

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

Tuesday 1<sup>st</sup> August 2017, 10.00am – 11.25am

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

### Agenda

Agenda No	Item description	Enc./ Table / Pres.	Decision / To Note / Discussion / Information	Item Presenter
1	Welcome and Apologies for Absence: North Staffordshire CCG: Stoke-on-Trent CCG:			
2	Declarations of Interest North Staffordshire CCG & Stoke-on-Trent CCG : <i>If any member of the Committee or invited attendee has any pecuniary interest, in any contract, proposed contract or other matter under consideration at this meeting he/she shall disclose the fact to the Chairman and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it unless agreed by the Chairman and members of the committee</i>	Verbal	To Note	MWo
3	Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG			10.00am (5 mins)
4	Minutes from: Public Meeting In Common Of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups' Primary Care Commissioning Committee Tuesday 4 <sup>th</sup> July 2017 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
<b>5</b>	<b>Strategic/Planning</b>			<b>10.05am</b>
5.1	North Staffordshire and Stoke-on-Trent CCG GP Forward View Milestone Plan	Enc. 5.1	To Note	NA (20 mins)
<b>6</b>	<b>Quality</b>			<b>10.25am</b>
6.1	Memorandum of Understanding – Quality Schedules	Enc. 6.1	Decision	TS (15 mins)
<b>7</b>	<b>Governance</b>			<b>10.40am</b>
7.1	Northern Staffordshire Primary Care Delivery Group – Terms of Reference	Enc. 7.1	To Note	NA (20 mins)
<b>8</b>	<b>Standing Agenda Items</b>			<b>11.00am</b>
8.1	NHS England Head of Primary Care Update	Verbal	Information	RW (10 mins)
8.2	CCG Primary Care Update	Verbal	Information	SB (10mins)
<b>9</b>	<b>Any Other Business</b>			<b>11.25am</b>

	<ul style="list-style-type: none"> <li>❖ Questions from the Public</li> <li>❖ Any other key issues</li> <li>❖ Committee Effectiveness</li> </ul>	Verbal Verbal Enc. 9.1	Information	MW <sub>o</sub>
DATE/TIME OF NEXT MEETING:				
Date	Time	Venue	Chair	
Tuesday 5 <sup>th</sup> September 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	MW <sub>o</sub>	
Tuesday 3 <sup>rd</sup> October 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	PD	
Tuesday 7 <sup>th</sup> November 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	MW <sub>o</sub>	
Tuesday 5 <sup>th</sup> December 2017	10am	Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	PD	

**Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees held in Common**  
**Tuesday 4<sup>th</sup> July 2017, 10am – 11.25am**  
**The Auditorium, Bridge Centre, Birches Head Road, Birches Head, ST2 8DD**

<b>Present:</b>			
<b>Voting Members North Staffordshire (NS) CCG:</b>	Peter Dartford Mike Edgley	(PD) (ME)	North Staffordshire CCG Lay Member Patient and Public Involvement ( <i>Meeting chair</i> ) North Staffordshire CCG Lay Member
<b>Voting Members Stoke-on-Trent (SOT) CCG:</b>	Tim Bevington John Howard Margy Woodhead	(TB) (JH) (MWO)	Stoke-on-Trent CCG Lay Member Stoke-on-Trent CCG Lay Member Governance Stoke-on-Trent CCG Lay Member Patient and Public Involvement
<b>Voting Members both CCGs:</b>	Cheryl Hardisty Zara Jones Alistair Mulvey Tracey Shewan Marcus Warnes	(CH) (ZJ) (AM) (TS) (MW)	CCGs' Director of Commissioning CCGs' Director of Strategy, Planning and Performance CCGs' Chief Financial Officer CCGs' Director of Nursing and Quality North Staffordshire CCG Accountable Officer, Stoke-on-Trent CCG Interim Accountable Officer
<b>In attendance:</b>			
<b>SOT CCG:</b>	Dr John Gilby	(JG)	Stoke-on-Trent CCG Clinical Director, Primary Care
<b>Both CCGs:</b>	Nicola Austerberry Jessica Chaplin Dr Steve Fawcett Dr Latif Hussain	(NA) (JC) (SF) (LH)	CCGs' Senior Commissioning Manager, Primary Care CCGs' Executive Assistant ( <i>minutes</i> ) CCGs' Executive Medical Director CCGs' Non-Executive GP Board Member
<b>NHS England:</b>	Wendy Henson Rebecca Woods	(WH) (RW)	NHS England Quality and Safety Manager NHS England Head of Primary Care
<b>Stafford and Surrounds CCG:</b>	Lynn Millar	(LM)	Stafford and Surrounds CCG Primary Care Director
<b>Midlands and Lancashire CSU:</b>	Deborah Neal	(DN)	Senior Communications and Engagement Manager
<b>Observers:</b>			
<b>Local Medical Committee (LMC):</b>	Dr Paul Scott	(PS)	Chair, North Staffordshire LMC
<b>Healthwatch:</b>	Simmy Akhtar	(SA)	Healthwatch Stoke-on-Trent
<b>Public/Press:</b>	3 members of public in attendance		
<b>Apologies:</b>			
<b>SOT CCG:</b>	Dr Waheed Abbasi	(WA)	Stoke-on-Trent CCG Clinical Director, Mental Health and Specialist Groups
<b>NS CCG:</b>	Neil McFadden	(NMCF)	North Staffordshire CCG Lay Member Governance
<b>Both CCGs:</b>	Sarah Blenkinsop Anna Collins Alex Palethorpe	(SB) (AC) (AP)	CCG's Head of Primary Care Commissioning CCGs' Head of Communications and Engagement CCGs' Associate Director Corporate Services

### Unconfirmed Minutes

2017/JUL /034	1. Welcome and Apologies for Absence	Action
	PD welcomed members to the Public meeting of the North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees held in common.	

	Apologies were duly <b>received</b> and <b>noted</b> as above.	
2017/JUL /035	<b>2. Members' Declarations of Interest</b>	
	North Staffordshire CCG: There were no new declarations of interests declared at the meeting in respect of the items on the agenda.  Stoke-on-Trent CCG: There were no new declarations of interests declared at the meeting in respect of the items on the agenda.	
2017/JUL /036	<b>3. Confirmation of Quoracy</b>	
	The meeting was confirmed as quorate for both North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.	
2017/JUL /037	<b>4. Minutes, Action Sheet and Matters Arising</b>	
	<p><u>Minutes from the meeting held on Tuesday 6<sup>th</sup> June 2017</u> The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees in Common duly <b>received</b> and <b>approved</b> the minutes of the Public Primary Care Commissioning Committee held in Common on Tuesday 6<sup>th</sup> June 2017 subject to the following amendments:</p> <p>SF to be removed from in attendance as voting member to apologies as a non-voting member as per the meeting membership contained within the meeting Terms of Reference.</p> <p><u>Actions from the meeting held on Tuesday 6<sup>th</sup> June 2017</u> <u>2017/JUN/025 – Terms of Reference and Glossary of Terms</u> It was confirmed that work was taking place to ensure that the Glossary of Terms for the Committee captured emerging terms. Discussions were taking place with the STP Communications lead to ensure that all terms were included – <u>Action carried forward</u></p> <p><u>2017/JUN/032 – CCGs' Primary Care Update</u> The Terms of Reference for the Northern Staffordshire Primary Care Delivery Group was deferred to the August 2017 meeting. JG explained to the meeting that the item had been deferred as there were a number of items that needed to be worked up and agreed which included the remit of the meeting, governance arrangements and the membership of the meeting. The Committee highlighted the importance of the Northern Staffordshire Primary Care Delivery Group maintaining its locality focus for North Staffordshire and Stoke-on-Trent – <u>Action carried forward</u></p> <p>All other Actions were marked as complete or on the Agenda for discussion.</p> <p><u>Matters Arising</u> No matters raised.</p>	FH/AC
2017/JUL /038	<b>5.1 GP Forward View Delivery Plan</b>	
	<p><i>Lynn Millar in attendance to present item.</i></p> <p>LM presented the meeting with an update paper of the GP Forward View Delivery Programme. The paper outlined a pan-Staffordshire approach to support the delivery of the GP Forward View plans across the 6 CCGs in Staffordshire and Stoke-on-Trent. The North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees were asked to <b>approve</b> the proposed approach to the programme management for the GP forward view and the proposed governance arrangements. The Primary Care Commissioning Committees were further asked to <b>receive</b> and <b>note</b> the overarching GP Forward View Delivery Plan and to note the roles and responsibilities. Key points were highlighted as below:</p> <p>The meeting were provided with a brief context on the pan-Staffordshire collaborative approach for the GP Forward View. NHS England had requested that the CCGs' work together to develop a single implementation plan in order to deliver the milestones of the GP forward view. It was proposed that a single PMO approach to support delivery of the GP Forward View, to support delivery and subsequently feed in to relevant organisations and Committees. Consequently, it was agreed that the NHS England PMO would support the approach to ensure reporting was not</p>	

duplicated and the approach for development and delivery was streamlined.

A single implementation plan had been developed and captured the existing plans and milestones for each CCG. The proposed programme structure articulated the PMO overseeing the delivery of the programmes detailed as; Access, Workforce, Workload/resilience, New Models of Care and Infrastructure – IT/Estates. An area of successful collaborative working within the GP Forward view was highlighted as the pan-Staffordshire bid to the Estates and Technology Transformation Fund for a single Primary Care Integrated Care Record, with an award of £1.7m for Staffordshire and Stoke-on-Trent. Furthermore, an additional £800k had been awarded to invest in the development of Online Consultations and Care Navigation.

Proposed programme leadership was highlighted and the Committees were advised that each programme area would have a Programme Lead, a CCG Lead to support local operational delivery and clinical leads. It was stated that further Clinical Leads needed to be appointed for a number of programmes to ensure robust engagement with members and work was taking place with respective CCGs to ensure clinical leads were identified. It was anticipated that Clinical Leads would be appointed by August 5 2017. Furthermore, it was recognised that each CCG had different governance arrangements and the PMO were working to ensure that reporting fitted in to each CCGs' reporting processes. LM provided assurances to the committees that other than staffing resources, no other allocations would be pooled on a Pan-Staffordshire basis and local responsibilities would remain the same.

The Committees requested clarity on timescales for delivery of the programme areas and how far along was the development of the plans. LM responded that the local plans for Staffordshire and Stoke-on-Trent would be presented back to the Committee with aligned milestones. As at the time of the meeting, the Delivery Plan detailed a two year plan and associated milestones with in-depth detail for the two years. Furthermore, the committee requested clarity on the funding arrangements for the GP Forward View PMO. It was highlighted that the GP Forward View NHS England PMO was cost neutral to the CCGs' and was funded centrally from NHS England. The resource was allocated to the CCGs for 2 years.

ME queried how implantation of the GP Forward View would report in to the Governing Bodies. LM responded that reports would feed in to the Primary Care Commissioning Committee and the reports to Governing bodies would capture progress. As previously reported, it had been proposed that there would be a pan-Staffordshire GP Forward View Steering Group - on review of the CCGs' governance arrangements it was agreed that there would not be the requirement for a Steering Group as there was a number of groups that existed to ensure engagement with partners. A programme of updates would be available to future meetings.

SA requested clarity on patient involvement for the five work programmes and the process to ensure robust patient engagement. It was addressed that patient engagement would be addressed through each respective CCGs' usual engagement processes to ensure a local focus for patient involvement to ensure local needs of each CCG was recognised. It was highlighted that Stoke-on-Trent and North Staffordshire CCGs would use Patient Congress' and PPGs to ensure robust engagement. It was requested that Healthwatch were cited on the processes for Patient Engagement. **ACTION: SA and AC to link in regarding Patient Engagement for the five work programmes of the GP Forward View.**

PS raised concerns that the Programme Leads were South Staffordshire focused and highlighted concerns around the need to ensure a North Staffordshire and Stoke-on-Trent localised approach. LM responded that operational leads were appointed across all CCGs for each key area. The committee concluded that as at the time of the meeting they were assured that the relevant reporting mechanisms were in place to ensure local delivery.

To conclude, the North Staffordshire CCG Primary Care Commissioning Committee **received** and **noted** the overarching GP Forward View Delivery plan and **approved** the proposed approach and governance arrangements to the programme management of the GP Forward View; And Stoke-on-Trent CCG Primary Care Commissioning Committee **received** and **noted** the overarching GP Forward View Delivery Plan and **approved** the proposed approach and governance arrangements to the programme management of the GP Forward View.



<p>2017/JUL /039</p>	<p><b>NHS England Resilience Funding – Process Paper</b></p>	
	<p>NA presented the Committees with a paper providing a briefing on the GP Resilience programme, with timescales outlined for 2017/18. The North Staffordshire and Stoke-on-Trent CCGs' were asked to <b>receive</b> and <b>note</b> the contents of the paper. Details as follows:</p> <p>The committees were advised that Expressions of Interest for 2017/18 Resilience funding had been submitted to the CCGs' from practices. A number of submissions had been put forward on a Locality basis and a collaborative approach of working at scale was encouraged. A panel had been organised to review each Expression of Interest and evaluation would take place on 11<sup>th</sup> July 2017. The panel included CCG, NHS England and LMC representation.</p> <p>An update was provided in relation to the funding previously received for 2016/17 whereby £95,000 of monies was awarded to 4 practices in North Staffordshire and 5 practices in Stoke-on-Trent. An evaluation of the awarded monies was underway to look at the outcomes for the practices awarded monies. It was noted that timescales for evaluation for 2016/17 monies had not yet been agreed as at the time of the meeting. Further work was taking place to implement a robust evaluation process for 2016/17 and 2017/18. In addition, it was noted that NHS England held the budget for the Resilience Funding and RW informed the meeting that a paper had been presented to the GP Forward View Umbrella group providing further detail of the budget and the information would be shared with the committees. <b>ACTION: RW to share a paper detailing the Resilience funding as previously shared with the GP Forward View Umbrella Group.</b></p> <p>The Committees highlighted the need to ensure a quality representative was included on the review panel for the Resilience funding applications. RW reported that the panel had access to the quality data sets for each practice that submitted an application and soft intelligence would also be collated and all information would be triangulated by the CCGs, NHS England and LMC when scoring. Furthermore TS stated that they would link in with the CCG Quality Team to look at availability of a CCG Quality representative to sit on the panel. <b>ACTION: TS to look in to inviting a CCG Quality Team Representative to the panel to evaluate the NHS England Resilience Funding bids.</b></p> <p>PD requested assurances in relation to practices that required support and if they did not apply for funding. It was highlighted that when practices have been identified to need support, the NHS England Practice Support Team were supporting the practices and would encourage a bid to be submitted under the resilience funding. For 2016/17 the process was a re-active system and it was anticipated that 2017/18 would be a pro-active system.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the NHS England Resilience Funding Process Paper; And Stoke-on-Trent CCG Primary Care Commissioning Committee <b>received</b> and <b>noted</b> the NHS England Resilience Funding Process Paper.</p>	
<p>2017/JUL /040</p>	<p><b>Primary Care Quality Report</b></p>	
	<p>TS presented the Committees with the Primary Care Quality Assurance Report. The report detailed the schemes and initiatives that were in place across Stoke-on-Trent and North Staffordshire CCGs' to support practices to deliver quality care to the patient population. The report detailed local incentive schemes and CQC inspection programme and Family and Friend Test information. Furthermore, the report presented to the Committees included details of the NHS England Quality Dashboard. The North Staffordshire and Stoke-on-Trent CCGs Primary Care Commissioning Committees were asked to <b>receive</b> and <b>take assurance</b> from the contents of the report and to <b>agree</b> future reporting arrangements. Key points were highlighted as follows:</p> <p>It was highlighted that the report included further detail of CQC visits and schedules inspections for North Staffordshire and Stoke-on-Trent CCG Practices. In addition, the report provided details of CCG and NHS England actions to support Quality in General Practice – including the membership and transformation scheme, Learning and Development and links with the CCG Executive performance dashboard. In addition, it was highlighted that following on from discussions at the June meeting the Family and Friend test data and themes will be presented to the North Staffordshire and Stoke-on-Trent CCGs' Quality Committees.</p>	

	<p><b>ACTION: TS to ensure that the Family and Friend data and Themes for General Practice is received at the meeting in Common of the North Staffordshire and Stoke-on-Trent CCG Quality Committees.</b></p> <p>TS requested approval from the Committees to submit a full quality assurance report on a quarterly basis with exception reports as required on a monthly basis. It was stated that exception reporting would include the publication of any CQC reports and concerns raised outside the quality dashboard meetings. The committees considered the proposal for quarterly reporting and requested that for the first 6 months, primary care quality assurance reports are submitted to the committee on a bi-monthly basis and then effectiveness to be reviewed to see if reporting could move to quarterly reporting.</p> <p>MW highlighted the importance of ensuring that when the committees consider practice mergers, that a comprehensive Quality Impact Assessment is completed and presented alongside the proposals. A discussion took place around the need to look at quality and resilience together to ensure that targeted support was provided to practices.</p> <p>Further discussions took place in relation to the Learning and Development Programme for General Practice. The meeting highlighted the need to have a robust plan in place to support Learning and Development and to ensure that funding was allocated appropriately. It was explained to the committees that the process for Learning and Development funding had changed, with bids being presented to the CCGs' Organisational Development Committee for review. The meeting were informed that the Learning and Development funding was held centrally within the CCG to ensure there were clear, strategically aligned bids in order to achieve outcomes.</p> <p>MW highlighted the positive outcomes of the CQC results across North Staffordshire and Stoke-on-Trent CCGs' with 62 practices rated as good and highlighted the need for the committees to reflect on the hard work within General Practice to ensure quality of care for patients.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee <b>received</b> and <b>was assured</b> with the Primary Care Quality Assurance Report and <b>approved</b> the reporting to move to bi-monthly reports with a further review of frequency in 6 months; And the Stoke-on-Trent CCG Primary Care Commissioning Committee <b>received</b> and <b>was assured</b> with the Primary Care Quality Assurance Report and <b>approved</b> the reporting to move to bi-monthly reports with a further review of frequency in 6 months.</p>	
2017/JUL /041	<p><b>NHS England Head of Primary Care Update</b></p> <p>No items presented to the committee.</p>	
2017/JUL /042	<p><b>CCG Primary Care Update</b></p> <p>No items presented to the committee.</p>	
2017/JUN /033	<p><b>Any other Business</b></p> <p><u>Questions from the public</u> No items raised.</p> <p><u>Any other key issues</u></p> <p><u>Re-investment of PMS Premium</u> JG provided a verbal update to the meeting in relation to a proposal for re-investment of PMS funding. It was noted that for 2016/17 the CCGs were required to re-invest PMS monies, which equated to 46 pence per capitated patient in North Staffordshire and 44 pence per capitated patient in Stoke-on-Trent. It was highlighted that there was a pressure in Primary Care in relation to the prescribing and monitoring of Disease-modifying anti-rheumatic drugs (DMARDs). Practices in Stoke-on-Trent and North Staffordshire are invited to sign up for a Local Enhanced Service (LES) for DMARDs. A number of practices were reporting that the money provided for the DMARDs LES was not equitable for the work carried out and consequently a number of practices had been reluctant to sign up to the LES. It was reported that if practices did not sign up to the LES that there would be a number of issues regarding both capacity and patient safety.</p>	

It was therefore proposed that the PMS Premium could be re-invested to get an uplift in finances for the DMARDS LES to ensure that practices would not repatriate patients to Secondary Care. The proposal would use the funding for a shared care agreement between Primary Care and Secondary Care. It was highlighted that discussions had taken place with the LMC to discuss the proposals. The Committees highlighted the need for a full paper to be presented to the August meeting in order for the committees to make an informed decision.

**ACTION: JC to add Reinvestment of PMS Premium – DMARDS to the August 2017 Agenda.**

**Committee Effectiveness Review**

1. *Did we achieve what we set out to do linking back to the Agenda?* Yes
2. *Was the information presented appropriate/easy to understand?* Agenda item 5.1 was received as a late paper.
3. *Was the information received in a timely manner prior to the meeting?* All items excluding item 5.1
4. *Do we need to inform our decision?* No
5. *Are we assured?* Yes
6. *Do we need any more information / require a further progress report at a later date?* Yes – PMS Premium Re-investment - DMARDS
7. *Agreed actions captured in the minutes?* Yes
8. *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 1 <sup>st</sup> August 2017	10am – 11.30am	The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	MWo

*All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.*

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

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



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

MEETING DATE	REFERENCE	AGENDA ITEM	Action	Responsible Officer	Outcome / update
06/06/2017	2017/JUN /025	Terms of Reference and Cycle of Business	FH and AC to build upon the Glossary of Terms and include emerging terms. Once complete, the updated Glossary of Terms will be included as an appendix within future meeting papers.	Fiona Hamill /Anna Collins	In process - work taking place with the STP comms lead to ensure all terms are captured.
06/06/2017	2017/JUN /032	CCGs' Primary Care Update	The Draft Terms of Reference for the Northern Staffordshire Primary Care Delivery Group to be presented to the July 2017 meeting.	Sarah Blenkinsop	Item deferred to the August 2017 Meeting Agenda
04/07/2017	2017/JUL /038	GP Forward View Delivery Plan	SA and AC to link in regarding Patient Engagement for the five work programme of the GP Forward View.	Simmy Aktar and Anna Collins	Verbal update to be provided at meeting
04/07/2017	2017/JUL /039	NHS England Resillience Funding – Process Paper	<ul style="list-style-type: none"> <li>a. RW to share a paper detailing the Resilience funding as previously shared with the GP Forward View Umbrella Group</li> <li>b. TS to look in to inciting a CCG Quality Team Representative to evaluatie the NHS England Resilience Funding Bids</li> </ul>	Rebecca Woods  Tracey Shewan	Rebecca Woods took forward this action and arranged Wendy Henson (NHS England Quality Team) to join the team to evaluate the resilience funding bids from a Quality Team perspective.
04/07/2017	2017/JUL /040	Primary Care Quality Report	TS to ensure that the Family and Friend data and Themes for General Practice is received at the meeting in Common of the North Staffordshire and Stoke-on-Trent CCG Quality Committees.	Tracey Shewan	Verbal update to be provided at meeting

## Public Paper

<b>Enclosure:</b>	5.1
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<b>Report to</b>	North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committee - held in common
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<b>Title</b>	Northern Staffordshire GP Forward View Plans
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<b>1st</b>	1st August 2017
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<b>Sponsor Director</b>	Fiona Hamill, Chief Operating Officer
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<b>Action required</b>	<b>Decision</b>	<b>Discussion</b>	<b>For assurance/For Information</b>	√
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### Purpose of the paper, key issues, points and recommendations

This paper sets out the milestone plan for North Staffordshire and Stoke on Trent CCGs GP Forward View, incorporating how this sits alongside the STP and work towards to Enhancing Primary and Community Care, New Models of Care.

At an overarching level Staffordshire CCGs are being support through a Programme Management Office (PMO) team, part of the NHSE Area Team.

The proposal is that the monitoring of the milestones will be structured around the Models of Care Programme.

It is proposed that this will include a small number of high-level milestones for each of the three levels of the Programme:

1. Sustainable General Practice
2. Locality Care Hubs
3. Multi-speciality Community Providers

For each of the high-level milestones there are a number of delivery milestones. A number of these have already been drafted by the work of the GPFV PMO and the CCGs. Crucially, there are milestones (high-level and delivery) that have not yet been drafted. This document will therefore be iterative. For all of the high-level milestones, delivery milestones and actions there will be owners and delivery dates.

***The Committee is asked to note the milestone plan.***

Further updates will be provided by each Programme area to the Committee.

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

<u>Committee/Group</u>	<u>Other agreements</u>
GPFV Checkpoint Meetings – Staffordshire – 18 <sup>th</sup> July 2017	

### Summary of risks relating to the proposal

Quality – Work programme may require QIAs as required.

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

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

Strategic workforce – The Workforce programme needs to be aligned with CCG/GP/Federation work force plans and reflect local demographics and requirements. Needs to link to the Community Education Provider Network (CEPN) and Health Education West Midlands (HEWM)

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

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

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

The GPFV is one of the 9 national priorities and delivery will be monitored by NHSE at a regional level.  
The delivery of the GPFV is a statutory responsibility of the CCG and a key deliverable within the CCG Operational plans.

**Strategic objectives supported by this paper**

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

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

**Acronyms**

GPFV – General Practice Five Year Forward View  
PMO – Programme Management Office  
CEPN – Community Education Provider Network  
LMC – Local Medical Committee  
HEWM – Health Education West Midlands

## **North Staffordshire – GP Forward View Models of Care Programme**

### **Milestones and action plan – July 2017**

#### **Summary:**

Across Staffordshire CCGs are being supported through a Programme Management Office (PMO) team, part of the NHSE Area Team.

The proposal is that the monitoring of the milestones will be structured around the Models of Care Programme.

It is proposed that this will include a small number of high-level milestones for each of the three levels of the Programme:

1. Sustainable General Practice
2. Locality Care Hubs
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For each of the high-level milestones there will be a number of delivery milestones. A number of these have already been drafted by the work of the GPFV PMO and the CCGs. Crucially, there are milestones (high-level and delivery) that have not yet been drafted. This document will therefore be iterative. For all of the high-level milestones, delivery milestones and actions there will be owners and delivery dates.

Responsibility for monitoring and reporting the Programme will be split;

1. The GPFV PMO, for the milestones which are within GP Forward View, including most of the High-level Milestones in levels 1 and 2, and highlighted blue,
2. The STP PMO for remaining Milestones in levels 1 and 2, highlighted green and all Milestones in level 3

The table below sets out the approach.

The next step is for the PMOs, CCG colleagues and other stakeholders to:

- Agree the overall approach
- Review and amend, as necessary, the draft milestones and actions (in particular, colleagues may think that the high-level milestones are too “high level” and may need to be broken down)

**Proposed high-level milestones for each of the three levels:**

Programme Level	High-level milestones
<p><b>1. Sustainable General Practice</b></p>	<p>1.1. Support Practices to work together, providing Primary Medical Services, based on common practice sizes (7,500 – 10,000 approx.)                      1.2. Diversified workforce in place at practices                      1.3. Ten High-Impact Changes delivered at practices                      1.4. Increased resilience of practices who received funding from the Resilience Fund Programme (2016/17 and 2017/18)                      1.5. Ten Universal Capabilities delivered at practices.                      1.6. Improvements to general practice estate delivered through ETTF fund</p>
<p><b>2. Locality Care Hubs</b></p>	<p>2.1. Number and location of Locality Care Hubs defined and agreed.                      2.2. Locality Care Hubs’ core service offer defined.                      2.3. Locality Care Hubs (23) in place                      2.4. Extended Access provided in each Locality Care Hub footprint</p>
<p><b>3. Multi-speciality Community Providers</b></p>	<p>3.1. Multi-disciplinary teams aligned to, and integrated with, 23 Locality Care Hubs through MoU                      3.2. Definition of Virtual MCPs agreed                      3.3. ToR and membership of virtual MCPs defined                      3.4. Virtual governance structures for the MCPs defined                      3.5. Virtual MCP Boards established</p>



North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
1. Sustainable General Practice	1.1. Support Practices to work together, providing Primary Medical Services, based on common practice sizes (7,500 – 10,000 approx.)  Models of Care	Lynn Millar (LM)		To be Scoped			Scoping to be completed by Lynn Millar
	1.2. Diversified workforce in place at practices  GP Forward View	Rebecca Woods (RW)	1.2.1	GPFV workforce data validated locally using E-Dec data	Nicola Austerberry (NA)	31/08/2017	
				Letter to be sent to practices to <b>validate workforce data</b>	Sarah Blenkinsop (SB) Kerry Sirrell (KS)	19/07/2017	Delayed letter from NHSE (RW)
				CCGs to <b>co-ordinate responses</b> for input HEE Tool	NA/KS	31/08/2017	
			1.2.2	HEE Tool populated with validated workforce data	SB	31/08/2017	
			1.2.3	Workshop held to agree gaps and bridging interventions based on baseline data and modelling information from HEE tool	Health Education England (HEE)	31/08/2017	

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
			<b>1.2.4</b>	<b>Agreed Workforce Plan</b> to address workforce needs by MCP Area	RW	30/09/2017	
				<b>GPFV Workforce Plan</b> aligned with STP Workforce Plan	RW	31/10/2017	
			<b>1.2.5</b>	Proposal for at-scale <b>Workforce Recruitment</b> produced	RW	31/07/2017	
				At-scale recruitment initiated	RW	31/08/2017	
			<b>1.2.6</b>	<b>Clinical Pharmacists</b> Wave 2 phase 1 bids submitted (Stoke fed. Stafford Fed)	Mani Hussain (MH)	31/05/2017	<b>Complete</b> 5 Pharmacists in post
				<b>Clinical Pharmacists</b> Wave 2 phase 2 bids submitted	MH	31/05/2017	<b>Complete</b>
		RW		<b>Clinical Pharmacists</b> Wave 2 bids approved (if successful)	MH	30/06/2017	<b>In progress</b> proposed 3 new Pharmacists- funding issues to be agreed
				Scope interest of local acute and community provider partners in supporting general practice through provision of <b>Clinical Pharmacists</b>	MH	30/09/2017	
				Scoped interest of general practices in having <b>Clinical Pharmacists</b>	MH	30/09/2017	
				Developed options for <b>Clinical Pharmacists</b> in general practice	MH	31/12/2017	
				Bids submitted to recruit <b>Clinical Pharmacists</b> via national scheme	TBC	TBC	
				Local <b>Clinical Pharmacist</b> recruitment schemes evaluated and next steps agreed	National	ongoing	
				xx <b>Clinical Pharmacists</b> in Post	MH	31/03/2018	Currently 8 Clinical Pharmacists – final numbers need to be

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
							confirmed
			<b>1.2.7</b>	<b>GP International Recruitment</b> bid re-submitted	RW	30/06/2017	Awaiting outcome from bid
				<b>GP International Recruitment</b> initiated	RW	30/11/2017	
				xx <b>GP International Recruits</b> in Post	RW	30/09/2018	Numbers to be agreed
		RW	<b>1.2.8</b>	<b>Physician Associates</b> Job descriptions agreed	Sharon Turner (ST) NSGPF	19/05/2017	
				<b>Physician Associates</b> employment status and employer position confirmed	ST	31/05/2017	Completed
				<b>Physician Associates</b> Advertisement placed	ST	31/05/2017	Completed
				<b>Physician Associates</b> interviews completed	ST	31/08/2017	
				<b>8 Physician Associates</b> posts across Northern Staffordshire filled and commenced	ST	31/10/2017	
			<b>1.2.9</b>	<b>Nursing Framework</b> and Advice and steer received from Vivian Simpson – also regional PMO	Programme Management Office (PMO)	16/06/2017	Awaiting National framework
				Advice and steer on the <b>Nursing Framework</b> received from HEE	TBC	TBC	Awaiting National framework
			<b>1.2.10</b>	Advice received from <b>Mental Health provider on Mental Health Forward View</b> and scope for mental health therapists to support GPFV workforce workstream delivery	RW	16/06/2017	Awaiting National Guidance
			<b>1.2.11</b>	Advice received from leads on success of schemes so far and suggested next steps for GP Career Plus	ST	16/06/2017	Final Contract in final phase for agreement and roll out
			<b>1.2.12</b>	Deadline for submissions from practices for <b>Practice Manager</b> training funds	Practice Managers	23/06/2017	Completed
				Successful practices informed of funds for <b>Practice Manager</b> training	CEPN	14/07/2017	Completed

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments					
	<b>1.3. Ten High-Impact Changes delivered at practices</b>	<b>SB</b>		Progress reports received from practices on impact of <b>Practice Manager</b> training	Practices	30/11/2017						
				Xx <b>Practice Managers</b> trained	Practices	31/03/2018	Numbers will be confirmed when known					
			<b>1.3.1</b>	Affordable specification for <b>Care Navigation</b> training agreed	NA/ CH	Complete	CCG Provider for <b>Care Navigator</b> training approved	Complete	Wakefield commissioned			
				EPCC Provider for <b>Care Navigator</b> training approved			Complete	46 GP practices have confirmed interest and requested licences				
				<b>Care Navigator</b> Training commissioned			Complete	CH to confirm contract in place with supplier				
				<b>Five-year roll-out plan for Care Navigator</b> training produced				CH to confirm dates of training waves				
				x% of patients covered by practices who have been trained in <b>Care Navigators</b> training			31/03/2018	CH to provide data for each quarter				
				x% of patients covered by practices who have been trained in <b>Care Navigators</b> training			31/03/2019	CH				
				x% of patients covered by practices who have been trained in <b>Care Navigators</b> training			31/03/2020	CH				
				x% of patients covered by practices who have been trained in <b>Care Navigators</b> training			31/03/2021	CH				
				<b>1.3.2</b>			<b>E-Consultation</b>					
				Provider solutions reviewed			Andy Hadley	30/04/2017	COMPLETE			

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
					(AH)		
				Budget confirmed over 3 years	Alistair Mulvey (AM)	30/06/2017	Pending NHSE confirmation
				Practices to participate formally identified	AH Vicky Oxford (VO) Andrea Gorton (AG)	30/06/2017	ON TRACK
				Identify tool & provider preferred by each practice	Practices and AH /VO / AG	31/07/2017	ON TRACK
				Funding requirement for pilots confirmed; approval obtained for any funding gaps	AH /VO / AG	31/07/2017	ON TRACK
				Start dates for 6 month pilots confirmed	AH / VO / AG	31/07/2017	ON TRACK
				Confirmed 'live dates' for each practice	AH / VO / AG	31/07/2017	ON TRACK
				Evaluation template provided to pilot practices	AH	31/08/2017	
				Practice case studies completed	Practices	31/12/2017	
				Case studies shared with CCG Memberships	AH	31/01/2018	
				Pilots evaluations completed	AH	31/03/2018	
				Implementation / roll out strategy agreed	AH / VO / AG	30/04/2018	
				On-line consultation pilots specified	Andy Hadley to confirm trajectories	18/08/2017	Invite out to practices to pilot
				xx% Patients covered by Online		tbc	



North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments			
				consultations	for benefits realisation charts					
				xx% Patients covered by Online consultations		tbc				
				xx% Patients covered by Online consultations		tbc				
				xx% Patients covered by Online consultations		tbc				
			<b>1.3.3</b>	<b>Workflow Optimisation</b>						
			<b>Workflow</b> optimisation training roll-out plan agreed	Anne Sherratt – LMC NA	March 2017	Completed Brighton & Hove training in place				
			<b>Workflow</b> optimisation training commenced	AS	December 2016	Completed				
			20% of patients covered by practices who have been trained in <b>Workflow Optimisation</b>	AS	Achieved	Evaluation to be undertaken.				
			50% of patients covered by practices who have been trained in Workflow Optimisation	AS / NA	Achieved 31/03/2019	43 practices received training – 8 practices signed up to receive training.				
			75% of patients covered by practices who have been trained in Workflow Optimisation	AS / NA	31/03/2020					
100% of patients covered by practices who	AS / NA	31/03/2021								

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
				have been trained in Workflow Optimisation			
			<b>1.3.4</b>	<b>Reduce DNAs in general practice</b>			
				All practices to have EMIS web to access the free text messaging service to remind patients about appointments and to send test results (where appropriate)	NSGPF NA	TBC	
			<b>1.3.5</b>	<b>Partnership working</b>			
				LMC / GP Federation to host an event to share variety of models for partnership models across general practice.	Local Medical Committee (LMC) / NSGPF	TBC	
			<b>1.3.6</b>	<b>Personal Productivity</b>			
				Develop a GP support network.			
				Develop a training programme for personal productivity / resilience – time management and team management	AB ??		Funding to be identified
			<b>1.3.7</b>	<b>Quality Improvement</b>			
				Develop a patient Charter	LMC (HVL)	May 2017 Achieved	Completed
				Patient Congress sign off of Patient Charter	MW	June 2017	Completed
				Develop 'optimum' pathways for 5 standard practice processes in collaboration with support from NHS England Sustainable Improvement Team	AS / NA	TBC	
				Fundamentals of Quality Improvement training event via NHS Sustainable Improvement Team	AS/NA	January 2017 Achieved.	
				10 practices funded to participate in the Productive General Practice Quickstart	AS/NA		National team advised to host a library of case

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
				Programme			studies.

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
	<b>1.4. Increased resilience of practices who received funding from the Resilience Fund Programme (2016/17 and 2017/18)</b>		<b>1.4.1</b>	<b>Resilience funding 2016/17 Evaluation</b>			
Impact of spend against agreed 2016/17 MoUs monitored				PMO	31/07/2017	Ongoing by PMO	
Case studies produced by practices for 2016/17			PMO/ Practices	30/08/2017			
<b>1.4.2</b>			<b>Resilience Fund 2017/18</b>				
Process outlined and agreed for 2017/18			NHSE, PMO, NA / Practices	30/06/2017	Practices submitted bids		
Funding and outcomes for 2017/18 agreed with practices				21/07/2017	Panel arranged mid July 2017 – Further panel to meet		
Impact of spend against agreed 2017/18 MoUs monitored	31/10/2017						
Case studies produced by practices for 2017/18	31/01/2018						
	<b>1.5. Ten Universal Capabilities</b>	<b>Ten Universal Capabilities delivered at practices – For Information</b>					
				Professionals across care settings can access	Andy Hadley		OUT OF SCOPE OF GPFV

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
	<b>delivered at practices</b>			GP-held information on GP prescribed med's, patient allergies and adverse reactions	(AH)		
				Clinicians in U&EC settings can access key GP held information for those patients previously identified by GP's as most likely to present			OUT OF SCOPE OF GPFV
				Patients can access their own GP record This was a requirements of GP contract since March 2016	Andy Hadley	30/04/2018	Readiness to comply confirmed to achieve the 2017-18 20% target
				GP's can refer electronically to secondary care	Andy Hadley with CCG's	31/08/2017	Trajectories for delivery agreed between CCG's, CSU and acute providers
				Delivered 80 % coverage	Andy Hadley	31/08/2018	
				Delivered 100% coverage	Andy Hadley	30/10/2018	
					CCG with Andy Hadley	31/12/2018	Plan in place for all other services to be included in e-ref to support one referral route principle
				GP's receive timely e-discharge summaries from secondary care	Andy Hadley	30/04/2018	All providers sending EDS to all Staffordshire practices
				Social care receive timely electronic assessment, discharge and withdrawal notices from acute providers			OUT OF SCOPE OF GPFV
				Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly			OUT OF SCOPE OF GPFV
				Professionals across care settings made aware of end of life preference information	STP – Andrew Brown		OUT OF SCOPE OF GPFV
				GP's and community pharmacists can utilise	Andy Hadley	31/12/2017	EPS deployment

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
				e-prescriptions (All GP's have capability to do this but are not all doing)			completed: All practices and pharmacies live (dependant on pharmacies being able to use EPS2) AH to provide a trajectory for delivering this coverage
				Patients can book appointments and order repeat prescriptions from their GP practice (All but 2 practices currently have on-line capability)	Andy Hadley	30/04/2018	National 20% - target achieved
	<b>1.6. Improvements to general practice estate delivered through ETTF fund</b>	CH		Longton South Project Initiation Document completed	PB / RW / VO	30/09/2017	
		CH		Longton South Outline Business Case completed	PB / RW / VO	30/11/2017	
		CH		Longton South Full Business Case completed	PB / RW / VO	31/03/2018	
		CH		Longton South implementation plan agreed	PB / RW / VO	31/03/2018	
		CH		Longton South scheme completed	tbc	31/03/2020	

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments	
<b>2. Locality Care Hubs</b>	<b>2.1. Number and location of Locality Care Hubs defined and agreed.</b>	LM		tbc				
		LM						
	<b>2.2. Locality Care Hubs' core service offer defined.</b>	LM						
		LM						



Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
	<b>2.3. Locality Care Hubs (23) in place</b>						
	<b>2.4. Access</b>	Mark Rayne Sarah Blenkinsop	<b>2.4.1</b>	<b>Position Paper</b> that describes the current extended access provision in North, East and South Staffordshire.  Learning from the two <b>PMCF access pilot sites in South Staffordshire</b> .  Learning from <b>PCAH in Northern Staffs</b> . To also include any intelligence from localities regards other pilots and extended access plans. To use as a scoping and reference plan.	MR, KO, SB, VO	31/07/17	<b>Staffordshire:</b> SB, KO and MR are pulling together position paper.  <b>North Staffs &amp; SOT:</b> VO to input learning and evaluation from Meir PCAH and Hanley PCAH & current extended opening access.  On Track
			<b>2.4.2</b>	<b>Plan, deliver and evaluate</b> an event to highlight the requirements of providing extended access.  Event will highlight the 7 core requirements and will help to understand market appetite, and map readiness of providers.	MR, KO, SB	30/09/17	<b>Staffordshire:</b> PM to speak to Sue Hart to ascertain if a similar event has been held elsewhere.  PM & AH to support Kirsten, Sarah and Mark to plan an event
			<b>2.4.3</b>	<b>Discussion paper on procurement options</b> produced for discussion at governing bodies	MR, KO, SB	31/07/17	MR meeting with Procurement

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
				This will also be presented to the Primary Care Commissioning Committee			<p>Procurement drafting outline options paper and support to MR KO &amp; SB.</p> <p>MR to progress draft and agree the process for developing the paper</p> <p>Awaiting procurement guidance due from NHS England in the summer 2017</p> <p>Agree how options paper is shared with governing bodies and a need to understand timescales and process</p> <p>On Track</p>
			<b>2.4.4</b>	<b>Develop and deliver an Engagement Strategy</b>	MR, KO, SB	30/08/17	<p>MR had an initial meeting with Adele Edmondson (AE) (Comms and engagement Lead at South Staffs).</p> <p>AE has agreed to liaise with colleagues in East and North Staffordshire to support the</p>

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
							development and delivery of an engagement strategy  To arrange a meeting with Engagement leads to agree the strategy
			2.4.5	<b>Develop and deliver an communications strategy</b>	MR, KO, SB	30/08/17	MR to arrange a meeting with Communication leads to agree the strategy
			2.4.6	Population Needs Assessment undertaken to inform the development of the specification	MR, KO, SB	30/09/17	Agree an approach to developing a Population Needs Assessment document using JSNA and public health profiles to inform the specification  KO to liaise with Public Health Colleagues to request support with this
			2.4.7	<b>Procurement model signed off by governing bodies</b>	MR, KO, SB	30/11/17	Agree process and timescales for sharing the procurement options paper with governing bodies to meet milestone deadline
			2.4.8	<b>Detailed specification</b> including hub hours, 7 core requirements, key service links and advertising	MR, KO, SB	30/11/17	
			2.4.9	<b>Services Procured</b> (STP with CCG lots as an	MR, KO, SB	30/04/18	

North Staffordshire local project plan to support the Staffordshire Programme Models of Care – Milestones and Actions July 2017

Programme Level	High-level Milestones	Owner	Action	Delivery Milestones	Owner	By	Comments
				option)			
			2.4.10	New service contracts started	MR, KO, SB	30/09/18	Liaise with contracting colleagues to sense check timescales and milestones
			2.4.11	100% Access as per GPFV		31/03/19	

Programme Level	High-level Milestones	Owner	By	Delivery Milestones	Owner	By	Actions	Owner	By
3. Multi-speciality Community Providers	3.1. Multi-disciplinary teams aligned to, and integrated with, 23 Locality Care Hubs through MoU	LM		To be agreed					
	3.2. Definition of Virtual MCPs agreed	LM							
	3.3. ToR and membership of virtual MCPs defined	LM							
	3.4. Virtual governance structures for the MCPs defined	LM							
	3.5. Virtual MCP Boards established	LM							

# GP Forward View

Q1 Assurance

Lynn Millar

# Q1 Delivery

Programme Area	Q1 Delivery
Access	<ul style="list-style-type: none"> <li>- Staffordshire Extended Access plan in place</li> <li>- Hanley Primary Care Access Hub pilot – 1<sup>st</sup> July 2017</li> <li>- Evening and weekend appointments available to 210,000 pop – South Staffs</li> <li>- Practice record sharing capability across c70% practices</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>- Draft workforce strategy developed</li> <li>- GP International recruitment bid submitted</li> <li>- General Practice workforce baseline exercise underway</li> <li>- Clinical pharmacists bid submitted</li> <li>- Practice Manager development investment made available to practices via CEPN</li> </ul>
Workload/resilience	<ul style="list-style-type: none"> <li>- Brighton and Hove Workflow training booked in 70% of practices.</li> <li>- 40 Resilience bids received to be considered by Panel - July</li> <li>- Navigation training delivered to Cannock receptionist teams</li> <li>- 100% South Staffordshire practices have access to text appointment reminders</li> <li>- 10 NS Practices participating on the Productive General Practice Quick Start Programme</li> <li>- 100% patients can now access their GP record online</li> </ul>
Infrastructure – Estates	<ul style="list-style-type: none"> <li>- FBC produced for Greenwood House in Burntwood for final sign off</li> </ul>
Infrastructure - IMT	<ul style="list-style-type: none"> <li>- Six E-consultation pilot practices identified across all CCGs</li> <li>- Integrated Care record Programme Manager appointed</li> </ul>
New Models of Care	<ul style="list-style-type: none"> <li>- MCP Alliance Board operational in North Staffordshire</li> <li>- MCP Alliance workshop – South Staffordshire</li> <li>- 23 Locality Care Hubs identified</li> <li>- Locality pilots – Nursing homes, extended access, integrated team working</li> </ul>

# Programme - Next Steps

- Staffordshire wide Highlight and exception reporting tool
- Work programme plans to be signed off by PCCs
- Communications and Engagement plan developed

## Public Paper

<b>Enclosure:</b>	6.1
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<b>Report to</b>	North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committee in Common
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<b>Title</b>	Shropshire and Staffordshire CCGs and NHS England Primary Care Team Memorandum of Understanding – Schedule 3 – Quality of Primary Care Management
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<b>Meeting Date</b>	Tuesday 1 <sup>st</sup> August 2017
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<b>Sponsor Director</b>	Tracey Shewan CCGs' Director of Nursing and Quality
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<b>Action required</b>	<b>Decision</b>	<b>X</b>	<b>Discussion</b>	<b>For assurance/For Information</b>
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### Purpose of the paper, key issues, points and recommendations

The purpose of the Quality schedule is to outline the Shropshire and Staffordshire CCGs' approach to quality and safety for primary care general practice including to:

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

The North Staffordshire and Stoke-on-Trent CCGs' Primary Care Commissioning Committees are asked to **agree**:

- The Primary Care Quality Assurance Schedule to be included within the Staffordshire and Shropshire CCGs and NHS England Primary Care Team Memorandum of Understanding for the management of Delegated Commissioning.

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

<u>Committee/Group</u>	<u>Other agreements</u> CCG Director of Nursing and Quality
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### Summary of risks relating to the proposal

The MoU would not be complete without an agreed Quality schedule.

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

To complete the full MoU between NHS England and the CCGs'.



Strategic objectives supported by this paper			
Our shared Goals:		Yes	No
1.	Empowered Staff		X
2.	Commissioning Health Outcomes		X
3.	Seamless Partnerships	X	
4.	Responsible Use of Resources	X	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <b>Not required</b>		X
2.	Has an Equality Impact Assessment been completed? <b>Not required</b>		X
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients <b>Not required</b>		X

Acronyms
Detailed within Report

## **Schedule 3 – Quality of Primary Care management**

### **1.0 Background**

Although, practices as providers are accountable for the quality of services they deliver and are required to have their own quality monitoring processes in place; NHS England, and the CCGs as commissioners will have a shared responsibility for quality assurance from 1<sup>st</sup> April 2017 onwards. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality such as participating in practice visits, CCG wide training events and reporting of incidents.

### **2.0 Purpose**

The purpose of the schedule is to outline the Shropshire and Staffordshire CCGs' approach to quality and safety for primary care general practice including to:

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

### **3.0 Scope of schedule**

This schedule applies across all GP member practices within the Shropshire and Staffordshire area. It is a standalone quality schedule that sits within the overarching MOU for delegated commissioning. It outlines the actions and processes the individual CCGs, as commissioners with delegated responsibilities, working in partnership with NHS England North Midlands (NHSE NM) will undertake in supporting improvement, assessment/ monitoring and then ultimately assurance of the quality of care provided by Shropshire and Staffordshire GP practices.

This is phase 1 of 3, to develop robust assurance processes and information flows to enable CCGs to be assured of General Practice quality.

Phase 2 – Dashboard enhancement, June 2017–September 2017; developing the dashboard metrics to provide an enhanced quality view including areas of other practice driven activity such as referral rates, prescribing etc. Develop alternative data collection methodologies and technical solutions for sharing the dashboard, with practices.

Phase 3 – Information sharing, September 2017-March 2018; this phase will look to develop enhanced intelligence reporting and develop information sharing processes, which is currently out of scope of this schedule. This process will need to be carefully considered and agreed between NHSE NM and the CCGs

## 4. Out of scope

### 4.1 Performers list

The management of the performers list remains as a reserved function of NHS England and responsibilities for the functions relating to the individual performers remain with NHSE NM.

Whilst the CCGs acknowledge that the individual performers data, in terms of referrals to the Professional Advisory Committee, any subsequent referrals and outcomes to the Performer List Decision Panel, is not part of the responsibilities which will transfer to the CCG post Delegated Commissioning, there is a direct collation between the performer management and the sustainability of individual General Practice.

In line with the delegation agreement, NHSE NM and the CCGs will need to develop arrangements in order to work collaboratively when exercising its reserved functions, including how it proposes to address GP performer issues (clause 8.6.). The development of these arrangements will form part of the second phase of the Primary Care Quality Assurance work.

### 4.2 Complaints management

NHSE NM retains its function in relation to complaints management and will be responsible for taking decisions in relation to the management of complaints. However a robust information sharing process needs to be in place to ensure that complaints are fed in to the overall monitoring of general practice quality.

## 5.0 Defining quality

The commonly acceptable definition of “quality” in the NHS describes three dimensions that must be present to provide a high quality service;

- **Clinical effectiveness;** quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient’s health outcomes.
- **Safety;** quality care is delivered in a way that reduced the risk of any avoidable harm and risks to a patient’s safety
- **Patient experience;** quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what a patient (or their representative) wants or needs, with compassion, dignity and respect.

Quality assurance is the systematic and transparent process of checking to see whether a product or service being delivered is meeting specified requirements. The processes through which the CCGs will assure itself of primary care (medical services) quality are described in the following sections.

### 6.0 Quality monitoring

General Practice quality is currently monitored using a variety of hard and soft intelligence data sources; some of the data is available publically and some is internal use only; equally the frequency of the data can also vary between annually, 6 monthly, quarterly and monthly, the calendar when the data is published can be found under section 10.2 The hard intelligence data

reporting timetable is determined by national data publications and this can also range from monthly, to between 6 - 12 months at the time of the data being reported in the dashboard, calendar of published data is attached to this Quality Schedule.

The Quality Dashboard is developed by NHSE NM Quality team on a regular basis updating sections with any recently published data, from national data sets, locally sourced information or recent Care Quality Commissioning Reports.

### 6.1 General practice quality dashboard

NHSE NM Quality lead in conjunction with NHSE and CCGs Primary Care teams have developed a single quality dashboard which combines a number of metrics across the three domains of quality incorporating information from the following sources:

- **Care Quality Commission (CQC)** – inspection outcomes overall and across the 5 domains
- **Contract indicators** – General Practice Higher Level Indicators, General Practice Outcome Standards, QOF, breach/remedial notices, premises, contract succession
- **Patient experience** – GP patient survey, complaints, friends and family test
- **Patient safety** – number of incidents, number of controlled drugs, outcome of any performer referrals to the GMC
- **Public health** - Vaccinations and immunisations, cancer screening
- **Soft intelligence** – NHS Choices, patient opinion, health watch social media<sup>1</sup>.

There are a range of metrics that make up the quality dashboard; the information from the different metrics and soft intelligence will be aggregated to stratify practices into different levels of risk status. This will identify the level of support and monitoring appropriate for each practice.

### 7.0 Support and escalation

The following describes the process and escalation in relation to the Primary care Quality assurance, it is expected that the actions from the preceding stage have been completed before moving on to the next stage.

Status	Suggested Triggers	Potential CCG actions
No concerns	<ul style="list-style-type: none"> <li>• CQC rating – Outstanding/Good</li> <li>• GP webtool GPOS ‘higher achieving’ or ‘achieving’</li> <li>• GP webtool HLIS no negative outliers</li> <li>• No concerns identified in a range of indicators of high quality care</li> <li>• Practice reporting incidents, no incidents indicating serious patient safety issue</li> <li>• Positive feedback from GP Patient Survey</li> </ul>	<b>Stage 1 – Routine monitoring and support</b>
		<ul style="list-style-type: none"> <li>• Sharing best practice</li> <li>• CCG quality/contract visits</li> <li>• <b>Escalate as appropriate</b></li> </ul>

<sup>1</sup> Whilst anecdotal or individual feedback can be difficult to quantify, this can offer invaluable insights into the quality of a provider

Emerging concerns	<ul style="list-style-type: none"> <li>• CQC rating - Requires improvement or Inadequate in 1 or more domain</li> <li>• Some concerns identified in a range of indicators of high quality care</li> <li>• GP webtool GPOS 'approaching review'</li> <li>• GP webtool HLIS 1 – 4 negative outliers</li> <li>• Practice reporting incidents and some concern relating to patient safety from incidents or practice not reporting incidents</li> <li>• Some areas demonstrating variance from CCG and national results in GP Patient Survey</li> <li>• Nature / seriousness of upheld complaints</li> <li>• Emerging factors that could impact on future service delivery (e.g. retirements)</li> <li>• Practice applied to close list (accepted or denied)</li> <li>• Significant reductions / increases in list size</li> <li>• Financial health (£/wtd patient compared with peers, annual % reduction in core funding from PMS/MPIG)</li> <li>• Premises issues/compliance</li> <li>• Potential non-compliance with contract requirements</li> <li>• Anticipated changes in external environment (e.g. significant population growth)</li> <li>• Potential impact on practice from PAG/PLDP investigations</li> </ul>	<p><b>Stage 2 – Light touch support work with practice</b></p> <ul style="list-style-type: none"> <li>• Quality / performance review meetings as required</li> <li>• Triangulate intelligence</li> <li>• Risk assess and manage the issue/s as necessary</li> <li>• Continue enhanced monitoring</li> <li>• Consider sharing intelligence with the practice and work with the practice proactively to understand and begin to plan future of services</li> <li>• Share concerns relating to individual performance with NHS England Fitness to Practice team for the Performance Advisory Group (PAG)</li> <li>• CCG/NHSE learning</li> <li>• <b>Escalate / de-escalate as appropriate</b></li> </ul>
	Investigation of concerns and potential resolution	<ul style="list-style-type: none"> <li>• CQC rating – Overall - Requires improvement</li> <li>• Significant concerns identified in a range of indicators of high quality care and escalated for investigation / resolution</li> <li>• GP webtool GPOS 'review identified'</li> <li>• GP webtool HLIS 5 or more negative outliers</li> <li>• Practice not reporting incidents and / or incidents indicating serious patient safety issue/s</li> <li>• Many areas demonstrating variance from CCG and national results in GP Patient Survey</li> <li>• Practice not implementing or achieving agreed outcomes of earlier planning</li> <li>• Imminent risk of service continuity through disruption or closure (e.g. resulting from PLDP/GMC action, failure to secure adequate insurance, premise issues)</li> </ul>

Formal action / intervention to ensure resolution	<ul style="list-style-type: none"> <li>• CQC rating – Overall - Inadequate</li> <li>• Significant concerns identified in a range of indicators of high quality care and following investigation requires formal action (e.g. contractual action) to support resolution</li> <li>• Immediate service continuity issue (e.g. practice premise unavailable due to flood/fire)</li> </ul>	<b>Stage 4 – Formal action of intervention and action plan to ensure resolution</b>
		<ul style="list-style-type: none"> <li>• Support practice develop and deliver improvement plan</li> <li>• Contractual action (remedial / breach notice) to formalise required improvement</li> <li>• Formally seek evidence of improvement and compliance with contractual actions</li> <li>• Quality / contract review visit to confirm completion of improvement plan</li> <li>• Develop contingency plan to secure continuity of patient services</li> <li>• Escalate to Quality Surveillance Group (QSG)</li> <li>• Immediately work with practice/s to resolve immediate service continuity issue</li> <li>• Share concerns relating to individual performance with NHS England Fitness to Practice team for the PAG</li> <li>• CCG/NHSE learning</li> <li>• <b>De-escalate as appropriate</b></li> </ul>

Practices would not routinely escalate from stage 1 straight to stage 4; it is expected that practices will escalate and de-escalate through the various stages and that the actions of the previous stages have taken place.

## 9.0 Governance

Reporting and assurance of Primary Care quality is part of the NHS England Delegated Functions to the Primary Care Commissioning Committee (PCCC) with the duty to:

### ***6.2.4 Undertaking reviews of primary medical services in the area***

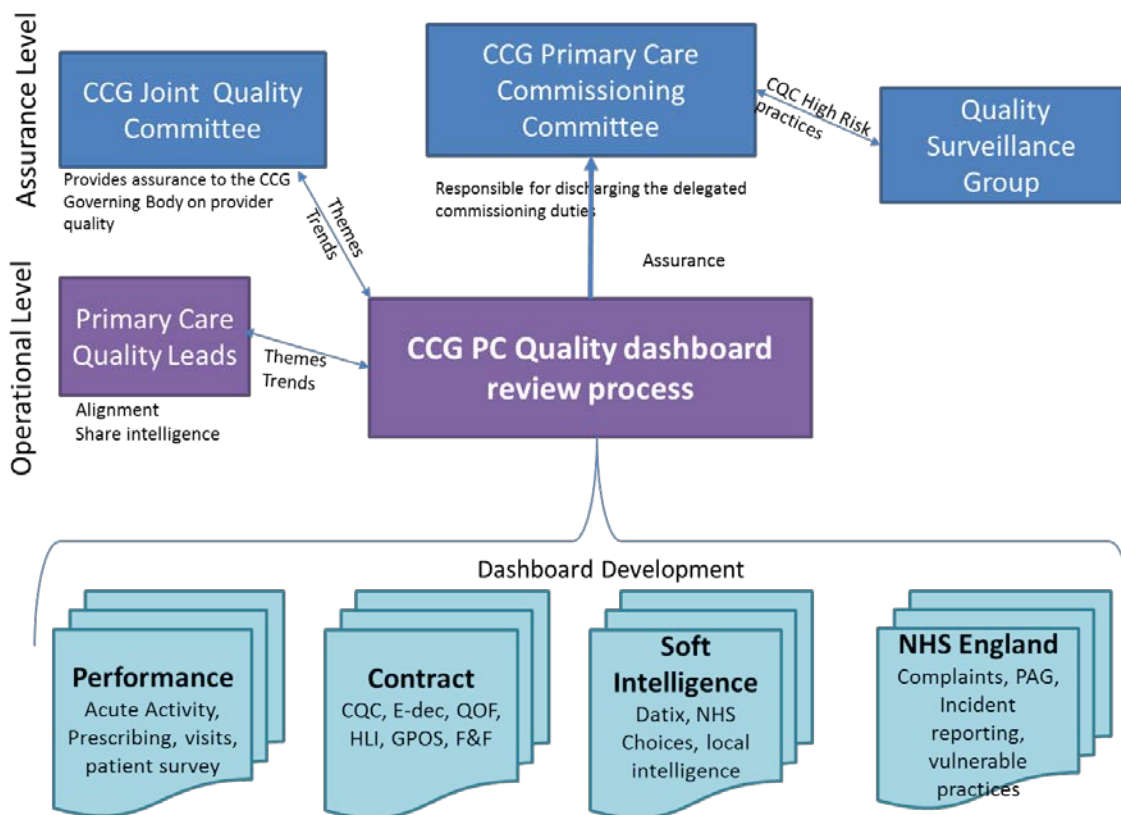
### ***6.2.5 Decisions relating to the management of poorly performing GP practices.***

The PCCC is assurance committee, not an operational working group and in order to provide this assurance Primary Care Quality will need be monitored and managed through a separate group.

Some CCGs will have established governance arrangements which they are able to incorporate the review of primary care quality, others will want to establish a group to monitor and manage primary care quality.

Whichever arrangement the CCG establishes, the review of the primary care quality will start via the dashboard of quality metrics and any other quality related general practice information, such as soft intelligence reported via NHS Choices or other forums. This will formalise the current quarterly dashboard review meetings.

## 9.1 Primary Care Governance framework



The section 9.2 describes the Primary Care Quality Assurance Process, which will be followed by the CCGs and NHS England, rather than describing a particular group or meeting. In agreeing to the same process and principles, across Shropshire and Staffordshire we can be assured that Primary Care Quality is being consistently monitored and managed.

## 9.2 Primary care quality review process

The Primary Care quality review process will use the source data provided by Primary Care Quality Dashboard and other information which has been shared in order to identify potential or actual risk to Primary Care Medical Services quality.

The CCG Quality dashboard review process will be managed by each CCG individually however, the outcome should be the same which is to agree the actions to be taken and provide assurance to the PCCC on the quality of Primary Care Medical Practices. As required the CCG Quality dashboard review process should escalate quality concerns to the Primary Care Commissioning Committee.

Any immediate Primary Care Medical Practices quality concerns, that puts patients at risk of harm, must be flagged to the Chief Nurse and Director Of Quality or equivalent immediately in order to ensure the safety of patients. Any urgent mitigating actions should be taken with discussion and in agreement with NHS England North Midlands.

### **9.3 Reporting**

High level report will be shared with the PCCC at the public meeting and the minutes of the meeting will be shared in the confidential section of the PCCC.

Other reporting of Primary Care Quality will be in line with local CCG quality strategy and individual CCG governance arrangements.

### **10. Primary Care Quality Information**

The Quality Dashboard is developed by NHSE NM Quality team on a regular basis updating sections with any recently published data, the data source and calendar of when data is published can be found under quality appendix 1.



## Appendix 1

Metric	Data release date	Status	Source
CQC	Once reports are published	Public	<a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a>
GP Higher Level Indicators (HLI)	<b>Quarterly update</b> Some indicators are updated quarterly some QOF related ones annually (October)	GP Staff, CCGs & NHS England teams	<a href="https://www.primarycare.nhs.uk/">https://www.primarycare.nhs.uk/</a>
GP Outcomes Standards (GPOS)	<b>Quarterly update</b> Some indicators are updated quarterly some QOF related ones annually (October)	GP Staff, CCGs & NHS England teams	<a href="https://www.primarycare.nhs.uk/">https://www.primarycare.nhs.uk/</a>
Quality Outcomes Framework (QOF)	Annually (October)	Public	<a href="http://qof.digital.nhs.uk/">http://qof.digital.nhs.uk/</a>
GP Patient Survey	Annually (July)	Public	<a href="https://gp-patient.co.uk/">https://gp-patient.co.uk/</a>
Friends & Family Test	Monthly	Public	<a href="https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/">https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/</a>
Complaints received by NHS England	Monthly	NHS England teams & CCGs	Data sent to CCGs and NHS England Quality team
Incidents	Monthly	NHS England teams & CCGs	Data can be accessed by CCGs and NHS England Quality team via: <a href="http://nww.steis.doh.nhs.uk/steis/steis.nsf/main?readForm">http://nww.steis.doh.nhs.uk/steis/steis.nsf/main?readForm</a> <a href="https://report.nrls.nhs.uk/nrlsreporting/">https://report.nrls.nhs.uk/nrlsreporting/</a>



## Public Paper

<b>Enclosure:</b>	7.1
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<b>Report to</b>	Primary Care Commissioning Committee, held in common
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<b>Title</b>	Primary Care Delivery sub-Group
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<b>Meeting Date</b>	2 <sup>nd</sup> August 2017
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<b>Sponsor Director</b>	Fiona Hamill, Chief Operating Officer
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<b>Action required</b>	<table border="1"> <tr> <td style="text-align: center;"><b>Decision</b></td> <td style="text-align: center;">√</td> <td style="text-align: center;"><b>Discussion</b></td> <td style="text-align: center;"><b>For assurance/For Information</b></td> </tr> </table>	<b>Decision</b>	√	<b>Discussion</b>	<b>For assurance/For Information</b>
<b>Decision</b>	√	<b>Discussion</b>	<b>For assurance/For Information</b>		

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

This paper sets out a draft Terms of Reference for Primary Care Delivery sub-group which will oversee, advise and make recommendations on Primary Care to both the Primary Care Commissioning Committee and the Joint Planning Committee of the CCGs .

Primary Care responsibilities can be either directly commissioned by the CCG, as in the case of Local Enhanced Services (LEs) or undertaken by the CCG under delegation from NHS England, as is the case in relation to GP contracts. Therefore, the Terms of Reference for this sub-group are drafted jointly between the Primary Care Committee and the Joint Planning and Commissioning Committee to which the sub-group will be accountable for recommendations on delegated and directly commissioned services respectively.

**The Committee is asked to consider the draft Terms of Reference and advise whether they are:**

- a) content with the scope and terms of reference as presented;
- b) content for the draft to be shared with the Joint Planning and Commissioning Committee for comment; and,
- c) Indicate any additions and amendments required.

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

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

### Summary of risks relating to the proposal

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

The proposal is to create a sub-group with reporting and accountability to two committees of the Governing Bodies. This is to ensure that the CCGs can refer matters relating to Primary Care to a single group, able to provide advice and recommendations on the totality of Primary Care developments, whilst recognising that there are separate governance requirements for that directly commissioned by the CCGs and the delegated activities undertaken by the CCGs on behalf of NHS England.

Strategic objectives supported by this paper			
Our shared Goals:		Yes	No
1.	Empowered Staff	√	
2.	Commissioning Health Outcomes	√	
3.	Seamless Partnerships	√	
4.	Responsible Use of Resources	√	

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

Acronyms
GPFV – General Practice Five Year Forward View

## Primary Care Delivery Group Terms of Reference

### 1. Introduction

The **Primary Care Commissioning Committee** and the **Joint Planning and Commissioning Committee** of North Staffordshire and Stoke-on-Trent Clinical Commissioning Group hereby resolve to establish a sub-group of the Committees known as the Primary Care Delivery Group. The sub-group is established in accordance with North Staffordshire Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation and Stoke-on-Trent Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the sub-group to both the Primary Care Commissioning Committee and the Joint Planning and Commissioning Committee and shall have effect as if incorporated into the Clinical Commissioning Groups Constitutions and Standing Orders.

As per the CCG's Constitutions, in the interest of partnership working, this sub-group will operate as a 'group-in-common' with representatives from both CCGs to jointly oversee all elements of Primary Care commissioning, both directly and through delegation from NHS England.

### 2. Purpose

The Primary Care Delivery sub-group has responsibility for commissioning, oversight and delivery of Primary Care, both directly commissioned by the CCGs and through delegated commissioning from NHS England, for North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups. In relation to services commissioned directly by the CCGs, the Primary Care Delivery Subgroup will report to the Joint Planning and Commissioning Committee and for all matters relating to the responsibilities delegated to the CCGs by NHS England, to the Primary Care Commissioning Committee.

The Primary Care Delivery sub-group provides a forum for bringing together key stakeholders across North Staffordshire and Stoke on Trent, to oversee the development of Primary Care, and provides a joint interface for members to oversee the programmes and priorities for Primary Care including the delivery of the GP Forward View.

The Primary Care Delivery sub-group will provide assurance and primary care representation, providing recommendations to the Primary Care Commissioning Committee and Joint Planning Committee in matters relating to improving primary care including proposals for future investment. In making proposals to either Committee it is the responsibility of the Primary Care Delivery Sub-group to ensure that appropriate consultation has been undertaken with localities and the other Committee as necessary.

### 3. Remit and responsibilities of the sub-group

The group will have responsibility for:

- Oversight and delivery of North Staffordshire GP Forward View Delivery Plans
- Provide an overarching framework within which the Primary Care Strategic Delivery Plan will operate, with reference to the Pan Staffordshire Primary Care Strategy.
- Provide confirm, challenge and any onward recommendation and advice to the Primary Care Committee and/or the Planning and Committee regarding scheme design, viability, deliverability and risk.
- Take a strategic view and provide a steer on the appropriateness of current service provision across providers, including those delivered with the voluntary sector, to determine what needs to be commissioned moving forward to support a new model of care.

- Establish a strategic and operational partnership model between the member practices and the CCGs' commissioning team, with a focus on quality improvement. Recognising that GP Practices are both providers and commissioners, and the shared and separate responsibilities.
- On-going evaluation of delivery and impact, supported by the Programme Management Office (PMO) ensuring the strategic direction for Primary Care aligns with CCG plans and national policy.
- Ensure plans reflect population needs and align to our overall long term financial model.
- To have authority to set task and finish groups for more detailed work up of projects pertaining to the remit of the group.
- Provide the overall practice IT strategic and financial accountability on behalf of both CCGs, and shape the IT forum, as a task and finish group of this sub-group.
- Receive reports from the Primary Care work stream leads and monitor progress against timescales with the project plans.
- Discuss significant performance issues identified at practice or locality level and agree any interventions required.

#### 4. Membership

<b>Core Membership</b>
Chief Operating Officer (Chair)
Clinical Director for Primary Care (Vice Chair)
Head of Primary Care
Senior Primary Care Managers
Professional Lead for Primary Care Nursing
Locality GP Leads x8
Locality Practice Manager Leads x9
NHS England Primary Care Representative
LMC GP representative
Patient Representative(s) – CCG Patient Congress
GP Federation Member
Lay member from either SOT or NS Governing Body

<b>Non-Core Membership</b>
Primary Care Development Managers
Finance representative
Medicines Optimisation representative
Public Health Representative
Primary Care MSK Research Consortium
Data Quality Facilitators
Business Intelligence representative
Commissioning Managers

If neither the Chair nor the Vice Chair is able to attend all or part of the meeting they will nominate a deputy from within the membership.

Other individuals may attend by invitation of the group to provide advice or expertise. These need to be noted in the minutes as 'in attendance'.

A representative from the NS GP federation (NSGPF) will be invited to each meeting but will not have voting rights. This member will only be present for the open section of the meeting and will be required to leave during the closed/ confidential section in order to preserve conflict of interest.

## 5. Voting

The Primary Care Delivery sub-group does not have decision making responsibilities, however, it will make recommendations to both the Primary Care Commissioning Committee and to the Planning and Commissioning Committee. Therefore there may be occasions where the group needs to vote in relation to the recommendations that should be being made. On these occasions:

- Decision making will be by consensus
- Where consensus is not reached, each Core member will be allowed one vote apart from a situation where all NS leads vote differently from all Stoke leads: in this situation the leads votes will be equally weighted such that both NS and Stoke have 10 votes. The federation representative does not have a vote.
- The Chair (or vice Chair) will retain the casting vote

The outcome of the voting should be clearly recorded in the minutes and reported to the appropriate Committee along with the recommendations.

## 6. Quoracy

Quorum will be attendance by a minimum of six voting members, of whom:

- 1 CCG Primary Care Team Representative
- 1 North Staffordshire CCG Locality Lead - GP
- 1 North Staffordshire Locality Lead – PM
- 1 Stoke-on-Trent CCG Locality Lead - GP
- 1 Stoke-on-Trent CCG Locality Lead – PM
- Either a Patient Representative or a Lay Member from the Governing Bodies

The Chair will confirm that the quoracy has been met at the start of the meeting and this will be recorded in the minutes.

## 7. Conflicts of Interest

It is the responsibility of all Members and all individuals in attendance to declare any conflicts of interest pertaining to the agenda.

Conflicts of interest are recorded at the beginning of each meeting. The nature of the conflict of interest and the Chairs decision based on consideration of this information will be formally minuted.

If a conflict of interest arises, then the Chair may request members or those in attendance to withdraw at the appropriate discussion/voting point.

When more than 50% of the voting members of the Committee are required to withdraw from a meeting or part of it then the remaining Chair will consider whether the meeting is quorate. Where the meeting is not quorate the discussion will be deferred until quorum can be convened.

## 8. Confidentiality

Due to the potential confidential nature of some issues discussed at the Sub-Group, external members will be asked to sign a Confidentiality Agreement prior to becoming a member of the Group

## 9. Frequency and notice of meetings

The group will meet at least 9 times a year with meetings lasting 2 to 3 hours. Further meetings may be scheduled by exception if required.

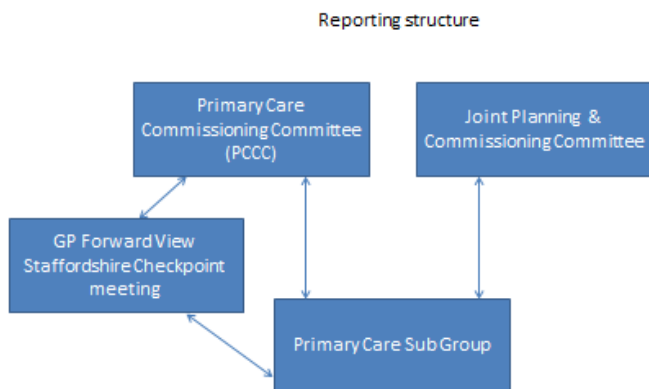
A schedule of meeting dates will be set and circulated to members for each calendar year. A calendar of business will reflect the business to be considered by the Committee throughout the year.

## 10. Secretary

The group will be formally minuted. Agendas and papers will be available five working days before the meeting is scheduled to take place. A formal action sheet will be held and reported to each meeting.

## 11. Reporting arrangements

To provide assurance to the Joint Planning and Commissioning Committee and the Primary Care Commissioning Committee.



- a) The minutes of the group will be reported to both Committees
- b) Provide a written report to the Joint Planning and Commissioning Committee in relation to those matters which are directly commissioned, around programme progress highlighting:
  - Issues
  - Risks
  - Assurance
  - Recommendations requiring decision
- c) Provide a written report to the Primary Care Committee in relation to those Primary Care matters which are delegated from NHS England, around programme progress highlighting:
  - Issues
  - Risks
  - Assurance
  - Recommendations requiring decision
- d) Provide a written report to the Joint Planning Committee around programme progress highlighting:

## 12. Review of Terms of Reference

The group will review its Terms of Reference annually and these will need to be signed off by the Joint Planning and Commissioning Committee and by the Primary Care Committee

Date Agreed by Primary Care Delivery sub-group:

Date Approved at Primary Care Committee:

Date Approved by Planning & Commissioning Committee

Review Date:



Enclosed for information

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

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

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

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

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

UDA	unit of dental activity
UOA	unit of orthodontic activity
VFM	Value for money
WIC	Walk-in centre
WL	Waiting list
WTE	Whole time equivalent
YTD	Year to date