

Staffordshire & Stoke-on-Trent CCGs' Meeting in Common of the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees – HELD IN PUBLIC

Tuesday 7th January 2020, 9.30 am – 11.45am
The Morston Room, Floor 3, One Smithfield, Hanley,
Stoke-on-Trent, ST1 4FA

Agenda

A=Approval R=Ratification S=Assurance D=Discussion I=Information

		Enc.	Lead	A/R/S/D/I	Time
1.	Welcome	Verbal	Chair	I	9.30
2.	Apologies – Lynn Millar	Verbal	Chair	I	
3.	Declaration of Interest and actions taken to manage conflicts	Enc. 01	Chair	I	
4.	Quoracy	Verbal	SY	I	
5.	Minutes & actions from previous meetings ❖ Minutes from the meeting held on 3 rd December 2019 ❖ Action List Matters arising ❖ NHS England/Improvement Management of Change Update	Enc. 02 Enc. 03	Chair	A	

Standing items

6.	Primary Care Risk Register <i>To follow</i>	Enc. 06	SJ	S/I	9:40 (20 mins)
7.	Month 8 Finance Report	Enc. 07	NC	S/I	10.00 (20 mins)
8.	Primary Care Quality Quarterly Assurance Report	Enc. 08	TCo	S/I	10.20 (20 mins)

Items for Discussion

8.	Staffordshire and Stoke-on-Trent CCGs' Primary Care Strategy	Pres.	SJ	D/S/I	10.40 (20 mins)
9.	General Practice Workforce – Update	Enc. 09	LM	I/S	11.00 (20 mins)
10.	Primary Care Work Programme, Objectives and Deliverables	Enc. 10	TCo	D/S	11.20 (20 mins)

Items for Information

11.	Questions from Members of the Public	Verbal	Chair		11.40 (5 mins)
12.	Any Other Business				11.45
13.	<p>Meeting effectiveness</p> <p><i>Did we achieve what we set out to do; linking back to the Agenda?</i></p> <p><i>Was the information presented appropriate / easy to understand?</i></p> <p><i>Was the information received in a timely manner prior to the meeting?</i></p> <p><i>Do we need to escalate any issues elsewhere?</i></p> <p><i>Do we need to inform any of our decisions / actions? Sub Committees / Staff / NHSE?</i></p> <p><i>Are we assured?</i></p> <p><i>Do we need any more information / require a further progress report at a future date?</i></p> <p><i>Agreed actions captured in the minutes?</i></p> <p><i>Were there any risks raised in the meeting that should be captured on the risk register?</i></p> <p><i>Were members of the committee courteous to each other during the meeting?</i></p>				
14.	Close		Chair		
15.	The next meeting will take place on Tuesday 4 th February 2019 at 9.30 am in the Morston Room, Floor 3, One Smithfield, Hanley, Stoke-on-Trent, ST1 4FA				

CANNOCK CHASE CCG, EAST STAFFORDSHIRE CCG, NORTH STAFFORDSHIRE CCG, SOUTH EAST STAFFORDSHIRE & SEISDON PENINSULA CCG, STAFFORD AND SURROUNDS CCG AND STOKE-ON-TRENT CCG
CONFLICTS OF INTEREST REGISTER 2019-2020
NORTH STAFFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE
AS AT 26 NOVEMBER 2019

Employing Organisation	Title	Forename	Surname	Role	GP Practice/Base/ Other	CCG	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken to mitigate identified conflicts of interest
NS CCG	Dr	Waheed	Abbasi	Clinical Director / Board Member SOT CCG	The Village Surgery	North Staffordshire	1. GP Principal The Village Surgery (October 2017 - ongoing) 2. Director Abbasi Medical Services Ltd (2011 - ongoing) 3. Director Staffordshire Care Direct Ltd (July 2017 - ongoing) 4. Sessional GP Extended Access with NS GP Federation (October 2018 - ongoing) 5. Practice is member of Newcastle Central Primary Care Network (October 2017 - ongoing)	1. Membership of BMA, RCGP, GPwSI Mental Health and Drugs and Alcohol (2009 -	None	1. Spouse is Director & Secretary of Abbasi Medical Services Ltd (2011 - ongoing) 2. GP Partner is a Clinical Associate in CCG (October 2017 - ongoing) 3. Other Directors in SCD Ltd are PCN members, one is GB member North Staffs CCG (July 2017 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) interest recorded on the CCG Conflicts Register.
SOT CCG	Mr	Tim	Bevington	Lay Member Stoke CCG Board	Stoke-on-Trent	Stoke-on-Trent	None	None	None	1. Child is employed as an Educational Psychologist with Stoke-on-Trent City Council	(h) interest recorded on the CCG Conflicts Register.
NS CCG	Dr	Alison	Bradley	Clinical Chair of North Staffs CCG	Werrington Village Surgery	North Staffordshire	1. GP Partner, Werrington Village Surgery (2002 to date). 2. Member Practice of North Staffordshire GP Federation (current) 3. Clinical Chair of North Staffordshire CCG (August 2016 to date) 4. Member practice of Moorlands Primary Care Network (ongoing)	None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) Recorded on CCG Conflicts Register.
Staffordshire CCGs	Mrs	Jacqui	Charlesworth*	Deputy Director of Finance	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.
SOT CCG	Dr	Lorna	Clarson	Chair, Stoke-on-Trent CCG	Brook Medical Centre	Stoke-on-Trent	1. Salaried GP at Brook Medical Centre, Bradeley (November 2018 - ongoing). 2. Senior Lecturer in General Practice Research, Keele University (October 2018 - ongoing)	None	None	1. Spouse is a GP Partner in Keele University Practice (2017 to present)	(a) to (g) plus (h) inclusive as required in any procurement decisions relating to third parties advice is offered to by company
Staffordshire CCGs	Mr	Neil	Cook*	Interim Deputy Director of Finance	Staffordshire Place 2	Staffordshire CCGs	1. Director and Shareholder of Cuebrook Limited (from November 2018 - ongoing).	None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company
Staffordshire CCGs	Mrs	Tracey	Cox*	Primary Care Development Lead - North	Staffordshire Place 2	Staffordshire CCGs	1. Undertaking ad hoc consultancy work (outside of core CCG working hours) for the West Midlands Academic Health Science Network (Long term conditions network) - October 2016 ongoing .	None	None	None	Agreed with Line Manager. Recorded on CCG Conflicts Register.
NS CCG	Mr	Peter	Dartford	Lay Member for Patient and Public Involvement	Lay Member	North Staffordshire	None	1. Visiting Professor - University of Chester (14.12.2016-31.08.2022)	1. Non-Executive Director/Board Member North Staffordshire YMCA (01.10.2016 - ongoing) 2. Vice Chair of Governors Leek First	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) Recorded on CCG Conflicts Register.
NS & SOT CCGs	Dr	Steven	Fawcett	Clinical Director Stoke-on-Trent & North Staffs CCG Medical Director Stoke-on-Trent & North Staffs CCGs (from 01.01.17)	Moorcroft Medical Centre	Stoke-on-Trent	1. Salaried GP for Combined Healthcare Trust (ongoing) 2. Partner of Moorcroft Medical Centre (ongoing) 3. Member North Stoke 1 Primary Care Network (ongoing) 4. Member North Staffs GP Federation (ongoing)	1. Member of North Staffs LMC (ongoing) 2. Member of NSGAF (ongoing)	None	1. Spouse is a nurse for Keele University Medical Centre (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
SOT CCG	Dr	John	Gilby	Clinical Director / Board Member SOT CCG	Brook Medical Centre	Stoke-on-Trent	1. GP Partner (ongoing) 2. Member of GP Federation (2015 - ongoing) 3. Practice member of Whitfield Primary Care	None	None	1. Spouse is CEO at Countess of Chester (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Miss	Vicki	Graham*	Quality Improvement Manager	Staffordshire Place 2	Staffordshire CCGs	None	None	None	1. Sibling is an employee of UHNM - IDA (Imaging Dept.) (2011 - ongoing) 2. Finance is an employee of Vocare Ltd (2017-04 September 2018) 3. Finance is an employee of Staffordshire CCGs (10 September 2018 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Mr	Andy	Hadley*	Senior Primary Care Development Manager	Staffordshire Place 2	Staffordshire CCGs	None	1. Chair of Intelligent Customer Forum for Staffordshire and Shropshire Health Informatics Service (HIS) (ongoing)	None	None	(c) For individuals engaging in Secondary Employment. (f) Conflicted members to not attend meetings.
Staffordshire CCGs	Mrs	Cheryl	Hardisty*	Director of Strategic Commissioning & Operations	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.
SOT CCG	Mr	John	Howard	Lay Member for Governance	Smithfield 1, Stoke-on-Trent	Stoke-on-Trent	None	None	None	None	None required.
NS & SOT CCGs	Dr	Latif	Hussain	Non-Executive Director North Staffs CCG, Stoke-on-Trent CCG (01.01.17)	Milehouse Medical Practice	North Staffordshire	1. GP Partner Milehouse Medical Practice (June 1990 - ongoing) 2. Director of Staffordshire Care Direct (January 2018 - ongoing) 3. Joint CD Newcastle Central Primary Care Network (July 2019 - ongoing) 4. Member of Norths Staffs GP Federation (April 2016 - ongoing)	1. Vice-Chair and active member North Staffs Basics Charity (April 1996 - ongoing) 2. Section 12 Approved Doctor MHA (April 1999 - ongoing) 3. Trustee of GRT UK Charity (April 2018 - ongoing) None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.

Employing Organisation	Title	Forename	Surname	Role	GP Practice/Base/ Other	CCG	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken to mitigate identified conflicts of interest
Staffordshire CCGs	Dr	Manir	Hussain*	Deputy Director Primary Care & Medicines Optimisation	Staffordshire Place 2	Staffordshire CCGs	1. Chair Pharmacy Local Professional Network (NHSE, North Midlands). (October 2013 - present) . 2. Clinical Pharmacist (Locum) at Wolverhampton Road Surgery (Feb 2008 - present) . 3. Manir Management Consultancy (sole trader) (April 2000 - present) 4. M.E.L. Research, Aston, Birmingham (June 2016 to present) .	1. College of Pharmacy Postgraduate Education, University of Manchester, CPPE Associate (April 2014 to present) .	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Mrs	Sarah	Jeffery*	Head of Primary Care Development	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.
Staffordshire CCGs	Mrs	Heather	Johnstone*	Director of Nursing and Quality	Staffordshire Place 2	Staffordshire CCGs	None	1. Visiting Fellow at Staffordshire University (March 2019 - March 2022) 2. CCG appointed Governor at UHDB (January 2019 - January 2022)	None	1. Spouse is employed by UHB at Heartlands Hospital (ongoing) 2. Step-sister employed by MPFT as a nurse (ongoing) 3. Brother-in law works as an Occupational Health Nurse for Team Prevent at UHNM (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
SOT CCG	Dr	Chandra	Kanneganti	Principal GP	Goldenhill and Five Towns Medical Centre	Stoke-on-Trent	1. Contract holder which manages Five Towns GP Surgery & Middleport Medical Centre (2009 - ongoing) 2. Contract holder for GMS Contract (2007 - ongoing) 3. Councillor - Stoke-on-Trent City Council (May 2019 - ongoing) 4. Director of Praveena Property Services Ltd (ongoing) 5. BMA GPC Policy Lead and GPC Member (2012 - ongoing) 6. Hon Secretary BMA North & Mid Staffs Division (2018 - ongoing) 8. GPH Clinical Lead, supporting doctors with mental health (2016 - ongoing)	None	1. Conservative party member, Conservative party approved candidate for MP (June 2019 - ongoing)	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Stoke-on-Trent CCG	Dr	Chandra	Kanneganti	Principal GP	Goldenhill and Five Towns Medical Centre	Stoke-on-Trent	1. Contract holder which manages Five Towns GP Surgery & Middleport Medical Centre (2009 - ongoing)	None	1. Conservative party member, Conservative party approved candidate for MP (June 2019 - ongoing)	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Mrs	Sharon	Maguire*	Primary Care Development Manager	Smithfield 1, Stoke-on-Trent	Staffordshire CCGs	None	None	None	None	None required.
Staffordshire CCGs	Mrs	Melanie	Mahon*	Head of Primary Care Commissioning	Staffordshire Place 2	Staffordshire CCGs	None	None	None	1. Parent employee of Burton Hospitals FT as ward clerk at Samuel Johnson Hospital	(h) recorded on CCG conflicts register.
NS & Stoke CCGs	Mr	Neil	McFadden	Lay Member	Smithfield 1, Stoke-on-Trent	Stoke-on-Trent	None	None	None	None	None required.
Staffordshire CCGs	Mrs	Lynn	Millar*	Director of Primary Care and Medicines Optimisation	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.
Staffordshire CCGs	Mrs	Victoria	Oxford	Senior Primary Care Commissioning Manager	Smithfield 1, Stoke-on-Trent	Staffordshire CCGs	None	None	None	1. Sister-in-Law works for Meridian Recruitment who provide clinical agency staff for provider organisations (April 2019 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Mrs	Vanessa	Ridout*	Executive Assistant	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.
SESSP CCG (CC, NS, SOT, SAS CCGs)	Mr	Douglas	Robertson	Secondary Care Consultant for: Cannock Chase CCG North Staffordshire CCG South East Staffordshire and Seisdon Peninsula CCG Stafford and Surrounds CCG Stoke-on-Trent CCG	Secondary Care Consultant	Cannock Chase North Staffordshire South East Staffordshire and Seisdon Peninsula Stafford and Surrounds Stoke-on-Trent	1. Receive referrals from Staffordshire GPs (ongoing)	1. Receive referrals from Staffordshire GPs (ongoing)	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
NS CCG	Dr	Paul	Scott	GP and LMC Chair	Silverdale and Ryecroft	North Staffordshire	1. GP Partner (ongoing) 2. Chair North Staffs LMC (ongoing)	None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Mr	Mark	Seaton*	Managing Director (North)	Smithfield 1, Stoke-on-Trent	Staffordshire CCGs	None	1. Postholder is freeholder of a community building in Stoke (ongoing) 2. Postholder is registered Pharmacist (ongoing)	None	1. Spouse if Head of Medicines Optimisation & Primary Care in neighbouring CCG (ongoing) 2. Family member is an Optometrist at Spec Savers (ongoing) 3. Family member is a school teacher potentially involved in CAMHS Trailblazer (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
SAS CCG	Mrs	Tracey	Shewan	Deputy Director Nursing and Quality	Staffordshire Place 2	Staffordshire CCGs	None	None	None	1. Spouse NHS Lead for Shropshire Staffordshire Cheshire Blook Bikes (ongoing) 2. Sibling is a Senor Nurse at MPFT (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
Staffordshire CCGs	Miss	Jessica	Taylor	Primary Care Administrator	Smithfield 1, Stoke-on-Trent	Staffordshire CCGs	None	None	None	None	None required.
Staffordshire CCGs	Mr	Marcus	Warnes*	Accountable Officer	Staffordshire Place 2	Staffordshire CCGs	None	None	None	1. Child carrying out two day's work experience with Mills and Reeve, Birmingham (24-25 July 2019)	None required.
Staffordshire CCGs	Mr	Paul	Winter*	Deputy Director of Corporate Services & Governance	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.

Employing Organisation	Title	Forename	Surname	Role	GP Practice/Base/ Other CCG	CCG	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken <i>to mitigate identified conflicts of interest</i>
SOT CCG	Mrs	Margy	Woodhead	Lay Member PPI, Stoke CCG	Lay Member	Stoke-on-Trent	None	None	1. Committee member of Care & Fun Club Charity supporting Blythe Bridge	None	Declare interest if funding applied for and as required. (h) Interest is recorded on CCG Conflicts register.
Staffordshire CCGs	Ms	Sally	Young*	Director of Corporate Services, Governance and Communication	Staffordshire Place 2	Staffordshire CCGs	None	None	None	None	None required.

North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

09.30am – 11.30am

The Morston Room, Floor 3, One Smithfield, Hanley, Stoke-on-Trent, ST1 4FA

Quoracy:			02/04/2019	07/05/2019	04/06/2019	02/07/2019	06/08/2019	03/09/2019	01/10/2019	05/11/2019	03/12/2019	07/01/2020	04/02/2020
Quoracy:													
❖ A minimum of two of the three lay members from each CCG (including the Committee Chair) are present; and													
❖ A minimum of three executives or their deputy are present; and													
❖ A minimum of 2 GP representatives, 1 from each CCG													
North Staffordshire CCG Voting Members:													
Peter Dartford	PD	Lay Member – Patient and Public Involvement (<i>meeting chair</i>)	✓	✓	✓	✓	A	✓	✓	✓	✓		
Neil McFadden	NMcF	Lay Member – Governance	✓	✓	A	A	A	✓	✓	A	✓		
Stoke-on-Trent CCG Voting Members:													
Tim Bevington	TB	Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	✓		
John Howard	JH	Lay Member – Governance	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement	✓	✓	A	✓	✓	✓	✓	✓	✓		
CCGs' Voting Members:													
Lynn Millar	LM	Director of Primary Care and Medicines Optimisation	✓	A	✓	✓	✓	✓	✓	A	✓		
Jacqui Charlesworth	JC	CCGs' Deputy Director of Finance	-	-	✓	✓	A	✓	A	✓	✓		
Neil Cook	NC	Director of Finance							✓	✓	✓		
Manir Hussain	MH	Deputy Director of Primary Care and Medicines Optimisation	A	✓	✓	✓	A	A	A	A	A		
Mark Seaton	MS	Managing Director – North Locality	✓	✓	A	A	✓	A	✓	A	✓		
Marcus Warnes	MWa	Accountable Officer	✓	✓	✓	✓	A	✓	✓	A	A		
Sally Young	SY	CCGs' Director of Corporate Services, Governance and Engagement	-	-	-	-	-	-	-	✓	A		
In attendance:													
North Staffordshire and Stoke-on-Trent CCGs:													
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups	A	✓	A	A	✓	A	A	✓	✓		
Jessica Taylor	JT	Executive Assistant (<i>Minutes</i>)	✓	✓	✓	✓	✓	✓	-	✓	✓		
Vanessa Ridout	VR	Executive Assistant (<i>Minutes</i>)							✓	-	-		
Dr Lorna Clarson	LCI	Stoke-on-Trent CCG Clinical Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dr Steve Fawcett	SF	Medical Director	A	✓	✓	✓	A	✓	✓	✓	A		
Dr John Gilby	JG	Clinical Director – Primary Care	✓	✓	✓	✓	A	✓	✓	✓	✓		
Dr Latif Hussain	LH	Non-Executive GP Board Member	✓	A	✓	✓	A	A	✓	✓	✓		
Sarah Jeffery	SJ	Head of Primary Care Development	✓	✓	A	A	A	✓	✓	✓	✓		
Mel Mahon	MM	Head of Primary Care Commissioning	✓	✓	A	A	A	A	-	✓	A		
Vicky Oxford	VO	Senior Commissioning Manager	A	✓	A	A	A	A	A	A	A		
Tracey Cox	TCo	Primary Care Development Lead	A	✓	✓	A	✓	✓	✓	✓	✓		
Sharon Maguire	SM	Senior Primary Care Development Manager	A	A	A	✓	A	✓	A	A	A		
Teresa McGougan	TM	CCGs' Quality Lead	✓	✓	A	A	A	✓	-	A	✓		
Vicki Graham	VG	CCGs' Quality and Safety Manager	-	-	✓	A	A	A	-	A	A		
Kellie Johnson	KJ	CCGs' Clinical Quality Manager	-	-	-	✓	A	A	-	A	A		

Paul Winter	PW	CCGs' Deputy Director of Corporate Services, Governance and Engagement	-	-	-	-	-	✓	-	A	A		
Andy Hadley	AH	CCGs' Digital Programme Lead	-	-	✓	-	-	✓	P	P	A		
NHS England													
Rebecca Woods	RW	Head of Primary Care	✓	A	A	A	A	A	A	A	A		
Terry Chikurhune	TC	Primary Care Lead	✓	A	✓	✓	A	A	✓	A	A		
Observers													
Simmy Aktar	SA	Healthwatch Stoke-on-Trent	✓	✓	A	A	A	A	A	✓	✓		
Mike Dent	MD	Healthwatch Staffordshire	✓	✓	A	A	✓	A	✓	✓	✓		
Dr Paul Scott	PS	North Staffordshire LMC Chair	✓	✓	✓	✓	A	✓	-	✓	✓		
Dr Harald Van-Der Linden	HVL	North Staffordshire LMC Secretary	✓	✓	A	A	A	✓	✓	✓	✓		
Andy Downton	AD	Comms & Engagement Manger, CSU							✓	✓	A		
Richard Caddy	RC	Comms & Engagement Manger, CSU							A	A	✓		
Press/Public													
2 members of press/public in attendance													

1.	Welcome and Apologies for absence	Action
	<p>PD welcomed members to the December 2019 Public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common.</p> <p>Apologies were duly received and noted as above.</p> <p>The meeting welcomed Joanna Watson from the CCGs' Internal Audit, PWC, who was observing the meeting as part of the CCGs' Governance review.</p>	
2.	Members' Declarations of Interest	
	The Committees received and noted the CCGs' Declaration of Interest Register.	
3.	Confirmation of Quoracy	
	<p>Stoke-on-Trent CCG: Stoke-on-Trent CCG Primary Care Commissioning Committee was confirmed as quorate.</p> <p>North Staffordshire CCG: North Staffordshire CCG Primary Care Commissioning Committee was confirmed as quorate.</p>	
4.	Minutes, Action Sheet and Matters Arising	
	<p><u>4a. Minutes from the meeting held on Tuesday 5th November 2019</u> The minutes from the meeting held on Tuesday 5th November 2019 were duly received and approved as a true and accurate account of discussions held.</p> <p><u>4b. Actions from the meeting held on Tuesday 5th November 2019</u> The action log was updated accordingly.</p> <p><u>4c. Matters Arising</u></p> <p>Primary Care Strategy A discussion took place in relation to the development of the Primary Care Strategy. Members were advised that the Strategy would be re-presented to the Committees in January 2020 to ratify the changes to the strategy. In addition, the revised strategy included updated an updated communication and engagement plan. The meeting highlighted the importance of recognising the interdependencies between the Primary Care Strategy and the NHS long term plan. SJ provided assurance that the Primary Care Team had a strong focus on delivery and the work ongoing within the CCG reflected this.</p> <p>Primary Care Estates LM updated the meeting that work was taking place with NHS England to look at jointly funding</p>	

	<p>a planning officer role, with a focus on Section 106. LM commented that the CCG had a good relationship with the Local Authority Planning Team as the CCGs were working closely with both Stoke-on-Trent Local Authority and Staffordshire Local Authority on the two ETTF developments.</p> <p>LM advised the meeting that the Estates agenda was ever changing and having a clear strategic plan would help to support this large piece of work. The intention was for an clear Estates plan to be developed, through robust engagement with key stakeholders, which would include details on planning to understand when and where the growth will happen. MS further added that the Local Authority had shared their five year housing strategy with the CCGs and this needed to be included in the strategy.</p> <p>It was noted that in 2016 an Estates utilisation review took place which helped to support the application and subsequent approval of the two ETTF developments taking place in Stoke-on-Trent and Staffordshire to the value of c£30m of capital funding awarded to the CCGs.</p> <p><u>NHS England Management of Change</u> LM advised the meeting that an update had been received from Trish Thompson with a proposed team structure, it was noted that as at the time of the meeting these were confidential. The meeting were advised that there would be a transition period from the 1st April and the CCGs' would become fully delegated commissioners for Primary Care and work would need to take place to fully understand the impact of this. It was agreed that a full update would be presented to the January 2020 meeting.</p> <p>ACTION: LM to present an update to the January meeting in relation to NHS England Structures.</p>	
5.	<p>Board Assurance Framework</p>	
	<p>The meeting was presented with the Board Assurance Framework for the Primary Care Commissioning Committee; the meeting received and noted updated strategic objective 1a of the Board Assurance Framework which was updated on the 19th November 2019.</p>	
6.	<p>Primary Care Risk Register</p>	
	<p>The meeting was presented with the Public Primary Care Risk Register as at 22nd November 2019, the risk register had been reviewed by the CCGs' Risk Group. The North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the Primary Care Risk Register for assurance and to approve the changes to the risk register. Details presented as follows:</p> <p><u>Items to be Reduced</u></p> <p>❖ Risk 736 – Digital Cyber Security It was requested that the Committee approved the reduction in risk scoring for Digital cyber security from 25 to 20 to reflect that this was not a catastrophic risk but the issue still needed robust consideration.</p> <p><i>The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees approved the change in risk score for Risk 736 from 25 to 20, with a report to be presented to the January meeting for assurance.</i></p> <p><u>New items</u></p> <p>❖ Risk 757 – Estates Financial for ETTF – Risk score of 15 A new risk had been added to the risk register which superseded the two other ETTF risks on the risk register. The new risk included Revenue implications, gaps in control, assurance and new mitigating actions.</p> <p><i>The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning</i></p>	

Committees approved the new risk 757 and the risk rating of 15.

Other risks discussed

❖ **Risk 742 – Capacity in Primary Care – Risk score of 12**

MW0 raised concerns that the risk score for workforce and capacity in the CCG Primary Care Team was not reflective of the actual pressures felt in the team. It was noted that the team were carrying a number of vacancies and staff sickness. LM acknowledged and recognised the issues and advised that a number of vacancies had been recruited to including a band 8A manager for the North Primary Care Team.

Furthermore, it was recognised that there was a change in the way the team worked and the demands on the teams, with the new GP Contract.

❖ **Risk 689 – Investment Delegated Budget: Failure to invest in Primary Care**

JG raised concerns in relation to the lack of investment in to Primary Care to support the pressures and demand in winter. It was noted that high pressures in primary care had an adverse effect on the local health system, as it was likely a number of patients who could not be seen in Primary Care would attend A&E, in turn adding more pressure in to the system. LM recognised the impact on Primary Care and reported that there were c30-40k appointments on a Monday morning across Staffordshire and the pressures felt on the front line in Primary Care.

Due to the urgent pressures it was agreed that work would take place to scope out schemes to support Primary Care during the winter and discussions would take place with NHS England and CCGs' Finance Team to look at an intervention with any available in year resource. Proposals to be presented to the January 2020 meeting.

To conclude, the North Staffordshire CCG Primary Care Commissioning Committee **received** and **noted** the Primary Care Risk Register for assurance; and Stoke-on-Trent CCG Primary Care Commissioning Committee **received** and **noted** the Primary Care Risk Register for assurance.

7. Month 7 Finance Report

The meeting was presented with the Delegated Commissioning Finance Report for Month 7. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to **receive** and **note** the year to date forecast outturn positions for the division as set out within the report and to **note** the ongoing work between the CCGs' Finance Team and the Primary Care Team to work towards a detailed forecast. JC presented key details as follows:

The Committees were reminded of the Budget Planning paper that was presented to the Committees in January 2019, whereby the CCGs' had agreed to underwrite an £1.1m overspend for the Delegated Budget. As at the time of the meeting North Staffordshire CCG and Stoke-on-Trent CCG were showing underspends of £375k and £15k respectively. It was noted that the original overspend was due to the national call for central indemnity which was funded from the Delegated Budget. This arrangement was not cost neutral for all CCGs' and a number of CCGs' had been adversely affected and all CCGs across Staffordshire had been negatively impacted. As a result, the CCG underwrote this on the condition that there would be a focus on working towards an underspend.

A discussion took place in relation to the cause of the underspend in the CCGs which was attributed to pro-active commissioning of Primary Care Services, North Staffordshire CCG dispersal of APMS Practice patients, under activity in Minor Surgery and Enhanced services and changes in POLCV. In addition, National OD monies had been received that could not be

	<p>spent in year – of which a two year phased plan had been agreed.</p> <p>JG raised concerns that there needed to be further investment in to Primary Care to support capacity with the left shift in to Primary Care, additional hours were needed to build up capacity and resilience.</p> <p>Following on from discussions, it was noted that the budget was forecasting an underspend over the £1.1m planned overspend of c£800k and robust plans needed to be developed to fully understand how this could be rolled out across Staffordshire. LM highlighted the importance of understanding aspects of the underspend and to fully develop a plan to utilise any underspend and to fully work up plans to ensure any scheme could be rolled out at pace.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Month 7 Finance Report and approved for the development of plans for the utilisation of the planned underspend to support capacity in Primary Care; And Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Month 7 Finance Report and approved for the development of plans for the utilisation of the planned underspend to support capacity in Primary Care.</p>	
8.	<p>GP Retention Scheme</p>	
	<p><i>HVL and WA declared an interest in respect of the GP Retention Scheme, both HVL and WA had GPs employed at their practice under the GP Retention Scheme. It was agreed that both parties could remain in the meeting to contribute to discussions but the risk was mitigated as GPs do not hold voting rights for the Committees.</i></p> <p>The meeting were presented with an updated paper in relation to the GP Retention Scheme, the updated paper included further detail on how the funding would be equitably allocated between each of the six Staffordshire CCGs. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to consider and approve the preferred option for the continuation of the scheme. SJ presented key details as follows;</p> <p>The meeting were advised that following on from their approval in principle to approve the scheme for another 12 months, subject to a fair and equitable spend, that work had taken place to review the cost of the project for each individual CCG. This was outlined as two retainers for North Staffordshire CCG equating to funding of £39,998 and one retainer for Stoke-on-Trent CCG equating to £19,999 of funding. It was noted that the split made the scheme affordable for both North Staffordshire CCG and Stoke-on-Trent CCG and also allowed for potential other allocations. LM provided assurance to members that the budget lines were open and transparent allocations based on fair shares.</p> <p>JG commented that the scheme was a must do to support GP Retention across Staffordshire although highlighted the need for ongoing review of the scheme to ensure that there was no gaming across the system. TB further added that there needed to be a focus on how to develop the scheme to ensure that the scheme did increase GP Retention.</p> <p>SJ provided assurance to the meeting that the CCGs’ received full detail of the Expressions of Interest submitted to Health Education England and the final decision sat with the CCGs’ to assess the affordability of the scheme.</p> <p>A discussion took place which highlighted the need for clear communications for the GP Retention Scheme including clarity around how applications would be prioritised in line with areas with the greatest need to stabilise General Practice. It was noted that robust engagement would take place with the LMC, CCG Chairs and Clinical Leads with any applications that are submitted.</p> <p>MW0 highlighted the need for the GP Retention Scheme to be considered in line with the STP Workforce Strategy to ensure local need is met. LM responded that in line with the GP Five Year Forward View new roles were being explored in General Practice and details were also included on GP Workforce within the Primary Care Strategy.</p>	

	<p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee approved the continuation of the GP Retention Scheme for the two GPs on the scheme on a 12 month basis to be reviewed in 2020</p> <p>And Stoke-on-Trent CCG Primary Care Commissioning Committee approved the Continuation of the GP Retention Scheme for the one GP on the scheme on a 12 month basis to be reviewed in 2020.</p>	
9.	<p>PCN Pharmacists</p>	
	<p><i>Amin Mitha (AM), Senior Medicines Optimisation Pharmacist joined the meeting</i></p> <p>AM provided the meeting with a verbal proposal for the secondment of Medicines Optimisation Pharmacists in to PCNs. The paper outlining the proposal had been omitted from the meeting papers and would be sent virtually to members outside of the meeting. The North Staffordshire CCG and Stoke-on-Trent CCG were asked to support the proposal. AM presented key details as follows;</p> <p>The meeting were advised that a meeting had taken place with the PCN Clinical Directors to discuss the Pharmacist role within PCNs as required in the GP Contract. At at the meeting it was highlighted there could be a possible issue with recruitment, with PCNs and CCGs both recruiting from the same group of local pharmacists. In addition, it was identified that there was a lot of national overlap with requirements of Medicines Optimisation Pharmacists and the new PCN pharmacist role – with a need for unification of the two roles. AM gave an overview of the position as at the time of the meeting whereby 5 PCNs in North Staffordshire and Stoke-on-Trent had expressed interest in having a CCG Pharmacist, 5 PCNs had recruited their own process and another 3 PCNs were in the recruitment process.</p> <p>The meeting were advised that there was five Medicines Optimisation Pharmacist across North Staffordshire CCG and Stoke-on-Trent CCG that could be seconded. If the CCGs were to second the pharmacists there would be a surplus in the budget which could be used for further PCN Pharmacist recruitment. The PCN Clinical Directors were supportive of this approach.</p> <p>The meeting were advised that work would take place to develop a robust specification for the roles and an agreement which would allow for joint delivery of CCG and PCN Objectives. Assurance was provided that once the secondment agreements and specifications had been developed and agreed; performance would be monitored against these to review the success of the proposal.</p> <p>HVL raised concerns that the roles would be of more benefit to the CCG and not to the PCNs with the roles currently existing in the CCGs and queried how the funding would be shared equally. AM responded that this approach was supported by PCN Clinical Directors, with a full plan and specification to be developed by the end of the 19/20 financial year, clearly outlining the deliverables. The plan developed would also sit within the framework of the national scheme.</p> <p>It was noted that if approved, further work would need to take place in relation to the governance of the secondment and funding arrangements. It was proposed as at the time of the meeting that each PCN would be the host organisation and confirmation was awaited from HR in relation to VAT implications.</p> <p>A discussion took place in relation to the benefits of the proposal, whereby it was highlighted to members that that the Medicines Optimisation Team were one of the CCGs' most successful teams in relation to QIPP delivery and these objectives would be included in the final specification.</p> <p>The Committee thanked AM for his comprehensive update and requested that the full paper was sent outside of the meeting.</p> <p>ACTION: JT to share the PCN Pharmacist paper outside of the meeting</p>	

	<p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committees supported the proposal for Medicines Optimisation Pharmacists to be seconded in to PCNs subject to receiving full details within a paper outside of the meeting; And North Staffordshire CCG supported the proposal for Medicines Optimisation Pharmacist to be seconded in to PCNs, subject to receiving full details within a paper outside of the meeting.</p> <p>AM left the meeting</p>	
10.	Staffordshire Major incident report	
	<i>Item deferred to January 2020 meeting.</i>	
11.	Estates Update	
	<p>The meeting received a briefing paper providing an overview on the Estates Work taking place across Staffordshire. LM advised the meeting that the Primary Care Staffordshire Estates review was commencing in December 2019 and would look at development specifications, quality space and cost to give a full picture across Staffordshire. It was agreed that the full Specification would be shared with members once approved.</p> <p>ACTION: LM to present the Estates Utilisation Review Specification once the final version had been approved.</p>	
12.	Questions from members of the public	
	<p>1. Ian Syme (IS) advised the meeting that at UHNM Governing Board meeting they had raised the issue of discharge information not being accurate and not being received in a timely manner, with the issue particularly sitting with MPFT and IS queried how this was being monitored.</p> <p>LM responded that this was not within the remit of the Primary Care Commissioning Committee but would raise this with Heather Johnstone outside of the meeting.</p> <p>2. IS advised the meeting that following on from November's meeting whereby they asked for full details of GP Shortages across Staffordshire they were advised that there was not an exact figure to report and asked if there was a more definitive figure available at the meeting.</p> <p>LM responded that the CCGs' knew the national shortage figures across the County as reported through the NHS England National Workforce Portal, from this assumption are made. In addition General Practice workforce was becoming more varied, with a number of new roles in practice and there were complexities of how to report this.</p> <p>IS queried if there had been any success with the NHS England National Recruitment Scheme?</p> <p>LM responded that there had not been any GPs recruited with the National NHS England International Recruitment Scheme and the CCGs challenged this and asked if there was any spare funding available to support GP Retention.</p> <p>LC updated the meeting that as per the Workforce Programme, the CCGs had 141.7 WTE GPs across North Staffordshire in 19/20 with an assumption this will increase to 153 over the next five years to meet demand. For Stoke-on-Trent CCG there was 155.6 WTE GPs increasing to 168.43. This was against a national background of a c3% decrease in GPs.</p> <p>It was agreed that at the January 2020 meeting there would be a clear focus on workforce.</p> <p>ACTION: JT to add General Practice Workforce Session to the January Meeting Agenda.</p>	
13.	Any other Business	
14.	Committee Effectiveness	

	<ol style="list-style-type: none"> 1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> Yes 2. <i>Was the information presented appropriate/easy to understand?</i> Yes 3. <i>Was the information received in a timely manner prior to the meeting?</i> Yes 4. <i>Do we need to escalate any issues elsewhere?</i> No 5. <i>Do we need to inform any of the decisions/actions? Sub Committees/Staff/NHSE?</i> Yes – Risks need to be assessed by the Risk Group and further updates required as detailed within the actions. 6. <i>Are we assured</i> Yes 7. <i>Do we need any more information / require a further progress report at a later date?</i> Actions identified in minutes 8. <i>Agreed actions captured in the minutes?</i> - Actions incorporated within the minutes. 9. <i>Were there any risks raised in the meeting that should be captured in the risk register?</i> Updates to Risk Register as detailed in minutes. 10. <i>Were members of the committee courteous to each other during the meeting?</i> Yes 	
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PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON - NORTH
ACTION LIST - December 2019

Ref:	MEETING DATE	REFERENCE	AGENDA ITEM	ACTION	Due By	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
30	03/12/2019	15	PCN Pharmacists	NEW: JT to share the PCN Pharmacist paper outside of the meeting	Dec	JT	Action complete
29	03/12/2019	14	Matters Arising	NEW: LM to present an update to the January meeting in relation to NHS England Structures.	Jan	LM	Item on Jan 2020 meeting agenda
27	05/11/2019	12	IT Update	NEW: AH to investigate the IT issues at the Extended Access Hubs and to report back to the December 2019 Committee	Feb	AH	Item on February 2020 meeting agenda
26	05/11/2019	11	PMS Re-investment 2016/2021	MM to present the December 2019 meeting with the PMS Re-investment Paper, following on from discussions with the LMC on the Universal Offer to General Practice	Dec	MM	ACTION COMPLETE: Item included in General Practice Objectives and Deliverables
17	05/11/2019	5	Update on Access to Primary Care for People of No Fixed Abode	AM to send details on Mortality Rates in Homeless patients to JT to share with Committee members outside of the meeting	Feb	AM	Due Feb 2020
				TCo, AM and Sma to discuss the potential risk of removal of Homeless Patients from Practice Lists due to issues with contact information with TCh	Feb	TCo SM & AM	Due Feb 2020
				A letter to be sent from LM with the resource pack to all practices detailing the contractual requirement in relation to the registration and provision of care to homeless patients	Feb	LM	Due Feb 2020
				A monthly meeting to be organised with the CCG, Voices and Healthwatch to continue to monitor progress on the implementation of the Access to Primary Care for people of no Fixed Abode	Feb	TCo & SM	Due Feb 2020
16	01/10/2019	11	SHR Summary Paper	AM to attend the February 2020 meeting to provide a further update	Feb	AM	Not Due
15	01/10/2019	9	Babylon - GP at Hand	Safeguarding team to be invited to future meeting	Dec	VR	Update - Email sent to Safeguarding team asking for availability to attend the PCC
20	05/11/2019		Primary Care Strategy	A further update on national schemes would be presented at the next Committee	Feb	AHa	Report due in February
21	05/11/2019			The CCGs' Primary Care Strategy to be presented to the Six Staffordshire CCGs' Governing Bodies meeting in Common for Ratification	Dec	SJ	ACTION COMPLETE: Item on January Meeting Agenda for approval
23	05/11/2019			SJ to make any changes, if requested by the Governing Bodies and to share the final version with the CCGs' Clinical Membership	Dec	SJ	ACTION COMPLETE: Item on the January 2020 meeting agenda
9			Primary Care Estates	MM to meet with the LMC to discuss the Universal Offer to discuss any concerns	Dec	MM	ACTION COMPLETE
8	03/09/2019		Social Prescribing Update	Risk 734 House Developments. TCh to speak to RW regard funding for a post to look at estates	Nov	TCh	LM to provide update at January meeting
2	02/07/2019		Internal Audit Report 2018/19 - Quality in Primary Care	SM to provide the Committees with a further update on Social Prescribing, detailing the transition plan from the Stoke on Trent Pilot to wider roll out to all PCNs across Staffordshire and Stoke on Trent	Dec	SM	Not Due
1	02/07/2019			Primary Care Finance	LM to present the MOU for the Supporting Change in General Practice Team once available	on hold	LM
				LM to ensure engagement with the LMC during the development of the MOU for the supporting Change in General Practice Team	on hold	LM	December Update: NHS E/I MoU on January agenda for update
				JC to present the September meeting with the CCG and NHS England Primary Care Finance Memorandum of understanding	Sept	JCh	Updated 01/10/19 Regular meetings are taking place with the finance team and NHSE. A finance workshop will take place in November. The MOU for the Supporting Change in General Practice is currently on hold due to the NHSE MOC process. Update Aug 2019 - item deferred due to NHS England Management of Change process underway

REPORT TO:

North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

Enclosure:	6
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Report to:	North Staffordshire and Stoke-on-Trent CCGs Primary Care Commissioning Committee
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Title:	Risk Register Update
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Meeting Date:	5 November 2019
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Sally Young: Director of Corporate Services, Governance & Comms	Y	Andrea Brown, Governance Officer

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

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

Purpose of the Paper (Key Points + Executive Summary):
<p>This paper provides an update to the North Staffordshire and Stoke-on-Trent CCGs Primary Care Commissioning Committee (PCCC) about the risks currently on the Corporate Risk Register for which the committee has oversight. The attached register highlights all PCCC risks as of 31 December 2019.</p> <p>The attached register has one risk scoring 20, two risks scoring 16 and one risk scoring 15. The risks scoring 15+ are presented to the Audit Committee and Governing Bodies who have oversight of the overall Corporate register.</p> <p>Should the Committee wish to see risks scoring below 15, these can be requested from the directorate. No risks have been marked for closure.</p> <p>A synopsis of the above risks can be found at the end of this report.</p>

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
N/A – all risks relevant to the Primary Care Commissioning Committee are covered within the report.

Implications:	
Legal and/or Risk	Joint working legalities c/o CCG governance Frameworks, Committee TORs etc
CQC	n/a
Patient Safety	Risk, assurance + clinical governance duties of CCG Quality Committees
Patient Engagement	Risk, assurance + clinical governance duties of CCG Quality Committees
Financial	Risk, assurance + financial governance duties of CCG Committees
Sustainability	A positive governance culture secures ownership of the transformation agenda
Workforce / Training	Risk awareness + process training delivered as part of the OD agenda

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

Recommendations / Action Required:
<p>The North Staffordshire and Stoke-on-Trent CCGs Primary Care Commissioning Committee is asked to:</p> <p>(1) Receive the Risk Register and be assured that the risks have been reviewed and the register has been updated accordingly.</p> <p>(2) Review and make any comments regarding the content of the Risk Register and identify if they require any further assurances in regard to the risks recorded.</p> <p>(3) To Approve the recommendations made by the Risk Group.</p>

Risk Overview

- **Scores for individual risks and the reasons**

A summary of the current high-scoring risks shows the following for South Staffordshire CCGs and/or the six Staffordshire CCGs as applicable. Further details are provided on the actual Risk Register itself, along with an indication of the trend for each risk as noted below:

Score	Ref.	Descriptor	Rationale
CORPORATE RISK REGISTER RISKS			
20	736	When clinical systems and network solutions are unavailable to practices it presents a risk to patient care and experience and to the wider system as patients activity can move from GP practices to 111, out of hours, walk in services and A&E	Interim solution in place whilst arrangements made to remove with SSHIS technical teams following further assurance from the IM&T Board being confirmed. It is suggested this score then to be reduced after four weeks to 9 in line with the new target. The interim solution will be removed during January 2020 with a heightened monitoring period and user engagement to assess for any impact.
16	624	Workforce: GP recruitment and retention, failure to stabilise general practice due to national shortage of GPs.	New to General Practice programme currently being developed to support new GP's and practice nurses.
16	689	Financial Management: Risk of under/over spending delegated budget	Commitment for first look of 2020/21 budget requirements to be presented to Primary Care Commissioning Committees in December 2019.
15	757	Estates Financial for Four Estates and Technology Transformation Fund (ETTF) Schemes	Seeking further assurances from NHS England / NHS Improvement and exporting the potential for treatment of Capital as a granted asset.

**STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS
 NORTH STAFFORDSHIRE AND STOKE-ON-TRENT PRIMARY CARE COMMISSIONING COMMITTEE
 RISK REGISTER AS AT 31 DECEMBER 2019**

ID	Rating (initial)	Risk description	Risk Type	Assurances.	Action/Owner/Ref. date:	Gaps in Assurance	Action to address gaps in assurance	Target date	Gaps in Control	Action to address the gaps in control	Target Date	Rating (Target)	Rating (current)	Risk owners	Directorate	Trend	Organisation - Staffs
736	25	When clinical systems and network solutions are unavailable to practices it presents a risk to patient care and experience and to the wider system as patients activity can move from GP practices to 111, out of hours, walk in services and A&E.	Clinical, Operational	<p>30/12/2019: Interim solution continues to be in place whilst arrangements are made to remove with SSHIS technical teams following further assurances from IM&T board being confirmed. We have assurance that the reoccurring network issues are resolved which impacted clinical system access during September and the IM&T Collaborative continue to review and support the issues and agree a back out of interim solution with mitigation built in should any issues occur - investigations and modelling suggest this is not expected but will be planned for.</p> <p>Since the interim solution has been put in place there have been no local outages of our local infrastructure or HSCN connections. There have been two incidents of EMIS network issues which impact access to clinical system for the whole country in this reporting period.</p> <p>Once the interim solution is removed fully and we are back to stability as standard for a four week period it is suggested this score then be reduced to 9 in line with the new target. The interim solution will be removed during January with a heightened monitoring period and user engagement to assess for any impact.</p> <p>25/11/2019:The Risk Group at the meeting on 22 November 2019 supported the reduction in the risk from 25 to 20 rather than 12 as recommended as need assurance that mitigation actions in place are being achieved. The inherent score has been increased to 25 and the target scored increased from 8 to 9.</p> <p>19/11/2019: Interim solution continues to be in place whilst confirmation is provided that the issues being seen across the national DNS are fully resolved. We have assurance that the reoccurring network issues are resolved which impacted clinical system access during September and the IM&T Collaborative continue to review and support the issues and agree a back out of interim solution with mitigation built in should any issues occur - investigations and modelling suggest this is not expected but will be planned for. Since the interim solution has been put in place there have been no outages of our local infrastructure or HSCN connections. The CCG and its service delivery partners have worked with NHS Digital and third party network suppliers to confirm the root cause with BT making adjustments to the national network as a result of some changes that had been made. A full review paper is being completed. During the issues there were no risks in relation to a score of 25 and it is recommended this risk be dropped down to 12 following the period of stability. Once the interim solution is removed fully and we are back to stability as standard for a four week period it is suggested this score then be reduced to 8 in line with the target. It is hoped the interim solution will be removed by early December with a target for reducing risk further in January.</p> <p>*Older updates have been archived but are available on request.</p>	29/10/2019	<p>30/12/2019: Risks are discussed at length during SSHIS Intelligent Customer Forum meetings (shared service IT leads and IT provider represented, chaired by Andy Hadley, Primary Care Digital Lead) and CCG IM&T Collaborative and these are never taken off the agenda with meetings taking place monthly.</p> <p>19/11/2019: Risks are discussed at length during SSHIS Intelligent Customer Forum meetings (shared service IT leads and IT provider represented, chaired by Andy Hadley, Primary Care Digital Lead) and CCG IM&T Collaborative and these are never taken off the agenda with meetings taking place monthly.</p> <p>*Older updates have been archived but are available on request.</p>	<p>30/12/2019: None Required</p> <p>19/11/2019: None Required</p> <p>*Older updates have been archived but are available on request.</p>	29/10/2019	<p>30/12/2019: CCG considers local controls are in place for these risks. However we have no impact on the risks associated with system providers and national solutions which are controlled/managed by suppliers and NHS Digital.</p> <p>19/11/2019: CCG considers local controls are in place for these risks. However we have no impact on the risks associated with system providers and national solutions which are controlled/managed by suppliers and NHS Digital.</p> <p>*Older updates have been archived but are available on request.</p>	<p>30/12/2019: None Required</p> <p>19/11/2019: None required</p> <p>*Older updates have been archived but are available on request.</p>	29/10/2019	9	20	Andy Hadley	Primary Care	Static	Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG, Stoke on Trent CCG
624	16	<p>WORKFORCE: GP RECRUITMENT AND RETENTION: Failure to stabilise General Practice due to national shortage of GPs / Practice Nurses. This shortage also spans health and social care, in particular community nurses and other staff which may impact across the Staffordshire footprint.</p> <p>There is also a risk that due to the national workforce shortage, which spans health and social care in particular community nurses and other staff, this may impact across the Staffordshire footprint.</p> <p>GP WTE trajectory 545 wte compare to a 595 wte target. 80 GP retirements expected within 3 years and 40 vacancies over 18 months.</p> <p>Higher than average GP to patient ratios, particularly in Stoke-on-Trent and Stafford and Surrounds.</p>	Clinical, Financial, Operational	<p>19/11/2019: workforce – a new to general practice programme is currently being developed to support new GP's and practice nurses. This will include peer support, mentoring, and training as well as linking this to exploration of roles being interesting and varied role.</p> <p>A workforce think tank took place on 7 november with all system partners – the STP workforce board are exploring the opportunities for developing the ideas around workforce across the system</p> <p>A regional primary care workforce group has been created by NHSE/I to share learning first meeting 19/11.</p> <p>24/09/2019: Options around GP retention funding currently being considered. Allocation for retention available from GPFV.</p> <p>PC Team writing to GPs currently on retainer scheme to establish their intentions for 2021. Paper to go to PCCC in October once information is obtained.</p> <p>19/08/2019: Meeting taking place on 20/8/19 with STP/NHSE workforce leads to produce workforce numbers for primary care staff groups (e.g. GP, nursing, HCA, therapists) for the next 5 years for the system LTP submission for final submission in September.</p> <p>Local GP retention scheme is to be developed pending approval by Primary Care Programme Board.</p> <p>Physicians Associates - Final recruitment process of 3 PA's will be completed in July 2019 giving a total of 22.</p> <p>International Recruitment (GPIR)- Work is ongoing in collaboration with the North Staffordshire LMC to develop and prepare for the local recruitment initiatives. These local initiatives will seek to recruit GPs and potential GP trainees from Holland and the Czech Republic.</p> <p>Tier 2 Visa students identified across all areas – 137 (ST1, ST2 & ST3) - Staffordshire 58. Continuing to introduce practices and those trainees with a CCT date in 2019 (4 Jan-Apr have already taken up positions in Nottingham, Shropshire, North Staffordshire & South Staffordshire). Continue to engage with Trainees wherever possible.</p> <p>*Older updates have been archived but are available on request.</p>	19/11/2019: nil 19/08/2019: CCG is continuing to work with system partners but due to the nature of risk the influence of the CCG is limited and reliant on uptake and participation of clinicians with various programmes.	<p>19/11/2019: as before national challenge</p> <p>19/08/2019: GP workforce and retention is a challenge being faced nationally.</p>	12	16	Ruth Emery	Primary Care	Static	Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG, Stoke on Trent CCG					
689	16	<p>FINANCIAL MANAGEMENT: Risk of under/over spending delegated budget due to poor financial reporting and management.</p>	Financial, Operational, Reputational	<p>05/11/2019: Revised Forecast presented to Primary Care Committees, commitment for first look of 2020/21 budget requirements to be presented at December's Primary Care Committees.</p> <p>04/10/2019: Workshop between finance and primary care team. Agreed a number of actions that will be reflected in the finance papers for the September finance papers for the next round of Primary Care Committee's. Proposed no change to score.</p> <p>02/07/2019: Finance to provide phased monthly forecasting from September 2019 to relevant Committees to provide assurance to key stakeholders. No proposed change to scoring.</p> <p>01/07/2019: Risk owner changed to Jacqui Charlesworth. Regular meetings are taking place and reports being developed. Next review at end of Quarter 2, 30 September 2019.</p> <p>*Older updates have been archived but are available on request.</p>						4	16	Milar	Finance, Primary Care	Static	Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire and Seisdon Peninsula CCG, Stafford and Surrounds CCG, Stoke on Trent CCG		
757	15	<p>ESTATES FINANCIAL FOR FOUR ESTATES & TECHNOLOGY TRANSFORMATION FUND (ETTF) SCHEMES: The risk associated with the potential revenue consequences as a result of i) the capital charges impact should it exceed the value currently paid by the GP's, ii) the book value of the GP's existing property exceeding the disposal and the possibility that this may be a liability for the CCG to cover the required write off (this only a risk where GP's own their existing property).</p>	Financial, Reputational	<p>04/12/2019: Seeking further assurances from NHSE/I and exploring the potential for treatment of Capital as a granted asset.</p> <p>29/11/2019: The Risk Group at the meeting on 22 November 2019 supported the new risk with a score of 15; with the caveat that gaps in control and gaps in assurance are reworded.</p> <p>25/11/2019: The Risk Group at the meeting on 22 November 2019 supported the new risk with a score of 15 with the caveat that (1) gaps in control and (2) gaps in control including mitigating actions are reworded.</p> <p>13/11/2019: i) Currently ensuring that capital charges passed on by the asset owner will not materially exceed rents currently reimbursed. ii) Assurance being sought from NHSE to fund the potential gap should one materialise.</p>	13/11/2019: i) No clear assurance that the asset owner will not pass on capital charges which materially exceed current rents reimbursed. ii) Still awaiting confirmation from NHSE that they will cover any gap which arises.	<p>04/12/2019: ETTF Primary Care Estates/Capital Projects Paper to Finance and Performance Committee by end of Jan</p> <p>13/11/2019: i) Mitigated through the perusal of the capital grant approach whereby the council's and UHBD will only charge a peppercorn rent as NHSE will have funded the costs of the capital development.</p> <p>ii) Continue to seek confirmation from NHSE as to the process should this present itself.</p>	31/01/2020	<p>04/12/2019: Not received assurance from NHSE/I</p> <p>13/11/2019: i) No clear assurance that the asset owner will not pass on capital charges which materially exceed current rents reimbursed. ii) Still awaiting confirmation from NHSE that they will cover any gap which arises.</p>	<p>04/12/2019: Assurances from NHSE/I being sought by end Feb 2020</p> <p>13/11/2019: i) Mitigated through the perusal of the capital grant approach whereby the council's and UHBD will only charge a peppercorn rent as NHSE will have funded the costs of the capital development. ii) Continue to seek confirmation from NHSE as to the process should this present itself.</p>	28/02/2020	5	15	Helen Dempsey	Finance, Primary Care	Static	Cannock Chase CCG, East Staffordshire CCG, Stoke on Trent CCG	

REPORT TO:

Primary Care Commissioning Committee Meeting in Common – North

Enclosure:	7
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Title:	Delegated Commissioning Month 8 Finance Report 2019/20
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Meeting Date:	7 th January 2020
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Neil Cook – Acting Chief Finance Officer (Interim)	Y	Anne Perry, Primary Care Finance Manager Jacqui Charlesworth, Deputy Director of Finance

Clinical Reviewer:	Clinical Sign-off Required Y/N	Links to the STP Y/N (if Y, which programme):
N/A	N	N

Action Required (select):					
<input type="checkbox"/> Ratification-R	<input type="checkbox"/> Approval -A	<input type="checkbox"/> Discussion - D	<input type="checkbox"/> Assurance - S	<input checked="" type="checkbox"/>	<input type="checkbox"/> Information-I

History of the paper – where has this paper been presented		
Primary Care Commissioning Committee Meeting in Common – North	Date 7/12/20	A/D/S/I S

Purpose of the Paper (Key Points + Executive Summary):
<p>The Primary Care Commissioning Committee was presented a proposed budget for delegated primary care in May 2019. It was noted that the overall aggregate delegated primary care budgets for all CCG's is overcommitted by £2.3m. This was reflected in the budget for the North Staffordshire CCG's which are jointly overcommitted by £1.1, largely due to the national top slicing of allocations to fund the GP indemnity scheme plus the cost of the new network DES.</p> <p>Discussions are continuing with NHS England regarding whether there is any additional funding flexibilities to cover the impact of the indemnity adjustment. In the absence of any favourable resolution to these discussions, the Committee was asked to exercise restraint wherever possible and should any budgets begin to underspend during the year, there should be a conscious effort to maintain such underspending in order to reduce the level of unmitigated risk.</p> <p>The Primary Care Committee is requested to receive and note the year to date and forecast positions for the Division as set out in this report.</p> <p>As at Month 8 the Division is reporting an underspend of £1,229k against a budget of £47,548k with a forecast outturn position of £1,926k underspend prior to mitigations required.</p> <p>Individual current ledger positions per CCG year to date and forecast outturn positions are as follows:</p> <ul style="list-style-type: none"> North Staffordshire is reporting a £633k year to date underspend against a budget of £19,931k and is forecasting £1,059k underspend before the £319k of budget mitigations required. The

latest forecast shows a £740k underspend against the 2019/20 allocation. Stoke on Trent is reporting £596k year to date underspend against a budget of £27,617k and is forecasting £867k underspend before the £785k of budget mitigations required. The latest forecast shows an £82k underspend against the 2019/20 allocation.

Is there a potential/actual Conflict of Interest? **N**

Outline any potential Conflict of Interest and recommend how this might be mitigated

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

Risk 738: FAILURE TO RECEIVE ADDITIONAL DELEGATED PRIMARY CARE COMMISSIONING:
 If the CCG's are unable to secure additional funding to offset the allocation gap due to the national top slicing for the GP Indemnity scheme then without corresponding savings in other areas the CCG's will not achieve their agreed planned deficit / breakeven position, resulting in the loss of confidence from the regulators leading to greater scrutiny.

Risk 689 : FINANCIAL MANAGEMENT : Risk of under/over spending delegated budget due to poor financial reporting and management

Implications:

Legal and/or Risk	None identified
CQC	None identified
Financial	The £1,104k mitigation required equates to a 46% share of the overall £2.3m Staffordshire funding gap, this has been fully mitigated in the latest 2019/20 forecast.
Sustainability	None identified
Workforce / Training	None identified

Key Requirements: **Y/N** **Date**

1a.	Has a Quality Impact Assessment been presented to the CCG's QIA Sub-group?	N	
1b.	What was the outcome from the QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: <ul style="list-style-type: none"> • Condition 1 & action taken. • Condition 2 & action taken. 		

2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> • Stage 1 • Stage 2 	N	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? N/A – Finance Report for Assurance		
2c.	<p><i>Please provide detail as to these considerations:</i></p> <ul style="list-style-type: none"> • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail</i>	N	
4.	Has a Data Privacy Impact Assessment been completed? <i>Please provide detail</i>	N	

Recommendations / Action Required:

The Primary Care Committee is asked to:

- receive and note the year to date and forecast outturn positions for the Division as set out in the report above
- note the ongoing work between the Primary Care the Finance teams

1. Divisional Summary

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets and this report presents an update on the year to date and forecast financial position of the delegated budgets at Month 8.

The overall Divisional variance from plan is summarised at the table below.

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
0.5% Contingency	234,906	0	234,906	352,365	0	352,365
Dispensing & Prescribing	704,747	727,827	-23,080	1,057,407	1,131,048	-73,641
Enhanced Services	2,348,133	2,092,538	255,595	3,786,840	3,357,087	429,753
General Practice APMS	2,951,610	2,425,905	525,705	4,427,430	3,637,320	790,110
General Practice GMS	29,142,978	29,264,499	-121,521	43,713,470	43,527,837	185,633
General Practice PMS	1,506,784	1,421,422	85,362	2,260,210	2,452,105	-191,895
Other GP Services	1,081,282	964,982	116,300	1,578,416	1,329,575	248,841
Premises Costs Reimbursements	5,027,544	4,976,668	50,876	7,575,072	7,432,606	142,466
QOF	4,549,870	4,675,312	-125,442	6,825,414	7,012,968	-187,554
Prior Year Benefit / Deficit	0	-229,859	229,859	0	-229,859	229,859
Grand Total	47,547,854	46,319,295	1,228,559	71,576,624	69,650,687	1,925,937
Mitigation Required	-735,953	0	-735,953	-1,103,937	0	-1,103,937
Total Funds Available	46,811,901	46,319,295	492,606	70,472,687	69,650,687	822,000

The table above shows that the Division is currently underspent by £1,229k on a year to date basis, prior to any adjustments made for the mitigation required, which reduces the underspend to £493k. The Chief Finance Officer is continuing discussions with NHS England to secure additional allocation to offset the shortfall associated with the top slice for the GP Indemnity scheme.

The Primary Care and Finance Teams have worked collaboratively during September and October to re-forecast the delegated primary care expenditure and as a result the budgeted over commitment has been fully mitigated although discussions continue with NHS England regarding whether there is any additional funding flexibilities to cover the impact of the indemnity adjustment.

The combined forecast is predicting an underspend against the total allocation of £822k, the sections below provide further detail by individual CCG on the month 8 reported position.

2. North Staffordshire CCG

The year to date and forecast outturn position for the North Staffordshire CCG delegated primary care budgets for Month 8 is detailed in Appendix 1 and is summarised below:

Category	Year to Date			Annual			Appendix Table
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)	
0.5% Contingency	99,056	0	99,056	148,585	0	148,585	
Dispensing & Prescribing	581,164	588,354	-7,190	871,849	885,440	-13,591	
Enhanced Services	966,475	889,493	76,982	1,559,914	1,438,149	121,765	1.1
General Practice APMS	516,817	0	516,817	775,232	0	775,232	1.2
General Practice GMS	12,973,095	13,070,395	-97,300	19,459,823	19,445,986	13,837	1.2
General Practice PMS	480,904	579,388	-98,484	721,363	998,062	-276,699	1.2
Other GP Services	397,476	350,711	46,765	592,430	422,766	169,664	1.3
Premises Costs Reimbursements	1,888,789	1,869,274	19,515	2,865,722	2,804,052	61,670	1.4
QOF	2,026,919	2,063,866	-36,947	3,040,626	3,095,799	-55,173	
Prior Year Benefit / Deficit	0	-113,766	113,766	0	-113,766	113,766	
Grand Total	19,930,695	19,297,714	632,981	30,035,544	28,976,488	1,059,056	

Mitigation Required	-212,553	0	-212,553	-318,834	0	-318,834
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Total Funds Available	19,718,142	19,297,714	420,428	29,716,710	28,976,488	740,222
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The table above shows that the CCG is currently underspent by £633k on a year to date basis, prior to any adjustments made for the mitigation required, which reduces the under-spend to £420k.

The CCG is currently forecasting an outturn of £1,059k underspend, prior to any adjustments made for the mitigation required. The forecast reflects the outcome of the line by line review conducted during Month 7, details of which are included in appendix 1, resulting in a revised forecast outturn of an underspend of £740k against the North Staffordshire CCGs allocation.

All budgets are phased in equal twelfths with the exception of Enhanced services, where the Network DES commenced in July 2019, and is phased accordingly.

To note, the year to date variance is inclusive of the pro-rated release of the 0.5% Contingency reserve, and the property budget within premises costs. Included in the year to date position is £181k (see table below) relating to prior year expenditure which has been re-provided in Month 8 on the basis that charges are still expected for this value later in the year. A breakdown of the £114k prior year provisions that are no longer required and that have been released into the year to date position is also shown below:

Category	Re-provided Month 8	Released into the position
Dispensing & Prescribing		706
Enhanced Services		60,502
General Practice	43,712	
Other GP Services	3,754	65,469
Premises Costs Reimbursements	121,971	41,719
QOF	11,318	-54,629
	180,755	113,766

3. Stoke on Trent CCG

The year to date and forecast outturn position for the Stoke on Trent CCG delegated primary care budgets for Month 8 is detailed in Appendix 2 and is summarised below :

Category	Year to Date			Annual			Appendix Table
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)	
0.5% Contingency	135,850	0	135,850	203,780	0	203,780	
Dispensing & Prescribing	123,583	139,474	-15,891	185,558	245,608	-60,050	
Enhanced Services	1,381,658	1,203,045	178,613	2,226,926	1,918,938	307,988	1.1
General Practice APMS	2,434,793	2,425,905	8,888	3,652,198	3,637,320	14,878	1.2
General Practice GMS	16,169,883	16,194,104	-24,221	24,253,647	24,081,851	171,796	1.2
General Practice PMS	1,025,880	842,034	183,846	1,538,847	1,454,043	84,804	1.2
Other GP Services	683,806	614,271	69,535	985,986	906,809	79,177	1.3
Premises Costs Reimbursements	3,138,755	3,107,395	31,360	4,709,350	4,628,554	80,796	1.4
QOF	2,522,951	2,611,446	-88,495	3,784,788	3,917,169	-132,381	
Prior Year Benefit / Deficit	0	-116,093	116,093	0	-116,093	116,093	
Grand Total	27,617,159	27,021,581	595,578	41,541,080	40,674,199	866,881	

Mitigation Required	-523,400	0	-523,400	-785,103	0	-785,103
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Total Funds Available	27,093,759	27,021,581	72,178	40,755,977	40,674,199	81,778
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The table above shows that the CCG is currently underspent by £596k on a year to date basis, prior to any adjustments made by the mitigation required, which reduces the underspend to £72k.

The CCG is currently forecasting an outturn of £867k underspend against budget, prior to any adjustments made for the mitigation required. The forecast reflects the outcome of the line by line review conducted during Month 7, details of which are included in appendix 2, resulting in an a revised forecast outturn of an underspend of £82k against the Stoke on Trent CCGs allocation.

All budgets are phased in equal twelfths with the exception of Enhanced services, where the Network DES commenced in July 2019, and is phased accordingly.

To note, the year to date variance is inclusive of the pro-rated release of the 0.5% Contingency reserve, and the property budget within premises costs. Included in the year to date position is £407k (see table below) relating to prior year expenditure which has been re-provided in Month 8 on the basis that charges are still expected for this value later in the year. A breakdown of the £116k prior year provisions that are no longer required and that have been released into the year to date position is also shown below:

Category	Re-provided Month 8	Released into the position
Dispensing & Prescribing		34
Enhanced Services	10,080	129,550
General Practice	79,841	
Other GP Services	50,399	42,283
Premises Costs Reimbursements	226,178	37,823
QOF	40,750	-93,597
	407,247	116,093

4. Non-Delegated Primary Care Budgets

The Primary Care Committee is responsible for the governance of the primary care budgets that have been formally delegated from NHSE. In order to provide a more complete picture of primary care expenditure as a whole, a divisional summary of the non-delegated primary care budgets funded from the CCGs main allocation is set out in the tables below for Month 8 for information:

Cost Centre	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
COMMISSIONING SCHEMES	403,408	-114,916	518,324	774,107	179,535	594,572
GP FORWARD VIEW	2,255,504	2,051,338	204,166	3,486,000	3,486,000	0
LOCAL ENHANCED SERVICES	4,965,213	4,744,284	220,929	7,466,248	7,148,650	317,598
PRIMARY CARE DEVELOPMENT	385,328	132,606	252,722	578,000	312,900	265,100
PRIMARY CARE INVESTMENTS	647,754	607,746	40,008	1,589,382	1,561,816	27,566
PRIMARY CARE IT	1,068,660	764,362	304,298	2,809,434	2,279,540	529,894
Grand Total	9,725,867	8,185,421	1,540,446	16,703,171	14,968,441	1,734,730

5. Non-Delegated Prescribing Budgets

Cost Centre	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
CENTRAL DRUGS	1,735,552	1,755,268	-19,716	2,603,335	2,637,732	-34,397
OXYGEN	811,584	814,315	-2,731	1,217,378	1,224,272	-6,894
PRESCRIBING	55,546,256	56,482,815	-936,559	83,130,009	85,554,389	-2,424,380
Grand Total	58,093,392	59,052,398	-959,006	86,950,722	89,416,393	-2,465,671

Included in the above Prescribing figures are the QIPP schemes identified below:

QIPP Scheme	NS CCG	SOT CCG	Total
Meds Opt - Primary Care	900,000	1,100,000	2,000,000
Medicines Management Stretch	31,000	94,000	125,000
Stoma - GP Prescribing	13,000	38,000	51,000
Grand Total	944,000	1,232,000	2,176,000

6. Conclusion

The Primary Care Committee is requested to receive and note the year to date and forecast outturn positions for the Division as set out in the report above.

Appendix 1

2019-20 Delegated Co-Commissioning Finance Report - Month 8

NHS North Staffordshire CCG

Drilldown Analysis

Table 1.1 - Enhanced Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Extended Hours	172,060	189,654	-17,594	278,759	309,582	-30,823
Learning Disability	89,175	89,175	0	133,840	133,280	560
Minor Surgery	134,470	88,533	45,937	201,810	136,932	64,878
Violent Pats	2,410	2,650	-240	3,622	3,975	-353
PCN Clinical Pharmacist	235,555	158,422	77,133	424,000	323,653	100,347
PCN Participation	270,585	268,960	1,625	405,883	403,440	2,443
PCN Clinical Director	62,220	70,715	-8,495	112,000	127,287	-15,287
PCN Social Prescriber	0	21,385	-21,385	0	0	0
Grand Total	966,475	889,493	76,982	1,559,914	1,438,149	121,765

Table 1.2 - General Practice GMS/PMS/APMS

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Baseline Adjustment	908,825	576,050	332,775	1,363,244	864,723	498,521
Contract Value	7	0	7	12	0	12
Global Sum	12,728,245	12,731,453	-3,208	19,092,502	19,078,667	13,835
MPIG Correction Factor	40,749	40,769	-20	61,155	61,153	2
Premium	292,990	301,512	-8,522	439,505	439,505	0
Grand Total	13,970,816	13,649,783	321,033	20,956,418	20,444,048	512,370

Table 1.3 - Other GP Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Levy	0	0	-0	0	0	0
Medical Fees	7,570	6,953	617	11,360	11,360	0
PCO Doctors Ret Scheme	29,392	29,390	2	40,084	40,084	0
PCO Locum Adop/Pat/Mat	121,936	81,984	39,952	182,905	78,650	104,255
PCO Locum Sickness	0	39,952	-39,952	0	0	0
PCO Other	120,073	91,041	29,032	180,233	139,350	40,883
PCO Seniority	118,505	101,391	17,114	177,848	153,322	24,526
Grand Total	397,476	350,711	46,765	592,430	422,766	169,664

Table 1.4 - Premises Cost Reimbursement

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Prem Actual Rent	1,039,166	1,046,447	-7,281	1,586,621	1,571,320	15,301
Prem Clinical Waste	47,928	47,928	0	71,892	71,892	0
Prem Cost Rent	23,032	23,034	-2	34,551	34,551	0
Prem Notional Rent	497,446	488,526	8,920	750,572	738,310	12,262
Prem Other	37,748	1,626	36,122	56,634	2,444	54,190
Prem Rates	208,976	224,023	-15,047	313,584	333,975	-20,391
Prem Water Rates	34,493	37,689	-3,196	51,868	51,560	308
Grand Total	1,888,789	1,869,274	19,515	2,865,722	2,804,052	61,670

Appendix 2

2019-20 Delegated Co-Commissioning Finance Report - Month 8

NHS Stoke-on-Trent CCG

Drilldown Analysis

Table 1.1 - Enhanced Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Extended Hours	218,166	187,177	30,989	361,590	313,036	48,554
Learning Disability	168,680	168,680	0	253,120	247,520	5,600
Minor Surgery	189,115	149,652	39,463	283,828	225,670	58,158
Violent Pats	43,649	50,000	-6,351	65,475	76,125	-10,650
PCN Clinical Pharmacist	315,555	209,776	105,779	568,000	377,596	190,404
PCN Participation	362,608	362,403	205	543,913	543,604	309
PCN Clinical Director	83,885	75,215	8,670	151,000	135,387	15,613
OOAR in hrs urgentcare	0	143	-143	0	0	0
Grand Total	1,381,658	1,203,045	178,613	2,226,926	1,918,938	307,988

Table 1.2 - General Practice GMS/PMS/APMS

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Baseline Adjustment	3,145,301	3,191,675	-46,374	4,717,973	4,784,849	-66,876
Contract Value	-15,888	0	-15,888	-23,833	-22,848	-985
Global Sum	15,923,734	15,804,860	118,874	23,885,756	23,714,062	171,694
MPIG Correction Factor	36,076	35,834	242	54,172	54,070	102
Premium	377,796	377,832	-36	566,747	566,747	0
Growth	160,680	48,985	111,695	241,020	73,477	167,543
Additional Staff Payments	2,857	2,857	0	2,857	2,857	0
Grand Total	19,630,556	19,462,042	168,514	29,444,692	29,173,214	271,478

Table 1.3 - Other GP Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Levy	0	0	-0	0	0	0
Medical Fees	19,264	8,098	11,166	28,896	28,896	0
PCO Doctors Ret Scheme	10,696	10,695	1	20,042	20,042	0
PCO Locum Adop/Pat/Mat	229,818	142,297	87,521	344,734	344,816	-82
PCO Locum Sickness	0	87,521	-87,521	0	0	0
PCO Other	310,725	277,821	32,904	422,259	375,919	46,340
PCO Seniority	113,303	87,840	25,463	170,055	137,136	32,919
Grand Total	683,806	614,271	69,535	985,986	906,809	79,177

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Prem Actual Rent	2,267,260	2,267,111	149	3,402,882	3,393,174	9,708
Prem Clinical Waste	65,768	65,768	0	98,652	98,652	0
Prem Cost Rent	127,253	127,810	-557	189,361	189,361	0
Prem Notional Rent	251,871	245,192	6,679	378,255	379,562	-1,307
Prem Other	86,560	0	86,560	129,840	0	129,840
Prem Rates	275,476	335,145	-59,669	413,345	468,913	-55,568
Prem Water Rates	35,567	37,367	-1,800	53,513	55,390	-1,877
Healthcentre Rent	29,000	29,002	-2	43,502	43,502	0
Grand Total	3,138,755	3,107,395	31,360	4,709,350	4,628,554	80,796

REPORT TO:

North Staffordshire CCG and Stoke-on-Trent CCG

Enclosure:	8
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Report to:	Primary Care Commissioning Committees in Common – North Staffordshire and Stoke on Trent CCGs
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Title:	General Practice Quality Assurance Quarterly Update Report
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Meeting Date:	7 th January 2020
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar – Executive Director of Primary Care and Medicines Optimisation	Y	Sharon Maguire, Senior Primary Care Development Manager

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

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

Purpose of the Paper (Key Points + Executive Summary):
<p>The purpose is to provide the Primary Care Commissioning Committee in Common with a quarterly report in regard to general practice quality for North Staffordshire and Stoke on Trent GP practices for assurance.</p> <p>This update includes:</p> <ol style="list-style-type: none"> CQC Inspection ratings as at 4th December 2019 <ul style="list-style-type: none"> New reports published: <ul style="list-style-type: none"> Audley Health Centre (North Staffordshire CCG) – rated Outstanding overall. This is the second consecutive ‘Outstanding’ CQC rating the practice has received Meir Park Surgery (Stoke on Trent CCG) – rated Requires Improvement overall with Good in Caring Primary Care quality quarterly review meeting outcome – 4th December 2019 Complaints through NHS England as at August/September and October/November <ul style="list-style-type: none"> 2 upheld for Stoke on Trent Primary care quality leads group feedback – no feedback as a meeting has not taken place within this quarter Learning, development and education Quality visit programme

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

Implications:	
Legal and/or Risk	The challenge of practices in achievement of key targets, possible reduced engagement due to primary care workload.

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

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

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

General Practice Quality Report

North Staffordshire and Stoke-on-Trent GP Practices

1. CQC Inspection Ratings (overall) as at 4th December 2019

1.1 The table below shows the ratings for all practices across North Staffordshire and Stoke-on-Trent CCGs. There are currently no practices who are rated as 'Inadequate'. The 3 (three) practices who are rated as 'Requires Improvement' are: Tunstall Primary Care Centre, Trentham Mews Practice and Meir Park Surgery.

Rating	North Staffordshire CCG	Stoke on Trent CCG
Outstanding	4	2
Good	26	35
Requires Improvement	0	3
Inadequate	0	0
Not yet rated through current inspection regime	0	0
Total	30	40

1.2 North Staffordshire CCG

1.3 The table below shows that Audley Medical Practice has received an 'Outstanding' CQC rating. This is for the second consecutive time which is a huge accolade and should be commended.

1.4 The table will usually show any new or existing Practices with a Requires Improvement (RI) or Inadequate CQC Rating as at 31st December 2019. However, there are no practices in North Staffordshire with a RI or Inadequate rating at the present time.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Audley Medical Practice	26/11/19	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding	<p>Comprehensive inspection completed 23/10/19, report published 26/11/19. Full report available at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ6946.pdf</p> <p>The practice have received a consecutive 'Outstanding' CQC Rating</p>

1.4 Stoke-on-Trent CCG

1.5 The table below shows any new or existing Practices with a Requires Improvement or Inadequate CQC Rating as at 4th December 2019

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Meir Park Surgery	16/09/19	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	<p>Comprehensive inspection completed 16/09/19, report published 04/11/19. Full report available at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ5891.pdf</p> <p>The Practice has been taken out of special measures which recognises the improvements made to the quality of care provided by the service</p> <p>Well led remains as RI as although the practice has made some improvements since the last inspection on 6/3/19 there does remain differences in the ways of working across the two sites</p> <p>The CCG Primary Care Team and NHSE continue to support the practice to make further improvements.</p>
Tunstall Primary Care Centre	31/07/19	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	<p>Comprehensive inspection completed 31/07/19, report published 30/08/19. Full report available at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ5520.pdf</p> <ul style="list-style-type: none"> Systems for ensuring the practice had correctly identified and coded children at risk were ineffective due to lack of information sharing from external stakeholders. The provider had not followed the appropriate escalation process to raise and share these concerns. A decision not to put a pregnancy prevention plan in place for a female patient of child bearing age, prescribed a medicine used for the treatment of

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								<p>epilepsy and bipolar disorder, had not been made in line with the Mental Capacity Act 2005.</p> <p>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none"> • Ensure that care and treatment of patients is only provided with the consent of the relevant person. • Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. <p>The areas where the provider should make improvements are:</p> <ul style="list-style-type: none"> • Continue to support non-clinical staff to complete safeguarding training at a level appropriate to their role. • Carry out their plan to provide salaried GPs with annual appraisals.
Trentham Mews	16/11/18	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	<p>Comprehensive inspection completed 16/11/18, report published 12/12/18. Full report available at: https://www.cqc.org.uk/sites/default/files/new_report_s/AAAH9787.pdf</p> <p>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none"> • Ensure care and treatment is provided in a safe way to patients. • Ensure specified information is available regarding each person employed. <p>The areas where the provider should make improvements are:</p> <ul style="list-style-type: none"> • Update policies to ensure they reflect current guidance. Eg: policies for safeguarding vulnerable adults and recruitment. • Provide reception staff with training to identify the rapidly deteriorating patient.

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								<ul style="list-style-type: none"> • Implement and monitor changes required as identified in the infection control audit. • Improve government arrangements and risk management processes so that they operate effectively. <p>The Inspectors highlighted two areas of outstanding practice:</p> <ul style="list-style-type: none"> • Data from the GP National Survey was above local and national averages in all indicators. One hundred per cent (100%) of respondents were positive about the overall experience of their GP practice. • Since 1999 the practice had been active in promoting community engagement to improve health by creating supportive environments and strengthening community action. Current projects included the community book lending service and the establishment of a trust that supports the education and health care of children in a very deprived community in Uganda.

2. Primary Care Quality Dashboard Quarterly Review Meeting

2.1 North Staffordshire CCG - Total 30 Practices - Quality Dashboard Review 4th December 2019

Rag rating	No. of Practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Green (Level 1 monitoring)	27 practices	27 practices - no change 1 practice has been escalated to level 2 monitoring due to declined GP patient survey results	N/A	Continued review at quality dashboard meetings and primary care team continue to monitor
Yellow (Level 2 monitoring)	3 practice	1 practice remains on level 2 monitoring 1 practice has been escalated to level 2 monitoring due to declined GP patient survey results 1 practice de-escalated from level 4 to level 2 monitoring due to CQC re-inspection rating changes from Inadequate to good	GP patient survey results published July 2019 CQC updated inspection results	Primary Care Team to engage with practices regarding GP patient survey results
Amber (Level 3 monitoring)	0 practices	N/A	N/A	N/A
Red (Level 4 monitoring)	0 practice	1 practice de-escalated to level 2 due to CQC re-inspection rating changes from Inadequate to good	N/A	N/A

2.2 Stoke-on-Trent CCG – Total 40 Practices - Quality Dashboard Review 4th December 2019

Rag rating	No. of Practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Green (Level 1 monitoring)	31 practices	30 practices – no change 1 practice de-escalated from level 2 monitoring due to de-escalation of concerns 2 practices escalated from level 1 to level 2 monitoring	N/A	Continued review at quality dashboard meetings and primary care team continue to monitor

Rag rating	No. of Practices within this rating	Movement since the last dashboard review	Themes	Actions being taken
Yellow (Level 2 monitoring)	7 practices	5 practices remain on level 2 monitoring 2 practices escalated from level 1 to level 2 monitoring	5 practices to remain on level 2 monitoring until assurance is gained that the action plan to address CQC ratings has been implemented.	CCG/NHSE continue to work with these practices
			1 practice escalated due to deterioration in GP patient survey results	Primary Care Team to engage with the practice highlighted regarding survey results
			1 practice is out to procurement and therefore escalated to ensure the team work closely with them during this period.	Procurement process will be taking place – to continue to monitor.
Amber (Level 3 monitoring)	0 practice	1 practice has merged and therefore, this Level does not now apply	N/A	N/A
Red (Level 4 monitoring)	2 practices	1 practice remains on level 4 monitoring 1 practice escalated from level 1 monitoring due to concerns raised	CQC rating of Inadequate Other confidential concerns raised	CCG/NHSE Primary Care Teams regular visits to practices; Intensive support team working with practice Concerns are being addressed.

3. Complaints Received and updated by NHS England

Complaints Received or updated in August / September / October / November 2019	North Staffordshire CCG	Stoke on Trent CCG
Total number of new complaints received by NHSE	11	21
Complaints closed and not upheld	1	5
Complaints closed due to no consent	4	2
Complaints closed – not for NHSE, investigated by practice	0	0
Complaints active	6	12
Complaints upheld	0	2 Complaint detail: Prescription Issues and lack of accuracy / clarity of information provided

4. Shropshire / Staffordshire Primary Care Co-commissioning Quality Leads Group (SSPCQLG)

A meeting has not taken place since the last report to PCCC.

5. Learning, Development and Education

5.1 The CCG Learning and Development budget has funded over 60 bursaries during 2019/20.

5.2 The following Protected Learning Time (PLT) events have been run since the last report:

Date	Course	For
19/9/19	GPN Leadership	General Practice Nurse
19/9/19	Mental Health	Clinical Staff
6/11/19	GP Update	GPs & Nurse prescribers
21/11/19	PLT – Gastro / Liver Pathway	Clinical Staff

5.3 Other Training Events ran since August 2019 to date:

Date	Course	For
19/9/19	QOF/QIF/ECF	Clinical Staff
19/9/19	Medical Terminology	Reception staff, Admin Staff, Practice Managers
10/10/19	Podiatry Training	Practice Nurses
17/10/19	NMP Antimicrobial Guidelines Update	Non-medical prescribers
24/10/19	Annual contraception and sexual health update	Clinical Staff

5.4 Upcoming PLT and other Training Events:

Date	Course	For
23/01/20	PLT - Cancer	GPs and Nurse practitioners
19/03/20	PLT – Dermatology	GPs and Nurse Practitioners
24/03/20	GP Update	GPs and Nurse Practitioners
11/02/20	Nurse Update	Practice Nurses

6. Quality Visit Programme

- 6.1 There have been five (5) Quality and Engagement Visits have been carried out to date with another five (5) planned between January and February 2020.
- 6.2 Moving forward, from April 2020 there will be a rolling programme of Quality and Engagement Visits arranged. The visits are a supportive two way conversation regarding practice specific data and other priority areas ie: workforce.
- 6.3 Due to the considerable number of practices across the two CCGs it is the intention that half of the practices in the CCGs will have a virtual visit (table top exercise). The following year these practices will have a face to face visit.
- 6.4 The Primary Care Team will support any actions with the Practice and report any concerns to the Primary Care Commissioning Committee.

REPORT TO:

Primary Care Commissioning Committee North Staffordshire and Stoke-on-Trent

Enclosure:	10
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Report to:	Primary Care Commissioning Committee North Staffordshire and Stoke-on-Trent
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Title:	Primary Care Work programmes (objectives matrix)
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Meeting Date:	7 th January 2020
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar	Y	Sarah Jeffery Sarah Turner Tracey Cox

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
-	Y Enhanced Primary and Community Care (EPCC)

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

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

The evolving Primary Care Strategy aims to deliver clinically and financially sustainable general practice over the next five years, supported by a model of integrated working across primary care, community (including mental health), social care, the voluntary sector to meet the needs of our population.

The attached report provides details of the high level programme areas contained in the primary care strategy, together with objectives and an update on current status.

Risks are identified and reported separately to the Primary Care Commissioning Committees via the Risk Report on a monthly basis. Monitoring of the programme areas takes place at a number of governance meetings, as detailed in the report.

This is a first iteration of the matrix report and the primary care team would welcome feedback to develop the report further in order to provide assurance on work programmes to the committee.

The report also provides objectives and deliverables for future years and detailed Long Term Condition objectives.

Engagement with the evolving primary care strategy has taken place with member practices and we

will engage, communicate and educate our population to ensure they can appropriately use services to meet their health and care needs.

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

Links to a number of Primary Care Risks namely: Workforce, Digital Cyber Security, Estates, PCN, Finance, Primary Care Team capacity (Separate report is presented on a monthly basis to the Primary Care Commissioning Committee)

Implications:

Legal and/or Risk	Links to national policies and guidance eg. Long Term Plan. A number of risks have been identified with mitigating actions to deliver the plan/objectives.
CQC	Engagement in Quality Improvement will support CQC inspections.
Patient Safety	Maintain and improve delivery of safe and high quality services which are patient focussed.
Patient Engagement	The CCG will engage, communicate and educate our population to ensure they can appropriately use services to meet their health and care needs.
Financial	A number of work programmes are funded via national GP Forward View allocations, national Directed Enhanced Services, Local Enhanced Services.
Sustainability	The evolving Primary Care Strategy aims to deliver clinically and financially sustainable general practice over the next five years
Workforce / Training	Workforce strategy in place to meet current and future needs which aims to recruit and retain the most appropriate workforce. Funding available via NHSE Additional Roles Reimbursement Scheme. Practices will be supported by CCG Primary Care Managers and Protected Learning Time events on clinical topics.

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

3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>	X	
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Recommendations / Action Required:
<p>The Primary Care Commissioning committee is asked to:</p> <ul style="list-style-type: none"> ▪ Discuss the matrix report regarding progress on work programmes and development of the report to inform future iterations.

REPORT ON THE PRIMARY CARE OBJECTIVES AND DELIVERABLES:-

The vision for Primary care in Staffordshire and Stoke-on-Trent is to maintain and improve delivery of safe and high quality services which are patient focussed. We will engage, communicate and educate our population to ensure they can appropriately use services to meet their health and care needs.

The evolving Primary Care Strategy aims to deliver clinically and financially sustainable general practice over the next five years, supported by a model of integrated working across primary care, community (including mental health), social care, the voluntary sector to meet the needs of our population.

This will be achieved through:

- Greater collaboration across practices and the development of Primary Care Networks (PCNs)
- Continue to invest in the GP Forward View (GPFV)
- Development of a commissioning framework for PCN's
- Developing a workforce strategy to meet current and future needs which aims to recruit and retain the most appropriate workforce
- Having robust assurance, development and improvement processes for primary care quality
- Development of a plan for community, mental health, social and voluntary sector integration
- Using IT to reduce bureaucracy, support innovation and support and empower patients to take better control of their own health care needs
- Working to develop patients' and the public's relationship with NHS services
- Development of an estates plan which ensures locations and buildings are not only fit for purpose but located to serve populations by bringing communities together in a hub approach to primary, social, community and secondary care

The following matrix provides details of the high level programme areas and sub sections for the CCG primary care team. Risks are identified and reported separately to the Primary Care Commissioning Committees via the Risk Report on a monthly basis. Monitoring of the work streams takes place at a number of governance meetings (See meetings listed below).

This is a first iteration of the matrix report and the primary care team would welcome feedback to develop the report further in order to provide assurance around work programmes to the committee.

Looking ahead and towards 2023/24, our aspirations for General Practice and PCNs are to have done the following:

- stabilised general practice, including the GP partnership model
- helped solve the capacity gap and improved skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as helping increase GP and nurse numbers
- become a proven platform for further local NHS investment
- dissolved the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices

- systematically delivered new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

See Appendix 2 for further details of future objectives and deliverables.

REPORTING MATRIX: WORK PROGRAMME UPDATES (As at 11th December 2019)

Programme	Category	Update	Status for completion by 31st March 2021
1) Primary Care Strategy	Patient and Carer engagement routes utilised to raise awareness and engage on developments within the primary care strategy.	North Staffs/Stoke on Trent and South Staffs – ongoing survey for PPGs, results to be collated and feedback in Q1 2020 and feedback to be used to inform the evolving strategy. Similar exercise to be undertaken in East (timings to be confirmed in 2020) Other engagement to be undertaken as and when required.	On Track On Track
2) GPFV	Practice Resilience	19/20 funding used for 4 CQC Readiness Events across Staffordshire and Stoke on Trent and individual PCN Time Out offer.	On Track
	GP Retention	19/20 plans in place. 11 GP retainers funded. (1 x Stoke, 2 x North Staffs)	On Track
	Reception and Clerical (Active signposting/navigation/ Workflow Optimisation	19/20 plans in place for additional and ongoing training. Performance measures shown in Appendix 1. Further work ongoing for patient engagement events and piloting of group consultations in North Staffs and Stoke on Trent as part of 19/20 plans.	On Track for 100% coverage. On Track
	Online Consultation	19/20 plans in place for implementation Performance measures shown in Appendix 1	On Track
3) Digital	ETTF Incidents GP IT Digital First FMD EPS4 Rollout Cyber Security Network review	A number of these programmes are to be developed further through the ambitions set out in the digitally enabled care section of the primary care strategy and primary care will be supported to deliver against these through strong collaborative working and sharing of best practice across the region. Cyber security – continue to promote cyber security and implement new network infrastructure to increase security. Network review – review to understand requirements for wider network developments and investment needed.	On Track On Track On Track
	Direct Booking	See Extended Access.	On Track

	EPS	Staffordshire and Stoke on Trent continues to have 4 out of the top 5 CCGs across the region for EPS activity with the remaining 2 CCGs in the top 15.	On Track
4) Quality	CQC inspection outcomes	Across Staffordshire and Stoke on Trent: 95% of practices rated Good or Outstanding overall 5% of practices rated Requires Improvement overall No practices currently rated inadequate	Green
	Quality & Engagement Visit Programme	Number of visits already completed across Staffordshire and Stoke on Trent with further visits planned December – March 2020. Agenda and Data Packs for the proportion of North and Cannock Chase practices who are not receiving a visit in 19/20 but are undertaking virtual visit/"table top" exercise to be issued mid-December for report to be submitted by practice by mid-February 2020.	On Track - visits to be completed by 31 st March 2020 On Track
	Assurance Improvement and Development	Quality assurance schedule in place across Staffordshire and Stoke on Trent. Quarterly dashboard review meetings in place to triangulate intelligence between CCG, NHSE and CQC. Reports to PCCCs. Ongoing work with practices to deliver any actions plans required for areas identified for improvement (practices identified as per risk register).	Green Green Green
	Serious incidents process in primary care	Draft process produced by former Primary Care Quality Leads Group across Staffordshire and Stoke on Trent. Process being tested in collaboration with the CCG Quality team for further rollout, and to engage with clinicians in regards to this.	On track
5) Estates	ETTF	Longton South (Stoke on Trent CCG): <ul style="list-style-type: none"> The planning application has been approved by the City of Stoke-on-Trent Council. Construction works have been tendered by the City of Stoke-on-Trent Council, who will own and manage the building. The CCG has agreed with ETTF/PAU colleagues to submit a combined OBC/FBC due to the challenging programme and the requirements to achieve practical completion of the building by 31st March 2021, in order to meet the ETTF funding deadline. 	On track

		<ul style="list-style-type: none"> The full business case finalised for submission by the end of November 2019; with a decision expected in January 2020. 	
		<p>Greenwood House (SESSP CCG):</p> <ul style="list-style-type: none"> The planning application has been approved by Lichfield District Council. The CCG has agreed with ETTF/PAU colleagues to submit a combined OBC/FBC due to the challenging programme and the requirement to achieve practical completion of the building by 31st March 2021, in order to meet the ETTF funding deadline. The programme is currently being revised to achieve practical completion by 31st March 2021. <p>Updates to be included in next report regarding Outwoods (east Staffs CCG) and Chadsmoor (Cannock Chase CCG) projects.</p>	On track
	Premises improvement grant requests	Panel with lay members held to review all applications received. Successful practices notified with requirement for work to be completed by end of March 2020. £600K allocation across Staffordshire and Stoke on Trent.	Complete
	Developments	The Primary Care Estates Strategy forms part of the STP Estates Strategy which provides a whole system approach across all NHS and partner organisations.	
	Section 106 Agreements (Planning obligations between Local Authorities and developers)	<p>Process improved for ensuring CCG applications submitted. Recent ones for Rugeley and Burton submitted. Opportunities to be taken forward by CCG as local housing developments identified.</p> <p>Ongoing engagement with council housing teams – meetings in place,</p>	
	One Public Estate	Update to be included in next report	
6) PCNs	OD	100% population covered by 26 PCNs	Green
		Majority of PCNs have stated they are at Foundation Level of Maturity Matrix	On Track
		Review completed of survey responses from CDs and feedback on completion of Maturity Matrix.	Green
		OD 2-year Framework developed – funding allocated to working at scale for: Practice manager PCN development and Population Health Management training and support. Other funding devolved to PCNs to develop their own local plans and these are awaited from Clinical Directors. OD Framework has been engaged with PCN Clinical Directors and signed off by primary care	Green

		commissioning committee.	
	PCN delivering new national service specifications	<p>Awaiting national release of specifications. Team in discussions with PCNs about readiness for delivery of specs.</p> <p>Five of the seven services start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The other two services start by 2021: cardio-vascular disease case-finding and locally agreed action to tackle inequalities.</p>	On track
	<p>Additional Roles Reimbursement Scheme</p> <p>Funding to increase the number of clinical pharmacists and Social Prescribing Link Workers.</p> <p>In future years this will look to increase other roles such as Paramedics, Physiotherapists and Physicians Associates, all of which will play an important role in delivery of increased capacity in primary care.</p>	<p>Discussions ongoing within networks to agree reimbursable roles</p> <p>A number of PCNs employing Social Prescriber Link Workers via third party such as North Staffordshire Federation (Healthy Minds), St Giles and Starfish.</p> <p>PCNs employing Clinical Pharmacists. Some PCNs working closely with CCG Medicine Optimisation Leads on Pharmacists roles.</p> <p>New guidance recently released – working with PCN's in terms of lags in recruitment – unspent funding may be utilised to recruit to next year's roles early</p>	On Track
	Engagement	<p>Primary care leads undertaking ongoing visits with PCN Clinical Directors to offer support and build relationships.</p> <p>Clinical Director forum established – next meeting scheduled 22nd January 2020.</p>	Green
	Finance – funding for PCNs allocated as per national guidance.	The £1.50/per head GPFV payment for 2019/20 has been paid to all PCNs as per national guidance: "Network Contract Directed Enhanced Service Contract specification 2019/20". This is Core PCN funding (for use by the PCN as required).	Green
	Extended Hours DES	Delivered at PCN level. CCG establishing monitoring processes with PCNs to assure delivery. Reconciliation exercise to take place at year end due to lag in	On track

		starting for some PCNs.	
7) Workforce	Education	Protected Learning Time Programmes established across Staffordshire and Stoke on Trent. Explore potential opportunities to include wider workforce.	Green On Track
	Learning & Development (North)	L&D North Group continues to allocate funding and approve bids for bursaries from practices. Prospectus for learning and development in place. A programme of learning and development activities and events are already in place and being delivered in terms of what has worked well in previous years.	Green
	Increase Retention & Recruitment to support sustainable workforce.	CCG are maximising opportunities in terms of flexible / mobile working, interoperability and portfolio careers. These are all seen to be important areas to build on to ensure that the STP is seen as a vibrant and attractive place to work. Workforce Planning and programmes undertaken with STP and Health Education England. Revised one year trajectories to be developed for submission (deadline to be confirmed) All practices activated on new National Workforce Reporting System	Amber Green
	GPN 10 point plan	A rolling six month implementation plan has been underway since September 2018 and was reviewed in March 2019. It is a collaboration of CCG nurse leads across the 6 CCGs the Staffordshire Training Hub and North Staffordshire GP Federation. It prioritises three points of the GPN 10 point plan for a six month period. The current focus is to: 1. Support access to educational programmes to deliver national priorities as set out by the GPFV, 2. Extend Leadership roles, 3. Develop healthcare support workers, apprenticeships and nursing associate career pathways.	On track

8) Universal Offer	Local Enhanced Service Review	<p>A commissioning framework (the universal offer) has been developed to commission and invest in General Practice and PCNs from April 2020 onwards to deliver the STP ambition of providing care closer to home. The framework will aim to strengthen and sustain general practice in order to get the best possible outcomes for our patients and ensure we are commissioning high quality services.</p> <p>There are 15 separate Enhanced Services being developed which will be commissioned consistently across the 6 CCGs.</p>	On Track
	Quality Improvement Framework/Membership Agreement	<p>Monitoring of 19/20 schemes.</p> <p>QIF Framework for 20/21 in development with clinical cabinet to be rolled out across all of Staffordshire as part of the universal offer.</p> <p>To be shared with practices Jan 2020.</p>	<p>Green</p> <p>On Track</p>
	Long Term Conditions / PHE	<p>Delivery of the system wide LTC Delivery Plan which also has links with the Universal offer. (Delivery measures shown in appendix 3)</p> <p>Delivery of IAF indicators eg. Learning Disability Annual health checks, Improving Dementia Diagnosis Rates (See Performance Measures appendix 1)</p> <p>Supporting prevention programmes – Supporting practices with improving Flu and Childhood Immunisation uptake rates by proactive engagement with practices and meetings with Child Health Informatics Service and practices.</p> <p>Comms plan developed to support priority health campaigns through shared resources and various social media channels.</p>	<p>On Track</p> <p>Amber</p> <p>Green</p> <p>Green</p>
9) Contracting / Procurement/ Commissioning	Mergers	<p>Process to be followed to support mergers based on learning from previous mergers.</p> <p>No mergers anticipated in SW, 1 potential merger in SE and currently in consultation with patients – feedback to PCC in Q1 2020.</p> <p>One potential merger anticipated in North Staffordshire/Stoke on Trent.</p>	Green
	Access – 100% of registered population	<p>100% population offered.</p> <p>Services live across the six Staffordshire and Stoke on Trent CCGs from 1st</p>	Green

	offered full extended access	September 2018 Continue to work with NHS111 provider and Extended Access providers to provide functionality to allow direct booking. Continue to liaise with EMIS regarding required actions to allow direct booking into Extended Access	On Track
	Closures	No closures anticipated	-
	Monitoring	Risk Register - Identify risks, implement mitigation actions. Completion of quarterly responses re: Operating Plan, IAF indicators and NHSE Assurance Statements. Benchmark reports on activity rates, selected QOF indicators, Patient Survey shared with practices at quality visits and membership boards. National quarterly returns e.g. Extended Access, GPFV, Patient Online and any ad hoc requests.	Green
	Innovative Projects	Patient safety toolkit programme in SAS CCG phase 1 completed – phase 2 about to start which will be a re-audit of the programme to inform future wider rollout. Behavioural changes project undertaken in 2 practices in SAS CCG. Evaluated well and agreement for further small scale rollout across Staffordshire and Stoke on Trent to 10-12 practices. Plan being developed currently. 3 x innovation projects underway in North Staffordshire and Stoke on Trent – teams monitoring progress	On Track On Track On Track
10) Ad-hoc Operational queries, issues, projects, innovation	QIPP, MP Letters, FOI's, Assurance, Communication, Partnership working Meetings etc.	Engagement with commissioners/sprint meetings to support effective delivery of QIPP and identify potential schemes. Timely completion of responses as required to MP Letters and FOIs. Ad hoc Responses to NHSE eg. Flu Readiness, PCN Readiness, PCN Maturity status, 111 Direct Booking readiness. Primary Care representation at:- EPCC, Primary Care Programme Board, NHSE and STP meetings eg. Workforce, Extended Access, Digital, PCN development, Coms & Engagement, Quality Review Board, Estates. Membership boards/Locality boards, MEGs/Primary Care Commissioning	Green

		<p>Committees.</p> <p>Divisional Committees/Governing Body/ District PPG (as required)</p> <p>Primary Care representation at other meetings eg. PHE Flu, Vaccination and Immunisation, LeDeR, Nursing Home Quality Improvement Group, Dementia, LTC Delivery Group, Learning and Development Committee, Risk Group.</p> <p>Practice newsletter compiled twice a month and other direct communications to practices/GPs.</p>	
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(Appendix 1) LATEST PERFORMANCE INDICATORS (GPFV, IAF measures, referenced in Long Term Plan)

Measure	Achievement to Date	Target
GPFV: Receptionist active signposting/navigation training	933 practice staff members trained and supported with ongoing training across Staffordshire practices. Implemented as follows:- CC & SAS CCGs – 100% SES - 94% (Seisdon – training planned). East Staffs CCG – 94% North Staffs CCG - 89% Stoke on Trent CCG – 90%	100% by 31 ST March 2021
GPFV: Workflow Optimisation	253 administrators trained to support administration of clinical letters. Implemented as follows:- SAS CCG – 100% CC CCG - 82% SES&SP CCG - 76% East Staffs CCG – 97% North Staffs and Stoke on Trent CCGs - 81%	100% by 31 st March 2021
GPFV - Practices offering online services (not including video consultations)	CC CCG -57 % ES CCG - 11% NS CCG - 3% SES&SP CCG - 23 % SaS CCG - 50 % SOT CCG - 15%	100%
IAF 103a - Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	CC CCG - 40.1% ES CCG - 38.8% NS CCG - 41.4% SES&SP CCG - 39.8% SaS CCG - 39.6% SOT CCG - 40.6%	38.7% (National Average 2017/18)

IAF 103b - People with diabetes diagnosed less than a year who attend a structured education course	CC CCG - 1.0% ES CCG - 1.8% NS CCG - 11.0% SES&SP CCG - 3.3% SaS CCG - 1.4% SOT CCG - 14.5%	12% (National Average)
IAF 124b - Proportion of people with a learning disability on the GP register receiving an annual health check	CC CCG - 43.8% ES CCG - 48.9% NS CCG - 57.0% SES&SP CCG - 39.4% SaS CCG - 39.2% SOT CCG - 48.5%	75% (LTP)
IAF 124c - Completeness of the GP learning disability register	CC CCG - 0.61% ES CCG - 0.47% NS CCG - 0.48% SES&SP CCG - 0.48% SaS CCG - 0.34% SOT CCG - 0.64%	0.49% (National Avg 2017/18)
IAF 126a - Estimated diagnosis rate for people with dementia (2019/20 Month 7)	CC CCG – 74.3% ES CCG - 62.1% NS CCG – 75.6% SES&SP CCG - 64.3% SaS CCG – 62.5% SOT CCG – 88.5%	66.7%
IAF 126b - Dementia care planning and post-diagnostic support	CC CCG - 78.5% ES CCG - 80.1% NS CCG - 77.5% SES&SP CCG - 77.0% SaS CCG - 72.6%	>79%

	SOT CCG - 74%	
IAF 128b - Patient Experience of GP Services	CC CCG -82.5 % ES CCG - 84.8% NS CCG -86.8% SES&SP CCG -82.0% SaS CCG - 79.0% SOT CCG -83.3 %	>82.9% (England 2018)
IAF 128c - Primary care access – percentage of registered population offered full extended access (2019/20 Q2)	100% across all 6 CCGs	100%

Source: Patient online - GPFV 19/20 Q2
Signposting /workflow GPFV Sep-19 milestone
report

IAF - October 19 (17/18 q4) – ER

(Appendix 2) FUTURE OBJECTIVES AND DELIVERABLES (extract from Long Term Plan)

Key Objectives	Deliverables by year			
	2020/21	2021/22	2022/23	2023/24
<p>1. PCN Development & Workforce</p>	<p>PCN's along with community, social care and voluntary organisation partners will understand their own journey: know where they are aiming to get to over the next five years, use a diagnostic process to establish development need, using a maturity matrix or similar tool, and put a development plan in place</p> <hr/> <p>Deliver year 2 of the PCN organisational development framework for the 26 PCN's to support their progression through the maturity matrix.</p> <hr/> <p>Full roll out of trained social prescribing link workers through the PCN DES. 1 link worker per PCN.</p> <hr/> <p>Ensure full roll out of trained clinical pharmacists through the PCN DES. 1 pharmacist per PCN.</p> <hr/> <p>Introduce new workforce through the PCN DES – associate physician and physiotherapists</p> <hr/> <p>Be part of a 'network of PCNs' that helps shape the STP/ICS plan to implement the Long Term Plan</p> <hr/> <p>Building on existing relationships, form links with local people and communities to understand how to work most effectively for their benefit</p> <hr/> <p>Have started work on at least one service improvement project of some kind, linked to Long Term Plan goals</p> <hr/> <p>Be ready to deliver new national service specifications from April 2020</p>	<p>Repeat the self-assessment maturity matrix</p> <hr/> <p>Continue to work with PCN's and wider primary care partners such as pharmacy, dental and optometry to deliver the OD framework and ensure PCN's move along the maturity matrix to reach their maximum potential</p> <hr/> <p>Introduce new workforce into primary care through the PCN DES including and not limited to advanced paramedic practitioners.</p> <hr/> <p>Be functioning increasingly well as a single team</p> <hr/> <p>Formed clear and agreed multi-disciplinary teams with community provider partners</p> <hr/> <p>Have started thinking about their future estate needs, jointly with community partners</p>	<p>Continue to work with PCN's and partners to deliver the OD plan and ensure PCN's move along the maturity matrix to reach their maximum potential</p> <p>Have made 100% use of their funding entitlement for additional roles in line with national guidance</p>	<p>PCNs to be fully embedded providers at the heart of Integrated Care Teams and Integrated Care Partnerships across Staffordshire.</p>

<p>2. Primary Care Digital</p>	<p>Continued rollout of TECS for video consultation and/or video consultation across all health settings e.g. primary care, secondary care, mental health care, social care.</p> <hr/> <p>Continue promotion of use of Facebook on practice sites for population-wide messaging to invite participation in our consultations with regard to services, boost uptake screening, post alerts (e.g. cyber security crisis) and closed Facebook sites for clinical supervision of peer support. This work has also been nationally recognised through local Facebook campaigns to increase Breast Screening. https://phescreening.blog.gov.uk/2019/04/09/how-the-north-midlands-breast-screening-team-uses-facebook-to-increase-breast-screening-uptake/</p> <hr/> <p>Increase the amount of patients with access to their Detailed Coded Record (DCR) to support citizens to better use technology to manage their health needs. We will work with GP practices to ensure DCR is viewed as an important part of the NHS England Empower the Patient work stream and our focus is to provide software and best practice guides to support patient sign up during 2019/20</p> <hr/> <p>Continue to focus TECS and associated support as a priority on health conditions within and across individual GP practices where quality indicators appear to show unwarranted clinical variation and health inequalities.</p>			
<p>3. Primary Care Commissioning</p>	<p>Delivery of the first 5 new PCN DES Specifications:</p> <ol style="list-style-type: none"> 1) structured medication reviews, 2) enhanced health in care homes, 3) anticipatory care (with community services), 4) personalised care and 	<p>Delivery of the remaining 2 PCN DES Specifications:</p> <ol style="list-style-type: none"> 6) <u>cardio-vascular disease case-finding</u> 7) Locally agreed action to tackle inequalities. 	<p>Continued review of the national specifications and the universal offer with 100% patient population coverage</p>	<p>Continued review of the national specifications and the universal offer with 100% patient population coverage</p>

	5) supporting early cancer diagnosis Year 1 delivery of the universal offer framework.	Year 2 delivery of the universal offer framework	
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4. GPFV	Delivery of programme areas (or alternative any of the 10 High Impact Actions): (Final year of funding) 1) Practice Resilience 2) GP Retention 3) Reception and Clerical (active signposting/navigation/ Workflow Optimisation 4) Online Consultation 5) Practice Nursing			
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(Appendix 3) Pro-active management of Long Term Conditions

Key Objectives	Deliverables by year			
	2020/21	2021/22	2022/23	2023/24
<p>5. Proactive management of Long Term Conditions:</p> <ul style="list-style-type: none"> - Respiratory - Cardiovascular - Diabetes 	<p>Respiratory</p> <p>LTC Outcome Framework as part of the universal offer through PCNs. Rolling programme of work over 3 years, year 1 to focus on respiratory outcomes using population health management.</p>	<p>Respiratory</p> <p>Review and evaluate respiratory outcomes from year 1. Refined outcomes in areas of need for year 2.</p>	<p>Respiratory</p> <p>Evaluate respiratory outcomes.</p>	<p>Long Term Conditions</p> <p>Fully Integrated long term conditions pathway which recognises the health needs for those with multiple conditions delivered by Integrated Care Teams under the house of care framework.</p> <p>Prevention and self care services feature as part of the care pathways in place locally.</p> <p>Diabetes</p> <p>NHSE have committed to doubling the capacity of the NHS diabetes prevention programme. The Staffordshire health economy has committed to 19,368.</p>
	<p>A consistent diagnostic spirometry service commissioned in line with new quality requirements to reduce clinical variation in spirometry testing and improved diagnosis rates in COPD</p>	<p>100% sign up on the ARTP spirometry register as part of the PCN universal offer.</p>	<p>Review patient reported outcomes</p>	
	<p>Redesigned pulmonary rehabilitation services to increase the referral and completion figures locally, and look at integrating with cardiac rehab services and community respiratory teams.</p>	<p>Increased Pulmonary Rehab referral and completion figures.</p>	<p>Fully integrated respiratory and cardiac rehab programmes with high level of referrals and completion being reported.</p>	
	<p>Reviewing community respiratory pathways to ensure the necessary skills and capacity are in place and agree a plan to close the gaps in core community provision.</p>	<p>Commissioned integrated community respiratory services across primary, community and acute for all of Staffordshire and Stoke on Trent.</p>	<p>Evaluate community respiratory services</p>	
	<p>Undertake COPD medication reviews in primary care, undertaken by clinical pharmacists.</p>	<p>Improved inhaler techniques and a reduction in COPD and Asthma exacerbations reported by patients and by NEL admission reductions</p>	<p>Seamless pathways for patients at End of Life (EOL) across care providers.</p>	
	<p>Review Tobacco Prevention Actions locally</p>	<p>Cardiovascular Disease</p>	<p>Cardiovascular Disease</p>	
	<p>Review and evaluate the roll out of MyCOPD apps</p>	<p>LTC Outcome Framework as part of the universal offer through PCNs. Rolling programme of work over 3 years, year 2 to focus on CVD outcomes using population health</p>	<p>Seamless pathways for patients at end of life across care providers.</p>	
	<p>Community management for patients with community acquired pneumonia (incl. nurse led discharge services)</p>	<p>Cardiovascular Disease</p>	<p>Diabetes</p>	
	<p>Cardiovascular Disease</p>	<p>LTC Outcome Framework as part of the universal offer through PCNs. Rolling programme of work over 3 years, year 3 to focus on Diabetes outcomes using population health management. This will be</p>	<p>LTC Outcome Framework as part of the universal offer through PCNs. Rolling programme of work over 3 years, year 3 to focus on Diabetes outcomes using population health management. This will be</p>	

	<p>Commission new non-complex anticoagulation service within primary care for South Staffordshire and undertake a review of the north Staffordshire service.</p> <p>Roll out AliveCor devices across primary care in line with the Technology Enables Health Care Services (TECHS) training programme</p> <p>Reviewing existing CVD pathways to ensure the necessary skills and capacity are in place to deliver the Long Term Conditions Care Model (LTCs) and agree a plan to close the gaps in core community provision.</p> <p>Review current blood pressure monitoring services and identify commissioning opportunities</p> <p>Education and Training opportunities for clinicians and patients across a range of media.</p> <p>Diabetes</p> <p>Ensure referrals for diabetes are generated in line with agreed targets and local population need.</p> <p>Pilot new national Diabetes education programmes</p> <p>Delivery of NHSE/National Diabetes Treatment and Care Transformation Fund</p> <p>Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND) increased staffing and licences in place to allow additional DESMOND education sessions to be delivered to meet the needs of the local population</p>	<p>management. This will be aligned to the anticipatory care national DES specification.</p> <p>Early detection of cardiovascular disease as part of the PCN LTC outcome framework. Includes the use of NHS health check and "ABC" monitoring</p> <p>Consistent pathway for heart failure in place</p> <p>Fast and effective blood pressure monitoring services available in Primary Care</p> <p>Primary Care non-complex anticoagulation service in North Staffordshire as part of the PCN universal offer</p> <p>Review and evaluate the South Staffordshire Anticoagulation Service as part of the PCN universal offer.</p> <p>PCN input of multidisciplinary team to support patients with heart failure and heart valve disease</p> <p>Rolling programme of education and training for all primary care clinicians on identification of AF and CKD</p>	<p>aligned to the anticipatory care national DES specification.</p> <p>Reduce variation in achievement of the diabetes treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c only for children) across our patch</p> <p>Full compliance with the 9 recommended care process and treatment targets.</p> <p>Clear protocols in place for diagnostic uncertainty</p> <p>Education programmes fully accessible for patients across a range of media.</p> <p>Doubled enrolment of patients in the NHS Diabetes Prevention Programme</p>	
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		<p>Continue to put training in place to increase general public (including C&YP) awareness and how to respond to cardiac arrest</p> <hr/> <p>Diabetes</p> <p>Mechanisms are in place to refer individuals identified with Non-Diabetic Hyperglycaemia to the NHS Diabetes Prevention Programme to support them in reducing risk of Type 2 diabetes.</p>		
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