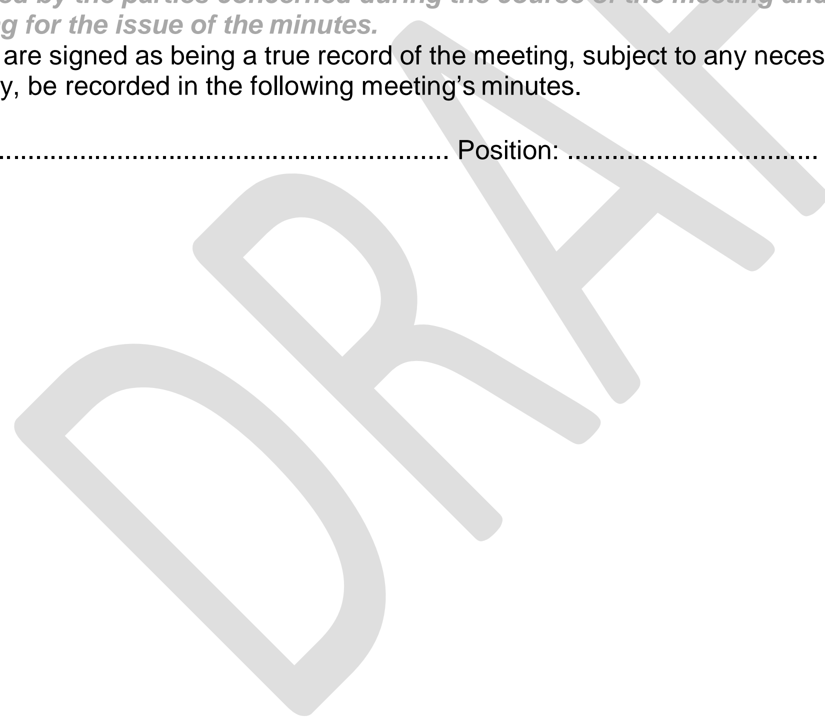
	No questions received from members of the public. <u>Any other Key Issues</u> No further issues raised. <u>Committee Effectiveness</u> 1. *Did we achieve what we set out to do linking back to the Agenda?* ***No – due to items running over.*** 2. *Was the information presented appropriate/easy to understand?* ***Yes*** 3. *Was the information received in a timely manner prior to the meeting?* ***Most reports were received in time.*** 4. *Do we need to inform our decision?* ***No*** 5. *Do we need any more information / require a further progress report at a later date?* ***Yes – detailed within actions.*** 6. *Agreed actions captured in the minutes?* ***Yes*** 7. *Were there any risks raised in the meeting that should be captured in the risk register?* **No**	

Date and Time of next meeting			
Date	**Time**	**Location**	**Chair**
Tuesday 6 November 2018 Development Session	**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:............................



North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

NHS

Enclosure 4.2

Action Tracker from September meeting of North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees'

Public Session

MEETING DATE	AGENDA ITEM	Action	Responsible Officer	Outcome / update
		Actions from October 2018 meeting		
02/10/2018	**Minutes/actionsheet and matters arriving**	LM, PD, MWo and JC to include an organisaiton development session to the November meeting agenda	LM	Complete - OD session took place on 6 November 2018
02/10/2018	**Primary Care Risk Register**	LM to highlight concerns in relation to the font size of the Risk Register to the CCGs Governance Team	LM	Complete - Feedback provided to the Governance team, Risk Register has been reformatted
02/10/2018	**Primary Care Delegated Budgets**	Delegated Budget update report for Month 6 to incude further details around GP Forward View budget and how the spend was allocated across Staffordshire	Finance	

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

NHS

REPORT TO:
Stoke on Trent and North Staffordshire Clinical Commissioning Groups

Enclosure:	**5.1**

Report to:	**Primary Care Commissioning Committees Meeting in Common - North**
Title:	**Corporate (Combined) Risk Register**
Meeting Date:	**4 December 2018**

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Sally Young, Director of Corporate Services, Governance and Communication	Y	Andrea Brown, Governance Manager

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

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

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

To present to the Primary Care Commissioning Committees in Common those risks scoring 12+ on the Corporate Risk Register for their oversight and assurance.

The purpose of the paper is to provide assurance to the Primary Care Commissioning Committees in Common that the CCGs are recognising and managing primary care risks.

The CCGs are providing regular updates / mitigations to reduce the risk for 2018-2019, and where the Primary Care Commissioning Committees in Common have any concerns relating to a risk they can request more detail from the responsible officer.

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

There are currently 5 risks scoring 12+ of which risk A1.66 is a newly identified risk.

No of risks	Risk Score	Risk Rating
5	16	High
3	9	Medium
1	6	Medium

The Primary Care Commissioning Committees in Common are asked to note that where a risk relates to the other CCGs in the Staffordshire area, the score for North Staffordshire and Stoke-on-Trent CCGs' are highlighted in white text.

Implications:	
Legal and/or Risk	The CCGs have a responsibility to provide services that are safe and low risk. The risk register monitors those risks that may have potential to harm the business and services of the CCGs.
CQC	Any involvement with the CQC with any practices and its potential impact will be described within the risk. The Quality Committee oversee SRI's and input into the risk register to monitor and mitigate risks.
Patient Safety	Unmitigated clinical risks could have repercussions to safe services. Any patient safety implications will be described in the appropriate risk.
Patient Engagement	No, if patient engagement is required this will be described within the risk. The Quality Committee monitors patient safety through their monthly Quality Committee meetings.
Financial	The CCGs have an obligation to meet their financial budgets and the CCGs monitor finances on a daily basis and are discussed at monthly Finance and Performance meetings and fed back to the Boards.
Sustainability	The Governing Bodies can be assured that the CCGs take risk monitoring very seriously and this is evidenced by the updates of the BAF and risk register.
Workforce / Training	All officers will be trained on the use of the new electronic risk register once it has been completed, in the meantime, the manual register will continue to be updated.

Key Requirements:		**Yes**	**No**
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		✓
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • 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 ***Please provide detail within the body of the report***		✓

Recommendations / Action Required:
The Primary Care Commissioning Committees meeting in Common are asked to: • Receive the manual Risk Register and be assured that risks are being managed. • Note newly identified risk, namely, A1.66. • Be assured those risks on the Register are appropriate and relevant to the Primary Care Commissioning Committees in Common.

Table One

All risks will be classed on the Corporate Risk Register according to scores derived from assessing the *Likelihood* of its occurrence, as against the *Consequence* of it occurring.

Two scores will be created for each risk: for the *Inherent* score (at first identification) and the *Residual* score (after it has been treated: which can also be expanded to a third score – the “target” risk scor

These in turn determine the overall risk status – i.e. a score from 1 to 4 will be Low Risk; a score between 5 and 10 will be Medium Risk; and a score between 12 and 25 will be High Risk.

LIKELIHOOD of Occurrence	Most Likely CONSEQUENCE				
	1= Insignificant	2= Minor	3= Moderate	4= Major	5= Catastrophic
1= Rare	1	2	3	4	5
2= Unlikely	2	4	6	8	10
3= Likely	3	6	9	12	15
4= Highly Likely	4	8	12	16	20
5= Certain	5	10	15	20	25

Likelihood is ascertained through determining the frequency / probability of occurrence:

- *Rare – not expected to occur for years / occurs only in exceptional circumstance (<1% chance)*
- *Unlikely – at least annually / unlikely to occur (1-5% chance)*
- *Possible – at least monthly / reasonable chance of occurring (6-20% chance)*
- *Highly Likely – at least weekly / likely to occur (21-50% chance)*
- *Certain – at least daily / more likely to occur than not (>50% chance)*

Consequence is ascertained through determining the level of severity on the following factors – Injury / Illness (patient or staff), Patient Experience, Complaints / Claims, Service Interruption, HR + OD, F

- *Catastrophic – significant impact (national level), effect, duration, loss and damage*

Version Control			CCG CORPORATE RISK REGISTER (Clinical and Non Clinical Risks)
Version	*13*		
Author			
East Staffs CCG	*Transferred Risks: 11*		
North Staffs and Stoke-on-Trent CCGs	*Transferred Risks: 49*		
Cannock Chase / South East Staffordshire and Seisdon	*Transferred Risks: 31*		
South East Staffordshire and Seisdon Peninsula CCG	*Transferred Risks: 5*		
Cannock Chase CCG	*Transferred Risks: 2*		
Date	*11th October 2018*		
Recommend Closure			

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)	*TARGET SCORE (L x C)*	RESIDUAL SCORE (L x C)	Risk Owner(s)	Directorate	Trend	CCG
A1.54	**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, this may impact across the Staffordshire footprint. GP WTE trajectory 545 wte compare 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 Stoke-on-Trent and Stafford and Surrounds.	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 Staffordshire CCG Stoke-on-Trent C CG Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG East Staffordshire CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 26/09/18**	**16 (4x4)**	1. Workforce plans and action plan developed by GPFV Workforce Programme - approved by NHSE workforce plan, includes recruitment and retention, international recruitment, training and development, new workforce models, Marketing Northern Staffordshire in partnership with BJM. 2. Workforce presentation to September PCC to provide assurance of delivery again plan. 3. International recruitment scheme in progress. Task and Finish Group established. 4. 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. 5. Resilience funding bids approved to support new workforce models in practices - report to October 2018 PCC for assurance. 6. Releasing Time to Care - 990 care navigators trained to direct patients to appropriate services. 7. 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 update. 8. Practice Manager development funding plan continues to be rolled out via the Staffordshire training hub. 9. Baseline Exercise for workforce at Locality Level underway		**16 (4x4)**	Rebecca Woods, Head of Primary Care NHS England (N. Mids/Shrop & Staffs)	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG East Staffordshire CCG
A1.55	**INVESTMENT** LOCAL ENHANCED SERVICES Variation in investment and service provision leading to 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 services by practice populations and services are of high quality and are cost effective. T^he 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 Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**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 e.g. ACM, woundcare, DMARDs.		**4 2X2)**	Melanie Mahon, Head of Commissioning (Planned Care)	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.56	**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 Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 ANDUPDATED 28/09/18**	**16 (4x4)**	1. July 2018: Proposal presented to PCC outlining the budget, 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 likely to slip which will mean the allocation will not be fully spent, therefore proposal to invest into other projects include winter and practice leadership will be developed by October 2018.		**12 (3x4)**	Manir Hussain, Deputy Director of Primary Care	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.57	**ESTATES** PRACTICE LEASES Current lease arrangements pose problems for partnership model in terms of retirements and attracting new partners. UPDATE - 25/09/2018 - Emergent Risk in regards to historical lease arrangements which may result in financial impact on the CCGs	Clinical, Operational, Financial and reputational risks. Failure to support and develop sustainable Primary Care and General Practice.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**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 Hussain, Deputy Director of Primary Care	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG

A1.58	**QUALITY** OUTPATIENT REFERRALS, ADMISSIONS AND A&E ACTIVITY Known variation across Practices within the CCGs which is leading 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 Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**16 (4x4)**	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. Protect Learning Time Programme developed and first session delivered		**12 (3x4)**	Sarah Jeffery, Head of Primary Care	Lynn Millar, Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
A1.59	**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 reputational risks. Risk of inadequate care for the population.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18**	**9 (3x3)**	1. On track to procure and deliver extended access by 1st September 2018 in partnership with the North Staffs Federation. 2. Contract award approved by Governing Body - August 2018.		**9 (3x3)**	Melanie Mahon, Head of Commissioning (Planned Care)	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG
A1.60	**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 reputational risks. Risk of lack of engagement with and by GP member practices, and a lack of clinical input into clinical commissioning.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18**	**6 (3x2)**	1. Primary Care Delivery Group re-established. 2. Management of Change complete and 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 September 2018 PCC.		**4 2X2)**	Sarah Jeffery, Head of Primary Care	Lynn Millar, Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
A1.61	**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 reputational risks.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**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 03/07/18. 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 will commence September 2018. 4. Primary Care Investment Plan reviewing current and future funding will be presented to the Primary Care Commissioning Committee in October 2018.		**6 (3x2)**		Lynn Millar, Director of Primary Care	↓	North Staffordshire CCG Stoke-on-Trent CCG
A1.66	The Staffordshire wide network is made up of core components, namely: 1. N3/Health and Social Care Network (HSCN) link which gives access to clinical systems. 2. Internet links. 3. Wide area network / local network (SSHIS central links and individual practice links. All of these components are at risk of cyber attack or environmental impacts, such as links being impacted by local building work. There is also a risk that overarching infrastructure we use and this impacts our links as has been seen during October/November by 4 outages. There is advanced monitoring across our networks that demonstrate the network is being hacked and our defence systems continue to stop these attacks and manage them effectively. The risk exists and is heightened following the WannaCry incident in 2017.	Clinical, Organisational and reputational risk.	Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 21/11/18**	**16 (4x4)**	**NS\hadlea 21/11/2018 10:30:19 -** CCG continues to work with service providers to ensure the network is safe from cyber attack - which has included the installation of new intelligent services to actively manage/block traffic that is suspicious. New higher capacity links for the clinical systems to use - national migration from N3 to HSCN will deliver wider benefits to the system and improve resilience. The CCG Primary Care Digital Lead is pulling together a report to detail the recent outages and put forward recommendations to support business continuity and security across the area. It is also important to ensure practices are informed ASAP of any threats/issues so review will look at potential solutions to this. Business continuity for primary care will be a focus area for improvement across the footprint so some supportive workshops and a best practice guide for business continuity in relation to system outages will also be pulled together as a collaborative piece of work with CCGs, LMC, Practice reps and service providers (SSHIS,CSU)		**16 (4x4)**	Andy Hadley, Primary Care Digital Programme Lead	Lynn Millar, Director of Primary Care	**NEW**	Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG North Staffordshire CCG Stoke-on-Trent CCG

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

NHS

REPORT TO:

Stoke on Trent and North Staffordshire Clinical Commissioning Groups

Enclosure:	**5.3**

Report to:	**Primary Care Commissioning Committees Meeting in Common - North**

Title:	**Delegated Commissioning Month 7 2018/19**

Meeting Date:	4 December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Alistair Mulvey	Y	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 7 position for North Staffordshire and Stoke on Trent CCG's – underspends of £66k and £45k respectively - and the continued forecast of a year-end breakeven position. This paper provides an update on performance against the primary care budgets as at Month 7. The Committee is asked to note the financial position at Month 7.

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	

NHS

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

Recommendations / Action Required:
The Primary Care Committee 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 7.

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**

The increase in Global Sum has now been actioned and practices have been reimbursed backdated to 1st April. This has led to a year to date overspend of £220k partially mitigated by a £75k underspend on the Demographic Growth.

Enhanced services are currently reporting a year to date underspend of £56k, due to Minor Surgery and the Violent Patients service, Seniority payments are currently £14k underspent whilst premises are overspent by £10k.

Reserves are contributing £153k to the Month 7 position giving an overall underspend of £66k.

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**

The increase in Global Sum has now been actioned and practices have been reimbursed backdated to 1st April. This has led to a year to date overspend of £534k partially mitigated by a £81k underspend on the Demographic Growth.

Enhanced services are currently reporting a year to date underspend of £2k, due to the Violent Patients service overspend of £40k mitigated by underspends on both the Extended Access and Minor Surgery services.

Premises are reporting an over-spend of £191k due to Willowbank rent.

Reserves are contributing £686k to the Month 7 position giving an overall underspend of £45k.

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.

North Staffs CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	10,806	11,026	220	18,524	18,524	0
PMS	340	340	-0	583	583	0
APMS	453	454	1	777	777	0
PMS Reinvestment	256	256	0	440	440	0
Demographic Growth	75	0	-75	129	129	0
	11,931	12,077	146	20,453	20,453	0
Enhanced Services						
Extended Hours	93	91	-1	159	159	0
LD Health Checks	65	65	0	131	131	0
Minor Surgery	114	95	-19	195	195	0
Violent Patients	37	2	-36	64	64	0
TPP Qrisk	0	0	0	0	0	0
	309	253	-56	547	547	0
Other Services						
Dispensing & Prescribing	501	501	0	901	901	0
CQC Fees	140	141	1	140	140	0
Locums	107	107	0	183	183	0
Seniority	121	107	-14	244	244	0
Named GP for Safeguarding	14	14	0	25	25	0
Medical Fees	7	7	0	11	11	0
	889	876	-13	1,505	1,505	0
Premises						
Rents	1,368	1,395	26	2,375	2,375	0
Rates	271	252	-19	319	319	0
Water Rates	23	25	3	39	39	0
Clinical Waste	42	42	0	72	72	0
	1,704	1,714	10	2,805	2,805	0
QOF	1,254	1,254	0	3,072	3,072	0
Reserves						
0.5% Contingency Reserve	0	0	0	145	145	0
Balance to Allocation Reserve Discretionary	153	0	-153	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	4	4	0	7	7	0
Prior Year Balances	0	0	0	0	0	0
	157	4	-153	300	300	0
Sub Total	**16,243**	**16,177**	**-66**	28,681	28,681	0
	16,243	**16,177**	**-66**	**28,681**	**28,681**	**0**

Stoke on Trent CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	12,569	13,061	492	21,543	21,535	-8
PMS	941	999	59	1,613	1,613	0
APMS	2,672	2,655	-16	4,580	4,580	0
PMS Reinvestment	331	331	0	567	567	0
Demographic Growth	85	4	-81	146	146	0
	16,597	17,050	453	28,448	28,440	-8
Enhanced Services						
Extended Hours	107	88	-19	184	184	0
LD Health Checks	126	126	0	252	252	0
Minor Surgery	157	135	-23	270	270	0
Violent Patients	9	49	40	16	16	0
TPP Qrisk	0	0	0	0	0	0
	400	398	-2	721	721	0
Other Services						
Dispensing & Prescribing	134	134	0	231	231	0
CQC Fees	187	185	-2	187	187	0
Locums	122	143	21	209	209	0
Seniority	128	109	-19	259	259	0
Named GP for Safeguarding	14	14	-1	25	33	8
Medical Fees	17	17	0	29	29	0
	601	601	-0	939	947	8
Premises						
Rents	2,146	2,325	179	3,724	3,724	0
Rates	331	338	7	416	416	0
Water Rates	28	33	5	49	49	0
Clinical Waste	58	58	0	99	99	0
	2,563	2,753	191	4,287	4,287	0
QOF	1,599	1,599	0	3,915	3,915	0
Reserves						
0.5% Contingency Reserve	0	0	0	197	197	0
Balance to Allocation Reserve Discretionary	686	0	-686	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	14	14	0	24	24	0
Prior Year Balances	0	0	0	0	0	0
	700	14	-686	1,253	1,253	0
Sub Total	**22,459**	**22,414**	**-45**	39,562	39,562	0
	22,459	**22,414**	**-45**	**39,562**	**39,562**	**0**

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

REPORT TO:

Stoke on Trent and North Staffordshire Clinical Commissioning Groups

Enclosure:	**5.4**

Report to:	**Primary Care Commissioning Committees Meeting in Common - North**

Title:	**NHS England Merger Policy**

Meeting Date:	4 December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Lynn Millar, Director of Primary Care and Medicines Optimisation		Terrance Chikurunhe, Primary Care Lead, NHSE

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

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

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

This report presents the NHS England Merger Policy which applies to all requests for all GP merger requests. GP Practice Mergers are covered under the Primary Medical Care Policy **Chapter 7** (Contract Variations) **Section 7.11** (Practice Mergers and/or Contractual Mergers). (Appendix 1)

At the request of the Committee, this report is being presented for information and discussion. As with all policies, this policy allows commissioners to ensure consistency in decision making and reduces the possibility of challenges.

For Stoke and North Staffordshire CCGs, it should also be noted that this policy is currently complimented by additional supplementary approaches:

1. Human Resources Support of up to £5000 if the merger is approved to go ahead;
2. Support for clinical system merger costs in line with the current GP System of Choice (GPSoC) *(TPP SystmOne, Emis Web, InPS Vision and Microtest Evolution).* GP Systems of Choice is a contractual framework to supply IT systems and services to GP practices and associated organisations in England. It makes sure GPs and practice staff have access to the best technology to support patient care. The current GPSoC contract ends in December 2018 according to NHS Digital. A new GP IT delivery is being designed that includes commercial, technical and operating arrangements.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
This policy allows the CCG to make decisions on proposed mergers in line with a consistent policy.

Implications:	
Legal and/or Risk	The policy allows the CCG to make consistent decisions on Mergers without exposing the organisation to legal challenge or litigation.
CQC	The merger process from a contractual perspective also means the requirements of CQC in terms of notification and change of organisational status.
Patient Safety	The process seeks assurance for Patient Safety.
Patient Engagement	The process also seeks assurance on Patient Engagement.
Financial	All mergers are subject to supplementary CCG agreements on Human Resources Support of up to £5000 and IT merger costs in line with the current GP System Of Choice (GPSoC) *(TPP SystmOne, Emis Web, InPS Vision and Microtest Evolution).*
Sustainability	The policy also addresses the issues of sustainability for practices going through the merger process.
Workforce / Training	N/A

Key Requirements:		**Yes**	**No**
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		**N/A**
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • 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 ***Please provide detail within the body of the report***		**N/A**

Recommendations / Action Required:
The Primary Care Commissioning Committee is asked to: • Consider the Merger Policy for discussion and information; • Consideration should be made to the fact that this is a standing NHS England Policy that applies to primary care proposals for GP practice mergers.

7.11 Practice Mergers and/or Contractual Mergers

7.11.1 A GP or partnership may hold more than one form of primary care contract with a Commissioner. For example a GMS contractor can also be a party under a PMS agreement and vice versa and/or a company may, for example hold several GMS contracts.

7.11.2 This flexibility has enabled GP practices to come together in varying ways to provide support for each other, expand on the services available and/or resolve premises issues and achieve economies of scale, though each will have their own reasons for coming together.

7.11.3 The overarching issues for the Commissioner to consider when any such proposal is made are the benefits to patients and the financial implications of the practice merger.

Practice merger models

7.11.4 There are many ways in which practices may seek to come together. The most common are listed below but Commissioners should recognise that a proposed practice merger may fall into one or more of the models below or may propose a different approach:

7.11.4.1 **Model 1: GP providers agree loose arrangements such as sharing back office functions or management staff or may even create a new legal entity to manage and oversee the delivery of services under the GP contracts. This is not a formal merger and the contracts with the Commissioner will not change (this model is often referred to as a contractual joint venture).**

7.11.4.2 **Model 2: The GP partners from Practice A may join the partnership of Practice B and vice versa. The new partnership may continue to hold the two separate contracts but will have merged at an operational level.**

7.11.4.3 **Model 3: GP partners from Practice A join the partnership of Practice B and Practice A ceases trading. The Commissioner terminates Practice A's contract and varies Practice B's contract to include the services originally provided by Practice A. This may happen with more than two practices so that the larger partnership holds one larger contract for services originally provided by a number of practices under a number of contracts. The parties are likely to enter into a business transfer agreement for the transfer of assets and staff.**

7.11.4.4 **Model 4: GP providers come together to create a new legal entity (for example, the GP partners become shareholders of a new company limited by shares). This may involve:**

- novating the existing GP contracts to the new entity;
- terminating the majority of the existing GP contracts and varying one to include all existing services; or
- terminating the existing GP contracts and directly awarding a new contract to the new entity.

7.11.5 Practice mergers can be complex matters which should not be approached lightly by either the contractors or the Commissioner. Where a practice merger requires amendments to the practice contracts, the final commissioning decision on whether contracts should be amended to effect the proposed merger, lies with the Commissioner and there are a number of important issues that would need to be considered, prior to giving consent. An overview of the potential

issues is set out below. This is by no means an exhaustive list and the Commissioner should refer to and seek appropriate guidance in each case to ensure that all relevant matters are considered.

Benefits to patients

7.11.6 The Commissioner should consider the following matters in relation to the effect of the proposed practice merger on patients:

7.11.6.1 how patients would access a single service;

7.11.6.2 what would the practice boundary be (inner and outer);

7.11.6.3 assurances that all patients will access a single service with consistency across provision, i.e. home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on, single IT and phone system;

7.11.6.4 premises arrangements and accessibility of those premises to patients; and

7.11.6.5 proposed arrangements for involving the patients about the proposed changes, communicating the change to patients and ensuring patient choice throughout.

Costs/value for money

7.11.7 A contract merger is likely to merge two contracts with differing values, this would have an 'averaging' effect, possibly resulting in a higher cost per head of population under a single contract than the Commissioner would have expected. For example:

7.11.7.1 practice A attracts £120 per patient with a list size is 1,400;

7.11.7.2 practice B attracts only £90 per patient but has a list size of 5,000;

7.11.7.3 practice A's contract value by registered population = £168,000;

7.11.7.4 practice B's contract value by registered population = £450,000;

7.11.7.5 total cost to the Commissioner = £618,000;

7.11.7.6 a merger would result in a list size of 6,400 patients and as result the per patient cost would require renegotiation

7.11.8 There may be other financial arrangements that need to be considered including but not limited to:

7.11.8.1 the impact of directions under the Statement of Financial Entitlements, or any specific terms included in the individual contracts;

7.11.8.2 QOF - merging contracts midway through a financial year in respect of QOF achievements and payments is enormously complex and requires significant safeguards to be built in to ensure there is no duplication of payments at year-end. There will also be an averaging of the arrangements and achievements in this respect too. For example:

- practice A has always achieved highly against each indicator of QOF;
- practice B has struggled to meet the criteria under several of the indicators;
- the results of a merger might be a single practice with mediocre achievement against aspirations and this would affect the aspirational payment that the single contract would attract; and

7.11.8.3 **premises reimbursements.**

General duties of NHS England

7.11.9 The general duties of NHS England/the Commissioner are likely to be relevant to a decision by the Commissioner to approve a practice merger that results in changes to the way services are delivered.

7.11.10 As set out in the relevant chapter on NHS England's general duties, section 13Q of the NHS Act 2006 requires NHS England to make arrangements to involve the public in the commissioning of services (see the box at the end of this section in relation to CCG duties). The requirements are triggered if there are proposals that mean that patients would experience a change to the range of services available or the manner in which they are delivered (e.g. if a practice is closed following a practice merger).

7.11.11 As set out in the chapter on NHS England's general duties, NHS England has published guidance on section 13Q in the form of "The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning" (the "Statement").

7.11.12 The Statement sets out that a change in the GP delivering the service is not usually enough to trigger the duty but that care must be taken if a change in personnel makes services less accessible to patient groups (e.g. because patients wish to be treated by someone of the same religion and gender as them). Where a practice merger may result in a change of the personnel delivering the service, the Commissioner should be alert to this.

7.11.13 In practice, what will be sufficient in terms of patient involvement is very context specific. The extent of the patient engagement activities required will depend on a number of factors including the extent of the impact any changes will have. As a general rule, the greater the extent of changes and number of people affected, the greater the level of activity that is likely to be necessary to achieve an appropriate level of public involvement.

7.11.14 Generally speaking, to meet the section 13Q duty, involvement needs to apply to and inform the whole decision making process, but this does not mean that patients need to be actively involved at every moment. Provided involvement is suitably built into the overall process, its timing can be arranged at stages to suit the Commissioner's decision-making processes. In particular, it is not necessary to involve patients immediately at the outset of any planning/consideration/decision making process in relation to any proposals of the commissioning of new services, provided patient involvement is planned for some early stage in the process. The plans for patient involvement should be clearly documented from the outset and the Commissioner should consider liaising with patient representative groups, such as local Healthwatch or the practices' patient participation group.

7.11.15 The timing of public involvement is again a matter of broad discretion for the Commissioner. However, any involvement should be meaningful. As such, the Commissioner should involve patients at the time proposals are developed and considered. Overall, it is helpful to bear in mind the "Gunning" principles (these are used to judge whether or not a consultation exercise has been "fair" but are useful when making arrangements for patient and public involvement), as follows:

- **Involvement should take place when the proposal is still at a formative stage;**
- **Sufficient information regarding the proposals should be provided, to allow meaningful involvement;**
- **Adequate time should be given for consideration of the information provided and for response;**
- **The product of the involvement should be conscientiously taken into account by the decision-maker.**
- **Separately, bearing in mind the Commissioner's equalities responsibilities, the Commissioner should consider carrying out an Equality Impact Assessment, to**

check whether any specific groups of people require specific or enhanced forms of involvement.

Competition

7.11.16 A key question in relation to whether a practice merger raises any competition issues is whether the GP practices cease to be distinct, since for merger control purposes, this means they have to be brought under some form of common ownership or common control. This could happen under certain types of merger model (for example, via a corporate structure), but by no means all.

7.11.17 If no one party has a sufficient degree of ownership or control over the practice merger (usually via a shareholding exceeding 25%) then the whole arrangement would remain a contractual one. However, if a party has a 25% or more shareholding, a "relevant merger situation" could be created, meaning that the Competition and Markets Authority ("CMA") would then have the right to examine the practice merger, and whether it poses the risk of a substantial lessening of competition in any market in the UK. There are few recent competition decisions relating to practice mergers. In 2013 an arrangement between SSP Health Ltd and Sefton and Liverpool Primary Care Trust under which SSP Health managed and operated 22 GP practice in Merseyside was found not to be a relevant merger situation.

7.11.18 The outcome of any examination by the CMA is not easy to predict. However, in NHS hospital mergers the issue is usually whether, if the CMA identifies a risk of a substantial lessening of competition, that risk is counterbalanced by benefits for patients. Therefore, the commissioner should clearly articulate the benefits of delivering Primary Care at scale in its Primary Care strategy.

7.11.19 Additionally there are competition law prohibitions on anti-competitive agreements and practice and the abuse of a dominant position. There is, however, some uncertainty as to how competition law applies in detail to the activities of GPs operating solely within an NHS contractual framework.

7.11.20 Competition law would most likely apply to the collaborative arrangements underpinning a practice merger where services could also be supplied by private sector operators. The main areas to watch would be to avoid any commercial restrictions agreed between GPs which go further than is strictly necessary to make the collaboration work; to keep the exchange of commercial and pricing information between GPs to the minimum; and (if a practice merger comes to have a very strong local position, giving it an effective monopoly) to avoid abusing that dominant position (by, for example, discriminating against private competitors, or otherwise behaving unfairly).

7.11.21 The NHS (Procurement, Patient Choice and Competition) Regulations 2013 ("PPCC") (enforced by NHS Improvement) also require Commissioners not to engage in "anticompetitive behaviour" when commissioning health care services for the purposes of the NHS, unless to do so is in the interests of people who use the services. This includes where services are provided in an integrated way and when providers co-operate to provide the services to improve the quality of the services. The Commissioner should therefore consider, case-by-case, whether a merger is likely to improve the quality of the services and record this decision.

7.11.22 "Arrangements" for the provision of health care services for the purposes of the NHS must not include terms or conditions restricting competition which are not necessary to attain outcomes beneficial for the users of services, or to the general objective of procuring high quality health care services. Again, the Commissioner can assure itself that it is not in breach of this by always considering the impact on the quality of the services following a merger.

7.11.23 The PPCC require the Commissioner to have regard to how it enables providers to compete to provide the services and allow patients a choice of provider of the services. Providing

that the Commissioner considers this against the overall duty to improve the quality of services it will satisfy this requirement – this is not an absolute obligation to ensure that patients have a choice of provider.

7.11.24 The Commissioner will be aware of its duty to ensure that it maintains a record of any contract award detailing how the award complies with its duties under sections 13D, 13E and 13N (for NHS England) and sections 14Q, 14R and 14Z1 (for CCGs) of the NHS Act 2006 (i.e. duties as to effectiveness, efficiency etc., improvement in quality of services and promoting integration). It is essential for the Commissioner to keep an audit trail of decisions made and have a clear approval process for mergers.

7.11.25 In addition to considering the changes that GP mergers bring to the provision of core primary care, the Commissioner also needs to consider the (potentially) dominant or strong market position of such GP providers in the market in respect of future opportunities. Currently core primary care services and locally enhanced services are dominated by GP providers but as new business models ("NBM") (for example, Multispecialty Community Providers (MCP) and Primary and Acute Care Systems (PACS)) are developed and put out to competition, large GP providers will be in a strong position to bid for these opportunities or partner with Trusts or other potential providers to form joint ventures to hold such contracts, restricting the available opportunities for other providers to provide services in that area.

7.11.26 Not only could NBM contract-holders provide the majority of services in an area but they will be able to control the way that services are delivered, appointing subcontractors as required, and changing the scope of services to meet the contractual outcomes. This could put them in strong market positions, possibly creating local situations of dominance or monopoly. Under these circumstances, either NHS Improvement or the CMA may be alert to possible abuses of dominance, like long term exclusivity or discriminatory behaviour. The Commissioner will need to continue to monitor this position.

Procurement

7.11.27 Practice mergers often require the Commissioner to either:

1.1.3 mutually agree the termination of existing contracts and directly award a new contract to a new legal entity; or

1.1.4 terminate existing contracts and then significantly vary one contract to add all of the terminated services.

7.11.28 The Commissioner's consent is required to vary the services, performance standards or pricing etc. of any GP contract.

7.11.29 The Public Contracts Regulations ("PCR") 2015 are clear that a material variation to a public contract is likely to require a new procurement procedure as the varied contract will be deemed a new contract for procurement purposes.

7.11.30 There are a number of exceptions to the basic principle that a modified contract will be a new contract requiring a procurement process. These are set out in Regulation 72 of the PCR 2015.

7.11.31 The most relevant exception is at Regulation 72(1)(d) which enables the Commissioner to vary public contracts "where a new contractor replaces the one to which [NHS England] had initially award the contract as a consequence of…universal or partial succession into the position of the initial contractor, following corporate restructuring, including takeover, merger….etc." The new contractor will need to fulfil the criteria for qualitative selection (i.e. the PQQ) initially established (we appreciate that this may not be the case for GP contracts which are not always procured and may have been in place for a considerable number of years) and this Regulation cannot be relied on if the aim is to circumvent the procurement rules.

7.11.32 This means that where the initial contractors (here, the individual GP practices) merge with each other their contracts can be varied to enable the new entity (which may be a new corporate entity or a wider group of partners) to hold the larger, varied contract, the Commissioner may not need to procure this new / varied contract.

7.11.33 Pursuant to the PPCC, the Commissioner must consider appropriate means of improving the quality and efficiency of services which may include allowing providers to compete and giving patients a choice of provider. When GP practices merge, this may reduce patient choice and can be problematic in small towns where there has been an irrevocable breakdown in the relationship between the patient and contractor. In these circumstances, if all of the local GP practices merge then that contractor will be a provider of all of the available GP services in the locality which may cause an issue for that particular patient.

Other matters

7.11.34 This may include but is not limited to the effect of the practice merger on:

- **the provision and/or contracting of additional services such as locally commissioned services; and**
- **out of hours opt-outs; and**

Mergers generally

7.11.35 In general terms contractual mergers should only be considered in cases of like-for-like contracts, i.e. GMS with GMS and PMS with PMS because of the differences in terms and financial arrangements. However, this does not remove the ability of a PMS provider to request to merge its business with a GMS provider and eventually work under one form of contractual terms.

7.11.36 Commissioners should advise contractors to seek guidance from their representative bodies in this instance to ensure they follow due process and are fully aware of the implications.

7.11.37 It is essential that patients from the terminating contract are included under the remaining contract through bulk transfer where possible to avoid additional cost pressure.

7.11.38 The Commissioner must bear in mind that even avoiding this additional cost, once patients are under the new contract, the Carr-Hill formula will be applied and may even then increase the cost of the transferring patients based on one of the other factors, such as rurality, when it may not have applied to the terminating contract.

7.11.39 The Carr-Hill allocation formula is used to adjust the global sum payment for a number of local demographic and other factors, which may affect a practice workload. For example, a practice with a large number of elderly patients may have a higher workload than one that primarily cares for commuters.

7.11.40 The factors included in the Carr-Hill formula are:

- **patient age and gender (used to reflect frequency of home and surgery visits);**
- **additional needs: standardised mortality ratio and standardised long-standing Illness for patients under the age of 65 years;**
- **number of newly registered patients (generate 40% of work in first year);**
- **rurality;**
- **costs of living in some geographical areas ; and**
- **patient age/gender for nursing/residential consultations.**

7.11.41 The Commissioner may request that **practices proposing to merge collectively submit a business case** (a sample business case is provided at Annex 12A) which the Commissioner can use to base its decisions on whether to approve the merger and the consequential contract variations. A template mobilisation plan for practices to tailor and submit with their business case is provided at Annex 12B.

7.11.42 The Commissioner will need to amend the template business case to ensure it requests all the relevant information in respect of the merger. The Commissioner should therefore seek to engage with the practices early in the development process to shape the business case and to liaise with the practices on any amendments or updates to the business case to enable the business case to be as comprehensive as possible prior to the Commissioner making its decision.

Co-commissioning - delegated commissioning arrangements

A CCG that has delegated commissioning arrangements will have entered into a Delegation Agreement with NHS England setting out the scope of those arrangements.

The Delegation Agreement includes a section on approving GP practice mergers and closures. When carrying out such actions, the CCG is required to act in accordance with the Delegation Agreement which includes but is not limited to:

- undertaking all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the LMC;

- prior to making any decision, clearly demonstrating the grounds for such a decision and fully considering any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options and has entered into dialogue with the GP contractor as to how any closure or merger will be managed; and

- in making any decisions, taking account of the CCG's obligations as set out in the Delegation Agreement in relation to procurement, where applicable.

7.11.43 Annex A - Template Business Case for Practice Merger

1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

2. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)			
Contract type (GMS, PMS, APMS)			
Name of contractor(s)			
Location (provide addresses of all premises from which practice services are provided)			
Practice area (provide map of area)			
List size (provide figure)			
Number of GPs and clinical sessions (provide breakdown)			
Number of other			

practice staff (provide breakdown)			
Number of hours of nursing time (provide breakdown)			
CCG area(s) (list CCG(s) in which practices are located)			
Which computer system/s (list system(s) used)			
Clinical governance/ complaints lead and systems (provide names)			
Training practice (yes/no)			
Opening hours (list days and times)			
Extended hours (list days and times)			
Enhanced services (list all enhanced services delivered)			
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)			

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	
IT	
TUPE	
Redundancy	
QOF	
Pension/seniority	
MPIG/PMS Premium	
Dispensing	

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	
Access	
Primary Care Web Tool	
Recent of ongoing	

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
breaches of contract	
Recent or pending CQC matters	
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	
Will there be any cessation of services post-merger?	
Will there be a reduction of hours for which services are provided post-merger?	
Will there be a change in the hours at which services are provided?	
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	

5. Patient and stakeholder engagement

Please provide comments on the following matters.	
Have the practices engaged with patients	

Please provide comments on the following matters.	
and/or stakeholders on the practice merger?	
Do the practices intend to engage with patients/stakeholders?	
When did/will you engage with patients/stakeholders?	
In what form did/will you engage with patients/stakeholders?	
With whom did/will you engage?	
If you have already carried out engagements, what was the outcome?	

6. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.

7. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.

8. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.

8. Additional information

Please provide any additional information that will support the proposed practice merger.

9. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
[name]	[signature]
[name]	[signature]
[name]	[signature]

7.17.44 – Annex B Template Mobilisation Plan for Practice Merger

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
1. Patients						
1.1 Communication	Draft letter for patients		Practice	Letters to include details of: • Neighbouring practices, • PALS / Health Watch • FAQs such as o Next steps, o Contact details of new practice o Background new practice - Introduction o Prescriptions o Referrals		
	Distribution of letter to patients		Practice	Practice to arrange distribution		
	Telephone message to be put onto practice telephone.		Practice			
	Notice on doors & local pharmacy		Practice			
	Consider welcome message / patient group work		Practice	Practice to consider: • Patient group invite • Welcome Leaflet		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
				• Poster		
1.2 Records	Medical records		Practice			
1.3 Clinical Overview	Share Plan with Medical Director		Commissioner			
2.1 Communication	Inform staff of current situation and options.		Practice			
3.1 Lease	Ensure premises lease are in place		Practice			
4.						
	• IT Plan		Practice	○		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
4.2 BSU Transfer of Patients	• BSU/ LASCA – merger of registered patients		Practice	Practice need to confirm pooled list or GP List Update practice information Agreed dates		
5.						
5.1 OTMG / RRMG	Letter to Practice 3 to confirm approval for merger		???			
5.2 Practices	Letter/email to neighbouring practices to inform of merger confirmation		Practice			
5.3 Overview and Scrutiny	Liaise with overview and scrutiny to confirm merger date.		Practice			
5.4 LMC	Communication with LMC to confirm merger date.		Practice			
5.5 PCT comms team	Email to comms to inform them of potential media interest		Practice /Commissioner			
s Pro vid er arm	District Nurses/Health Visitors to be notified to liaise with		Practice			

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	patients on caseload.					
	Palliative care manager to be informed to liaise with nurses.		Practice			
	Common Mental Illness – all mental health workers to be notified and liaise with patients.		Practice			
	Severe and Enduring Mental Health		Practice			
	Mental Health Trust		Practice			
	Midwifery		Practice			
	Business Managers at FT's to be informed		Practice /Commissioner	Patients Discharged from Hospital Local Hospitals and Trust Mental health trust Ambulance Service		
5.7 PALS	Inform PALS and complaints of merger		Practice	Inform of contact details for practice		
5.8 BSU	Need to update lists/practice information		Commissioner			
	Inform courier services		Practice			
5.9 CCG	Need Email to CCG to cascade to Directors.		Practice			

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
5.10 OOH	Need to notify OOH - NHS111		Practice			
5.11 Regional Team	Notify directors of regional NHS England team		Commissioner			
5.12 Notify other agencies	Local Pharmacies		Practice			
	Local Hospitals					
	Business Services agency (BSA)					
	SHA					
6.						
6.1 Contract	Need to prepare contract schedule to reflect contract termination / merger contract value		Finance	Finance to prepare and agree sign off with practice Capitation list size 31st March		
6.2 Exeter / QMAS	Administer closure of contract on Exeter system/QMAS		Commissioner			
	Practice to print off copy of population manager		Practice			
6.3 Bank Accounts	Payments and recoveries		Practice	To confirm: • New / same bank accounts • If new bank account confirm term		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
				for old account staying open for payments and recoveries		
7.						
7.1 Contractual	Contract Variation to add all Partners to contract		Commissioner	Date to be confirmed		
	Confirm Practice agreement in place		Practice / Commissioner			
	Termination notice		Commissioner			
	Confirmation of provider name		Practice	To confirm if name is staying the same or changing		
7.2 BSU	BSU/LASCA to add end date to the Exeter contract and transfer patients		Commissioner	BSU to update contract details and transfer patients		
8. ACTIONS FROM PATIENT ENGAGEMENT						
8.1 Appointments	Capacity of appointments		Practice	• Two new GPs appointed at Practice 1; • Following merger existing clinics to be reviewed to consider better allocation across the two sites; • Following merger cross site working to be implemented for clinicians, and; • Following merger structural changes to be made at Practice 2 site to accommodate more clinical sessions to increase appointment availability.		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Continuity of GP		Practice	• The practices have discussed with patients that they will still be able to see their doctor although it may be at either Practice 1 or Practice 2. The practice will monitor continuity of care throughout the merger.		
8.2 Adequate facilities	Telephone System		Practice	• The practice has informed patients that there will be one improved telephone system which will be based at Practice 1 with multiple lines to improve access to the practice.		
	Capacity of waiting room		Practice	• Following merger existing clinics to be reviewed to consider better allocation across the two sites; • Following merger cross site working to be implemented for clinicians,		
8.3 Staffing	Concerns for staff		Practice	• The practice have informed patients that the merger will be a significant change for all, we plan to work will all of the staff to ensure a smooth positive change with benefits for our staff and patients.		

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

NHS

REPORT TO:
Stoke on Trent and North Staffordshire Clinical Commissioning Groups

Enclosure:	**6.1**

Report to:	**Primary Care Commissioning Committee Meeting in Common - North**

Title:	General practice quality assurance quarterly update report North Staffordshire and Stoke on Trent

Meeting Date:	4th December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Lynn Millar – Executive Director of Primary Care and Medicines Optimisation	Y	Tracey Cox – Primary Care Development Lead Wendy Henson – Primary Care Quality and Safety Manager (NHSE)

Clinical Lead(s) Reviewer:	**Links to the STP Y/N (if Y, which programme):**
N/A	Y – Sustainable general practice

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

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

The purpose is to provide the Primary Care Commissioning Committee in Common with a quarterly report in regard to general practice quality for North Staffordshire and Stoke on Trent GP practices for assurance.

This update includes:

1. CQC Inspection ratings as at 14th November 2018
   - New reports published:
     - Betley Surgery (North Staffordshire CCG) – rated good overall
     - Cobridge Surgery (Stoke on Trent CCG) – rated good overall
     - Harley Street Medical Centre (Stoke on Trent CCG) – rated good overall.

   Therefore 97% of practices across both CCGs are either rated as good or outstanding overall.
2. Primary Care quality quarterly review meeting outcome – 12th November 2018
3. Upheld complaints as at September 2018
   - 2 upheld for North Staffordshire CCG
4. Friends and Family test (FFT) as at August 2018 reporting period
5. Primary care quality leads group feedback – 22nd October 2018
6. Learning, development and education
7. Quality visit programme 2018/19 including long term conditions visits
8. National GP Patient Survey results by CCG (published August 2018)
9. Improvement and Assessment Framework – Sepsis

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

Implications:	
Legal and/or Risk	The challenge of practices in achievement of key targets, possible reduced engagement due to primary care workload.
CQC	Support is linked to practices achieving a positive CQC inspection.
Patient Safety	Supports high quality safe primary care.
Patient Engagement	Feedback from patients is used to triangulate quality improvement measures.
Financial	Achievement/non-achievement of key targets could impact on overall financial position.
Sustainability	Supports a sustainable primary care system.
Workforce / Training	Supports workforce and skill mix in primary care including education and training.

Key Requirements:		**Yes**	**No**
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		**N/A**
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • 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 ***Please provide detail within the body of the report***		**N/A**

Recommendations / Action Required:
The Primary Care Commissioning Committee is asked to receive this report as assurance on the work being undertaken in relation to general practice quality.

General Practice Quality Report for North Staffordshire and Stoke on Trent GP practices

1.0 CQC inspection ratings (overall rating) as at 14th November 2018

	North Staffordshire CCG	Stoke on Trent CCG
Outstanding	4	2
Good	26	41
Requires Improvement	1	1
Inadequate	0	0
Total	31*	44

1.1 North Staffordshire CCG

1.1.1 Care Quality Commission (CQC) - Summary of CQC inspection ratings as at 14 November 2018 where any overall or domain ratings are less than good, any updated inspections within the last quarter or where any inspections are due.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Alton Primary Care Centre	16.03.2018	Good	Good	Good	Good	Good	Requires Improvement	Action plan in place to address RI area with the CQC.
Betley Surgery	16.10.18	Good	Good	Requires Improvement	Good	Good	Good	Comprehensive inspection completed 16/10/18 now rated good overall. Action plan in place to address RI area.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
R J Mitchell Medical Centre	06.02.18	Requires Improvement	Inadequate	Good	Good	Good	Requires Improvement	Awaiting inspection under new registration. However the practice is due to merge on 1st January 2019 with Loomer Road Practice and will therefore require an inspection under the newly merged practice.

*The CQC have now combined Midway Medical Centre with Lyme Valley Medical Centre and therefore have an overall rating of good and are good across the 5 domains. The rating relates to an inspection on 28th May 2015 to Lyme Valley Medical Centre. The CCG are working with the CQC to understand this. The table below is the archived rating for the practice following the inspection on 01.02.2016.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Midway Medical & Walk-in Centre	01.02.16	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement	Good	Archived inspection as now inspection is combined with Lyme Valley Medical Centre

1.1.2 Care Quality Commission (CQC) inspection visit reports published since the last report to PCCC

Practice	Date of visit	Date of publication	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Betley Surgery (Dr N Patel)	15.12.17	12.01.18	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement
	16.10.18	12.11.18	Good	Good	Requires improvement	Good	Good	Good

Extract from the Overall Summary Section.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Update the recruitment policy so that it reflects legal requirements
- Consider systems to reconcile safeguarding registers with the health visiting team
- Complete a formal risk assessment to record the processes non-clinical staff followed to protect themselves and patients in the absence of immunisation for hepatitis B
- Consider ways of gathering feedback from the virtual patient participation group to shape and improve services.

The full report is available on the CQC website and can be located using the link:
https://www.cqc.org.uk/sites/default/files/new_reports/AAAH8900.pdf

1.2 Stoke-on-Trent CCG

1.2.1 Care Quality Commission (CQC) - Summary of CQC inspection ratings as at 14 November 2018 where any overall or domain ratings are less than good, any updated inspections within the last quarter or where any inspections are due.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Adderley Green Surgery	08.08.17	Good	Good	Good	Good	Requires Improvement	Good	Action plan in place to address RI area with the CQC.
Blurton Health Centre	09.08.17	Good	Good	Good	Good	Good	Requires Improvement	Action plan in place to address RI area with the CQC.
Cobridge Surgery	01.10.18	Good	Good	Good	Good	Good	Good	Comprehensive inspection 01.10.18 now rated good overall and in all domains
Dr A K Sinha	03.01.18	Good	Requires Improvement	Good	Good	Good	Good	Inspection undertaken 6/11 - outcome expected
Foden Street Surgery	19.09.17	Good	Requires improvement	Good	Good	Good	Good	Inspection undertaken 23.10.18 - outcome expected
Furlong Medical Centre	22.11.17	Good	Good	Good	Good	Requires Improvement	Good	Inspection undertaken 12.11.18 - outcome expected
Harley Street Medical Centre	01.10.18	Good	Good	Good	Good	Good	Requires improvement	Comprehensive inspection completed 01.10.18 improvement made and now rated good overall. Action plan in place to address RI area with

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								the CQC.
Merton Street Surgery	04.12.17	Good	Good	Good	Good	Good	Requires improvement	Action plan in place to address RI area with the CQC.
Orchard Surgery	22.01.18	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement	CCG and NHSE meeting to take place with the practice imminently to review progress and provide support.
Tunstall Primary Care (merged Dr C Bose & Dr Sonnathi and Packmoor)	22.06.18	Good	Requires Improvement	Good	Good	Good	Good	Action plan in place to address RI area with the CQC.

1.2.2 Care Quality Commission (CQC) inspection visit reports published since the last report to PCCC

Practice	Date of visit	Date of publication	Overall rating	Safe	Effective	Caring	Responsive	Well Led
Cobridge Surgery	02.09.15	29.10.15	Requires improvement	Good	Good	Good	Good	Good
	01.10.18	24.10.18	Good	Good	Good	Good	Good	Good

Extract from the Overall Summary Section.

The CQC report identified the following areas where the provider should make improvements:

- Review routine immunisations for all staff that have direct contact with patients, including reception staff, to ensure they are up to date

- Consider ways of updating reception staff in the identification of a rapidly deteriorating patient and the escalation process to follow
- Complete a formal risk assessment to record the processes GPs followed regarding assessment of emergency medicines taken on home visits
- Introduce safety netting processes to support prescribing against all current national prescribing guidance and MHRA alerts.

The full report is available on the CQC website and can be located using the link:
https://www.cqc.org.uk/sites/default/files/new_reports/AAAH8299.pdf

Harley Street Medical Centre	05.09.17	13.10.17	Requires improvement	Requires improvement	Requires improvement	Good	Good	Good
	01.10.18	24.10.18	Good	Good	Good	Good	Good	Requires improvement

Extract from the Overall Summary Section.
All six specific service areas are rated as good.
The CQC report identified the following areas where the provider should make improvements:

- Introduce a system which enables clear oversight on clinical staff indemnity insurance
- Continue to review the electronic policy and procedure systems to enable ease of access for staff
- Regularly review the risk assessment now in place for medicines not held at the practice for use in an emergency
- Implement safeguard policy updates in line with local and national guidance changes
- Improve staff awareness on how to check that the vaccine fridge temperature ranges are appropriately set.

The full report is available on the CQC website and can be located using the link:
https://www.cqc.org.uk/sites/default/files/new_reports/AAAH7275.pdf

2.0 Primary Care quality dashboard quarterly review meeting

2.1 North Staffordshire CCG - Total 32 practices - Quality dashboard review 12th November 2018

Rag rating	No of practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Green (Level 1 monitoring)	26 practices	24 - no change 1 practice has been de-escalated due to an improvement in CQC ratings 1 practice has been de-escalated due to a merger of CQC ratings	There has been an increase in the number of practices on level 1 monitoring from 25 to 26 Practices re-inspected by the CQC are generally demonstrating an improvement in quality	Continued review at quality dashboard meetings
Yellow (Level 2 monitoring	4 practices	3 practices continue on level 2 monitoring 1 practice has been de-escalated to, level 2 monitoring from level 3 due to an improvement in CQC ratings	1 practice – to continue on level 2 until assurance is gained that the action plan to address the CQC rating has been implemented.	CCG to check the CQC action plan
			1 practice to remain on level 2 monitoring for follow up in relation to Long Term Conditions (LTC) admissions, QOF score and GP Indicators	CCG follow up LTC monitoring visit
			1 practice to continue on level 2 monitoring due to monitoring improvement in several quality metrics	CCG to undertake a quality visit
Amber (Level 3	2 practices	1 practice no change to remain on level 3 monitoring	CQC rating	CCG to gain assurance on CQC action plan and await CQC inspection

Rag rating	No of practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
monitoring		1 practice escalated from level 1	GP Patient survey results and other quality metrics to review	CCG to undertake a quality visit
Red (Level 4 monitoring	No practices	N/A	N/A	N/A

2.2 Stoke on Trent CCG – Total 44 practices - Quality dashboard review 12th November 2018

Rag rating	No of practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Green (Level 1 monitoring)	35 practices	33 – no change	Several practices have subsequently submitted FFT data following initial escalation letter.	Monitoring of FFT data submission
		2 practices de-escalated from level 2 to level 1.	1 practice - details of complaint ascertained and assurance received 1 practice - due to an improvement in CQC rating and FFT data submitted in response to escalation letter.	No further action - routine monitoring

Rag rating	No of practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Yellow (Level 2 monitoring	8 practices	7 practices remained on level 2 monitoring	2 practices to remain on level 2 monitoring until assurance is gained that the action plan to address the CQC rating has been implemented.	CCG to check the CQC action plan
			1 practice remained on level 2 monitoring for support following merger	CCG to monitor soft intelligence and offer support as required
			3 practices remained on level 2 monitoring due to a number of metrics indicating the need for closer monitoring and gaining of assurance from the practice as to actions being taken to address results e.g. telephone access issues	CCG to seek assurance from the practice
			1 practice de-escalated from level 3 due to assurance being obtained at a CCG LTC monitoring visit	CCG to undertake scheduled follow up LTC visit
			1 practice to remain on level 2 for continued support with impending practice changes	CCG/NHSE to continue to provide support
Amber (Level 3 monitoring	1 practice	1 practice escalated from level 1 to level 3 monitoring	CQC rating	CCG/NHSE to monitor CQC action plan
Red (Level 4 monitoring	No practices	N/A	N/A	N/A

3.0 Complaints Received and Upheld by NHS England – (Reporting period to 10 September 2018)

3.1 North Staffordshire CCG - Upheld Complaints (reported April – September 2018)

Date Received	Issue	Outcome
May 2018	Unhappy with quality of care	Reflection from practice who have since met with the patient. Personal learning development for a GP and action plan in place for the practice
June 2018	Misdiagnosis	Personal learning and reflection by GP

3.2 Stoke on Trent CCG Upheld Complaints (reported April – September 2018)

No upheld complaints in this period

4.0 Friends and Family Test (FFT) Latest data published 11/10/18 in relation to the August 2018 reporting period.

4.1 North Staffordshire CCG

4.1.1 FFT Implementation

- 13 practices noted as having no data listed compared to 16 in the previous month
- 7 practices have had no data published for 3 months or more compared to 5 in the previous month. Escalation letters have been sent.
- No practices are noted as reporting zero response for three or more months; this represents a decrease of one when compared to the previous month

4.1.2 FFT results highlights

- 94% of responses to the FFT question would recommend the service in the CCG general practice care sector
- 3% of responses to the FFT question would be unlikely to recommend the service in the CCG general practice care sector

4.2 Stoke on Trent CCG

4.2.1 FFT Implementation

- 19 practices noted as having no data listed compared to 20 in the previous month
- 15 practices have had no data published for three or more months and escalation letters have been sent

4.2.2 FFT Results

- 89% of responses to the FFT question would recommend the service in the CCG general practice care sector.
- 5% of responses to the FFT question would be unlikely to recommend the service in the CCG general practice care sector.

5.0 Shropshire/Staffordshire Primary Care Co-commissioning Quality Leads Group (SSPCQLG) - Highlight Report

Meeting held: 22nd October 2018

Sharing the learning

- Shared learning from serious incidents including spiral fracture of femur and splenectomy audit
- Best practice guidelines for the management and transfer of patients with a diagnosis of ruptured abdominal aortic aneurysm to a specialist vascular centre
- Friends and family test escalation process. Discussed involving PPGs
- Safeguarding and learning from domestic homicide reviews
- **Beyond Barriers** is a recent publication by the CQC and includes Stoke on Trent as one of the local systems as well as featuring General Practice throughout with particular reference to accessing appointments, General Practice within care homes and discharge planning. The report can be located using the link: https://www.cqc.org.uk/sites/default/files/20180702_beyond_barriers.pdf
  CQC are extending their review of these local systems:
  https://www.cqc.org.uk/news/stories/cqc-welcomes-extension-local-system-reviews-programme this will include Staffordshire and Stoke on Trent
- CQC 'State of care' report - https://www.cqc.org.uk/publications

Work plan discussed

- Serious Incidents (SIs)
  - Implementation and evaluation of SI process in primary care
  - Pressure ulcers
  - Suicide & Self-harm
  - Medication
- Public Patient Engagement
- SI Network conference presentation

Next meeting: 10th January 2019

6.0 Learning, development and education

6.1 Protected learning time (PLT)

A PLT session took place on 27th September and covered the following:

- SEPSIS
- Community Acquired Pneumonia
-

Proposals for future PLTs:

- December Theme - Urgent Care/Unwell adults and children
  - Managing unwell children – Consultant paediatrician
  - Managing unwell adults – Acute med consultants
  - Step-up/step-down pathways – access to additional care

- March Theme – Cardiology
  - Arrhythmias – Particular focus on Atrial Fibrillation and anticoagulation
  - Heart Failure

- May Theme – Frailty
  - Managing Frail Elderly (including some complex case examples) – Consultant Geriatrician
  - Polypharmacy and rationalisation – Medicines Optimisation Team
  - Acute kidney injury

Practices have also suggested training following Long Term Conditions (LTC) visits (see more information below regarding LTC visits).

The GP Update course takes place on 29th November with a further update course planned for 28th March 2019. It is designed to get you up to speed with the latest evidence and guidance relevant to Primary Care and provides clinicians with CPD credits to help meet the requirements for appraisals and revalidation. In future this may be something that can be offered as a webinar.

6.2 Learning and development

The learning and development sub group continue to meet and have allocated a number of bursaries to practice staff to undertake training and development.

7.0 Quality visits programme 2018/19

7.1 Quality visit programme 2018/19

It is proposed for quality visits to take place for a small number of practices between January to March 2019 with a view to a quality visit programme to take place from 2019/20. A number of practices have been identified following the dashboard review meetings who may benefit from a visit to review the data and identify support.

7.2 Long term conditions (LTC) visits

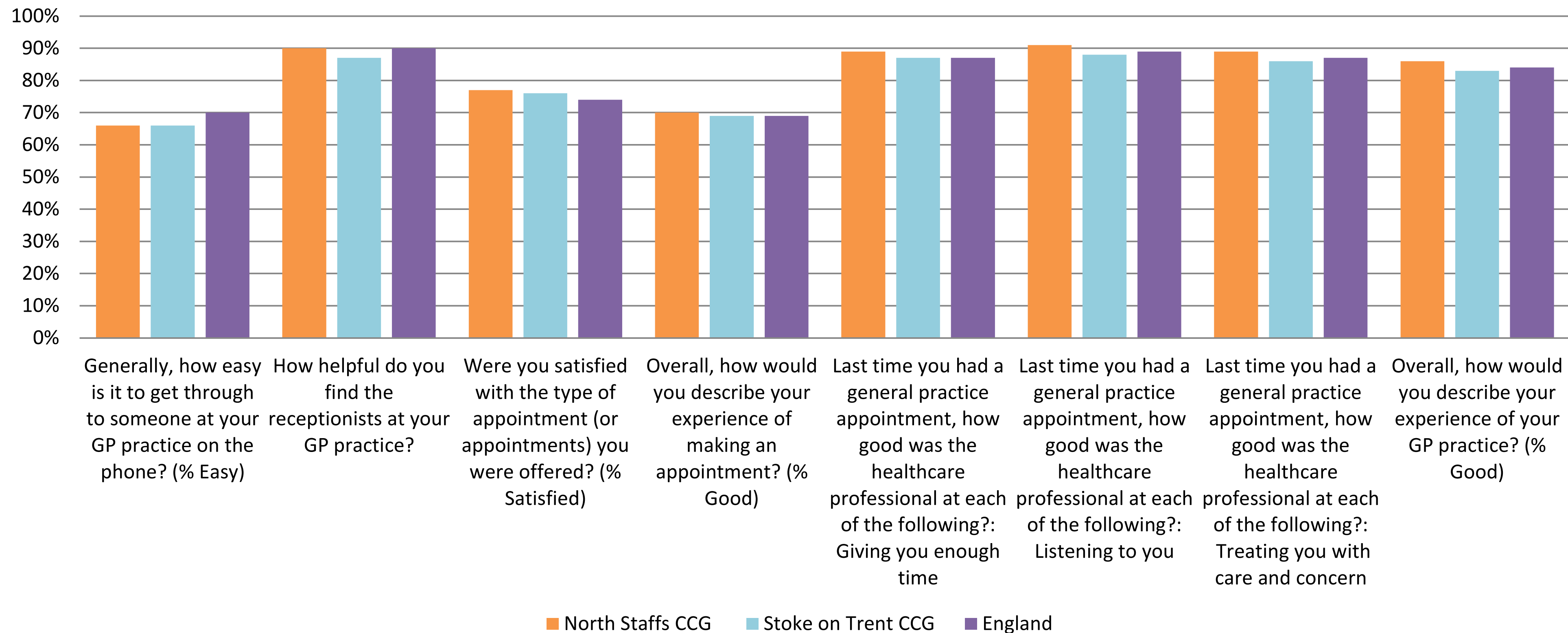
Visits have been taking place since July across all CCGs to discuss specific LTCs (Respiratory, diabetes and circulatory). This links to LTC admission rates and Right Care benchmarking packs relating to activity and spend against the CCGs peers. The aim of the visits has been to have a 2-way conversation with practices on interventions that can be undertaken to reduce LTC admissions to hospital that may not be necessary (including management of patients in primary care and utilising appropriate pathways). A summary of the visits are captured to send back to practices so that actions are captured.

8.0 National GP patient survey results 2018

The national GP patient survey results were published in August 2018 relating to data collection in January to March 2018. This is an independent survey run by IPSOS Mori on behalf of NHS England.

The questionnaire was significantly redeveloped ahead of the fieldwork to reflect changes in primary care services in England as set out in the GPFV. Therefore trends from previous years cannot be presented as results are not comparable.

The graph below demonstrates results by CCG for a number of key questions. Individual GP results have been reviewed in line with the dashboard review meeting and results will be highlighted to individual practices as a result of this.



9.0 Improvement and Assessment Framework requirement - Sepsis

The primary care team are working with the quality team regarding the requirements within the IAF relating to sepsis in terms of sepsis awareness training, education on the use of NEWS and Sepsis leads/links.

“THINK SEPSIS” is a Heath Education England programme aimed at improving the diagnosis and management of those with Sepsis; this has been shared via the GP bulletin across the patch along with the toolkits that are available to support clinicians.

A PLT event ran in September in the North attended by over 150 clinicians that focused on the diagnosis of sepsis.

The Data Quality Specialists completed a quick audit that highlighted a lack of the National Early Warning Score (NEWS) tool in Primary Care although there is a regular use of similar of quality assured EMIS templates. Contact was made with EMIS to ascertain when the NEWS2 tool will be available and though advised imminently there is no date available. In the meantime the DQSs are looking to structure a template that incorporates the new tool used in secondary care that will then be shared via Primary Care.

Acronyms

CPD	Continuing Professional Development
CQC	Care Quality Commission
FFT	Friends and Family Test
GPFV	General Practice Forward View
IAF	Improvement and Assessment Framework
LTC	Long Term Condition
NEWS	National Early Warning Score
NHSE	NHS England
PLT	Protected Learning Time
QOF	Quality Outcomes Framework
SI	Serious incident

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: Primary Care Commissioning Committee Meeting in Common

Name of Chair(s): Peter Dartford

Date: 4 December 2018

Question	Answer
Did we achieve what we set out to do; linking back to the agenda	
Was the information presented appropriate / easy to understand?	
Was the information received in a timely manner prior to the meeting?	
Do we need to inform any of our decisions	
Do we need any more information / require a further progress report at a future date?	
Agreed actions captured in the minutes	
Were there any risks raised in the meeting that should be captured on the risk register?	