

Primary Care Commissioning Committees Meeting in Common

to be held on 26 April 2018 at 10.00 am in the
 Pisces Room, Aquarius Ballroom, Hednesford, Cannock WS12 1BT

AGENDA

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

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	AH	-	10.00
2.	Apologies	Verbal	AH	-	
3.	Quoracy	Verbal	AH	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc. 01	AH	I	
5.	Minutes of the Meeting held on 29 March 2018	Enc. 02	AH	A	
6.	Actions Sheet	Enc. 03	AH	A	10.10

Assurance

7.	Risk Register	Enc. 04	SJ	S	10.15
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Strategic and Planning

8.	GP Forward View <ul style="list-style-type: none"> • Highlight Report 	Enc. 05	LM	I	10.40
9.	GMS Contract	Enc. 06	SJ	S	10.55
10.	PC Quality Report	Enc. 07	TC	S	11.05

Items for Information

11.	Head of Primary Care Updates – March 2018	Enc. 08	RW	I	11.15
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Any Other Business

12.	Questions from Members of the Public	-	All	D	11.20
13.	Glossary of terms - Glossary of Terms	Enc. 09	All	I	
14.	Date, Time and venue of next meeting 30 May 2018 at 2.00 pm in the Rudyard Suite, Staffordshire Place 1, Stafford	-	All	A	11.30

Employing CCG	Forename	Surname	Role in the CCG	Directorships held in private companies, PLCs	Ownership of private companies, businesses, consultancies	Shareholdings in health and social care	Positions of authority in field of health & social care	Connection with voluntary, other organisation	Research funding/grants	Any other role or relationship
SAS CCG	Vanessa	Ridout*	Executive Assistant	None	None	None	None	None	None	None
SAS CCG	Lynn	Tolley*	Head of Quality and Safety	None	None	None	None	None	None	Family member works at NHS England West Midlands
SAS CCG	Sarah	Turner	Primary Care Development Manager	None	None	None	None	None	Non	None
SES CCG	Eleanor	Wood*	Primary Care Development Manager	None	None	None	None	None	None	None
NHS England - North	Rebecca	Woods	Head of Primary Care	None	None	None	None	None	No	Friend with Dr J Ward of Darwin Practice and a member of the Primary Care Committee
SAS CCG	Sally	Young*	Director of Corporate Services, Governance and Communication	None	None	None	None	None	None	None

*All staff work across Cannock Chase CCG, South East Staffordshire & Seisdon Peninsular CCG, Stafford & Surrounds CCG.

Cannock Chase Clinical Commissioning Group
 South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
 Stafford and Surrounds Clinical Commissioning Group



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Primary Care Commissioning Committees Meeting in Common

Thursday 29 March 2018

3.30 – 5.00 pm

Rudyard Room, Staffordshire Place 1, Stafford ST16 2LP

Members:	Quoracy	27/04/2017	24/05/2017	22/06/2017	26/07/2017	24/08/2017	28/09/2017	26/10/2017	22/11/2017	19/12/2017	31/01/2018	01/03/2018	29/03/2018
Harry Ireland (HI), Chair – Lay Member Stafford & Surrounds (S&S) Clinical Commissioning Group (CCG)	Three members	✓	*	*	✓	Meeting postponed	✓	✓	*	Meeting postponed	*	Meeting postponed	✓
Neil Chambers (NC), Lay Member Cannock Chase (CC) CCG		✓	✓	*	✓		*	*	✓		✓		
Sue Harper (SH), Lay Member S&S CCG		✓	✓	*	✓		✓	✓	✓		✓		
Anne Heckles (AHe), Lay Member South East Staffordshire & Seisdon Peninsular (SES&SP) CCG		✓	✓	✓	✓		✓	*	✓		✓		
Jeni Jobson (JJb), Lay Member SES&SP CCG		✓	✓	✓	✓								
Jan Toplis (JT), Lay Member CC CCGs		*	✓	✓	✓		✓	✓	✓		✓		
Lynn Smith (LS), Lay Members SES & SP CCG													*
Diane Smith (DS) Lay Member													
In attendance:													
Tracey Cox (TC), Primary Care Development Manager, S&S CCG	Three members	*	*	✓	*	Meeting postponed	*	✓	*	Meeting postponed	*	Meeting postponed	*
Andy Hadley (AHa), Senior Primary Care Development Manager SES&SP		*	✓	*	*		*	*	*		*		
Dr Paddy Hannigan (PH), GP Chair S&S CCG		*	✓	*	✓		✓	✓	✓		✓		
Dr Mo Huda (MH), GP Chair CC CCG		*	✓	✓	*		*	✓	✓		✓		
Darrell Jackson (DJ), Primary Care Lead NHS England (NHSE) – North Midlands		*	✓	✓	✓		✓	✓	✓		✓		
John James (JJ), GP Chair SES&SP CCG		✓	*	*	✓		✓	✓	*		*		
Sarah Jeffrey (SJ), Head of Primary Care Development, CC, SES&SP and S&S CCGs		✓	✓	✓	✓		✓	✓	✓		✓		
Gulshan Kaul (GK), Secretary South Staffordshire Local Medical Council		*	*	✓	*		✓	✓	*		*		
Lynn Millar (LM), Executive Director of Primary Care, CC, SES&SP and S&S CCGs		✓	✓	✓	✓		✓	✓	*		✓		
Anne Perry (AP), Finance Manager – Primary Care, CC, SES&SP and S&S CCGs		✓	✓	✓	*		✓	✓	*		✓		
Mark Rayne (MR), Interim Deputy Director of Primary Care, CC, SES&SP and S&S CCGs			✓	✓	*		✓	✓	*		*		
Vanessa Ridout (VR), Executive Assistant – Minute Taker, S&S CCG		✓	✓	*	✓		✓	✓	*		*		

Members:	Quoracy	27/04/2017	24/05/2017	22/06/2017	26/07/2017	24/08/2017	28/09/2017	26/10/2017	22/11/2017	19/12/2017	31/01/2018	01/03/2018	29/03/2018
Sarah Turner (ST), PC Development Manager CC, SES&SP and S&S CCGs		*	✓	*	✓		✓	*	*		*		✓
Eleanor Wood (EW), Senior Primary Care Development Manager (Lichfield Locality) SES&SP CCG		✓	*	*	✓		*	✓	*		*		✓
Rebecca Wood, Head of Commissioning Primary Care, NHSE		*	*	*	✓		*		*		*		✓
Sally Young (SY), Assistant to the Chief Executive, CC, SES&SP and S&S CCGs		✓	*	*	✓		✓	✓	*		*		*
Jess Wood (JW), Executive Assistant – Minute Taker, S&S CCG				✓					*				
Andrew Morrall, Primary Care Contract Manager, NHSE		✓							*				
Phil Morgan, GP Forward View Project Manager, NHSE		✓							*				
Lynn Tolley, Head of Nursing, Quality and Safety, CC, SES&SP and S&S CCGs					✓		✓		*		*		*
Adele Edmondson, Comms & Engagement, MLCSU					✓		*		*		*		*
Kimberli Mckinlay, Head of Commissioning Finance, CC, SES&SP and S&S CCGs					✓		*		*		*		*
Dave Skelton, Financial Controller, CC, SES&SP and S&S CCGs							✓		*		*		*
Thomas O'Hann, PWC							✓		*		*		*
Ian Saberton, Primary Care Development Manager, CC, SES&SP and S&S CCGs							✓		*		✓		*
Bethany Ballinger (BB), Primary Care Administrator – minute taker								✓	✓				
Michael Sargeant, NHS England (Part)											✓		*
Ruth Yates, Head of Performance & Programmes, CCG													✓

		Action
1.	Welcome by the Chair HI opened the meeting and welcomed members.	
2.	Apologies Apologies were received from Lynn Millar, Sarah Jeffery, Darrell Jackson, Jan Toplis, Sally Young, Gulshan Kaul, Lynne Smith	
3.	Quoracy The meeting was not quorate for SES and SP CCG. The reports requiring approval would be issued to those members not present to seek their virtual approval.	
4.	Declarations of Interests and actions taken to manage conflict No further conflicts of interest were declared. RW declared an interest with regard to an item on the Confidential Agenda. It was agree to include the NHSE Conflicts of the CCGs COI for this committee.	

		Action
5.	<p>Minutes of the Meeting held on 31 January 2018 The minutes of the meeting held on 31 January were agreed as an accurate record.</p>	
6.	<p>Actions Sheet The risk register was updated as follows:</p> <p><i>Ref 84, Ref 9 GPFV Highlight Report</i> Outstanding</p> <p><i>Ref 83, Ref 8 Internal Audit Report</i> PH will pick up at the next CLs meeting. Action to be closed.</p> <p><i>Ref 81, Ref 7 Risk Register Estates</i> Report to be presented to the April PCC.</p> <p><i>Item 75 Ref 10 360 Feedback Action Plan</i> Action to remain open</p>	
7.	<p>Risk Register EW presented the risk register to members.</p> <p>The following updates were noted:</p> <p>There are currently ten risks on the PCC risk register.</p> <ul style="list-style-type: none"> • One extreme scoring risk, 273, with a risk score of 16 • Three risks with a score of 9 • Five risks with a score of 6 • One scoring 4 <p>With regard to risk 273 (wound care) EW recommended reducing the risk as this is covered within PMS. MH asked for the risk to remain and to be reviewed at the next PCC once the system has gone live from 1 April. This was agreed by members.</p> <p>There has been one request to close a risk and this is risk 290 regarding the closure of the Pattingham branch of Claverley and Pattingham surgery. This will be reviewed at the Risk Group to be held on 9 April 2018.</p> <p>Members RECEIVED the report.</p>	
8.	<p>GP Forward View Digital Update AH provide members with a digital update and highlighted some of the key achievements that have been made.</p> <p>The Local Digital Roadmap sets out for key programmes which act as vehicles in delivering the vision with CCGs having a key role in supporting the development of these areas:</p>	

		Action
	<ul style="list-style-type: none"> • Universal Capabilities • Integrated Care Record • Technology Enabled Care Services • Business Intelligence and Healthcare Analytics <p>Some of the highlighted achievements around the universal capabilities include:-</p> <p>Patient on line services – this is an area that is going really well and is included within the 2018/19 GMS contract. NHSE regional support team have given assurance that the approach taken to support practices and linking into resources is the best way forward. AH highlighted that last year Cannock CCG was escalated as underperforming and this has really turned around with practices engaged in driving this scheme forward.</p> <p>Electronic Discharges – work is continuing on making the process as easier as possible. Electronic discharges are being sent from providers to general practice from a range of providers.</p> <p>E~referrals – working towards an 80% target and working collaboratively with providers so the numbers should start to increase. Still work to do but this is progressing well.</p> <p>Integrated care record – the procurement process for the system to provide the interoperability functionality has now started. There were 9 supplies who presented a pre-qualification questionnaire which has now been reduced down to 4 suppliers, the full tender process will now commence. It is hoped that a plan will be in place by July 2018. The rollout cannot be determined until there is a supplier in place however the roll out will start with GP practices connected first along with the main Acute provider (UHNM) Other organisations will then follow with an anticipated roll out time to all organisations of 18 moths, therefore the estimated to complete by the end of 2019. AH would provide updates when they become available.</p> <p>HI asked if the system is purely within the south Staffordshire 3 CCGs, AH confirmed it is across Staffordshire, it will also go across borders and eventually will be looking to do across the Midlands region.</p> <p>PH commented on the need to increase patient access to their records and asked members whether they would support giving patient's access to their records in order to improve the percentage rate that is currently at only 10%. PH advised that this will be tested with Clinical Leads next week.</p> <p>Technology enabled care service – It was noted that Ruth Chambers is the lead and AH is working with her regarding the infrastructure. There is a real focus on long term conditions and how to best support this going forward. NHSE have confirmed a successful bid for £424k that focuses on evolving digital general practices with added equipment/technological support for remote delivery of medicine usage</p>	

		Action
	<p>reviews.</p> <p>Online consultation – The CCGs has secured national funding which will ensure this programme approach is supported. A support team is being developed and currently there are 21 practices moving to the on line service.</p> <p>Wi-Fi Rollout – Wi-Fi has now been rolled out in the majority of general practices sites.</p> <p>Infrastructure – all practices are now on the same network with the exception of one practice.</p> <p>Moving forwards with Digital – good progress has been made across the CCGs. Digital technology is a key enabler for the health service and these are programme which the CCG will actively support and guide with digital experience:</p> <ul style="list-style-type: none"> • Clinical Decision Support • Extended Access Services • Video Consultations and future models for managing appointments • Workforce and programme to reduce workload in primary care • Hospices and end of life care • Business Intelligence and Healthcare analytic <p>SH thanked AH for a positive report and for meeting and talking to patients yesterday. SH confirmed that she supported patients having access to their records however aid a note of caution on how this is achieved and the impact on workload on staff. SH also asked how patients with disabilities feed into the evaluation for patient testing. AH confirmed that work is progressing with North Staffs and are starting to look at how when using Wi-Fi how this can be used to support patients with visual and hearing impairment. SH advised AH that the comms team may be able to provide a link to that group of patients.</p> <p>MH commented that if the CCG is going down the procurement group then this should be a key marker for testing how patients access records in order to gain a consistent view and this should be weighted as part of the procurement process. AH confirmed that there will be a procurement panel and would welcome a lay member on the panel to represent patients.</p> <p>AH also support patients having access to their records.</p> <p>RW asked whether as part of the digital programme was there any intention to include nursing homes. AH responded by saying that currently this is not on the radar; nursing homes are bigger but could do Wi-Fi access. Discussions are taking place on how the contract will work with nursing homes.</p>	

		Action
	<p>It was noted that an STP Workforce event has taken place yesterday which may have a potential impact of digital on workforce and this would be picked up outside the meeting.</p> <p>Thanks were passed to AH for his update on digital.</p> <p>Members RECEIVED the report.</p>	
9.	<p>Primary Care Workforce Plan</p> <p>RW presented the workforce plan to members and highlighted the following:</p> <p>The Staffordshire STP Workforce Plan has been refreshed in partnership with stakeholders from across the Staffordshire system. A lot of work has been undertaken collaboratively and makes sense to continue.</p> <p>The report outlines the workforce challenges facing general practice across Staffordshire and a detailed work plan on how these challenges will be addressed in line with the General Practice Forward View. The regional team had provided feedback on the plan which highlighted further detail was required on the workforce numbers for GPs and non GP clinical members of staff and further information GP retention initiatives. The region complemented the plan for the innovative work which was happening on workforce across Staffordshire.</p> <p>The work streams within the plan are around international GP recruitment programme. Staffordshire was successful in its bid for 88 full time GPs and a further bid for 12 additional posts has been put in. Confirmation on whether the bid is successful for the 12 additional posts is awaited. A national GP recruitment agency has been recruited and it is hoped that the process for recruiting GPs would commence in June.</p> <p>The plan also looks at the skill mix in GPs and the feedback is that already there is lots of innovation going on with practices employing pharmacists, ANPs etc. The plan came back partially assured due to the finances as some work streams around GPFV have resources attached, there are some gaps and these are still being worked through.</p> <p>RW advised that there is robust monitoring against the plan and an update has been discussed at the Primary Care Workforce Group. There is also a supplementary nurse working place.</p> <p>SH commented that the report was long and asked how the committee could make it more meaningful and whether it was even the role of the Committee. RW responded by suggesting that the report is around providing assurance and that the methodology is appropriate and delivering what it should be. The methodology would be where GPs are possibly thinking about moving on and having 1:1 bespoke conversations with those GPs to look at themes. One theme may be</p>	

		Action
	<p>around education and training or mentorship or even where GPs are wanting to step away from the GP role for a limited time to undertake a different role to support other programme of work and then return back to the GP role.</p> <p>NC asked about international recruitment and what stage we were at. RW confirmed that the recruitment agency has been appointed. The Medical Director at NHSE had £20k slippage money which has been released and so are starting to collate EoL data from practices but need to ensure there is a robust methodology in place around that. Staffordshire training hubs have been set up and link in with Federations, the LMC and Community Education Networks to undertake work through the localities on behalf of Staffordshire.</p> <p>In terms of the 88 international recruits because the agency has only just been recruited currently it is anticipated that the first recruits may be in post within 6-9 months however they may not be up and running independently for perhaps another year but that depends on the individual. It was confirmed that there is a relocation package which is funded through the national team.</p> <p>SN asked whether there are 'golden hello's' that have gone through the committee. RW confirmed that these are not being pursued.</p> <p>Regular updates would be provided at future meetings.</p> <p>Members RECEIVED the report.</p>	
10.	<p>Primary Care Deep Dive Ruth Yates presented the report to the committee.</p> <p>Each month the performance team undertake a deep dive into specific areas of work. For December 2017 the deep dive was dedicated to primary care. The deep dive is largely at CCG level and aims to provide an in-depth analysis into the AIF indicators pertaining to Primary Care. RY highlighted that the data is now out of date and the indicators do not reflect everything in primary care but what sits in the assurance framework for CCGs.</p> <p>The following areas were highlighted for information:</p> <p>Dementia Diagnosis Rates: Throughout 2016/17 and 2017/18 neither SES&SP nor SaS achieved the 66.70% dementia diagnosis target. A change to the denominator has led to a significant reduction in the gap in performance. Work is underway to improve the completeness of records in primary care. Cannock is achieving and is only achieving by a margin of around 30 patients. Work has been undertaken and will continue around the CCG Dementia Plan that Jane Tipping is updating. The work undertaken is also around coding in GP practices and recognising whether this is a data quality issue. Work is progressing with SSSFT to review the audit data they have with patients diagnosed with dementia. In terms of information, the rates</p>	

		Action
	<p>have got worse since the analysis was produced.</p> <p>Learning Disability Health Check: the main indicator used is whether a proportion of people have had their annual health check. There are data quality issues on how this is recorded in general practice and work is ongoing to review this and also to look at the definition on whether to include people aged 16-18 in the new year.</p> <p>E-referral: this has been raised earlier in the meeting particularly for Stafford, as CCGs they are some of the worse performing nationally. The issues are with the whole legacy impact of having problems with providers and issues with appointment slots with providers. There has been some improvement since the report and if the issues are not resolved by the October deadline then providers will not get paid.</p> <p>Patients Experience of GP Services: SES&SP and SaS are above the national average for patient satisfaction with Primary Care Services however Cannock remains below average. The next survey is due out in July.</p> <p>PC access indicator – this doesn't reflect the plans that have been put in place to offer access to patients or the proposed changes that have taken place.</p> <p>Anti-microbial resistance: there has been a decrease in prescribing however in terms of the CCG there is a mix on where the CCGs are at a national level. Target is included within the Membership Agreement.</p> <p>Primary Care workforce: All three CCGs are consistently below the national level. The report details the actions that are being undertaken to improve this indicator.</p> <p>The report also details additional indicators which are time limited and have been achieved so will now be removed.</p> <p>Highlighted was the Urgent GP referral for 63 days, this is not being achieved by the 3 CCGs and impacted on the cancellation of non-elective surgery. There has been an increase in the number of people on these pathways. HI confirmed that the 63 day referral rate for urgent cancer cases has been raised at the Performance Group particularly given the performance of UHNM.</p> <p>NC asked about primary care workforce per 1,000 weighted patients and asked how this figure is calculated. SN confirmed that this figure is per full time equivalent and that GPs see different numbers but that the information is not included.</p> <p>RY advised that she has asked for more information from the STP and can flex on how the data can be looked at in different ways.</p> <p>SH commented that she felt that the dementia statistics are really disappointing particularly given that this target is included within the</p>	

		Action
	<p>membership agreement. PH commented that practices have done much in terms of ensuring the diagnosis is correct and that the coding is also right. He felt that there is not a sense that people are not being diagnosed with dementia. ST confirmed that lots of work has been undertaken over the last few years around dementia however some patients do not want to be diagnosed with dementia.</p> <p>Members RECEIVED the report.</p>	
11.	<p>Head of Primary Care National Update (NHSE) RW advised that the update was for information only.</p> <p>Members RECEIVED the report.</p>	
12.	<p>Questions from Members of the Public There were no members of the public in attendance.</p>	
13.	<p>Proposed Dates for 2017/18 Future dates were agreed and would be sent out to members.</p>	
14.	<p>Glossary of terms The Glossary of Terms was noted for information.</p>	
15.	<p>Date, Time and venue of next meeting 26 April 2018 at 2.00 pm in the Pisces Room, Aquarius Ballroom, Cannock</p>	

**PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON
ACTION LIST**

Ref:	MEETING DATE	REFERENCE	AGENDA ITEM	ACTION	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
85	31/01/2018	10	Claverley Medical Practice	Options appraisal to be brought to future meeting	IS	Agenda item for April meeting.
84	31/01/2018	9	GP Forward View Highlight Report	TC to seek representatives from practices to attend a future PCC	TC	16.4.18 - representative being sought from GP practice to present at a future meeting
83	31/01/2018	8	Internal Audit	CCG Chairs to discuss attendance at the Committee with LMC representatives. Audit report to be submitted to LBs/MBs in March	CCG Chairs / VR	Update 28.3.18 Action closed PH will raise at the next CLs meeting. Audit report on the agenda for March's MBs/LBs
82	31/01/2018	7	Risk Register	BAF to be presented to the PCC on a quarterly basis	LM/VR	Action Complete - BAF to be included on forward plan for inclusion on the agenda on a quarterly basis
81	31/01/2018	7	Risk Register	Estates to be picked up as part of the primary care team meeting to decide how and who will complete this work	LM	Update 29.03.18 Agenda item for April meeting.
80	31/01/2018	7	Risk Register	A report on rent reviews to be submitted to the March PCC	EW/DJ	
75	26/10/2017	10	360 Feedback Action Plan	HI to meet with AH to discuss engagement with the locality boards	HI	Update 31.1.18 Action to remain open Update: 22/11/17: AHe confirmed she has not been in contact with HI, HI currently on AL. Action on-going



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REPORT TO: Public Primary Care Commissioning Committee Meeting in Common

TO BE HELD ON: 26 April 2018

Subject:	Primary Care Committee Risk Register						
Board Lead:	Lynn Miller, Executive Director of Primary Care						
Officer Lead:	Sarah Jeffery, Head of Primary Care Development						
Recommendation:	Approval/ Ratification		Assurance	✓	Discussion		Information

PURPOSE OF THE REPORT:

This report provides the Primary Care Committee with information about the primary care related risks currently facing Cannock Chase CCG, South East Staffordshire & Seisdon Peninsula CCG and Stafford & Surrounds CCG.

KEY POINTS:

The risk register includes risks related to Cannock Chase CCG, South East Staffordshire & Seisdon Peninsula CCG and Stafford & Surrounds CCG, associated to Primary Care.

There are currently ten risks on the Primary Care Committee register:

- One extreme scoring risk 273 with a risk score of 16.
- Three risks with a score of 9.
- Five risks with a score of 6.
- One scoring 4.

There have not been any proposed new risks for the Primary Care Risk Register and no changes to any of the risk scores.

There has been one request to close a risk and this is risk 290 regarding the closure of the Pattingham branch of Claverley and Pattingham surgery. This will be reviewed at the Risk Group to be held on 30 April 2018, this was not review on 09 April, as reported last month as the meeting had to be re-arranged.

Risk 271 is reported on the register as no further updates required, suggest therefore that this risk is recommended to the Risk Group on 30 April for closure.

Risk 255 was discussed at the Risk Group in January for closure, however the group did not feel that there is adequate assurance that the risk has been mitigated and is therefore to remain open.

The Risk Group are meeting on 30 April and will review the risks across the six CCGs in order to align them all across the six CCGs.

CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • Hospital to home • Professional to patient 	The risk register will inform the CCGs of any issues arising in supporting the change in culture.
More focus on prevention	The risk register provides assurance that risks are being monitored and will highlight any issues around prevention.
Involving everyone for improved health and care	Assurance that risks are being monitored will enable a more focused approach to improving health and care.
Empower and support patients to take control of their own health	Patients will have more confidence to monitor their own health needs knowing risks are being monitored and mitigated.
Services supporting people to make informed decisions	Risk monitoring gives the CCGs assurance that the services they are promoting are safe for patients to make decisions.

IMPLICATIONS:

Legal and/or Risk	YES: unmitigated clinical risk could have NHSLA repercussions. Any real legal implication will be described in the appropriate risk.
CQC	YES: any involvement by the CQC with any practices and its potential impact will be described within the risk.
Patient Safety	YES: unmitigated Clinical Risk could have repercussions to safe services. Any patient safety implications will be described in the appropriate risk.
Patient Engagement	No: if patient engagement is required this will be described within the risk
Financial	YES: unmitigated clinical risk could have financial repercussions. Any financial implications will be described in the appropriate risk
Sustainability	None
Workforce/Training	None

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee is asked to:

- Review the Risk Register report to confirm that assurance has been provided regarding the management of clinical risks across the three CCGs.
- To reflect on any other risks that the Committee considers should be on the risk register.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

CCG VALUES
<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>

Created	Risk ID	Objective	Description Of Risk	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Risk Score pre-consideration of controls and mitigations	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
31/05/2017 08:20	273	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England. The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View. The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	The new service specification for wound care has identified a service gap within the community. This could lead to general practices not delivering this service due to no payment available for the service. This may result in patients not receiving treatment they require and an added financial cost to the CCG where additional payment may be required for the GPs or an alternative provider deliver this service.	Failure to support and develop sustainable Primary Care and General Practice .:#103	Yes	1	5	5	11/04/2018 - The new arrangements will start from April across Cannock Chase and South East Staffs practices. A conversation at Primary Care Committee around the wound care risk on the risk register was undertaken . It was agreed that although this has been agreed to be included through the PMS re-investment for both Cannock and SES that we should keep this on the risk register for the next month or so to ensure that everything moves over smoothly. 12/03/2018 - Primary care service specification agreed by Cannock Chase Membership board together with usage of PMS reinvestment monies to fund wound care arrangements. Meeting undertaken with SSOTP to discuss interrelationships and interdependencies and agree transition arrangements. Data Quality Facilitators (DQFs) have developed an activity recording template and onward referral form, which has been piloted at Rugeley Practices and to be rolled out to all practices. Service level agreement (SLA) drafted to be discussed on 14th march at Cannock Chase Membership Board. 20/02/2018 - PMS reinvestment monies to be used to fund wound care for Cannock Chase practices was agreed by PCCC at 31st January meeting. This was shared with Cannock Chase Membership Board at their meeting on 14th February together with the draft wound care specification. Dr Choudhury will write to practices formally to share this information. meeting undertaken with SSOTP regards primary care wound care specification element, interrelationships and interdependencies in respect of clarity of pathway and transitions. 25/01/2018 - Wound care business case not supported by FPC. Further option around PMS reinvestment is being explored. Older updates have been archived and are available upon request.	11/04/2018 - The new arrangements will start from April across Cannock Chase and South East Staffs practices. A conversation at Primary Care Committee around the wound care risk on the risk register was undertaken . It was agreed that although this has been agreed to be included through the PMS re-investment for both Cannock and SES that we should keep this on the risk register for the next month or so to ensure that everything moves over smoothly. 12/03/2018 - Service level agreement (SLA) to be agreed and signed on 14th march. data quality facilitators to finalise activity recording and referral form and roll out to all practices following piloting period. 20/02/2018 - Work underway with data quality facilitators to develop reporting template to understand activity and transitions. Draft specification to complete. Awaiting formal agreement by practices to undertake wound care in response to Dr Choudhury's notification of PMS funding. 25/01/2018 - Present PMS option to Primary Care Committee. Older updates have been archived and are available upon request.	11/04/2018 - The new arrangements will start from April across Cannock Chase and South East Staffs practices. A conversation at Primary Care Committee around the wound care risk on the risk register was undertaken . It was agreed that although this has been agreed to be included through the PMS re-investment for both Cannock and SES that we should keep this on the risk register for the next month or so to ensure that everything moves over smoothly. 12/03/2018 - Practices have agreed to deliver wound care against the agreed specification and to receive PMS reinvestment funds as remuneration. 20/02/2018 - PMS funding and specification discussed at 14th February Cannock Chase membership Board. Dr Choudhury will formally write to practices to confirm. 25/01/2018 - Oversight of risk lies with Primary Care Committee. Older updates have been archived and are available upon request.	16	4	4	16	Cannock Chase CCG	Rayne Mark (CCG) SASCCG	Executive Director of Primary Care	11/04/2018	11/05/2018
14/09/2017 15:33	281	Sustainable Primary Care Service	A private company are offering to take over GP practice lease's. This poses a risk to the CCG around being tied in to long and expensive leases.	Failure to support and develop sustainable Primary Care and General Practice .:#103	No	3	3	9	10/04/2018 - Previous actions continue. 13/03/2018 - No further update. 19/02/2018 - Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 24/01/2018 - Work is continuing. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 09/11/2017 - Work is continuing. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. Older updates have been archived and are available upon request.	10/04/2018 - Previous actions continue. 13/03/2018 - Previous actions will continue. 19/02/2018 - Commissioners will continue to agree the terms of lease prior to a sale. This reduces the risk of unexpected rent increases. The risk is being continually monitored in order to ensure that the risk to the CCG is managed. 24/01/2018 - The risk is being continually monitored in order to ensure that the risk to the CCG is managed. 09/11/2017 - Continuing work with Local Estates Forum and LMC. Older updates have been archived and are available upon request.	10/04/2018 - Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 13/03/2018 - Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 19/02/2018 - Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 24/01/2018 - Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 09/11/2017 - Work is continuing with the Local Estates Forum and the LMC. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. Older updates have been archived and are available upon request.	9	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	10/04/2018	09/05/2018
01/10/2014 12:11	21	The CCGs have a statutory duty to promote engagement including arrangements for consultation in changes to services inline with national guidance. The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	The risk is the failure to maintain clinical engagement of Membership.	Failure to support and develop sustainable Primary Care and General Practice .:#103	No	4	3	12	10/04/2018 - Actions continue. 13/03/2018 - Actions continue. 19/02/2018 - Actions continue. 24/01/2018 - The 360 survey is being promoted during practice quality visits and feedback is also being encouraged at those meetings. 07/12/2017 - A representative of Care Team is to attend Communication and Engagement Committee. The 360 degree feedback from GPs on the CCG engagement is expected during January 2018. Action plan continues to be implemented. Older updates have been archived and are available upon request.	10/04/2018 - continuation of previous actions. 13/03/2018 - Continuation of previous actions. 19/02/2018 - Continue with previously identified actions. 24/01/2018 - To continue to monitor engagement through changes to the CCG management team and to take note of feedback provided at quality visits and the 360 survey that is currently underway. Older updates have been archived and are available upon request.	10/04/2018 - 360 survey now completed. Results will be reviewed once released and necessary actions taken. 13/03/2018 - 360 survey now completed. Results will be reviewed once released and necessary actions taken. 19/02/2018 - Feedback through the 360 degree survey continues to be promoted through Locality/Membership Boards and through Quality Visits. 24/01/2018 - Awareness at Membership/Locality meetings during December and January is being made to prompt for completion of the 360 degree survey. Older updates have been archived and are available upon request.	9	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon CCG	Jeffery Sarah (CCG) CCCC	Executive Director of Primary Care	10/04/2018	05/06/2018
01/10/2014 12:11	20	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View. The CCGs have a statutory duty to ensure a safe and effective urgent care system which meets the constitutional targets. The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services. The CCGs have an increasing number of National priorities they must deliver in line with the Operational Plan.	There is known variation across practices within the CCGs which is leading to potentially higher than expected outpatient referrals, admissions and A&E activity. There is potential inequitable service provision.	Failure to identify quality/safety risks impacting patient outcomes/patient experience.:#105	Yes	3	4	12	10/04/2018 - Actions will remain the same and quality visits continue. A summary of the visits will be pulled together once all visits have been completed. 13/03/2018 - Actions will remain the same and quality visits continue. 19/02/2018 - Actions remain the same. 24/01/2018 - Mitigating actions remain the same as the quality visits are in the process of taking place. The visits will continue over the next few months and are due to be completed by end of March 2018. Older updates have been archived and are available upon request.	10/04/2018 - Actions will remain the same . A summary of the visits will be pulled together once all visits have been completed. 13/03/2018 - Quality visits continue to take place, peer review is in place and consultant connect is available to all practices. A further review will take place once all quality visits have taken place. 19/02/2018 - Continuation of visits 24/01/2018 - To continue with quality visits highlighting variation and having discussions with practices as necessary. Older updates have been archived and are available upon request.	10/04/2018 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required. A further review will take place once all quality visits have taken place. 13/03/2018 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required. 24/01/2018 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required. Older updates have been archived and are available upon request.	9	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCC	Executive Director of Primary Care	13/03/2018	08/05/2018

Created	Risk ID	Objective	Description Of Risk	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Risk Score pre-consideration of controls and mitigations	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
18/01/2018 11:53	290	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	The Pattingham branch of Claverley and Pattingham surgery will be closing mid February. The practice notified the CCG of this in January. The associated risk is that patients will be unhappy at the additional distance to travel to the Claverley site or at having to register at an alternative practice. There is also a risk of negative media coverage around the closure of this branch as the village of Pattingham will no longer have a GP practice.	Failure to support and develop sustainable Primary Care and General Practice .:#103	No	2	3	6	Request to close this has been made and will be reviewed at the Risk Group on 30 April 2018 12/03/2018 - Pattingham surgery has now closed, concerns from patients were dealt with by the practice with support from CCG primary care team and comms team. An article appeared in the local paper regarding the closure. 06/03/2018 - Risk Group met on 05 March 2018 and the risk was discussed and accepted onto the Risk Register. 18/01/2018 - Letter written to all registered patients primarily using the Pattingham branch to explain pending changes and provide options of alternative practices if they do not wish to receive services from the main site at Claverley. 18/01/18 - Statement prepared in conjunction with the practice to respond to any media enquiries raised at practice or CCG level.	12/03/2018 - No further actions required. Risk to close. 06/03/2018 - Risk Group met on 05 March 2018 and the risk was discussed and accepted onto the Risk Register. 18/01/2018 - Statement to be provided in response to any media enquiries. 18/01/18 - Weekly meetings between the practice, the CCG and NHSE arranged to review any enquiries, complaints or issues raised by patients 18/01/18 - Report to be presented to Primary Care Commissioning Committee on 31st January 2018 explaining the situation and the actions taken	12/03/2018 - Concerns raised by patients dealt with. Risk to close. 06/03/2018 - Risk Group met on 05 March 2018 and the risk was discussed and accepted onto the Risk Register. 18/01/2018 - Risk discussed by Risk Group (16/01/18) where it was requested to be added. Risk to be monitored by Primary Care Commissioning Committee. NHSE Primary Care Team are also involved in monitoring and reviewing.	6	2	3	6	South East Staffordshire and Seisdon Peninsula CCG	Saberton Ian (CCG) SASCCG	Director of Primary Care	12/03/2018	12/03/2018
28/07/2017 12:47	276	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	A Cannock Chase GP practice currently provides the violent patient scheme on behalf of the 3 CCGs. The practice have raised issues regarding undertaking home visits for patients out of the Cannock Chase area, this currently affects three patients as such, the Practice is considering pulling the service as they do not feel this is a sustainable option in the future. The risk is that if the practice no longer wishes to continue providing this, all patients currently under this scheme will not be registered with a GP resulting in these cohort of patients possibly utilizing other services such as A&E, MIU etc.	Failure to support and develop sustainable Primary Care and General Practice .:#103	Yes	3	3	9	10/04/2018 - Actions continue as previously recorded. 14/03/2018 - A service specification is in development. There has been a slight delay in this due to the Practice Manager being on sick leave. This has not increased the risk as the practice has confirmed that they will continue the service whilst the specification is being developed. 19/02/2018 - The practice is happy to continue to offer the service whilst the service specification is being developed. 24/01/2018 - The practice is happy to continue offering the service. The service specification is being reviewed. The practice has been asked for the cost of providing out of area home visits in the interim whilst a further solution is being worked up with AVS. 07/12/2017 - Service specification has been received and costs associated. A paper is being developed. Older updates have been archived and are available upon request.	10/04/2018 - Actions continue. 14/03/2018 - Service Specification to be finalized. 19/02/2018 - Service specification to be confirmed. 24/01/2018 - The practice is happy to continue offering the service. The service specification is being reviewed. The practice has been asked for the cost of providing out of area home visits in the interim whilst a further solution is being worked up with AVS. 07/12/2017 - A paper is being developed and will be presented to Membership/Locality Boards during January during 2017. Older updates have been archived and are available upon request.	10/04/2018 - The practice continues to provide the service whilst the specification is being developed. The risk is therefore minimized. 14/03/2018 - The practice continues to provide the service whilst the specification is being developed. The risk is therefore minimized. 19/02/2018 - The practice are happy to continue providing the service and therefore the risk is being minimized. 24/01/2018 - The practice are happy to continue providing the service and therefore the risk is being minimized. Older updates have been archived and are available upon request.	6	3	2	6	Cannock Chase CCG;#Stafford & Surrounds CCG;#South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCC	Executive Director of Primary Care	10/04/2018	08/05/2018
13/04/2017 10:17	271	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England;#The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Medicine Optimisation Team Recruitment/Vacancy Risk: Vacancies within the Medicines Optimisation team following staff departures and MoC restructure. The structure of Band 8a (and below) positions to be agreed across the 3 CCG's. Vacancies within team are risk for QiPP delivery and governance of medicines within the CCG.	Failure to support and develop sustainable Primary Care and General Practice .:#103;#Failure to deliver the control total;#99;#Failure to identify quality/safety risks impacting patient outcomes/patient experience;#105	Yes	3	3	9	12/04/2018 - As of the 12/4/18 we have 2 new pharmacists in place with a further 3 starting in April and 1 in early May 2018. 19/03/2018 - We now have one of the new pharmacists in post with the remainder to be in place over the next few weeks. No further update required. 19/02/2018 - We now have start dates for the majority of the practice pharmacist roles starting from 26th February to early May 2018 so a full complement of staff will be in place from the 8th May 2018. 16/01/2018 - Pre-employment checks are continuing (led by recruitment) and still awaiting confirmed starting dates but expected from March 2018. Practice support is being provided by existing MO team in interim. Older updates have been archived and are available upon request.	12/04/2018 - No further update required. 19/02/2018 - To ensure all staff are in post and providing support to practices as soon as possible. 15/11/2017 - The roles have been advertised and interviews are to be held 22nd and 23rd November. Older updates have been archived and are available upon request.	19/03/2018 - There is assurance through the QiPP monitoring and review process that the prescribing QiPP is on track to achieve FYE savings for 2017/18. All other essential requirements of the MO team are being provided by other team members. Older updates have been archived and are available upon request.	6	3	2	6	Cannock Chase CCG;#Stafford & Surrounds CCG;#South East Staffordshire and Seisdon Peninsula CCG	Buckingham Samantha (CCG) SASCCG	Executive Director of Primary Care	12/04/2018	12/05/2018
16/08/2016 11:56	227	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View;#The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	DISCHARGE LETTERS VIA PROCESS HUB Discharge letters from Heart of England NHS Foundation Trust (HEFT) are now being sent electronically via the Central Hub which diverts letters automatically to the patients General Practitioners (GP). This means GP's within the CCG border are not receiving discharge letters because there is no access to the system and letters are no longer being posted. There is also concern reported about the poor quality of the discharge letters, this being addressed at UHB CRB (Quality and Performance).	Failure to identify quality/safety risks impacting patient outcomes/patient experience;#105	Yes	4	3	12	11/04/2018 - All sites now working on Docman 10 and connections to HEFT completed. HEFT continue to send a reduced amount of discharges electronically due to some problems with sending/content. Project team staying engaged with HEFT to ensure this progresses and electronic comms can be started en masse. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. Meeting scheduled with UHNM 11 April, engaging with BHFT to ensure all providers covered in Staffordshire. 19/03/2018 - All sites now working on Docman 10 and connections to HEFT completed. Project team have advised that HEFT have reduced the amount of traffic being sent electronically due to some problems with sending/content. Project team staying engaged with HEFT to ensure this progresses and electronic comms can be started en masse. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. Meeting scheduled with UHNM 11 April, engaging with BHFT to ensure all providers covered in Staffordshire. 19/03/2018 - All sites now working on Docman 10 and connections to HEFT completed. Project team have advised that HEFT have reduced the amount of traffic	11/04/2018 - All sites now working on Docman 10 and connections to HEFT completed. HEFT continue to send a reduced amount of discharges electronically due to some problems with sending/content. Project team staying engaged with HEFT to ensure this progresses and electronic comms can be started en masse. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. Meeting scheduled with UHNM 11 April, engaging with BHFT to ensure all providers covered in Staffordshire. 19/03/2018 - All sites now working on Docman 10 and connections to HEFT completed. Project team have advised that HEFT have reduced the amount of traffic	11/04/2018 - All sites now working on Docman 10 and connections to HEFT completed. HEFT continue to send a reduced amount of discharges electronically due to some problems with sending/content. Project team staying engaged with HEFT to ensure this progresses and electronic comms can be started en masse. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. Meeting scheduled with UHNM 11 April, engaging with BHFT to ensure all providers covered in Staffordshire. 19/03/2018 - All sites now working on Docman 10 and connections to HEFT completed. Project team have advised that HEFT have reduced the amount of traffic	6	3	2	6	South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Primary Care	19/03/2018	20/04/2018
31/01/2016 17:35	205	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England;#The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	The CCG is responsible for the reinvestment decision regarding the reinvestment of the PMS premium. The financial consequences of the PMS contract changes may exceed the premium and cause a financial pressure for the CCG. In addition, there may be an issue around service continuity if practices choose to cease services as a result of the review.	Failure to deliver the control total;#99	No	4	4	16	10/04/2018 - An updated re-investment proposal has been approved by PCC. This will be put in place for 2018/19. A further review will take place in early 2019. 14/03/2018 - A proposal has been presented to each of the Locality/Membership Boards. The feedback from these boards will be fed in to a report to the Primary Care Committee in March for final agreement. 19/02/2018 - A proposal has been updated and will be presented to the 1st March Primary Care Committee and to the March Membership/ Locality Boards. 24/01/2018 - A meeting with CCG Clinical Chairs was held on 23rd January to discuss the investment for 2018/19 and the proposal for years 4 and 5. A paper will be developed and presented to the relevant Boards and to the February Primary Care Committee. Older updates have been archived and are available upon request.	10/04/2018 - An updated re-investment proposal has been approved by PCC. This will be put in place for 2018/19. A further review will take place in early 2019. 14/03/2018 - A report is due to be presented to Primary Care Committee in March. 19/02/2018 - An updated proposal has been developed and will be presented to the 1st March Primary Care Committee. It will then be presented to the Membership/ Locality Boards for discussion. 24/01/2018 - A paper to be developed describing the proposals for 2018/19 and years 4 and 5 of the re-investment. This will be presented to Membership Boards and the Primary Care Committee. Older updates have been archived and are available upon request.	10/04/2018 - An updated re-investment proposal has been approved by PCC. This will be put in place for 2018/19. A further review will take place in early 2019. 14/03/2018 - Plans continue to be monitored in order to ensure funds are being appropriately spent and distributed. Discussions continue with the membership. 19/02/2018 - Plans continue to be monitored in order to ensure funds are being appropriately spent and distributed. 24/01/2018 - The PMS premium will continue to be monitored and the plan for the future investment will be presented to Membership Boards and the Primary Care Committee. Older updates have been archived and are available upon request.	6	3	2	6	Cannock Chase;#Stafford & Surrounds;#South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	10/04/2018	04/12/2018

Created	Risk ID	Objective	Description Of Risk	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Risk Score pre-consideration of controls and mitigations	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
23/11/2016 15:39	255	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	There is a risk of the CCGs not having the resource / capacity and expertise to assume delegated commissioning responsibility of general practice.	Challenge in delivery of constitutional targets may impact patient care & performance.;#104;#Failure to support and develop sustainable Primary Care and General Practice .;#103	No	4	3	12	10/04/2018 - The risk will continue to be monitored. 13/03/2018 - The risk will continue to be monitored. 19/02/2018 - The risk will continue to be monitored. 24/01/2018 - The risk will continue to be monitored. 23/01/2018 - Risk Group met on 16 January 2018 and the request to close the risk was rejected on the basis the group were not assured the risk has been mitigated. 07/12/2017 -Proposed closure. The CCG has assumed responsibility for delegated commissioning since April 2017. Expertise in the CCG and NHS England continue to offer support and advise. 09/11/2017 - No further actions at this stage, continue to monitor. Older updates have been archived and are available upon request.	10/04/2018 - The risk will continue to be monitored. 13/03/2018 - The risk will continue to be monitored. 19/02/2018 - The risk will continue to be monitored. 24/01/2018 - The risk will continue to be monitored. 23/01/2018 - Risk Group met on 16 January 2018 and the request to close the risk was rejected on the basis the group were not assured the risk has been mitigated. 07/12/2017 - Proposed closure. The CCG has assumed responsibility for delegated commissioning since April 2017. Expertise in the CCG and NHS England continue to offer support and advise. 09/11/2017 - No further actions at this stage, continue to monitor. Older updates have been archived and are available upon request.	10/04/2018 - The risk will continue to be monitored. 13/03/2018 - The risk will be monitored through the Primary Care Committee. 19/02/2018 - The risk will be monitored through the Primary Care Committee. 24/01/2018 - The risk will be monitored through the Primary Care Committee. 23/01/2018 - Risk Group met on 16 January 2018 and the request to close the risk was rejected on the basis the group were not assured the risk has been mitigated. Older updates have been archived and are available upon request.	4	2	2	4	Cannock Chase CCG;#Stafford & Surrounds CCG;#South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	10/04/2018	05/06/2018



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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 April 2018

Subject:	GPFV Highlight Report						
Board Lead:	Lynn Millar, Director of Primary Care						
Officer Lead:	Lynn Millar, Director of Primary Care						
Recommendation:	Approval/ Ratification		Assurance		Discussion		Information ✓

PURPOSE OF THE REPORT:

This paper sets out an update on the overall position of each GP Forward View workstreams and specific progress made since the last period across the Staffordshire and Stoke-on-Trent CCGs. The report sets out priorities for action in the next period and any new / carried forward risks or issues identified requiring attention of the relevant governance group(s).

The report covers the following areas:

- Access
- Workload (including Resilience Funding)
- Workforce (including Practice Managers Funding)
- Nursing Framework including Nurse Recruitment and Retention
- Infrastructure (including Estates and Technology Transformation Fund (ETTF) and Digital)
- Models of Care

KEY POINTS:

The following risks / issues are identified within the Highlight Report – all related to the Access workstream:

- Decision to be made on the correct procurement route to be made by Governing Body informed by procurement Team, Governance panels and Legal Advice
- Lack of clarity on the weighting formula from NHS England on the allocation of the funds. Kirsten Owen, Mark Rayne and Vicky Oxford have responded to NHS England on a proposed approach of using ONS weighting formula which would not equate to the £3.34 and £6 a head of practice population initially proposed by NHS England. This affects engagement and potential service modelling clarity
- GP Workforce remains a significant risk across the whole of Staffordshire with particular issues around recruitment and retention within Stoke-on-Trent and parts of North Staffordshire.
- IT specifically interoperability and systems not integrating together.

- Meeting the procurement timelines will require a coordinated and focussed approach and also rely on programme management support across the three CCG areas. There are currently two temporary programme managers in place delivering against the programme.

If elements of the earlier implementation (such as expansion of current pilots) and working towards the 7 core requirements could not be progressed there will be a lot more to do towards the end of the project timeline.

CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • Hospital to home • Professional to patient 	Supports sustainable general practice and enhanced primary and community care
More focus on prevention	Supports self care
Involving everyone for improved health and care	Supports self care
Empower and support patients to take control of their own health	Supports self care
Services supporting people to make informed decisions	Yes

IMPLICATIONS:

Legal and/or Risk	
CQC	Supports better quality
Patient Safety	N/A
Patient Engagement	PPG and Network PPG
Financial	Investment through national and local allocations
Sustainability	Supports sustainable general practice through workload and resilience programme
Workforce/Training	Workforce work programme

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committees Meeting in Common is asked to:

Note

- I. Progress, current activity and future activity in relation to the GP Forward View.
- II. Issues, risks and mitigations identified.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

CCG VALUES
<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>

GPFV Highlight Report – Staffordshire



Purpose of this Report Bundle

This report bundle provides a concise update on the overall position of each work stream and specific progress made in the last period. It sets out priorities for action in the next period and any new risks or issues identified and requiring the attention of the TP governance group(s). The bundle includes individual papers as follows:

1.	Access	Mark Rayne / Kirsten Owen / Victoria Oxford
2.	Workload including Resilience Funding	Sarah Jeffery / Nicola Austerberry / Kirsten Owen
3.	Workload including Practice Manager funding	Rebecca Woods / Julie Downie
	Nursing including nurse recruitment and	Lynn Millar / Tracey Cox
4.	Fund (Financials and Technology Transformation Digital	Andy Hadley / Phil Brenner / Laura Wadlow
5.	Medicine	Lynn

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

Risk Scoring Key	
Probability	
1. Rare	The event may only occur in exceptional circumstances (<1%)
2. Unlikely	The event could occur at some time (1-5%)
3. Possible	Reasonable chance of occurring at some time (6-20%)
4. Likely	The event will occur in most circumstances (21-50%)
5. Almost certain	More likely to occur than not (>50%)
Impact	
1. Insignificant	No impact on GPFV outcomes, insignificant cost or financial loss, no media interest
2. Minor	Limited impact on GPFV, moderate financial loss, potential local short-term media interest
3. Moderate	Moderate impact on GPFV outcomes, moderate loss of reputation, moderate business interruption, high financial loss, potential local long-term media interest
4. Major	Significant impact on GPFV, major loss of reputation, major business interruption, major financial loss, potential national media interest
5. Severe	Severe impact on patient outcomes, far reaching environmental implications, permanent loss of service or facility, catastrophic loss of reputation, multiple claims, parliamentary questions, prosecutions, highly significant financial loss

IMPACT	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Probability				

Progress Status Key		
On schedule	Behind schedule with mitigating actions in place	Behind schedule

Abbreviation Key			
GPFV	General Practice Forward View		
STP	Sustainability and Transformation Plan		
PM	Practice Manager		
ETTF	Estates and Technology Transformation Fund		
DCO	Director of Commissioning Organisation		
CEPN	Community Education Provider Network		
SRO	Senior Responsible Officer		

Work Stream	Extended Primary Care Access	Month covered	March 2018
Author	Mark Rayne	Status	Green
		Impact if Not Achieved	
Summary status:			
<p>Update following the 2018/19 planning guidance requires GP extended access from the 1st October, rather than the 31st October 2018.</p> <p>Currently 2 Prime Minister Challenge Funded pilots offering extended access in various models and approaches.</p> <p>Task and finish group and steering group and CCG working groups have been established and a service specification is in development in line with the procurement timeframes and procurement rules.</p> <p>Local procurement timeline plans to have services in place by start of October 2018.</p> <p>Lynn Millar has formally responded to Soyuz Shrestha (NHSE) in respect of potential opportunities for earlier implementation and has identified a number of current pilots that could potentially be expanded to work towards delivery of the 7 core requirements, at varying stages, to ensure full service from 1st October. In terms of mobilisation of the pilots, we would need to commence more formal conversations with the providers to agree the milestones to achieve the 7 core requirements.</p>			
Activities and updates from the last period			
<ol style="list-style-type: none"> 1. Procurement options paper and legal framework completed and Presented to South and North Governing Bodies for their decision on the procurement approach. Both Governing Bodies agreed on a direct award approach. 2. QIA has been completed and is being submitted to be considered at the QIA panel on 27th March, under the under the new organisational structures this has now been completed as a pan Staffordshire piece of work 3. GP Access Survey patient concluded and report completed including qualitative feedback and considerations 4. Task and finish group meet in February (28th) and the next meeting is scheduled for the 11th April 			
Actions planned for next period			
<ol style="list-style-type: none"> 1. Procurement options paper and legal framework completed will be Presented to East Governing Body (29th March) for their decision on the procurement approach 2. Refresh of the project plans in line with procurement approach agreed 3. Development of financial modelling and options paper to Steering group 4. Development of IMT requirements gap analysis and development plan 5. Develop a communications and engagement approach 6. Develop an assurance approach 7. Review risks and issues log 8. Finalise our CCG specific service model informed by the survey, demographic information, the previous engagement events and existing pilots 9. Engagement on potential service models 10. Finalise service specification ready for this to be considered by the appropriate governance forums to be agreed and signed off 			
Recommendations for the relevant governance group(s)			
New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?			
No.	New risk / issue	Risk	Mitigation support requested

		rating	
1	Decision to be made on the correct procurement route to be made by Governing Body informed by procurement Team, Governance panels and Legal Advice		Engagement with and sharing of the procurement options with the CSU procurement Team, North staffs procurement panel, North, South and East staffs CCG Governance Groups and Legal team to inform decision on procurement approach
2	Lack of clarity on the weighting formula from NHS England on the allocation of the funds. Kirsten Owen, Mark Rayne and Vicky Oxford have responded to NHS England on a proposed approach of using ONS weighting formula which would not equate to the £3.34 and £6 a head of practice population initially proposed by NHS England. This affects engagement and potential service modelling clarity		Modelling undertaken of practice population numbers (raw and weighted capitation) against proposed ONS weighting formula and shared with NHS England highlighting potential funding shortfall and risk to the CCGs. NHS England are discussing as national issue. Regular updates requested.
3	GP Workforce remains a significant risk across the whole of Staffordshire with particular issues around recruitment and retention within Stoke on Trent and parts of North Staffordshire.		Links with Workforce programme and initiatives for recruitment and retention
4	IT specifically interoperability and systems not integrating together.		Links with Digital Programme in respect of developments underway and what will be required. Digital Lead sits on steering and task and finish groups.
5	Meeting the procurement timelines will require a coordinated and focused approach and also rely on programme management support across the three CCG areas. there are currently two temporary programme managers in place delivering against the programme		SRO aware of temporary position of programme managers. Information on programme to be collated on shared folder. Any handover will need to be factored in.
6	If elements of the earlier implementation (such as expansion of current pilots) and working towards the 7 core requirements could not be progressed there will be a lot more to do towards the end of the project timeline		

Work Stream	Workload including Resilience Funding	Month covered	March 2018
Author	Sarah Jeffery / Nicola Austerberry / Kirsten Owen	Status	Green
		Impact if Not Achieved	
Summary status:			
<p>Active Signposting:</p> <ul style="list-style-type: none"> • Care Navigation we have 255 receptionists trained in Stoke and 230 in North Staffordshire. • Cannock Town & Villages localities launched active signposting on 1st November 2017, this includes 12 practices. In readiness for this launch, up to 125 Practice Staff Members have undertaken active signposting training to help signpost patients and carers to the right care first time. • The Stafford Primary Health Care Alliance locality has begun implementing the first stage of their active signposting training, with further training planned. This builds on earlier internally developed active signposting training. The remaining localities in Stafford & Surrounds CCG and Rugeley locality are finalising their local training plans with their chosen training provider ready for implementing. • South East Staffordshire & Seisdon Peninsula CCG localities are considering their preferred approach in terms of taking forward active signposting and workflow optimisation. • East Staffordshire CCG is holding GP and PM awareness session for Active Signposting on the 8th March to promote this with local practices. The CCG will commission a series of training events during 2018/19. <p>Brighton and Hove Workflow Optimisation:</p> <ul style="list-style-type: none"> • In North Staffordshire and Stoke-on-Trent, 46/77 practices have received workflow optimisation training to release GP capacity • Awaiting further information about the online learning approach to enable further practices to participate • In South Staffordshire, 9 training sessions have taken place so far on workflow optimisation, which have been centrally organised. Discussions are ongoing with the training provider on e-learning places in order to ensure opportunities are available for all practices to undertake workflow optimisation training. Remaining places and scheduling to be jointly considered. Localities are considering the opportunity to hold further workflow optimisation training. • To date, 75 South Staffordshire Practice Staff Members have been trained on workflow optimisation across 51 practices, with the opportunity to cascade the training once they have been signed-off from a practice perspective, where possible. • In East Staffordshire 5 practices have had HERE training during 2017/19. The CCG will be looking to train a further 6 practices in quarter 1 of 2018/19. 7 practices have advised that they do not wish to participate in HERE training. • Evaluation of the impact of the training undertaken to date to be planned, with opportunities to align evaluation activities across CCGs to be explored. <p>PGP Quickstart Programme</p> <ul style="list-style-type: none"> • 10 practices in North Staffordshire and Stoke on Trent have completed the programme and a further 11 practices started in January to complete by March 2018. • Work is ongoing to complete evaluation and develop a repository of resources to maintain practices and support other practices. <p>Resilience Funding:</p> <ul style="list-style-type: none"> • DCO North Midlands 2016/17 Outcomes Report has been produced. • Across the STP, 38 practices have been supported across all CCGs. • Deep dive on resilience funding to be completed. • Case studies to be produced by practices on the use and impact of resilience funding for 2017/18. • PMO to advise the CCGs and practices on the emerging national approach. 			
Activities and updates from the last period			

1. Stafford Primary Health Care Alliance locality practices are continuing their training.
2. South Staffordshire General Practice Network, Stone & Eccleshall and Rugeley localities are finalising their plans for active signposting in collaboration with the training provider.
3. Cannock Town & Villages are planning the next steps to further embed active signposting within the practices, with a potential training event being considered for May 2018. One-to-one engagement has taken place with trained practices to provide additional support.
4. Discussions are ongoing within South East Staffordshire & Seisdon Peninsula CCG localities on taking forward active signposting and workflow optimisation.
5. Continued roll out of navigation training and Brighton and Hove model
6. Discussions are ongoing with HERE on remaining workflow optimisation e-learning training places in the South.
7. 11 Practices across North Staffordshire and Stoke-on-Trent are continuing the PGP Quickstart Programme due to complete in March 2018.
8. Work is ongoing to complete evaluation and develop a repository of resources for the PGP Quickstart Programme. This continues into the next period.
9. DCO North Midlands 2016/17 Outcomes Report has been produced
10. East Staffordshire CCG has held a GP and PM awareness session for Active Signposting on the 8th March attendance from practices was good.
11. East Staffordshire is hosting 5 active signposting seminars between April, May and June with the capacity for up to 150 delegates.

Actions planned for next period

1. Dashboard is being finalised in North Staffordshire and Stoke on Trent to monitor evaluate the progress of Care Navigation.
2. Relevant South Staffordshire localities to continue to develop training plans with their chosen provider and commence implementation.
3. Remaining South Staffordshire localities to consider training options.
4. The number of Brighton & Hove e-learning remaining training spaces for South Staffordshire CCGs to be agreed.
5. The number of Brighton & Hove e-learning remaining training spaces for East Staffordshire CCGs to be agreed.
6. Commission a number of Active Signposting and care navigation training sessions for East Staffordshire CCG.
7. Explore opportunities to evaluate workflow optimisation training undertaken to date – ongoing.
8. Relevant practices to continue PGP Quickstart Programme.
9. Evaluation and repository of resources development for PGP Quickstart Programme ongoing.
10. Deep dive and case studies collation in relation to the use of resilience funding to commence.

Recommendations for the relevant governance group(s)

1.

New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?

No.	New risk / issue	Risk rating	Mitigation support requested
1.			

Work Stream	Workforce including Practice Manager funding	Month covered	March 2018
Author	Rebecca Woods / Julie Downie	Status	Amber
		Impact if Not Achieved	

Summary status:

A draft workforce strategy has been developed for Staffordshire and partially assured by NHSE

GP practices and localities in our three CCG's have started to embrace new workforce models. Cannock town have piloted a number of roles in primary care and are currently measuring the impact. Examples include a primary care based Musculoskeletal specialist. Trials of well-being workers have been ongoing who support patients who do not necessarily have a medical need but frequently attend general practice. A number of practices are jointly working together to employ clinical pharmacists offering support on medication reviews, reviewing safety, and ensuring optimum support to patients on regular medication. Three localities have recruited Physicians Associates a new role to general practice. These roles are due to start imminently and then will be measured/evaluated. One locality has recruited an Urgent Care Practitioner to see patients who need home visits or are in need of urgent on the day appointments. Important to note: urgent care practitioner and physicians associates are GP supervised roles.

Work is ongoing with the plan in preparation for the plan re-refresh in mid-February. Refreshed Workforce Plan submitted on schedule, to date no feedback has been received.

Recent trajectories have been submitted for the GP headcount and the wider workforce headcount. Bridging the gap for GP headcount with International recruitment (IR).

International Recruitment (IR):- Third IR bid was submitted for an additional 12 recruitments on the 28th February 2018, results of the bid still pending. Task to Finish Group has now been established.

GP Retention:- Dr Turner to provide update 20th March 2018

Physicians Associates:- Additional 12 Physicians Associates have now been recruited and 12 secondary placements have now been secured. Confirmation has been received that nine Physicians Associates have successfully qualified; they will be included in the commencement of cohort 2 starting week commencing 12th March 2018. Five will be allocated to North Staffordshire and four will be allocated to South Staffordshire.

Clinical Pharmacists:- Successful approved bids for Phase 2 Wave 3 Clinical Pharmacists of 2 for Cannock and 2 for Stafford, interviews for the Cannock bid are scheduled to take place on Tuesday 20th March 2018 with 5 applicants shortlisted.

Practice Management:- GPFV money allocated to CCGs for Practice Management Development. A meeting took place on Wednesday 7th March with key personnel to look at three key areas as follows:-

- Local initiatives and hard to reach areas.
- Mentoring and Coaching.
- Networking and Appraisal.

It was felt that the LMC, and federations, could help in terms of distributing information and encourage practices to engage. Staffordshire CEPN, Training Hub, to develop a plan to deliver based on discussions, to be delivered week commencing 26th March 2018.

GP Medical Assistants:- Meeting with Joe Ryan and Sarah Laing regarding developing a new apprentice role and develop a specific job description. There is a levy of 90% training funded to General Practice. Further development around this project.

Local Nurse Redeployment:- Ongoing work around nurse redeployment into General Practice. 14th February 2018 meeting with SSOTP, NHSE and Staffordshire University personnel to establish training package and costings. Staffordshire University providing further information by 26th February 2018. Information provided by Staffordshire University, briefing paper submitted to LMC for approval, expressions of interest to be forwarded to GPs and meeting to be scheduled with interested parties.

GPN Ten Point Plan:- Workshop scheduled for the GPN Ten Point Plan 6th February 2018. Workshop updated, good representation from all areas, further update meeting scheduled for March 2018. GPN Ten Point Action Plans now received.

Activities and updates from the last period

Continued recruitment process for clinical pharmacists and GP retainer scheme.

The potential inability to recruit to new workforce model continues to be an ongoing risk.

Actions planned for next period

Continue with recruitment process for clinical pharmacists and GP retainer scheme.

Recommendations for the relevant governance group(s)

1.
New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?

No.	New risk / issue	Risk rating	Mitigation support requested

Work Stream	Nursing Framework including nurse recruitment and retention	Month covered	March 2018
Author	Lynn Millar / Tracey Cox	Status	Amber
		Impact if Not Achieved	Amber
Summary status:			
<p>Draft Staffordshire wide implementation and delivery plan submitted to NHS England on 14th March in relation to the GPN 10 point plan. This includes key deliverables and milestones with appropriate leads and timescales. The plan was jointly developed by CCG Primary Care and Quality and had significant contribution/input from the Staffordshire Training Hub (formally CEPN) and nurse facilitators.</p>			
Activities and updates from the last period			
Draft Staffordshire wide GPN implementation and delivery plan submitted to NHS England for review.			
Actions planned for next period			
<p>To receive feedback in relation to the draft Staffordshire wide GPN plan and work towards the milestones and deliverables.</p> <p>Further follow up meeting was to be arranged by NHS England following the last workshop held on 6th February (as per Cheryl Sherratt e-mail on 9th February) for 6-8 weeks' time.</p>			
Recommendations for the relevant governance group(s)			
N/A			
New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?			
No.	New risk / issue	Risk rating	Mitigation support requested

Work Stream	Infrastructure: Estates and Technology Transformation Fund (ETTF) and Digital	Month covered	March 2018
Author	Andy Hadley / Phil Brenner / Laurence Wadlow	Status	Amber
		Impact if Not Achieved	
Summary status:			
<p>IM&T</p> <p>From the additional £771k which was secured under ETTF to fund enhanced practice IT, we have now rolled out approx. 1600 monitors to practices. These are setting up clinicians and back office functions with dual screens to support the workforce optimisation programme and clinical/practice teams to work more efficiently.</p> <p>Majority of Staffordshire localities are now actively utilising the EMIS clinical system (Clinical Services/Remote Consultations) which is supporting practices to share records, enhancing delivery of care across the area.</p> <p>An approach for online consultations roll out has been agreed with key stakeholders – 24/158 practices committed interest to be a pilot site for either EMIS Online Triage or eConsult. Orders now placed with suppliers and roll out to commence in April, with expected completion mid-May on current trajectory. Programme lead reviewing other suppliers who have emerged on to the market to ensure area is piloting products that suit the objectives of the programme. Suppliers committed to running Webinars for practices to understand more about the products.</p> <p>Estates</p> <p>Funding approved for two developments – Longton South in Stoke on Trent and Greenwood House in South Staffordshire.</p>			
Activities and updates from the last period			
<p>From an IM&T perspective, planned activities are continuing and potential risks continue to be monitored.</p> <p>From an Estates perspective:</p> <p>Longton South:</p> <p>A draft programme has been updated. Actions scheduled for completion include:</p> <ul style="list-style-type: none"> • Stoke on Trent City Council not engaging in the clinical model for the project. • Protracted discussions with regards to the purchase of the land from the City Council continue and are impacting upon the delivery of the project • Licence Agreement CCG & Council awaited. • Patient forecast has been confirmed at 18,000. • Development site footprint analysis, meeting 7/3 to review with GPs & Designer size& plan format. Draft SOA issued to assist with design review. • Procurement route report to be prepared • Initial site pre-application meeting • Cost Model to be developed post 7/3 meeting • Topographic survey ready to proceed upon agreement of access licence from Council • Historic site reports & surveys identified & contact with companies to seek update to be based on concept development post 7/3 meeting. • Historic GP Practice costs to be sought to be provided to Business Case Writer. <p>Risk register is in place for Longton Project - risks identified, with mitigating actions, owners and timescales identified.</p>			

Actions planned for next period

IM&T:

- Commence activities for online consultation pilots
- Redefine programme plan and how teams will deliver against detail in bid.
- Assess recruitment options for programme team to support programme lead to deliver against bid/programme plan
- Continue to engage with NHS England Patient Online team about how Online Consultations programme will align moving forwards – both programmes to support one another to ensure online activities are improved.
- Align Primary Care and Urgent Care pilots of online apps to ensure a links moving forwards.

Estates:

Actions planned to commence:

- Development concept & massing & phase potential
- Options appraisal

Recommendations for the relevant governance group(s)

New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?

No.	New risk / issue	Risk rating	Mitigation support requested

Work Stream	Models of Care	Month covered	March 2018
Author	Lynn Millar	Status	Green
		Impact if Not Achieved	
Summary status:			
Development of Locality Hubs/Primary Care at Scale			
<p>Locality Development Programme</p> <p>A Locality development Programme is underway to support networks of practices to work together. The first phase will be a 'diagnostic' phase to understand the readiness of practices to work at scale and to identify a programme of support which is tailored to the needs of each geographical area. The Programme has been commissioned from the CSU Strategy unit who will use a process of appreciative enquiry to identify best practice, risks and blocks to development and OD requirements.</p> <p>Locality agreements</p> <p>As part of the locality agreements in South Staffordshire, all nine localities have signed and returned a memorandum of understanding to agree to work together at scale. Most of the localities have a formal meeting structure in place where they agree objectives. The localities also meet with mental health and community providers to ensure effective integration of community teams into primary care. Community teams have been aligned to localities and the majority of individual GP practices also have a named nurse from the community team. Three localities have agreed on a clinical area they will focus on improving clinical outcomes for patients as part of their locality agreements. All nine localities have been sent a clinical data pack from the CCG primary care analyst which identifies disease specific prevalence, any trends in outpatient and inpatient activity as well as opportunities to support the right care programme.</p> <p>Within East Staffordshire the 18 practices have formed a single working group to develop working at scale across East Staffordshire. East Staffordshire Primary Care Partnership has been established a CIC, meets formally on a regular basis and a formalized governance structure. The ESPCP has an organisational development plan and is supporting practices to ensure sustainability of general practice and build resilience.</p> <p>The programme recognizes the different phases of development across the 23 localities as well as support from GP Federations.</p> <p>Nursing Homes</p> <p>Several localities have developed new innovative ways of working with nursing homes, such as zoning (one GP looking after one nursing home) and recruiting a joint nurse / Advance Nurse Practitioner to work with the local nursing homes. Monitoring to understand the impact of these innovative schemes is ongoing.</p> <p>Complex Care</p> <p>A number of localities still deliver multi-disciplinary team meetings with the community provider clinicians despite no longer being paid to deliver this through a directly enhanced service. These meetings provide an opportunity to discuss and case manage the most complex and frail patients who may be at greater risk of being admitted to hospital.</p>			
Activities and updates from the last period			
As outlined in the above status.			
Actions planned for next period			
<p>Actions planned include:</p> <ol style="list-style-type: none"> 1. Refresh estates and branch surgery review 2. Staffordshire GPIT plan – 2018/19 3. Develop an outcomes based commissioning framework – Alliance Agreement 4. Refresh integrated team plan including baseline exercise 			
Recommendations for the relevant governance group(s)			

New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?			
No.	New risk / issue	Risk rating	Mitigation support requested
1.			



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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 April 2018

Subject:	GMS contract changes						
Board Lead:	Lynn Millar, Director of Primary Care						
Officer Lead:	Eleanor Wood, Senior Primary Care Development Manager						
Recommendation:	Approval/ Ratification		Assurance	✓	Discussion		Information

PURPOSE OF THE REPORT:

To provide information on and assurance to the committee in regards to the recent outcome of the GMS contract negotiations 2018/19.

KEY POINTS:

The key principles agreed within the contract are (to take effect from April 2018):

- Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)
- A commitment to work together to support further use of NHS 111 direct booking into GP practices
- Agreement that practices must not advertise private providers of GP services where that service should be provided free of charge on the NHS.

Due to the timing of this announcement some of the changes will not be implemented until October 2018 which include the following:

- Full implementation of NHS e-Referral Service (e-RS)
- Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)
- Minor changes to the violent patients arrangements
- A requirement that practices that have not achieved a minimum of ten per cent of patients registered for online services will work with NHS England to help them achieve greater use of online services.

Further guidance along with the standard contract documentation will be available from October 2018.

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CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • Hospital to home • Professional to patient 	Will support out of hours care – joining services and allowing access to direct booking for providers
More focus on prevention	n/a
Involving everyone for improved health and care	n/a
Empower and support patients to take control of their own health	Online services will support patients to have access to their medical records
Services supporting people to make informed decisions	Online services will support patients to have access to their medical records and a better understanding of their health care needs in order to make decisions about their health

IMPLICATIONS:

Legal and/or Risk	None
CQC	None
Patient Safety	None
Patient Engagement	None
Financial	Contractual uplift 3.4% increase
Sustainability	Agreed electronic changes has the potential to free up Primary Care capacity
Workforce/Training	Training for online services for practice staff available through NHSE

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committees Meeting in Common is asked to: To be assured the changes will be implemented through the GMS contract

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

CCG VALUES
<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>



Gateway Reference 07813

To: Directors of Commissioning,
Regional heads of Primary Care
Heads of Primary Care
CCG Clinical Leads and Accountable Officers

Strategy and Innovation Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

20th March 2018

Dear Colleague

OUTCOME OF 2018/19 GMS CONTRACT NEGOTIATIONS

This letter confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) on amendments that will apply to GP contracts in England in 2018/19.

The key principles agreed are:

- Full implementation of NHS e-Referral Service (e-RS) from October 2018
- Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)
- Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)
- A commitment to work together to support further use of NHS 111 direct booking into GP practices
- Agreement that practices must not advertise private providers of GP services where that service should be provided free of charge on the NHS.

The contract agreement is part of our continued investment in general practice which will rise to over £12 billion a year by 2020/21 as set out in the General Practice Forward View (GPFV). We have made significant progress to date on increasing investment in general practice from our very first year of operation. In 2012/13, the last year before we took on responsibility for commissioning General Practice, investment was £8.460 billion and by 2016/17 this had increased by over £1.74 billion to £10.204 billion.

As last year, we will now work with NHS Employers and GPC to develop more detailed guidance where appropriate, on all of the agreed changes which are provided in annex A.

The NHS Employers contract website www.nhsemployers.org/gms201819 provides details of the agreement and we will be updating this and NHS England's dedicated GP contracts page <https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/> with details of the 2018/19 guidance, in time for these new arrangements to take effect from 1 April 2018.

Given the timing of this announcement, we will be implementing some of these changes from October 2018. These are:

- NHS e-Referral Service (e-RS)
- EPS phase 4
- OOH Key Performance Indicators (KPIs)
- Minor changes to the violent patients arrangements
- A requirement that practices that have not achieved a minimum of ten per cent of patients registered for online services will work with NHS England to help them achieve greater use of online services.

Further guidance along with standard contract documentation will be available from October 2018. Please ensure that this letter is distributed to all relevant people within your teams.

Yours faithfully



Ed Waller
Director
New Business Models and Primary Care Contracts Groups

Key changes to GP contracts for 2018/19

Contract uplift and Expenses: summary

We have agreed an investment of £256.3 million for 2018/19 which is an overall contract uplift of 3.4%.

This incorporates a one percent uplift to pay and a three percent uplift to expenses in line with consumer price index inflation from 1 April 2018 and the increase also covers:

Details	Amount (£ millions)	Comments
Uplift of pay and expenses	102.9	Based on DDRB formula and latest OBR inflation forecast for CPI
Volume increase cost	59.7	NHS England estimate based on ONS population projections
Locum reimbursement	0.4	Locum allowances for sickness, maternity, paternity and adoption leave increased by 1%
Indemnity	60.0	Payments made directly to practices based on registered patients at £1.017 per patient
QOF CPI adjustment	22.3	Value of QOF point increased from £171.20 to £179.26
V&I Item of Service (IoS) fee	0.9	Uplift to IoS fee for nine V&I programmes from £9.80 to £10.06
Electronic Referrals System	10.0	Non-recurrent payment made directly to practices based on number of weighted patients at £0.170 per patient
Total	256.3	An overall 3.4% increase

The on-going reinvestment of eroded Seniority payments as applied in 2014/15 and Minimum Practice Income Guarantee payments as applied in 2013/14 will be added to the global sum allocation with no out-of-hours (OOH) deduction applied.

A further uplift may be made following the Government's response to any recommendations by DDRB

The changes to key figures, such as Global Sum, Out of Hours adjustment and the value of a QOF point are set out in annex B.

Indemnity costs

We have agreed a non-recurrent investment of £60 million, based on unweighted patient numbers, to be paid before the end of March 2018 to cover the increased costs of indemnity for the year 2017/18.

This follows on from the £30m paid towards indemnity costs in March 2017. This payment is being made centrally by NHS England, there is no action for delegated CCGs or for NHS England local teams in areas where CCGs do not have delegated commissioning responsibility. These central payments will be accounted for on Regional Local Team cost centres funded by extra allocations provided from central underspend for 2017/18.

Contractual changes (to come into force in October 2018)

Electronic prescription service (EPS)

The relevant Regulations will be amended to allow an initial phase of implementation to support a planned roll-out during 2018/19. The pharmaceutical Regulations will need to be amended to cover all pharmacists as patients may go outside of the area to get their prescription. The initial phase of implementation is yet to be decided but it is anticipated to include a limited selection of practices at this stage.

It will be important to learn the lessons from the initial phase to ensure that issues identified are resolved, to enable practices to be properly supported where they have implementation challenges. An NHS patient awareness campaign (including resources for practices to manage patient concerns) will be undertaken to ensure patients are aware of the changes and to reduce any burden on practices in this regard.

We have agreed that there must be a local fall-back process if the system is not operational.

NHS e-Referral Service (e-RS)

The national e-RS programme continues to support local systems in near 100% delivery of e-RS by October 2018. Latest utilisation figures are 62 per cent for December 2017. This 62% figure masks large differences between local areas and between practices. Programme resources are supporting these areas with their local project delivery. Some, but not all providers are ready and all have plans in place. From now until October the e-RS team will work closely with clinical commissioning groups (CCGs) and GPs to target support for primary care and practices.

Where there are concerns from local GPs, the e-RS team will meet with them, to understand those concerns and jointly develop and deliver action plans to address any issues. In addition, the national e-RS implementation team is working on national products to raise awareness and understanding of e-RS. These include guidance which has been co-created with the GPC, as well as videos and training materials, that will outline the different ways practices can implement e-RS including what support can be given by other members of the practice team.

The target for this programme is to have all CCGs and trusts using e-RS for all their practice to first, consultant-led, outpatient appointments from October 2018, and to have switched off paper referrals.

Where paper switch off has been achieved, practices will be expected, through a contractual change, to use e-RS for these referrals from October 2018. Where a practice is struggling to use e-RS, there will be a contractual requirement to agree a plan between the practice and CCG to resolve issues in a supportive way as soon as possible.

Overall, NHS England's approach to e-RS implementation will be a supportive one with any contractual action being a last resort. Practices will not be penalised if e-RS is not fully implemented in their locality, for example, where services are not available to refer into or IT infrastructure is incapable of delivering an effective platform.

NHS England and GPC England are committed to work together to continuously improve the referral process and to deliver an ever more efficient and effective system that minimises workload for the practice. NHS England will work with GPC to conduct a post-implementation review to identify implementation challenges, including any workload savings or burdens, and this will inform the next round of contract negotiations.

We have agreed a non-recurrent investment of £10 million for 2018/19, distributed directly to practices and based on weighted patient numbers, to support the full transition to 100% e-Referrals. These payments will be made by NHS England, there is no action for CCGs or NHS England local teams in areas where CCGs do not have delegated commissioning responsibility. These central payments will be accounted for on Regional Local Teams cost centres and extra allocations provided from central underspend for 2017/18.

Violent patients (VP)

We recognise that regulations already allow practices to refuse registration where there are reasonable grounds for doing so. We accept that a "VP flag" against a patient record would constitute reasonable grounds.

We also agree that the Regulations should be amended to allow a practice which has mistakenly registered a patient with a "VP flag" to be able to deregister that patient by following the same procedures for removing patients who are violent from a practice list,

If a patient is removed under the violent patient provisions further care will be managed in line with agreed national policies, including where appropriate special allocation schemes and specify this in guidance (with links to the national policy).

OOH key performance indicators (KPIs)

The National Quality Requirements (NQR) will be replaced with new KPIs. We will work with GPC to test the new indicators and thresholds with the intention of amending the Regulations by October 2018 when reference to the NQR will be replaced with a reference to the new urgent care KPIs.

Patient access to online services

Practices that have not achieved a minimum of ten per cent of patients registered for online services will work with NHS England to help them achieve greater use of online services.

Changes to the Statement of Financial Entitlements

Vaccinations and immunisations (V&I)

We have agreed an uplift to the IoS fee for the following programmes, from £9.80 to £10.06, from 1 April 2018:

- Hepatitis B at-risk (new-born babies)
- HPV completing dose
- Meningococcal ACWY freshers
- Meningococcal B
- Meningococcal completing dose
- MMR
- Rotavirus
- Shingles routine
- Shingles catch-up

The IoS fee for the following programmes is unchanged at £9.80 per dose:

- Childhood seasonal influenza
- Pertussis
- Seasonal influenza and pneumococcal polysaccharide

The payment for pneumococcal PCV will remain at £15.02.

In addition to these increases to the IoS fee, we have agreed the following V&I programme changes from April 2018:

- Hepatitis B (newborn babies) – programme name changed to Hepatitis B at-risk (newborn babies). Vaccine changes and number of recommended doses reduced to three, therefore the payment of the second dose has now been uncoupled from the third dose. This was an in-year change effective 30 October 2017, included for completeness.
- MenACWY 18 years on 31 August – programme removed.
- Meningococcal completing dose – cohort extended to include eligible school leavers previously covered by the 18 years programme. The eligibility is now 1 April 2012.
- Meningococcal B – programme moved in to the SFE, but is not included in the childhood targeted programme (Annex I of the SFE). There are no changes to eligibility of payment requirements.
- Pneumococcal PCV three-month dose – removed from the targeted childhood programme, the date this change is effective from will be confirmed. The funding

for the remaining dose will remain at £15.02.

The following programmes will roll forward unchanged:

Programmes in SFE

- Shingles routine programme for 70-year olds
- MMR over 16-year olds
- HPV completing dose for girls 14-18 years
- Rotavirus
- Pertussis.

Programmes with service specifications

- Shingles catch-up for 78 and 79-year olds
- MenACWY freshers
- Childhood influenza 2 and 3-year olds
- Seasonal influenza and pneumococcal polysaccharide.

Quality and Outcomes Framework (QOF)

The average practice list size (CPI) has risen from 7,732 as at 1 January 2017 to 8,096 at 1 January 2018. As such, the value of a QOF point will increase by £8.06 or 4.7 per cent from £171.20 in 2017/18 to £179.26 in 2018/19.

QOF indicators continue unchanged with the exception of a minor change to the clinical codes that make up the register for learning disabilities. As such, the indicator ID had changed from LD003 to LD004. See QOF FAQs¹ on the NHS Employers website for further details.

No indicators have been removed and there are no changes to thresholds.

Locum reimbursement

We have agreed to uplift the maximum figure practices can be reimbursed for locum costs by 1%. We also have agreed to simplify locum reimbursement for parental leave and sickness absence. From 1 April 2018, if a contractor chooses to employ a salaried GP on a fixed-term contract to provide cover, NHS England will reimburse the cost of that cover to the same level as cover provided by a locum, or a performer or partner already employed or engaged by the contractor.

Further agreed principles

Advertising

NHS England and GPC agree that NHS-commissioned practices must not advertise private providers of GP services which the practices should be providing free of charge on the NHS. GPC and NHS England will work together, supporting the local CCG and LMC, to ensure this does not happen. If necessary, this will be reinforced by a contractual clarification for 2019/20.

¹ NHS Employers. FAQs. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries>

Direct booking

Over the next year, GPC and NHS England will work together to support further use of 111 direct booking where agreed with practices, to fully evaluate benefits and address any concerns about its implementation and potential consequences. Lessons learned, and the solutions reached, will inform a discussion in the 2019/20 contract negotiations.

Working at scale

GPC and NHS England agree on the importance of providing support to practices that wish to develop integrated and at-scale² models of primary care, building on the GMS contract and designed both to provide benefits to patients and greater resilience for practices. We will work collaboratively on this issue.

Cost recovery for overseas visitors

In the 2017/18 GMS agreement, contractual changes were made to help identify patients with a non-U.K. issued European Health Insurance Cards (EHIC) or S1 form. These changes have yet to be fully implemented, in terms of IT systems and the workload and practical impact have yet to be fully understood. We have agreed that we will review the implementation of this agreement in the 2019/20 negotiations.

In the meantime, we have agreed to issue joint guidance recommending that where appropriate, practices remind patients that they might be charged for NHS services outside the practice and to make available to patients the nationally produced literature on this.

GMS digital

We have agreed to build on the work of recent years to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them. The changes that we have agreed for 2018/19 will be taken forward through non-contractual working arrangements which we will jointly promote in guidance.

Electronic repeat dispensing

We have agreed to promote continued uptake of electronic repeat dispensing to a target of 25 per cent, with reference to CCG use of medicines management and co-ordination with community pharmacy.

Patient access to online services and clinical correspondence

We have further agreed non-contractual changes to joint guidance that will promote uptake of patient use of one or more online services to 30 per cent including, where possible, applications to access those services and increased access to clinical correspondence online.

² <https://www.england.nhs.uk/deliver-forward-view/>

Cyber and data security

Building on the work of the 2017/18 agreement, practices are encouraged to complete the NHS Digital Information Governance toolkit (IGT), including adherence to requirements, and attain Level 2 accreditation.

Building on the work of the 2017/18 agreement, practices are encouraged to implement the National Data Guardian's (NDG) 10 data security standards.

GP data

GPC and NHS Digital will work together to develop a framework for the delivery of a new general practice data service to replace General Practice Extraction Service (GPES). The new service will improve capacity and functionality, reduce cost burdens and ensure data collection is appropriate and meaningful. It is anticipated that any new system will be operational from 2019/20 at the earliest.

Practice appointment data

GPC, NHS England, NHS Digital and system suppliers will work together to facilitate appropriate collection, analysis and use of anonymised, standardised appointment data, to better understand workload pressures in general practice. We will also work together to contextualise data where possible, to ensure data is appropriately interpreted and used.

Diabetes

CCGs should ensure appropriate and funded services are in place, to allow practices to refer patients to the NHS Diabetes Prevention Programme (NHS DPP). We encourage practices to make use of such services when appropriate for their patients.

Social prescribing

CCGs will develop and provide funding for appropriate local social prescribing services and systems, with input from local practices and LMCs enable practices to refer patients to local social prescribing 'connector' schemes within the voluntary sector, where they exist in their locality. This may include patients who are lonely or isolated, have wider social needs, mental health needs or are struggling to manage long-term conditions. Practices will be encouraged to use such services to enable patients to connect to community support, improve prevention, address the wider determinants of health and increase their resilience and ability to self-care.

Sharing of information with partners

We recognise the important role that social care providers have in the provision of care for patients. We therefore encourage practices to share relevant information with social care providers, subject to the usual safeguards including confidentiality, where systems and/or procedures are in place to do so appropriately.

Freedom to speak up

In November 2016 NHS England published guidance on freedom to speak up in primary care. We have agreed that we will work together to determine the most effective way of introducing an appropriate and agreed system for general practice. We would aim to implement this no later than 1 April 2019.

Locum data

GPC, NHS England and the DH will work together to improve data on locum usage by undertaking a piece of research with a sample of practices. These parties, as well as the BMA's sessional GPs subcommittee, will work together from the outset on the design, analysis and outcomes of the study.

Reducing the administrative burden

GPC, NHS England the DHSC will work together to take urgent steps to reduce the administrative burden in general practice, taking into account issues highlighted in the GPC's 'Urgent prescription for general practice' and 'Saving general practice'.

Hepatitis B (HepB) renal

NHS England will work with specialised commissioning and secondary care colleagues, to ensure that it is clear the responsibility to deliver HepB vaccinations to renal patients lies with the renal service and not with general practice unless locally agreed arrangements are in place to deliver this service.

HepB medical students

GPC, NHS England and Health Education England (HEE) will work together to ensure all medical schools provide services for the provision of HepB vaccinations for medical students, to ensure that this burden does not fall to practices without appropriate funding arrangements being in place.

Directed Enhanced services (DESS)

The learning disabilities health check scheme will continue unchanged with the exception of a minor change to the clinical codes that make up the register. All other DESS are unchanged.

Premises Costs Directions

Changes to the 2013 Premises Cost Directions have recently been agreed between NHS England and GPC England.

We recognise that there is a need to undertake a review of premises used to provide primary medical care in England. This review (to begin by the early summer of 2018) will also address some outstanding issues from the review of the Premises Costs

Directions and stakeholders, including regional teams and CCGs will have the opportunity to feed into these discussions.

It is likely to take six months and will make recommendations on next steps as soon as possible. The recommendations will be taken into account in any further national premises negotiations.

Changes to key number in 2018/19Section 1: Key contract figures

Figure	2017/18	2018/19
Value of QOF point	£171.20	£179.26
Global Sum price per weighted patient	£85.35	£87.92
Out of Hours adjustment	4.92%	4.87%

Section 2: Locum allowances

Maternity / Paternity / Adoption allowance	2017/18	2018/19
First Week	£1,131.74	£1,143.06
Subsequent weeks	£1,734.18	£1,751.52

Sickness	2017/18	2018/19
Ceiling amount	£1,734.18	£1,751.52



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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 April 2018

Subject:	General practice quality report - quarterly update Stafford and Surrounds, Cannock Chase and South East Staffs and Seisdon Peninsula CCGs							
Board Lead:	Lynn Millar – Director of Primary Care							
Officer Lead:	Tracey Cox – Senior Primary Care Development Manager (for SAS and CC) Wendy Henson – Primary Care Quality and Safety Manager (NHS England)							
Recommendation:	Approval/ Ratification		Assurance	✓	Discussion		Information	

PURPOSE OF THE REPORT:

The purpose of the report is to provide the Primary Care Committee with an update in regard to general practice quality for Stafford & Surrounds (SAS) CCG, Cannock Chase (CC) CCG and South East Staffs and Seisdon Peninsula (SESSP) CCG.

KEY POINTS:

Update and key points to highlight to the committee includes:

1. CQC Inspection ratings as at 12th March 2018
2 practices in Cannock are rated requires improvement, and 1 practice in SESSP are currently rated requires improvement.
2. Primary Care quality quarterly review meeting outcome – 5th March 2018
5 practices have had an increased level of escalation. 2 practices have the level of escalation reduced. 2 practices are at formal support escalation stage.
3. Upheld complaints
No upheld complaint reported by NHS England
4. Friends and Family test (FFT)
5. Primary care quality leads group feedback – 24th January 2018
6. Learning and education
7. Quality visit programme 2017/18

CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • Hospital to home • Professional to patient 	All goals are considered as part of the process
More focus on prevention	
Involving everyone for improved health and care	
Empower and support patients to take control of their own health	
Services supporting people to make informed decisions	

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.

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Committee is asked to receive the report as assurance of the work being undertaken in relation to primary care quality.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

CCG VALUES

<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>

Primary Care Quality Report for Cannock Chase CCG, Stafford & Surrounds CCG and South East Staffordshire and Seisdon Peninsula CCG

1.0 CQC inspection ratings (overall rating) as at 12th March 2018

	Cannock Chase CCG	Stafford and Surrounds CCG	South East Staffs and Seisdon CCG
Outstanding	0	0	1
Good	20	14	24
Requires Improvement	2	0	1
Inadequate	0	0	0
Awaiting inspection	1	0	0

1.1 Cannock Chase CCG

1.1.1 Summary of CQC inspection ratings as at 12th March 2018 – where any overall or domain ratings are less than good, any updated inspections within the last quarter or where any inspections are due.

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Dr I Rasib	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	
Hednesford Valley HC – Murugan	Comprehensive 11.02.18	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	CQC announced comprehensive re-inspection on 11 January 2018. Now rated as requires improvement overall and in all domains and practice no longer under special measures. This is an improvement overall and in the safe, effective and well-led domains but is deterioration in the caring and responsive domains. Areas the practice must improve include; recruitment checks, implementing evidence based practice, governance systems and telephone access.

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Hednesford Valley HC – Chandra	18.01.17	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement	Monthly visits with NHSE and CCG monitoring improvement against the areas highlighted by the CQC. Practice implementing actions required and felt to be making good progress.
Rawnsley Road Surgery	25.09.17	Good	Requires improvement	Good	Good	Good	Good	<p>Comprehensive inspection completed on 25.09.17 and the report published on 27.10.17. Now rated good overall which is a significant improvement from requires improvement in April 2015. Areas that must be addressed are:</p> <ul style="list-style-type: none"> • Ensure patients have received the recommended monitoring before prescriptions for high risk medicines are issued • Implement an effective system to ensure that patients on repeat medications receive regular and appropriate medication reviews. <p>The practice is addressing these areas as part of their CQC action plan.</p>
Red Lion Surgery (Dr T J Berriman & Ptnr)	21.08.17	Good	Requires improvement	Good	Good	Good	Good	<p>Comprehensive inspection completed on 21.08.17 and the report published on 16.10.17. Now rated good overall which is a significant improvement from requires improvement in September 2016. Areas that must be addressed are:</p> <ul style="list-style-type: none"> • Ensure specified information is available regarding each person employed • Ensure, where appropriate, persons employed are registered with the relevant professional body. <p>The practice is addressing these areas as part of their CQC action plan.</p>

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Alderwood Medical Practice	31.01.18	Good	Requires improvement	Good	Good	Good	Good	<p>Announced inspection focusing on safe domain, 31.01.18. Rating remained requires improvement. Not all suggested actions taken. Areas for improvement include:</p> <ul style="list-style-type: none"> • Risk assessment for the absence of suggested emergency medicines and health & safety • Dating policies • Review of safeguarding vulnerable adults policy • Document actions relating to medicines safety alerts in patients notes • Apply to CQC to change partnership arrangements <p>The practice is addressing these areas as part of their CQC action plan.</p>

1.1.2 CQC inspection visit reports for Cannock Chase CCG published within the last quarter as at 12th March 2018

- Hednesford Valley HC – Murugan – http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0486.pdf
- Alderwood Medical Practice - http://www.cqc.org.uk/sites/default/files/new_reports/AAAH1483.pdf

1.2 Stafford & Surrounds CCG

1.2.1 Summary of CQC inspection ratings as at 12th March 2018 – where any ratings are less than good, any updated inspections within the last quarter or where inspections are due

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Brewood Medical Practice	26.06.17	Good	Requires improvement	Good	Good	Good	Good	<p>Areas that must be addressed are:</p> <ul style="list-style-type: none"> • Improving the system to act upon medicines and equipment alerts issued by external agencies

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								<ul style="list-style-type: none"> • Ensure systems are put in place for the proper and safe management of medicines. • Ensure recruitment checks as required by legislation are completed for all staff employed. <p>The practice has addressed these as part of their CQC action plan following discussions at their practice visit on 31st October 2017.</p>
Mansion House Surgery	01/11/17	Good	Requires Improvement	Good	Good	Good	Good	<p>Comprehensive inspection completed on 01/11/17 and the report published on 01/12/17 which rated the practice good overall and in all domains apart from requires improvement in the safe domain. This is a deterioration from good in March 2015. The practice must:</p> <ul style="list-style-type: none"> • carry out risk assessments to identify and assess all environmental risks to patients and staff and identify the emergency medicines that are not suitable for the practice to stock • Ensure staff receives up-to-date essential training to include safe working practices and safeguarding. <p>The practice is already addressing these as part of their CQC action plan.</p>
Rising Brook Surgery	17.01.18	Good	Good	Good	Good	Good	Good	Following the focused re-inspection and the report

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								published on 07.02.18. The practice is now rated as good in the safe domain.

1.2.2 CQC inspection visit reports published for Stafford and Surrounds CCG within the last quarter as at 12th March 2018

- Rising Brook – http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0593.pdf

1.3 South East Staffordshire & Seisdon Peninsula CCG (SESSP CCG)

1.3.1 Summary of CQC inspection ratings as at 12th March 2018 – where any ratings are less than good, any updated inspections within the last quarter or where inspections are due

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Featherstone Family Health Centre (Dr E F Y Lee & Ptnr)	16.08.17	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	<p>Comprehensive inspection completed on 16/08/17 and the report published on 05/10/17 which rated the practice requires improvement overall and in the safe and well led domains. This is a deterioration from good in March 2015. Areas the practice must improve are:</p> <ul style="list-style-type: none"> • Learning from significant events • Fire safety training • Actions taken responding to medicine safety & device alerts • Implement formal system for all patients in receipt of high risk medicines • Manage staff training

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
								<ul style="list-style-type: none"> Recruitment checks prior to commencement of employment. <p>The practice is addressing these areas as part of their CQC action plan.</p>
Salters Meadow Health Centre (Dr P J Gregory & Ptnrs)	11/01/18	Good	Good	Good	Good	Good	Good	Announced focused inspection completed on 11/01/18 and report published on 12/02/18. The practice is now rated as good in the safe domain.
Laurel House Surgery	04/01/18	Good	Good	Good	Good	Requires Improvement	Good	<p>Announced comprehensive inspection completed 04.01.18 and report published 12.02.18. Practice rated good overall and in all domains except responsive domain.</p> <p>The practice should:</p> <ul style="list-style-type: none"> Staff employment references appropriately documented Update policies and procedures / record implementation to support 1:1 sessions held with the ANPs/nurse prescribers Consider Mental Capacity Act training for clinical staff Consider improvement in telephone access Review complaints procedure Add details of the parliamentary health ombudsman to complaint response letters <p>The practice is now addressing these areas as part of their CQC action plan.</p>

1.3.2 CQC inspection visit reports published for SESSP CCG within the last quarter as at 2018

- Salters Meadow Health Centre- http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0599.pdf
- Laurel House Surgery - http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0554.pdf

2.0 Primary Care quality quarterly review meeting

2.1 Cannock Chase CCG - Total 23 practices - Quality dashboard review 5th March 2018

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	18	17 the same	Programme of CCG practice visits supplemented with practices being asked for reflection on action required to address areas for example from GP patient survey, FFT etc	Individual practices responding to CCG with action being taken.
		1 practice level reduced from yellow	CCG gained assurance at a practice visit on actions being taken in response to GP patient survey results and improve FFT response.	Use of text messaging. System to be shared with other practices.
2. Emerging issues	3	1 the same	Staffing issues	CCG and NHS England to monitor impact of staffing issues on quality
		2 practices level increased from green	Practices entering procurement process	NHSE/CCG to provide support and monitoring through the process
3. Investigation / joint working with the practice of emerging issues	0			
4. Formal support	2	2 practices remain the same	Practice was rated inadequate and in special measures 16.05.17, re-inspected 11.01.18 report published 12.03.18 (after the quality dashboard review meeting) now rated requires improvement overall and in all domains)	Action plan to be formulated to address areas for improvement. CCG to gain assurance on work being undertaken to address areas for improvement.
			Confidential issues (reported via confidential section of the primary care committee).	Practice engaging assistance and new partner in place. CCG and NHSE continuing to monitor the situation and working very closely with the practice.

2.2 Stafford and Surrounds CCG – Total 14 practices - Quality dashboard review next due 5th March 2018

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	12	12 the same	Programme of CCG practice visits supplemented with practices being asked for reflection on action required to address areas for example from GP patient survey, FFT etc	Individual practices responding to CCG with action being taken.
2. Emerging issues	2	2 practices level has increased from level 1	Workforce issues within the practice that could affect sustainability	CCG providing support and advice regarding workforce models. Advertising of roles taking place.
			Serious incident under review	Await learning from incident review process. Measures put in place to mitigate any potential risk.
3. Investigation / joint working with the practice of emerging issues	0			
4. Formal support	0			

2.3 South East Staffordshire and Seisdon Peninsula CCG – 26 practices - Quality dashboard review next due 5th March 2018

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	25	24 the same	Programme of CCG practice visits supplemented with practices being asked for reflection on action required to address areas for example from GP patient survey, FFT etc	Individual practices responding to CCG with action being taken.
		1 Practice level reduced from level 3	Practice stabilising following merger, no quality concerns, positive CQC report prior to merger.	No action
2. Emerging issues	1	1 practice escalated from green level 1	Practice entering procurement process	NHSE/CCG to provide support and monitoring through the process

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
3. Investigation / joint working with the practice of emerging issues	0			
4. Formal support	0			

3.0 Complaints Upheld by NHS England – February 2018 Reporting Period

3.1 Cannock Chase Clinical Commissioning Group

No new upheld complaints reported

3.2 Stafford & Surrounds Clinical Commissioning Group

No new upheld complaints reported

3.3 South East Staffordshire & Seisdon Clinical Commissioning Group

No new upheld complaints reported

4.0 Friends and Family Test (FFT) – (Data published 08.03.18 in relation to the January 2018 reporting period)

NHSE are continuing to work with practices where no monthly data has been reported by the deadline. Escalation letters are sent to remind practices to do this in terms of contract requirements if they have no data listed for three months or more. A further escalation letter will be sent where there is no response to the first escalation letter.

4.1 FFT Implementation

4.1.1 Cannock Chase CCG

- Five practices are listed as having no data in relation to the January 2018 reporting period; representing a reduction of three practices when compared to previous month.
- Of the five practices four are noted as having no data published for three or more months; representing an increase of one practice when compared to previous month.

4.1.2 Stafford & Surround CCG

- Six practices are listed as having no data in relation to the January 2018 reporting period; representing increase of 2 practices when compared to previous month.
- Of the six practices two are noted as having no data published for three or more months, representing no change when compared to previous month.
- No practices are noted as having zero responses for three or more months.

4.1.3 South East Staffordshire & Seisdon Peninsula CCG

- Six practices are listed as having no data in relation to the January 2018 reporting period; representing a decrease of four practices when compared to previous month.
- Three of the six practices are noted as having no data published for three or more months; representing no change when compared to previous month.
- Two practices are noted as having had zero responses for three or more months.

5.0 Primary care quality leads group feedback – 24th January 2018

Present at the meeting were representatives from the North Staffordshire CCGs, South Staffordshire CCGs, Telford & Wrekin CCG, Shropshire CCG, Commissioning Support Unit and the quality team at NHS England (NHSE).

Key highlights:

- **Serious Incidents and shared learning**
 - Shared learning (e.g. pharmacy incident, prescribing of Tamiflu)
 - Serious incident process – revised flowchart and reporting rationale reviewed and will be circulated to the LMC for comments
 - Serious Incident Network – update was given and discussed a ‘learning from excellence’ approach The next network meeting is to be held on 7th June 2018
- **General Practice Nurse issues**
 - General Practice Nurses Development Programme – workshop taking place 6th February to map reporting requirements and processes. (note this took place and a Staffordshire wide plan has been submitted against the Nursing 10 point plan)
- **Performer List shared learning**

- Learning and themes including anonymous complaints and that these cannot be pursued but can still be logged for themes and trends. Also discussed GPs prescribing for self and their families sometimes using FP10 – NHSE is obliged to refer these cases to the GMC. There appears to be a lack of awareness as to the gravity of how this practice is regarded and the sanctions that could be imposed by the GMC. Also discussed improved communication between professionals, for example GPs and community pharmacies, which can improve patient experience rather than a patient being referred back to the other party and having to resolve a query themselves.
- **Complaints team feedback**
 - NHSE complaints manager was in attendance of the meeting to discuss sharing learning from complaints. An offer was also made for training or discussion of complaints management with practice managers and staff if this was required. The 3 CCGs will consider this offer along with the other Staffordshire CCGs to best use time and resources.

Next meeting takes place on Monday 23 April 2018

6.0 Learning and education

6.1 Protected learning time (PLT)

The Primary Care Team continues to work across the 3 CCGs to implement a quality education programme for GPs, Practice Nurses and Health care Assistants. The Education Leads support the learning environment looking at the wishes of clinicians and balancing these against CCG priorities. This often requires looking at the top 10 specialities focused on by the contracting team, quality team and also the requirements within the membership agreement.

Examples of recent sessions for GPs have included COPD, child safeguarding and ECG interpretation Planned sessions include gastroenterology and urology. (note that sessions mentioned are not the same for all CCGs).

Examples of recent sessions for nurses have included Tissue viability and Infection control (note that sessions mentioned are not the same for all CCGs).

A plan is also in place specifically for further awareness and training in Sepsis following a requirement in the CCG Improvement and Assessment Framework that Sepsis awareness raising is taking place with health professionals.

6.2 Peer review

Ongoing education and learning development opportunities for GP Practices are very important to support excellent quality support and care for patients. As part of a wider education approach, practices across South Staffordshire took part in two peer reviews during 2017/18. Practices focused on patients referred (or not referred) to two outpatient specialities to ask questions such as 'is the purpose of the referral clear' and 'could the situation have been managed more effectively' in other circumstances. The feedback was shared with colleagues, as an opportunity to reflect and benchmark with others. The outpatient specialities varied by practice and included Cardiology, Urology and Gynaecology.

Key findings and common trends were brought together to help inform GP PLT (Protected Learning Time) events in Stafford & Surrounds and Cannock Chase, to share learning across practices and to ask a Consultant key questions for further advice and guidance. In South East Staffordshire and Seisdon Peninsula, the key findings and learning will be brought together into a report for sharing with practices.

Feedback from the peer review process from GPs included 'this was useful and the Consultant was on hand to answer any questions' and 'a wonderful review of useful GP focused cardiology that will change my practice'. Examples of the continuous improvement by practices following the peer review process included the use of advice and guidance before referring a patient and in relation to the investigation of results.

Further peer reviews are planned for 2018/19, taking into account feedback from GP Practices, to make it as effective and beneficial to practices and patients.

7.0 Quality visits programme 2017/18

The 3 CCGs have visited practices as part of the quality visit programme for 2017/18. Discussions relate to information contained within a quality visit pack provided to practices and include clinical, patient experience, CQC and referral and activity data. A summary is produced for each practice which GPs in attendance can use as part of their quality improvement activities for appraisal. An overall summary of learning from all of the visits that have taken place will be developed and shared. A further programme of visits will take place for 2018/19.

Acronyms

ANPs	Advanced Nurse Practitioners
CC	Cannock Chase
CQC	Care Quality Commission
FFT	Friends and Family Test
GMC	General Medical Council
NHSE	NHS England
PLT	Protected Learning Time
QOF	Quality Outcomes Framework
SAS	Stafford and Surrounds
SESSP or SES&SP	South East Staffs and Seisdon Peninsula

Heads of Primary Care- National Update

Item 11 Enc 08

March 2018

MEDICAL

1 General Practice Indicators: Launch Update:

Further to previous national update on the launch of the General Practice indicator module which replaces General Practice Outcome Standards and General Practice High Level indicators in the primary care webtool - this is now anticipated to be launched in mid-April.

2 General Practice Extended Access Collection:

The next General Practice Extended Access Bi-Annual collection has opened on the NHS England primary care webtool www.primarycare.nhs.uk . The collection is open to receive submissions between 1st of March to 6th April. GP practices have been notified of the collection. Anticipated publication date is approximately 3rd May 2018 (TBC), data will be published on NHS England national statistics web page:

<https://www.england.nhs.uk/statistics/statistical-work-areas/extended-access-general-practice/> .

The webtool enquiry service will send reminder emails to practice users with permission to submit which are showing as un-submitted on 15/03/2018, 26/03/2018 and 04/04/2018.

Next steps: DCO action request: On 4th April regional teams will be contacted by the webtool enquiry service with a request to support additional final chasing of those practices which remain outstanding to support further increase in the response rate in the closing few days.

We would like to thank you in advance for supporting the Extended Access Collection.

3 General Practice and Dental Complaints Collection: K041b:

The next General Practice and Dental K041b complaints data collection for 2017/18 will run between Tuesday 8th May and Friday 8th June at 17:00.

As with previous years for GP practices a submission will be made during the primary care webtool and for Dental providers via the NHS BSA portal.

Next steps: a gateway application is underway for a letter to inform GP practices and Dental providers of the next collection. NHS BSA will issue notification to dental providers. For the letter of notification to GP practices, heads of primary care and DCO teams will be

	<p>requested to support sending the letter to all GP practices to ensure they are provided with sufficient notice. We anticipate clearance from gateway to be received very soon.</p> <p>We would like to thank you in advance for supporting the K041b complaints data return</p>
<p>4</p>	<p><u>GP2GP Incident Affecting TPP SystemOne and EMIS Users</u></p> <p>NHS England GPIT team has become aware of a system incident with the GP2GP import process affecting some patient records, resulting in excluded data covering many types of data such as read codes, vaccinations, pathology results. GPC have issued an alert message to their members.</p> <p>The affected patients are those that were registered at a SystemOne or EMIS practice, have moved to a non-SystemOne or EMIS practice, and moved back (returned) and are now registered at SystemOne or EMIS practice. While they were away from the practice some entries were created in the other clinical system that had no date and time associated with them. When the patient returned to the current practice these items were not imported.</p> <p>This currently affects all EMIS and TPP transfers of returning patients, but not Vision or Microtest systems. The total number of TPP units affected to date are 2526, with 44,104 patient records affected. This translates into 17 patients per practice, on average there are two missing entries per patient with a maximum of 66.</p> <p>We are still awaiting information of impact for EMIS users.</p> <p>TPP has issued a plan of action and has communicated this individually to practices who have been affected:</p> <ul style="list-style-type: none"> – Practices will be informed of the affected patients via a task which will direct them to the data in the GP2GP Record – Any practices with 10 or less affected patients, will receive one task listing all patients <ul style="list-style-type: none"> – For practices with more than 10 affected patients, TPP will send two tasks, one identifying patients whose records it is recommended be reviewed more urgently and another identifying patients whose records still need to be reviewed but are less urgent – For the 12 practices who have over 100 affected patients, TPP will also contact the practices directly to discuss the issue and action needed. <p>At this time there have been no reported safety incidents, NHS Digital’s clinical safety team continues to review this incident. There is active dialogue with NHS England GPIT team, NHS Digital and GPC, receiving updated status reports as they come in. The workload implications for practices affected has been highlighted as a concern.</p>
<p>5</p>	<p><u>2017/18 Data and Security Requirements:</u></p> <p>In July 2017, the Department of Health published “Your Data- Better Security, Better</p>

Choice, Better Care” which is the government’s response to the National Data Guardian for Health and Care review of Data Security, Opt-outs and the Care Quality Commission’s review “Safe Data, Safe Care”. One of the actions agreed in the document is the publication of a Statement of Requirements to underpin the new data security standards and the standard NHS contract requirements, and to clarify required actions for local organisations. The 2017/18 Statement of Requirements, which was published in October 2017, has recently been revised and updated to include further details regarding the requirements for April 2018 onwards. The document can be found on the link below:

<https://www.gov.uk/government/publications/data-security-and-protection-for-health-and-care-organisations>

From April 2018 the update for the Information Governance Toolkit (IGT), the Data Security and Protection Toolkit (DSPT), will form part of a new framework assuring organisations are implementing the ten data security standards and are meeting their statutory obligations for data protection and data security (GDPR).

General Practice IGT (and subsequent DSPT) data and other relevant criteria, including progress on managing unsupported software, are captured within the Digital Primary Care Maturity Assurance (DPC MA) tool available within the Primary Care Web Tool (PCWT), which will provide insight to support local and national assurance.

For queries, please email: england.digitalprimarycare@nhs.net

6 General Practice Advisory Note on GDPR:

NHS England Data Sharing and Privacy Unit are working on an advisory note to general practice on GDPR; feedback from stakeholders is currently going through further update. Latest update on readiness can be shared during heads of primary care agenda item on GDPR.

- **Outline of what GDPR means for practices:**

The EU General Data Protection Regulation (GDPR) comes into full effect on 25 May 2018. It, coupled with a new UK Data Protection Act (DPA 2018), will replace the existing data protection law. The new law will also apply after Brexit.

The new law takes the existing approach to data protection and strengthens it. For example, good practice under the current DPA 1998, such as Privacy Impact Assessments, becomes mandatory in certain circumstances under the GDPR (in the form of Data Protection Impact Assessments (DPIA)).

The GDPR applies to controllers and processors – those who decide how the data is used (controller), or process personal data under a contract on behalf of a controller (processor).

Hence the GDPR will apply to GPs.

If a GP practice already meets the requirements of the current law, then they are in a good position to meet the new GDPR standards. Even if they are not in this position, there is a

lot of material and support available to help them prepare for the GDPR (i.e. from the Information Commissioner's Office (ICO – GDPR regulator) from the NHS Information Governance Alliance (IGA) and just this week the BMA).

IGA website: <https://digital.nhs.uk/information-governance-alliance>

BMA guidance: GPs as data controllers under

GDPR: <https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers>

- **What the cost and workload estimates of GDPR are? –**

There are no estimates for the costs and workload that the GDPR will introduce. Data protection compliance is already a requirement for all organisations processing personal data. As such, there is no change to that requirement.

Examples of existing data protection compliance and good practice are:-

- Understanding and documenting your legal basis for information flows
- Providing patients with a copy of their personal data if they request it
- Accessible and understandable information provided to patients regarding use of their data
- Contracts in place between data controller and data processors
- IG Training for staff (including contractors)
- Annual NHS Digital Information Governance (IG) Toolkit completion
 - Including evidential documentation to support
- IG Policies
- Privacy Impact Assessments carried out prior and throughout programme development and implementation
- IG recognised on Programme Boards to ensure its inclusion throughout the lifecycle of the programme.

An outline of the main changes or additional items the GDPR requires are:-

- Designating a Data Protection Officer (DPO), which is a requirement for all public authorities (as defined under the Freedom of Information Act 2000) and also if a non-public authority processes a large amount of 'special category data' and which includes health data.
 - The DPO can either be an existing member of staff if they meet the GDPR's requirements or sought from a shared resource across several organisations.
- DPIAs
 - These should be completed as best practice now.
 - Required prior to any commencement of processing of personal data where there is new technology or programme which is likely to result in a high risk to the rights and freedoms of individuals.

- Subject Access Requests (SARs)
 - No fee can be charged (some exemptions apply)
 - Reduction in handling timeframe (from 40 days to one calendar month although there are some circumstances where this can be extended).
 - Can be made orally (previously only accepted in writing).
- Records of processing activities
 - Good practice now
 - Requirement to document all processing activities and other relevant information (i.e. your lawful basis for processing). Similar to the information currently provided to the ICO under the current 'Notification' system.
- Transparency
 - Organisations are required to demonstrate their transparency, through transparency notices (previously referred to as fair processing or privacy notices). To explain clearly and concisely to patients/public what information is processed and why etc.
 - Notices are to be provided to individuals where there is direct or indirect collection of personal data.
- Breach notification
 - Any personal data breach must be reported to the ICO within 72 hours unless the breach is unlikely to result in harm to individuals.
 - Where the breach is likely to result in a *high* risk to the rights and freedoms of the data subject(s) then they need to be informed 'without undue delay'.

- **Areas of possible additional costs**

The current DPA (1998) permits charges for SARs between £10 to £50 for the administrative cost in handling the request. This is one area under the GDPR which is no longer permitted (unless for example the request is repetitive or manifestly unreasonable). It is not possible to quantify the cost to controllers because of this cost removal. As such, it would be useful for controllers to consider what personal data they could they make, safely and securely, accessible to their patients. As that information which is already available to the patient is exempt from providing under a SAR. This would support any additional cost to the controller each time a SAR is received.

- **The options around DPO – and costing**

The expectation for the DPO is for the role to report to the highest level of management and have specific skills relevant to data protection. This role requires autonomy and confidence in decision making regarding recommendations in relation to the impact on personal data by its organisation. It is senior by nature and up to the controller or processor to determine the roles cost.

- **Brief note about implications for the other contractor groups**

The GDPR continues to apply to Pharmacy, Dental and Optometry as they do GPs. As such, this briefing note contents would apply to these independent contracts as it does GPs.

As highlighted above, the GDPR applies to controllers and processors and as such any contract a controller has in place with a processor, needs reviewing to ensure it is compliant with the GDPR. It is likely the review undertaken to document your records of data processing activities would also support a review into contracts in place. So that these can be prioritised for amendment where necessary; it would also assist prioritisation if it is noticed no contract is in place.

- **Impact to NHS E APMS GP contracts where we hold contracts with private GP providers e.g. virgin health.**

[Under review re Public Authority line:- General points remain:-

- Where a contract is in place, the contract should make explicitly clear the responsibilities of the parties in relation to adherence to data protection law.
- Those processing personal data relating to health and on a large scale (i.e. GP practice covering a geographical location) will mandatorily require a DPO under the GPDR. Arguably, where it is determined the personal data is not processed on a large scale it may be likely that it is viewed that it is in the best interests of those whose personal data is being processed that there should be a designated DPO.].

7 Regulation of General Practice Programme Board (RGPPB): Joint framework published in January 2018

The RGPPB was established in June 2016 following the publication of the [General Practice Forward View \(GPFV\)](#). The GPFV aims to tackle five important areas in primary care, including practice workload.

The purpose of the Board is to:

- Coordinate and improve the overall approach to the regulation of general practice in England by bringing together the main statutory oversight and regulatory bodies and delivering a programme of work that will streamline working arrangements and minimise duplication.
- Provide a forum to enable statutory bodies to sign up to a common framework – a shared view of quality – which will be co-produced with the professions and the public.
-

The Board's collective aim is to ensure that patients receive high-quality and safe care and that practices are supported to improve.

A [Joint framework: commissioning and regulating together](#) has been developed by the Care Quality Commission (CQC) and NHS England, with the support of NHS Clinical Commissioners. Its purpose is to help our organisations work more effectively together and reduce duplication in the regulation of general practice.

We developed the framework with the input of over 150 staff from CCGs, CQC, and NHS England at regional workshops in London, Leeds, Birmingham and Bristol held in May and June 2017.

It gives us an opportunity to improve joint working to reduce duplication between regulation

and commissioning, and to become more streamlined and targeted in our activity.

To find out more about the Board and its membership, visit the [CQC website](#).

8 Redirecting PCSE Post:

It is coming up to two years since the site closure programme where pcs services migrated from the 42 local offices to PCSE. The postal redirects set up as services moved are beginning to expire, and this will ramp up from March as it comes to the second anniversary of the closures of the first larger sites.

If your teams receive post for PCSE, please ask them to return post to sender rather than forward on to PCSE. This will help ensure practices continuing to send information to previous sites start adopting updated processes, and that future requests can be processed as quickly as possible.

It would be helpful if you could share the enclosed message with CCG primary care commissioning leads to share with practices

Contact details for your primary care support services:

In September 2015, PCSE took on responsibility for the delivery of NHS England’s primary care support services. As part of the plans to create a national customer-focused service, all services have been centralised to a smaller number of national sites, and a Customer Support Centre has been set up for all telephone queries.

Some correspondence for PCSE is still being received by the previous sites and these will start to be returned to sender. To ensure your queries and requests can be processed as efficiently as possible, please can you ensure colleagues in your practice are aware of the contact details to use, which can be found [here](#).

ASSURANCE

9 Primary Care Commissioning Activity Report for 2017/18:

The next collection for the Primary Care Commissioning Activity Report (PCAR) is currently scheduled to go live in April 2018. PCAR was introduced in 2016/17 to support greater assurance and oversight of NHS England’s primary care commissioning responsibilities. It replaces what had often been variable and ad hoc requests for information with a more systematic approach.

In order to reduce the reporting burden the collection will now be run on an annual rather than 6-monthly basis. This collection will cover the annual reporting period from April 2017 to March 2018. It collects information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority).

The key areas of interest for the 2017/18 reporting round include:

- Management of contractual performance
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.
- Assurance of policy compliance and implementation (new)

Guidance for the collection is currently pending Gateway approval. Once received the collection will be open and the guidance will be uploaded on to the NHS England website and distributed via the CCG bulletin.

For further information regarding PCAR or the guidance document please contact england.primarycareops@nhs.net

Acronyms

1.	A&E	Accident & Emergency
2.	AHP	Allied Health Professional
3.	ANNP	Advanced Neonatal Nurse Practitioner
4.	AO	Accountable Officer
5.	APMS	Alternative Provider Medical Services
6.	AQP	Any Qualified Provider
7.	ASD	Autism Spectrum Disorder
8.	AVS	Acute Visiting Service
9.	BADGER	Birmingham and District General Emergency Rooms
10.	BAF	Board Assurance Framework
11.	BCF	Better Care Fund
12.	BCHFT	Birmingham Children's Hospital NHS Foundation Trust
13.	BEN	Birmingham East and North PCT
14.	BHFT	Burton Hospital NHS Foundation Trust
15.	BOTOX	Botulinum Toxin Type A
16.	BPAS	British Pregnancy Advisory Service
17.	C&E	Communications & Engagement
18.	CAG	Commissioning Advisory Group
19.	CAMHS	Children and Adolescent Mental Health Service
20.	CAS	Clinical Assessment Service
21.	CC	Cannock Chase
22.	CCG	Clinical Commissioning Group
23.	<i>Cdiff</i>	Clostridium Difficile Infection
24.	CEO	Chief Executive Officer
25.	CEPN	Community Education Provider Network
26.	CHC	Continuing Health Care
27.	CMT	Contract Management Team
28.	COPD	Chronic Obstructive Pulmonary Disease
29.	CPAG	Clinical Policies Advisory Group
30.	CPN	Community Psychiatrist Nurse
31.	CQC	Care Quality Commission
32.	CQRM	Clinical Quality Review Meetings
33.	CQUIN	Commissioning for Quality and Innovation
34.	CRT	Crisis Response Team
35.	CSU	Commissioning Support Unit
36.	CSW	Clinical Support Worker
37.	CWG	Clinical Working Group
38.	DES	Direct Enhanced Service
39.	DN	District Nurse
40.	DoH	Department of Health
41.	DPA	Data Protection Act
42.	DQF	Data Quality Facilitator
43.	ED	Emergency Department
44.	EDS	Equality Delivery System
45.	EL	Elective
46.	EMT	Executive Management Team
47.	ENT	Ear Nose Throat
48.	EOL	End of Life
49.	EPR	Electronic Patient Record
50.	ESR	Electronic Staff Record
51.	ETTF	Estates and Technology Transformation Fund
52.	EWISS	Emotional Well Being in Stafford & Surrounds
53.	EWTD	European Working Time Directive
54.	F&P	Finance and Performance
55.	FE	Frail Elderly
56.	FET	Funding Exceptional Treatment
57.	FFT	Friends and Family Test
58.	FNOF	Fractured Neck of Femur
59.	FOI	Freedom of Information
60.	FPC	Finance Performance & Contract Committee

61.	FRP	Financial Recovery Plan
62.	GB	Governing Body
63.	GDRP	General Data Protection Regulations
64.	GMS	General Medical Services (Practice)
65.	GP	General Practitioner
66.	GPWSI	GP with special interest
67.	GSF	Gold Standard Framework
68.	HCAI	Healthcare Associated Infections
69.	HEFCE	Higher Education Funding Council for England
70.	HEFT	Heart of England Foundation NHS Trust
71.	HIS	Health Informatics Service
72.	HPS	Health promoting Schools
73.	HPSS	Health promoting Schools Scheme
74.	HR	Human Resources
75.	HROD	Human Resources Organisational Development
76.	HSJ	Health Service Journal
77.	IAF	Improvement and Assessment Framework
78.	IAPT	Improving Access to Psychological Therapies
79.	ICG	Infection Control Group
80.	IFR	Independent Funding Request
81.	IG	Information Governance
82.	IM&T	Information Management and Technology
83.	IP	Inpatients
84.	IPC	Infection Prevention & Control
85.	IPR	Individual Performance Review
86.	IQT	Improving Quality Team
87.	ISA	Intermediate Support Assistant
88.	ITT	Invite to Tender
89.	JSNA	Joint Strategic Needs Assessment
90.	KPI(s)	Key Performance Indicator(s)
91.	KPMG	Global Network of Profession Firms providing audit, tax and advisory services
92.	LAA	Local Area Agreement
93.	LDD	Learning Disability and/or Difficulty
94.	LDP	Local Delivery Plan
95.	LDR	Local Digital Roadmap
96.	LES	Local Enhanced Service
97.	LHE	Local Health Economy
98.	LMC	Local Medical Council
99.	LMS	Local Medical Services
100.	LSP	Local Strategic Partnership
101.	LTC	Long Term Conditions
102.	M&L CSU	Midlands & Lancashire Commissioning Support Unit
103.	MAT	Maternity
104.	MAU	Medical Assessment Unit
105.	MB	Membership Board
106.	MCA	Mental Capacity Act
107.	MDT	Multidisciplinary Team
108.	MHRA	Medicines & Healthcare products Regulatory Agency
109.	MICATS	Musculoskeletal Integrated Clinical Assessment & Treatment Service
110.	MICOT	Minor Injuries Community Outreach Team
111.	MIU	Minor Injuries Unit
112.	MLU	Midwife-led Unit
113.	MOI	Memorandum of Information
114.	MORI	(Market & Opinion Research International)
115.	MOU	Memorandum of Understanding
116.	MPIG	Medical Practice Income Guarantee
117.	MRSA	Meticillin-Resistant Staphylococcus Aureus Infection
118.	MSFT	Mid Staffordshire NHS Foundation Trust (now part of UHNM as County Hospital)
119.	MSK	Musculoskeletal
120.	NEL	Non-Elective
121.	NES	National Enhanced Service

122.	NHQAC	Nursing Home Quality Assurance Group
123.	NHS	National Health Service
124.	NHSE	NHS England
125.	NICE	National Institute for Clinical Excellence
126.		
127.	NMC	Nursing and Midwifery Council
128.	NSL	Non Urgent Patient Transport Provider
129.	OD	Organisational Development
130.	OOH	Out of Hours, also Out of Hospital
131.	OP (D)	Outpatients (Department)
132.	OT	Occupational Therapist
133.	PAED	Paediatrics
134.	PALS	Patient Advice and Liaison Service
135.	PASS	Professional Advice and Support Service
136.	PAU	Paediatric Assessment Unit
137.	PBR	Payment By Results
138.	PCT	Primary Care Trust
139.	PEC	Professional Executive Committee
140.	PID	Project Initiation Document
141.	PIS	Prescribing Incentive Scheme
142.	PLCV	Procedures of Limited Clinical Value
143.	PLT	Protected Learning Time
144.	PM	Practice Manager
145.	PMO	Programme Management Office
146.	PMS	Personal Medical Services
147.	PPG	Patient Participation Group
148.	PPI	Patient and Public Involvement
149.	PPI (prescribing)	Proton Pump Inhibitors
150.	PPV	Post Payment Verification
151.	PQQ	Pre Qualifying Questionnaire
152.	PRF	Patient Report Form
153.	PRISM	Personnel Resource Information System for Management
154.	PROMs	Patient Related Outcome Measures
155.	PT	Physical Therapist
156.	PU	Pressure Ulcer
157.	PWSI	Pharmacist with Special Interest
158.	QIA	Quality Impact Assessment
159.	QIF	Quality Improvement Framework
160.	QIL	Quality Improvement Lead
161.	QIP	Quality Improvement Programme
162.	QIPP	Quality, innovation, productivity and prevention.
163.	QOF	Quality and Outcomes Framework
164.	RAG	Red Amber Green
165.	RAP	Remedial Action Plan
166.	RCA	Root Cause Analysis
167.	RIA	Risk Impact Assessment
168.	RIO	Electronic Care System
169.	RRL	Revenue Resource Limit
170.	RSUH	Royal Stoke University Hospital
171.	RTT	Referral to Treatment
172.	RWT	Royal Wolverhampton Hospital Trust
173.	SALT	Speech & Language Therapist
174.	SARC	Sexual Assaults Referrals Centre
175.	SAS	Stafford and Surrounds
176.	SCC	Staffordshire County Council
177.	SCR	Strategic Change Reserve
178.	SI	Serious Incident
179.	SIRO	Senior Information Risk Officer
180.	SLAM	Service Level Agreement Model
181.	SSOTP	Staffordshire & Stoke on Trent Partnership Trust
182.	SSPAU	Short Stay Paediatric Assessment Unit

183.	SSSFT	South Staffordshire & Shropshire Foundation Trust
184.	SSSHFT	South Staffs & Shropshire Healthcare Foundation Trust
185.	STP	Sustainability and Transformation Plan
186.	SUI	Serious Untoward Incident(now known as SI's)
187.	SUS	Secondary User Services
188.	TDA	Trust Development Authority
189.	TOR	Terms of Reference
190.	TSA	Trust Special Administrator
191.	TV Team	Tissue Viability Team
192.	UCC	Urgent Care Centre
193.	UHB	University Hospital Birmingham
194.	UHNM	University Hospitals of North Midlands NHS Trust
195.	UHNS	University Hospital North Staffordshire
196.	VAT	Value Added Tax
197.	VFM	Value for Money
198.	WCC	World Class Commissioning
199.	WHT	Walsall Hospitals Trust
200.	WIC	Walk in Centre
201.	WMAS	West Midlands Ambulance Service
202.	WMQRS	West Midlands Quality Review Service
203.	WRES	Workforce Race Equality Standard
204.	WTE	Whole Time Equivalent
205.	WUCTAS	Wolverhampton Urgent Care Triage Access Service
206.	YTD	Year to Date

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/gms-acronyms>