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

NHS

Primary Care Commissioning Committees Meeting in Common

to be held on 26 October 2017, 2.00 – 3.30 pm
Education & Training Room, First Floor, Marmion House, Lichfield Street, Tamworth B79 7BZ

AGENDA

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

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	HI	-	2.00
2.	Apologies	Verbal	HI	-	
3.	Quoracy	Verbal	HI	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc. 01	HI	I	
5.	Minutes of the Meeting held on 28 September 2017	Enc. 02	HI	A	
6.	Actions Sheet	Enc. 03	HI	A	

Assurance

7.	Risk Register	Enc. 04	EW	S / I	2.15

Strategic Matters

8.	Quality Report	Enc. 05	TC	S	2.25
9.	Finance Report	Enc. 06	AP	I	2.40
10.	360^0 feedback action plan	Enc. 07	EW	S/I	2.50
11.	Draft Terms of Reference for Primary Care Quality Group	Enc. 08	TC	A	3.00

Items for Information

12.	Questions from Members of the Public		All	D	3.10
13.	Glossary of terms - Glossary of Terms	Enc. 09	All	I	3.25
14.	Date, Time and venue of next meeting 22 November 2017 at 2.00 pm Pisces Room, Aquarius Ballrooom, Victoria Shopping Park, Hednesford WS12 1BT	-	All	A	3.30

CANNOCK CHASE CLINICAL COMMISSIONING GROUP, SOUTH EAST STAFFORDSHIRE & SEISDON PENINSULA CLICNAL COMMISSIING GROUP
STAFFORD & SURROUNDS CLINCAL COMMISSIONING GROUP
CONFLICTS OF INTEREST REGISTER 2017/18
PRIMARY CARE COMMITTEE
AS OF28 JUNE 2017

Item 4 Enc 01

CCG	Forename	Surname	Role in the CCG	Directorships held in private companies, PLCs	Ownership of private companies, businesses, consultancies	Shareholdings in health & social care	Positions of authority in field of health and social care	Connection with voluntary,other organisation	Research funding/grants	Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their CCG role
Members										
SAS CCG	Harry	Ireland	Lay Member - Governance	Non-Executive Director with the Wrekin Housing Trust, Telford	None	None	None	None	None	Chair of the Police Misconduct Panel, West Midlands Region
CC CCG	Neil	Chambers	Lay Member - Governance	Old Hall Partnership Darlaston Town (1874) Football Club	None	None	None	None	None	Independent Board Member Community Housing Group
SAS CCG	Sue	Harper	Lay Member - Patient and Public Interest	None	None	None	None	None	None	Justice of the Peace, South Staffordshire Bench
SES CCG	Anne	Heckels	Lay Member - Patient and Public Interest (PPI) / Finance and Performance	Director / Company Secretary for Sutton Support Services Ltd (not for profit social enterprise providing services to adults with special needs, Birmingham)	None	None	Director / Company Secretary for Sutton Support Services Ltd (not for profit social enterprise providing services to adults with special needs, Birmingham)	None	None	Member of Patient Participation Group at Spires Practice Member of South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) Family Member is an employee shareholder - NORR Consulting, providing architectural services to public service
SES CCG	Jennifer	Jobson	Lay Member - Governance and Audit	None	None	None	None	None	None	None
CC CCG	Janet	Toplis	Lay Member	None	`	None	Vice Chair of Adoption and Permanence Panel for Walsall Borough Council	None	None	Chair of a Staffordshire Primary School
In Attendance										
CC CCG	Tracey	Cox*	Senior Primary Care Development Manager	None	None	None	None	None	None	A CQC Specialist Advisor (non-clinical) undertaking CQC inspections in GP practices (not Staffordshire area)Adhoc consultancy works outside core working hours for Long Term Conditions Network, West Midlands Academic Health Science Network
SES CCG	Andy	Hadley*	Senior Primary Care Development Manager	None	None	None	None	None	None	Chair of Intelligent Customer Forum for Staffordshire and Shropshire Health Informatics Service (HIS)
SAS CCG	Paddy	Hannigan	Chair of Governing Body	None	Partner at Holmcroft Surgery	Practice is a member and shareholder in GP First Ltd. (GP Federation)	None	None	None	Spouse is a Consultant Neonatologist at University Hospital North Midlands (UHNM)
CC CCG	Mo	Huda	Chair of Governing Body	None	Partner at Aelfgar Surgery	Practice is a member and shareholder in GP First Ltd. (GP Federation)	None	None	None	AQP Provider uses practice for Ultrasound scans and Hearing Aid Chair Educational meetings for various PHARMA companies Practice is a member and shareholder in GP First Ltd (GP Federation)
NHS England - North Midlands	Darrell	Jackson*	Primary Care Lead	None	None	None	None	None	None	Lives within the CCG area
SES CCG	John	James	Chair of Governing Body	None	None	None	None	None	None	None
CC CCG	Sarah	Jeffery*	Senior Primary Care Development Manager	None	None	None	None	None	None	None

CCG	Forename	Surname	Role in the CCG	Directorships held in private companies, PLCs	Ownership of private companies, businesses, consultancies	Shareholdings in health & social care	Positions of authority in field of health and social care	Connection with voluntary,other organisation	Research funding/grants	Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their CCG role
SES CCG	Gulshan	Kaul	General Practitioner	None	None	None	None	None	None	Secretary South Staffordshire LMC Medical Director Lichfield & Burntwood Network Member Stafford and Stoke on Trent Health and Care Transformation Board Member of Alexin Healthcare
SAS CCG	Lynn	Millar*	Executive Director of Primary Care	None	None	None	None	None	None	None
SAS CCG	Anne	Perry*	Finance Manager	None	None	None	None	None	None	None
	Mark	Rayne	Deputy Director of Primary Care	Director, Mark Rayne Consultancy Limited	Director, Mark Rayne Consultancy Limited	None	None	None	None	None
SAS CCG	Vanessa	Ridout*	Executive Assistant	None	None	None	None	None	None	None
SAS CCG	Sarah	Turner*	Primary Care Development Manager	None	None	None	None	None	None	None
SAS CCG	Lynn	Tolley*	Head of Quality and Safety	None	None	None	None	None	None	None
SES CCG	Eleanor	Wood*	Primary Care Development Manager	None	None	None	None	None	None	Family member works at Coventry and Rugby CCG
SAS CCG	Sally	Young*	Director of Corporate Governance, Communications & Engagement (In attendance - Non Voting)	None	None	None	None	None	None	None

* Individual/role works across Cannock Chase CCG, South East Staffordshire & Seisdon Peninsual 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 28 September 2017
210.00 – 11.30
Rudyard Room, Staffordshire Place 1, Stafford STG16 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	22/02/2018	29/03/2018
Harry Ireland (HI), Chair – Lay Member Stafford & Surrounds (S&S) Clinical Commissioning Group (CCG)	Three members	✓	✗	✗	✓	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		✗	✓	✓	✓		✓						
In attendance:													
Tracey Cox (TC), Primary Care Development Manager, S&S CCG		✗	✗	✓	✗	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		✓	✓	✗	✓		✓						
Sarah Turner (ST), PC Development Manager CC, SES&SP and S&S CCGs		✗	✓	✗	✓		✓						

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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	22/02/2018	29/03/2018
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							✓						

		Action
1.	**Welcome by the Chair** NI welcomed everyone to the meeting. There were no members of the public in attendance.	
2.	**Apologies for Absence** Apologies were received from: Dr Mo Huda Neil Chambers Eleanor Wood Rebecca Woods	
3.	**Quoracy** It was noted that the meeting was quorate.	
4.	**Declarations of Interests and Actions taken to manage conflict** The Committee received the Declarations of Interest Register. There were no additional conflicts to register.	
5.	**Minutes of the Meeting held on the 26 July 2017** The minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following change: page 10, section 15 Final paragraph to read 'HI responded by saying that today's meeting is the first meeting in public …'	

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6.	**Action Sheet** Action Sheet was updated noting the following Ref 70 – Finance – 'Other GP Services' confirmed as such things as seniority cover for maternity leave and contingency reserves. Action complete. Ref 69 – GPFV Workflow – not due Ref 68 – Risk Register – not due Ref 67 – Risk Register – Issue related to practices not receiving discharge letters from Heart of England, this has now been resolved however it has been reported to F&P committee that there are problems with electronic letters from UHNM. AH advised that Chris Bird is picking this up and concerns are also being taken to the Quality Committee to ensure no patients have come to harm. Action to remain open. Ref 66/65 – 360° feedback - Agenda item. Ref 61/50 – Delegated Commissioning –This ties in with the mid-year review and will be discussed in the meeting. Action to be closed. Ref 60 - Complete	
7.	**Risk Register** SJ provided an update on the risk register. There are a total of 12 risks relating to primary care. There is one new risk which relates to the Violent Patient Scheme. Currently one practice delivers this scheme across all three CCGs. The scheme is an enhanced service whereby a practice looks after violent patients that have been removed from other practices. Some of these patients may live a distance from the practice and therefore a GP visit could take a considerable amount of time. The CCG are currently investigating with providers of the acute visiting service whether a contract with them would be possible. This is still under negotiation and a further update would be available at the next meeting. One risk has been closed. This related to a practice receiving a CQC rating of inadequate. The practice has now merged with another practice. The risk score on risk 258 has decreased following the merger of Landywood Lane Surgery with another practice. The CQC undertook a visit last week and the CCG are awaiting the report. The are no risks scoring 15 (extreme) or above. Two further risks that should have been picked up prior to a report being generated included SJ updated on the following two risks: Risk 227 – Discharge letters. This has a review date of 2/10. An update would	

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	be available for the next meeting. Risk 21 – The 360^0 feedback action plan is being submitted to todays meeting. SY advised that the risk registered submitted to the Committee is just the primary care risk. There is a risk included on the Board Assurance Framework which would need to come to the next meeting. This risk would be reported to the Governing Body later on today. PH advised that a CQC report on Primary Care nationally had been published last week. The CQC have now attended all GP practices in England and 90% of practices have been rated as good or very good. Members **RECEIVED** the report.	
8.	**GP Forward View** **Extended Access** MR provided the Committee with an update on the delivery progress against the milestones in respect of the GPFV Improving Primary Care access/extended hours programme. The report provides an update on the key milestone to deliver the planned programme of work. Milestones have either been delivered or are on track to meet the milestone deadline. The milestones were updated as follows: 1. Position Paper – milestone completed at the end of July with input from colleagues across North, East and South Staffordshire. There is a pilot hub in North Staffordshire. 2. Learning from the Prime Minister Challenge Fund (PMCF) – a baseline exercise across North, East and South Staffordshire has been completed which has captured learning from PMCF access sites. This milestone was completed at the end of June 2017. 3. Task and Finish Group – group has been set up with representatives from North, East and South Staffordshire and is meeting regularly. The terms of reference have been reviewed and a clinical lead appointed to be Chair of the Group. 4. Comms and Engagement sub group has been developed. The group have met to develop an overarching communication and engagement plan and support regional engagement events for potential providers and to support development of a Patient reference group. 5. Specifications, procurement and engagement sub group has been developed. The group are drafting the specification for the service and also drafting procurement options paper. 6. Events to highlight the requirements of providing extended access are being planned. An event is likely to take place at the end of October/beginning of November. 7. A discussion paper on procurement options is being produced. A draft procurement options paper will be further developed following a series of engagement events across Staffordshire. The specification will go to	

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	Locality/Membership Boards in November and then to Primary Care Committee with final agreement to the procurement options at the Governing Body on 30 November. 8. Quality Impact Assessments and Equality Impact Assessment are in draft form and will be formed by regional events and shared with the patient reference group. 9. A Comms and Engagement sub group has been developed with membership from the Comms and Engagement Leads across Staffordshire. Their remit is to develop an overarching comms and engagement plan. 10. To develop a set of principles, needs and considerations for identifying local – work with public health colleagues and using public health profile data and other key sources of information to look at demographics with an expectation that weekend provision is locally determined. It is hoped that this information would be shared at the October locality/membership boards. 11. Procurement of services – there is an expectation that the new service contracts will start at the end of September 2018. LM asked about the finances. Extended access is a national priority with the expectation that there will be £6.00 per head although this has not yet been confirmed. MR responded that he has a planning meeting with NHSE next week and would pick this issue up. With regard to the engagement events in October, MR was asked for his views on the appetite for the GPs to provide extended access. His feedback was that it was positive but variable and dependent on locality groups. Some GPs require more information and have raised concern about the resource and the burden to practices but it is hoped that these queries can be resolved at the reginal events. SH commented on the engagement work that is being seen coming through various groups and asked whether there was lay member representation in the patients groups. SH would like to attend future meetings if possible. This was agreed. Members **RECEIVED** the report.	
9.	**LES review** MR presented the LES review report to the Committee. A communication and engagement paper had been presented to all Locality and Membership Boards in August. The proposal was to review the LES review in a position paper and members agreed the process through task and finish groups. 14 services are being reviewed and work is progressing with LMC colleagues. The report provides an update on those schemes. It was noted that the Wound Care LES is currently over running. Anticoagulation LES has been undertaken and discussions are being undertaken with Commissioning colleagues.	

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	The nursing homes LES has developed into a larger piece of work and a piece of work developing the principles of the scheme are being reviewed. A work programme was developed to move the scheme forward with an opportunity to develop into quality improvement work. The scheme went to the Star Chamber in August where it was agreed that there would be funding to support this piece of working in order to improve care home access across Staffordshire. HI asked whether the issues with care homes were just local. It was acknowledged that there is a national issue around the support into care homes. There was a lot of historic LES schemes plus a lot of pilot schemes that are also running and both need to be reviewed. There is also a QIPP around nursing homes. There was a lack of investment in Staffordshire and the state of homes is now critical. It was noted that in the last 6 weeks 40 beds have been closed across Staffordshire which is putting pressure on the urgent care system. LM also advised that the CCG are working with the local authority as following CQC visits they are giving 24 hours' notice of closing homes. The STP has recognised the priority as North Staffordshire has also closed homes. Tracey Shewan, Director of Nursing at North Staffs CCG is undertaking a review across the county. LM also advised members that an Advanced Nurse Practitioner has been appointed in Stafford to do some proactive work to help and reduce the number of urgent visits that practices have to make to nursing homes. PH confirmed that this covers a number of work streams across the STP. The quality of care and support into nursing homes is complex. There is an impact on being able to discharge from hospital and having homes to discharge patients into. LT also confirmed that the Director of Nursing has appointed into a post to undertake gap analysis work on nursing homes. This will include working with the local authority to look at a proactive approach to join up the dashboard and quality assurance visits and the local authority are willing to put some investment into this work. It was noted that lots of work is silo driving but it is now about bringing all together. DS also commented that the CCGs are picking up costs of transporting patients and it is important to avoid picking up avoidance costs. JT raised concern that sometimes residents have been in homes for a long time and disorientation of being moved and the quality of care needs to be considered considerably as these are very vulnerable people A proactive approach is very important. Staffing in establishments can be poor as can quality of care because employees are not paying the rate of money for people to join the services. Also nurses may not have the skill set and there is lack of support for those staff. HI asked for nursing homes to come back to a future meeting as a separate item. **Forward View – Nursing Homes to come back to a future PCC.** MR confirmed that the last of the LES reviews being undertaken are due in January in order for them to be completed by March. Members **RECEIVED** the report.	

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10.	**Mid-Year Review – Delegated Commissioning** LM provided members with an update of delegated commissioning and provided an overview of what is coming up in the next six months and provided a update on the previous six months as follows: • Relationships with NHSE have improved and moved to the next level, intelligence around practices and support to those practices going through the CQC process has brought together intelligence. • The Primary Care Committee is running well and is well organised. LM passed her thanks on to VR and Kelly Carter. • Having Lay Member input is helpful in terms of managing conflicts of interest and challenges and means that the committee is transparent and takes away the burden from the primary care team with decisions being made following full discussion at the Committee. • Being a sub-committee has raised the profile of primary care in respect of GPFV and LES reviews; this has also helped raise the profile within the organisation. • Feedback on the 360^0 feedback demonstrates that practices have been involved in the decision making around delegated commissioning which has been supported and voted for by members. • The structure of primary care has strengthened and integrated with the quality team. TC is working with Wendy Henson at NHSE and Lynn Tolley on quality indicators. All concerns are raised on the confidential risk register which will mitigate any issues. Going forward LM highlighted the following key areas: • Having better relationships with the CQC would be helpful. DJ confirmed that he does meet with the CQC and has an informal meeting with the team each quarter. • The first Committee in public was held in July and had members of the public in attendance. No members of the public at the meeting today but this could be a timing issue as Governing Body is on the same day. Timing could also be an issue. • Transparent finance reporting. GPFV allocation and enhanced services funding. • Formalise relationships with clinical leads. There are meetings taking place across the CCG but these don't feed into this committee. There needs to be discussions on the development of Clinical Leads. SY highlighted that the appraisal process for the CLs is about to start so this could be built into that process. • Specific work will take place with NHSE looking at the footprint in Staffordshire in respect of potential merger and what can be expected in terms of support from the CCG as part of that process. There has been on merger that didn't go ahead and there has been learning from that process which needs to be formalised. • A business cycle needs to be in place in order to plan for the whole 12 months. PH commented that in respect of finance, general practice received about 11% of the NHS budget but this has reduced down to 7%. There has been a lot of noise in the general practice press in an attempt to try and improve funding in	

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	general practice. A report published around funding has been questioned by the BMA about whether all money allocated to primary care has been received. The conclusion is that about ¾ of the money has arrived but ¼ hasn't and the Committee needs to make sure that the financial position is shared with practices. LM commented that the minutes are shared with Locality/Membership Boards and felt it would be useful to have a letter from HI to share to boards providing detail of what is being delivered. GK commented that it is critical that practice are aware of what is planned and that GPFV business planning is really critical but practices aren't aware of everything that is ongoing and felt it was important for the committee to take the lead and look at what level of support is needed. SH asked the clinical members what impact delegated commissioning has had in general practice? JJ commented that he felt it was going to take a while to see any difference. PH commented that there hadn't been any negatives and that there was still a degree of status quo. There hasn't been a lot of change but the challenge is how to enhance the current position and to look at what delegated commissioning allows GPs to do. There is a lot happening in the background and a briefing about what is happening behind the scenes would be positive. Going forward a formal report would be submitted quarterly to the committee with a full review at the end of the year. **Forward Plan – Delegated Commissioning – quarterly report.**	
11.	**Finance Report** Dave Skelton, Financial Controller for the CCGs attended the meeting and provided an update on the financial position. The current financial position across the group of CCGs is that there is a current overspend of £19k against a budget of £26m. The overspend is being driven by SES and SP CCG on enhanced services around minor injuries. This will be reviewed at Month 6 with the expectation that it will reduce. Any underspends for primary care is ring fenced. NHSE do hold some contingency reserve and the CCG can lobby for that money. JJ asked that as the money for general practice is ring fenced, if there was an underspend would this help the bottom line for the organisation. DS confirmed that yes it does. JJ also asked whether there was a possibility of using any ring-fenced money for the nursing home review. LM responded by saying that the intention is that some things can be funded as a one off. SH asked whether the money is ring-fenced per CCG or as three CCGs. LM commented that it would be ring-fenced for primary care across the three CCGs. It was noted that where there are problems within localities in respect of expenditure, the PC Committee would be asked to make decisions to help manage any conflicts. Members **RECEIVED** the finance report.	

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12.	**360^0 feedback action plan** SJ advised that the 360^0 feedback survey had been presented at a previous meeting and that an action plan would be established following the publication of the report. The feedback has been shared with clinical chairs, the Comms and Engagement Committee and EMT. An action plan has been drawn up and owners identified for the delivery of the action plan. Regular updates will be submitted to the committee. The action plan was omitted for the meeting papers and will be presented to the next meeting. PH suggested that the plan needs to fit in with next year's business cycle. A business cycle would be produced for next year and the summary report needs to be included in that. **Action – 360^0 action plan to come back to the next meeting**	
13.	**Research Update** Dr Mark Stone, GP at Stafford Health and Wellbeing Centre attended the meeting and gave an update on Research. CCGs are interacting with the Clinical Research Network which drives research across the whole of the NHS and is based at Keele University. CCGs are rewarded from a recruitment perspective and over the last financial year there have been a number of studies undertaken across the three CCGs. A number of GPs are recruiting to current studies and the position for the financial year from April is 21 for 4 studies for Cannock, 55 for 4 studies in SES and 191 for 7 studies in Stafford. Examples of these studies include reviewing the best time to take hypertension medicines and TAPs service for patients with back pain. Funding is based on the year October to October and currently it is hoped that 500 patient can be recruited for studies which will bring in £20k for each CCG. Stafford has been successful in its bid for the last two years however Cannock and SES were unsuccessful last year but did successfully win a bid the previous year. Income is ring-fenced for studies and can't be used for any other purpose. The risk share for each of the trails is shared across the 8 CCGs. There are two studies from Warwick University that are about to be trailed. An infrastructure is in place with a cross County group covering Staffordshire and Shropshire. The Shropshire and Staffordshire Research Development Group links to the 8 CCGs across the counties and includes Shropshire and Keele with each CCG putting funds into the post with the risk share being across the 8 CCGs. There are currently two studies about to start that have come from Warwick University. Keele Fellows are asked to come up with research ideas and have one session per week for a year with 4/5 applications for process. Another project is capacity in primary care and looking at the GPFV scope to develop a GP working work to look at how to deliver research at a greater scale. This is currently underway in Shropshire. Practices do receive funding for each recruit and working at scale would help practices and patients to deliver what's needed in research but help and support is needed.	

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	There are links with the Health Science Network. A bid for the RCP patient toolkit was successful and the toolkit has been rolled out in SAS CCG. The study was delivered in Wolverhampton via the network and came initially from a Patient Safety Group. Dr Rowena Mulligan has been appointed as the GP to help move forward with the project in the hope that there will be a reduction in medication errors. The learning from this study will be rolled out to other CCGs. Human Factor Training, which is big in the aviation industry, looks at setting up systems so errors should be avoided. SH thanked MS for his update which she found inspirational and asked whether the work that is being undertaken is marketed. MS responded to say that within the West Midlands, we are the highest recruiting in England which is 20% higher than other areas. This is due to the hard work at Keele who have moved the network on and MS is trying to get the message out to all GPs. LM suggested more information be included within the GP bulletin. MS does attend the SAS Membership Board each month so has engaged with practices. There is a research incentive scheme and both practices and patients benefit from this. PH commented that with regard to Human Factors, this is timely and need to recognise flow and multi-tasking and the consequences of this as burn out stress is an issue. HI asked for MS to return towards the end of the financial year to provide an update on research and how it is impacting on primary care and practices. **Forward Plan : MS to be invited to February/March 2018 meeting to provide an update on Research.**	
14.	**Accessible Information Standard (AIS) Update** Sabrina Richards, Midlands and Lancashire CSU attended the meeting and provided an update on the Accessible Information Standard. The AIS standard is a mandated legal requirement introduced by NHS England that defines a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The requirement was for practices to be compliant with the Standards by July 2016. PH commented that there is a lot of inconsistency currently. SR is attending all locality/membership boards in order to provide practices with an update and to gain an understanding of what support GP practices may require in order to meet the standard. HI asked if SR would also be speaking to patients for their views. SH felt it may be useful to take this item to the Patient Council as patients do sit on those groups. JT asked whether there is a checklist, SR confirmed that there is and that there is an audit tool associated with the standard.	

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		Action
	GK commented that the CCG had contacted practices to look at AID and the CCG did some work around the standard regarding what is expected and the support required. HI asked for assurance to be given to the Committee at the end of the year that AIS has been reviewed by the team. Members **RECEIVED** the report.	
	Items for Information	
15.	**Members of Public Questions** There were no members of the public in attendance.	
16.	**Any Other Business**	
	JJ asked for the Committee to receive a report on all education training that is happening within general practice. **Forward Plan: Education Training report to come to future meeting**	SJ
17.	**Glossary of Terms** Noted.	
18.	**Date, Time and Venue of next meeting** The next meeting will take place on 26 October 2017 at 2.00 pm in the Education & Training Room, 1st Floor, Marmion House, Tamworth	

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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)
69	**26/07/2017**	**8**	**GPFV Workflow**	Further update on the workflow following the roll out of training with Brighton & Hove at the January meeting	**SJ**	Not due
68	**26/07/2017**	**7**	**Risk Register**	Risk 20 - Plan on a page to be submitted to October Meeting	**EW**	Not due
67	**26/07/2017**	**7**	**Risk Register**	Risk 227 - AH to provide an update on discharge letters to September meeting This relates to discharge letters from Heart of England NHS Foundation Trust being sent electronically via the Central Hub	**AH**	
66	**22/06/2017**	**7**	**360° feedback**	Discussions to continue and an action plan developed to identify how to improve clinical engagement. Action Plan to be shared with the Membership Boards and Locality Boards.	**All / EW**	**28.10.18** Action Plan to come back to the October meeting. Action Plan to come baack to the September meeting
65	**22/06/2017**			EW to identify indicators and generate an action plan following the review of the 360° survey.	**EW**	

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

The healthiest place to live and work, by 2025

REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 26 October 2017

Subject:	Primary Care Risk Register						
Board Lead:	Lynn Miller, Executive Director of Primary Care						
Officer Lead:	Eleanor Wood, Senior Primary Care Development Manager						
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.
The main summary points are:

- There are a total of 13 risks relating to primary care;
- There is one new risk, RR:281 Private company taking over GP practices lease posing a risk to the CCG being tied into a long and expensive contract;
- No risks have been closed;
- There have been no changes to any risk scores. There are 9 risks scoring 8 – 12 (High). There are no risks scoring 15 (Extreme) or above. There are no risks being reported to Governing Body.

CCG GOALS:

Change the culture: • **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.

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

Primary Care Committee
18 October 2017

Risk ID	Objective	Description Of Risk	Risk Status	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
281	Sustainable Primary Care Service	A private company (Assura) 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.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103	No	3	3	9	17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - LMC advised of issue in order to ensure that practices are aware of the risks that may be associated to having a company take over the lease of the building as this could reduce flexibility around the estate.	17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raise with the Local Estates Forum and LMC in order to raise the issue and to develop a solution.	17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raised at Local Estates Forum and the group is considering how this could be taken forward.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	17/10/2017	08/11/2017
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.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	3	3	9	17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - The CCG is still liaising closely with the practice and are undertaking an options appraisal. 28/07/2017 - Conversations have taken place with the practice on possible options but this has yet to be resolved. Therefore an options appraisal and quality impact assessment is to be produced working closely with the CCG quality team on the process for doing this.	17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Options appraisal and quality impact assessment to be produced as soon as possible between NHS England, CCG primary care and CCG quality team. 28/07/2017 - Options appraisal and quality impact assessment to be produced as soon as possible between NHS England, CCG primary care and CCG quality team.	17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Practice currently continuing with the service however the options appraisal and quality impact assessment when produced will develop a way forward in continuing this service for this cohort of patients. Also reported at Primary Care Committee. 28/07/2017 - Practice currently continuing with the service however the options appraisal and quality impact assessment when produced will develop a way forward in continuing this service for this cohort of patients.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	17/10/2017	08/11/2017
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.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	1	5	5	11/10/2017 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. 18.09.2017 - Admin review, BAF risk updated. 18/09/2017 - The wound care task and finish group has been meeting and updates on progress presented to Cannock Membership Board by Mark Rayne and Dr Mo Huda on 8th August. Members happy with progress. next task and finish group scheduled for 14th September, virtual work happening between meetings to review and develop areas 12/07/2017 A task and finish group has been set up and an update paper is planned to be taken to the August 8th Cannock Membership board meeting	11/10/2017 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. 18.09.2017 - Admin review, BAF risk updated. 18/09/2017 - The next wound care task and finish group meeting is planned for 14th September, the group is undertaking work in the meantime to review and develop this area including financial modeling , development of the specification and development of a business case for FPC 12/07/2017 - an update paper developed by the task and finish group will be presented to the Cannock membership board on 9th August	11/10/2017 - Cannock members involved in task and finish group. Locality and membership groups regularly updated on progress. 18.09.2017 - Admin review, BAF risk updated. 18/09/2017 - Membership board was provided with an update on task and finish group progress on 8th August and were happy with progress 12/07/2017 - wound care task and finish group set up and members tasked with reviewing wound care and providing recommendations for primary care element. an update paper will be presented at the August Cannock membership board	3	3	9	Cannock Chase CCG	Rayne Mark (CCG) SASCCG	Executive Director of Primary Care	11/10/2017	15/11/2017
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.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103; Failure to deliver the control total;#99;	Yes	3	3	9	14/10/2017 remaining vacancies are 8a practice pharmacists. Vacancy control approval received and external job adverts to go out w/c 16/10/2017. 18/09/2017 - Admin review, BAF risk updated. 14/09/2017: The 8b Senior Medicines Optimisation Pharmacist has now been recruited to and is in post. The vacant 8a Practice Pharmacist roles have been approved through vacancy control panel and will be going out to advert by Friday 22nd September. 10/07/2017: Vacant 8b position now approved through vacancy control. Plan to go out to advert with an interview date w/c 24/07/2017. Band 8a structures to be reviewed following this appointment.	18.09.2017 - Admin review, BAF risk updated. 14/09/2017 - 8a vacancies to be advertised w/c 18th September 2017. 10/07/2017 - Advert to go out for the 8b position and interview date to be set w/c 24/07/2017.	18.09.2017 - Admin review, BAF risk updated.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Buckingham Samantha (CCG) SASCCG	Executive Director of Primary Care	12/10/2017	09/11/2017
258	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Landywood Lane Surgery in Cannock have received an inadequate CQC inspection rating (visit date 22nd September 2016, report published 16th January 2017) and placed into special measures for a period of 6 months at which time the CQC will reinspect the practice to consider if sufficient improvements have been made. The risk is that the practice does not improve enough to meet the requirements placed on them by the CQC and there is potential for their registration and contract to be revoked leaving just over 1900 patients without general practice provision and creating pressure on the surrounding GP practices if a list dispersal needs to take place.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	3	3	9	06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element.	06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element. CCG and NHSE to continue to provide support as and when required.	06/10/2017 - The CQC inspection is expected to provide assurance that the risk has been reduced following the merger with High Street Surgery. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element which should provide assurance. 24/06/2017 - Practice will be merged with High Street Surgery on 30th June 2017 with a future CQC re-inspection in August 2017 hopefully improving the overall CQC rating.	3	2	6	Cannock Chase CCG	Cox Tracey (CCG)	Executive Director of Primary Care	06/10/2017	06/11/2017
257	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.	There is a risk of an increase in General Practitioner's conflicts of interest (COI) arising as a result of GPs assuming delegated responsibility for commissioning services.	Active	Challenge in delivery of constitutional targets may impact patient care & performance.;#104; Failure to support and develop sustainable	No	4	3	12	10/10/10 - The CCGs membership COI registers has been updated and published on the websites, confirming this action on the COI submission to NSHE. 18/09/2017 - Admin update, BAF risks reviewed 13.09.2017 - Practices are submitting COI forms for their identified members of staff to the Governance Managers for inclusion onto the Membership COI Register. 18/07/2017 - The Governance Managers have introduced the COI register to be included within the meeting papers for the Membership and Locality Meetings. The Governance Managers have attended Membership and Locality Meetings to present the updated NHS England guidance and to request individuals ensure that their COI are up to date and correct. The register has been reviewed by the 3 CCG Lay Advisors and the Governance Managers in April 2017.	18/09/2017 - Admin update, BAF risks reviewed 18/07/2017 - The Governance Managers will continue to review the register and raise any concerns with managers. A letter from the 3 CCG Lay Advisors for Audit will be circulated, the letter is reminding all GPs and individuals to ensure the COI are up-to-date and correct. It is expected that NHS England will release the training later this year which will require GPS and relevant individuals to undertake.	10/10/10 - The CCGs membership COI registers has been updated and published on the websites, confirming this action on the COI submission to NSHE. 18/09/2017 - Admin update, BAF risks reviewed 13.09.2017 - Practices are submitting COI forms for their identified members of staff to the Governance Managers for inclusion onto the Membership COI Register. 17/07/2017 - The Governance Managers regularly review the register. The COI register are reviewed by Audit Committee.	4	2	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hough Rebecca (CCG) SESCCG	Executive Director of Primary Care	10/10/2017	04/12/2017

256	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.	There is a risk that funds previously utilized by NHS England for commissioning of General Practice will not be sufficient.	Active	Failure to deliver the control total;#99;#113	No	4	3	12	17/10/2017 - No further action at this stage, continue to monitor 14/09/2017 No further action at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	17/10/2017 - No further action at this stage, continue to monitor 14/09/2017 - No further action at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	17/10/2017 - No further action at this stage, continue to monitor 14/09/2017 - No further action at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	17/10/2017	08/11/2017
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.	Active	Challenge in delivery of constitutional targets may impact patient care & performance.;#104; Failure to support and develop	No	4	3	12	17/10/2017 - No further actions at this stage, continue to monitor 18/09/2017 - Admin update, BAF risks reviewed 14/09/2017 No further actions at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	17/10/2017 - No further actions at this stage, continue to monitor 18/09/2017 - Admin update, BAF risks reviewed < 14/09/2017 - No further actions at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	18/09/2017 - Admin update, BAF risks reviewed 14/09/2017 - No further actions at this stage, continue to monitor 17/07/2017 - No further actions at this stage, continue to monitor.	2	3	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	17/10/2017	08/11/2017
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 Perfomance).	Active	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	4	3	12	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper.	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - Plan for site issues to be resolved via varying local implementation or schedule in a system upgrade to Docman 10 (cloud based and will resolve current issues)	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper. Once last few sites are complete risk can be closed.	3	2	6	South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Primary Care	17/10/2017	01/12/2017
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.	Active	Failure to deliver the control total;#99	No	4	4	16	17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - PMS premiums have been agreed with the membership and approved by the Primary Care Committee in Common. This will continue to be worked on to ensure that the premium provides appropriate funding for the services identified.	17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - A yearly review process will be undertaken to ensure that the services identified are continuing as planned and the premium funds the services appropriately not putting any risk on the CCG or practices.	17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - The released premium has been agreed with the membership and approved by the Primary Care Committee in common. A yearly review process will be undertaken to ensure that the funding is appropriate.	3	2	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	17/10/2017	01/01/2018
27	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.	There is a risk that providers do not update directory of services and make slots available to enable primary care to utilise the choose and book / e-referral system which in turn may cause patient treatment delays and missing referrals by not using this automated system.	Active	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	4	12	17/10/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes. 18/09/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. 04/07/2017 - Administrative update, Risk Owner amended	17/10/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites. Pick up specific issues where practices are not engaging with the system which is supported via the removal of fax machines. 18/09/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites. 04/07/2017 - Administrative update, Risk Owner amended 17/05/2017 - E-referrals (ERS) usage is within the practice membership agreements for all three CCGs in 2017/18 to further support ERS activity. A Project Initiation Document is due to be signed off by all Staffordshire CCGs in support of the Local Digital Roadmap Ten Universal Capabilities programme to ensure the area is able to send 80% OP/2WW activity through ERS. The CCG has continued to engage with providers and ERS regional implementation lead to raise concerns regarding the reduced polling times at BHFT/UHNM for a number of specialities due to RTT issues which is impacting on practice engagement and CCG targets. NHS England are now beginning to support this programme of work with a Programme Manager bringing both CCG execs and Provider leads to ensure the trajectories to achieve 80% by April 2018 and 100% by October 2018 are achievable. The three CCGs usage activity continues to grow as providers release more capacity so we are assured the majority of general practice is using it well - engagement will continue with those that are lower in each locality.	17/10/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes. 18/09/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. 04.07.2017 - Administrative update, Risk Owner amended	2	4	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Finance	17/10/2017	01/12/2017
21	The CCGs have a statutory duty to promote engagement including arrangments 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 achieve clinical engagement of Membership.	Active	Failure to support and develop sustainable Primary Care and General Practice .;#103	No	4	3	12	17/10/2017 An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee 04.07.2017 - Each senior Primary Care Development Manager is working with their respective locality/membership board to understand how the CCG can better engage with the membership. A 360 survey was undertaken during January 2017.	17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 - A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee 04.07.2017 - Quality visits will be undertaken with practices to increase engagement. The recent 360 survey with practices will be reviewed to ensure feedback is actioned where appropriate. Communication with practices is being reviewed to ensure that the CCGs are using the best available mechanisms to ensure key messages are distributed.	17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 - implementation of action plan from 360 report 04.07.2017 - Primary Care Development Managers are aligned to an identified locality to work more closely with practices and to undertake quality visits (September/November 2017) which will encompass feedback from the 360 survey.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	17/10/2017	08/11/2017

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.	Active	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	4	12	17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices. 18/09/2017 - A management plan has been developed to support GP practices with outpatient variation 04.07.2017 - Quality visits have been undertaken in SAS and SES CCGs. This will be expanded to CC this financial year. The visits looked to highlight areas of variation and a discussion is held with the practice to understand this further and to put actions in place where required.	17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices. 18/09/2017 - management plan will include peer to peer clinical support development and targeted education 04.07.2017 - Quality visits will continue. A newly appointed Primary Care Analysts will pull data for the visits and highlight any area of variation for discussion with the practice. Protected Learning Time agendas will be aligned with outpatient priorities and increase the number of peer review sessions with consultants.	18/09/2017 - outcomes to be reviewed of the management plan and OP referrals monitored 04.07.2017 - Monitored through QIPP	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	17/10/2017	08/11/2017

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

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REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 26 October 2017

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 18th September 2017
   1 Cannock Chase CCG practice is currently rated inadequate and the CCG/NHSE are working closely with the practice on their action plan prior to re-inspection by the CQC.

2. Primary Care quality quarterly review meeting outcome - 18th September 2017
   1 SESSP practice has been moved from level 1 (no emerging issues) to level 2 (emerging issues) monitoring based on a significant decline seen from the latest patient survey results.

3. CCG membership agreement with practices

4. Dementia rates

5. Learning and education

6. Quality visits programme 2017/18
   Visits across the CCG are starting imminently

7. Primary care quality leads group feedback - 20th July 2017

8. Summary of 'The state of care in general practice 2014 – 2017 (Findings from CQCs programme of comprehensive inspections from GP practices (Published September 2017))'
   The 3 CCGs have a 92% rate for practices rated good or outstanding compared to a national average of 90%.

CCG GOALS:

Change the culture: • **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
We are honest, accessible and listen
Care and respect for all
Quality is our day job
We innovate and deliver

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

1.0 CQC inspection ratings as at 18th September 2017

	Cannock Chase CCG	Stafford and Surrounds CCG	South East Staffs and Seisdon CCG
Outstanding	0	0	1
Good	18	14	25
Requires Improvement	2	0	2
Inadequate	1	0	0
Awaiting inspection	2	0	0

1.1 Cannock Chase CCG

1.1.1 Summary of CQC inspection ratings as at 18th September 2017

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Aelfgar Surgery	08.04.15	**Good**	Good	Good	Good	Good	Good	
Alderwood Medical Practice	12.1.17	**Good**	Requires improvement	Good	Good	Good	Good	CQC have advised the practice of areas to action.
Brereton Surgery	25.04.17	**Good**	Good	Good	Good	Good	Good	
Chadsmoor Medical	28.10.16	**Good**	Good	Good	Good	Good	Good	
Colliery Practice	17.05.16	**Good**	Good	Good	Good	Good	Good	
Dr I Rasib	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	Inspection due	
Essington Medical Centre	01.04.15	**Good**	Good	Good	Good	Good	Good	
Heath Hayes Health Centre	04.05.17	**Good**	Good	Good	Good	Good	Good	
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.

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Hednesford Valley HC – Murugan	16.05.17	**Inadequate**	Inadequate	Inadequate	Good	Good	Inadequate	• GP Support team working with the practice to develop their action plan • Monthly monitoring meetings to review CQC action plan are taking place by NHSE and CCG.
Hednesford Valley HC - Singh/Manickam	20.05.2016	**Good**	Good	Good	Good	Good	Good	
High Street Surgery	26.01.16	**Good**	Requires improvement	Good	Good	Good	Good	Practice formally merged with Landywood Lane Surgery on 30 June 2017. Awaiting CQC inspection imminently across both practices (note Landywood Lane current rating overall is inadequate)
Horsefair Practice	06.04.17	**Good**	Good	Good	Good	Good	Good	
Moss Street Surgery	20.04.15	**Good**	Good	Good	Good	Good	Good	
Nile Practice	18.07.17	**Good**	Good	Good	Good	Good	Good	Focused CQC re-inspection 18/7/17. Improvement in rating for safe domain from requires improvement to good.
Norton Canes Health Centre - Nilar	09.04.15	**Good**	Good	Good	Good	Good	Good	
Norton Canes Practice - Singh	26.11.2015	**Good**	Good	Good	Good	Good	Good	
Norton Canes Surgery (Dr P K Jalota)	16.05.17	**Good**	Good	Good	Good	Good	Good	
Quinton Practice	17.07.17	**Good**	Good	Good	Good	Good	Good	Focused CQC re-inspection 17.07.17. Improvement in rating for safe domain from requires improvement to good.
Rawnsley Road Surgery	Re-Inspection due	Re-Inspection due	Re-Inspection due	Re-Inspection due	Re-Inspection due	Re-Inspection due	Re-Inspection due	
Red Lion Surgery (Dr T J Berriman & Ptnr)	28.09.16	**Requires improvement**	Requires improvement	Good	Good	Good	Requires improvement	Re-inspection has taken place. Outcome awaited.

Practice	Date of latest visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Sandy Lane Surgery	22.04.15	**Good**	Good	Good	Good	Good	Good	
Southfield Way Surgery	Good	**Good**	Good	Good	Good	Good	Good	

1.1.2 CQC inspection visit reports for Cannock Chase CCG published within the 3 months as at 18th September 2017

- **The Nile practice -** http://www.cqc.org.uk/sites/default/files/new_reports/AAAG6501.pdf
- **Quinton Practice -** http://www.cqc.org.uk/sites/default/files/new_reports/AAAG6464.pdf

1.2 Stafford & Surrounds CCG

1.2.1 Summary of CQC inspection ratings as at 18th September 2017

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	Focused CQC re-inspection 26/06/17. Safe domain from good to requires improvement. Improvements to be made in relation to management of safety alerts, safe management of medicines and recruitment checks for all staff.
Castlefields Surgery	12.06.17	**Good**	Good	Good	Good	Good	Good	
Crown Surgery	13.06.16	**Good**	Good	Good	Good	Good	Good	
Cumberland House Surgery	06.04.17	**Good**	Good	Good	Good	Good	Requires Improvement	CQC have advised the practice of areas to action.
Gnosall Health Centre	10.10.16	**Good**	Good	Good	Good	Good	Good	
Hazeldene House Surgery	19.09.16	**Good**	Good	Good	Good	Good	Good	
Holmcroft Surgery	03.05.16	**Good**	Good	Good	Good	Good	Good	
Mansion House Surgery	25.03.15	**Good**	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Mill Bank Surgery	27.06.17	**Good**	Good	Good	Good	Good	Good	Focused CQC re-inspection 17.06.17. Improvement in rating for well-led domain from requires improvement to good.
Penkridge Medical Practice	17.05.17	**Good**	Good	Good	Good	Good	Good	
Rising Brook Surgery	20.06.16	**Good**	Requires Improvement	Good	Good	Good	Good	Focused CQC re-inspection 20/6/17. Outcome remains the same requiring improvement in the safe domain due to: Need to demonstrate learning from significant events, staff attending Basic Life Support training and the management of GP workflow through the practice.
Stafford Health & Wellbeing Centre	28.09.16	**Good**	Good	Good	Good	Good	Good	
Weeping Cross Health Centre	20.4.2016	**Good**	Good	Good	Good	Good	Good	
Wolverhampton Road Surgery	18.05.16	**Good**	Good	Good	Good	Good	Good	

1.2.2 CQC inspection visit reports published for Stafford and Surrounds CCG within the last 3 months as at 18th September 2017

- Mill Bank Surgery - http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5597.pdf
- Brewood Medical Practice - http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5866.pdf
- Rising Brook Surgery - http://www.cqc.org.uk/sites/default/files/new_reports/AAAG6468.pdf

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

1.3.1 Summary of CQC inspection ratings as at 18th September 2017

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Aldergate Medical Practice	02.03.15x	**Good**	Good	Good	Good	Good	Good	
Bilbrook Medical Centre	14.03.16	**Outstanding**	Outstanding	Good	Good	Good	Outstanding	
Boney Hay Surgery	12.03.15	**Good**	Good	Good	Good	Good	Good	
Burntwood Health & Welbeing Centre	14.12.15	**Good**	Good	Good	Good	Good	Good	
Claverley Surgery	12.01.17	**Good**	Good	Good	Good	Good	Good	
Cloisters Practice	20.02.15	**Good**	Good	Good	Good	Good	Good	
Crown Medical Practice	16.11.15	**Good**	Good	Good	Good	Good	Good	
Dale Medical Practice (Dr L H Bryan & Ptnrs)	25.05.17	**Good**	Good	Good	Good	Good	Good	
Featherstone Family Health Centre (Dr E F Y Lee & Ptnr)	03.03.15	**Good**	Requires Improvement	Good	Good	Good	Good	CQC have advised the practice of areas to action.
Gravel Hill Surgery (Dr K B Franklin & Ptnrs)	18.04.17	**Good**	Good	Good	Good	Good	Good	
Heath View Medical Practice (Dr F Yunas & Ptnrs)	03.05.17	**Good**	Good	Good	Good	Good	Good	
Hollies Medical Centre (Dr Y M Bowen & Ptnrs)	11.01.16	**Good**	Good	Good	Good	Good	Good	
Lakeside Medical Centre (Dr K Asthana &	04.04.16	**Good**	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
Ptnrs)								
Langton Medical Group (Dr J G Wakeman & Ptnrs)	21.04.15	**Good**	Good	Good	Good	Good	Good	
Laurel House Surgery (Dr H M Fitzgerald & Ptnrs)	18.03.15	**Good**	Good	Good	Good	Good	Good	
Moss Grove Surgery (Dr M J Hopkin & Ptnrs)	11.04.16	**Good**	Good	Good	Good	Good	Outstanding	
Peel Medical Practice (Dr C J Jones & Ptnrs)	18.04.17	**Good**	Good	Good	good	Good	Good	
Riverside Surgery (Dr O Ijaola)	06.04.17	**Good**	Good	Good	Good	Good	Good	
Russell House (Dr D J Williams & Ptnrs)	15.08.16	**Good**	Good	Good	Good	Good	Good	
Salters Meadow Health Centre (Dr P J Gregory & Ptnrs)	12.06.17	**Good**	Requires Improvement	Good	Good	Good	Good	Comprehensive CQC re-inspection on 12.06.17. Rated requires improvement in safe from good but well-led domain is good from requires improvement
Darwin Medical Practice (Merged - Spires and Fulfen)	22.02.16	**Good**	Good	Good	Good	Good	Good	
Stonydelph Medical Centre (Dr K Khare)	21.12.15	**Good**	Good	Good	Good	Good	Good	
Stonydelph Medical Centre (Dr Yannamani & Dr John)	01.12.15	**Requires Improvement**	Good	Requires Improvement	Good	Good	Requires Improvement	CQC have advised the practice of areas to action.
Stonydelph Medical Centre	11.07.16	**Good**	Good	Good	Good	Good	Good	

Practice	Date of visit	Overall rating	Safe	Effective	Caring	Responsive	Well Led	Current position / actions
(Dr V K Rajput)								
Tamar Medical Centre (Dr H S Grewal)	25.01.16	**Good**	Good	Good	Good	Good	Good	
The Westgate Practice (Dr P H Cooper & Ptnrs)	16.02.15	**Good**	Good	Good	Good	Good	Good	
Tri Links Medical Practice	Comprehensive 27.07.16 Focused 06 & 14.07.17	**Good**	Good	Good	Good	Good	Good	Focused CQC re-inspection on 06/07/17 & 14/7/17. Safe domain is now good from requires improvement.
Wilnecote Health Centre (Dr John)	18.07.16	**Requires Improvement**	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	CQC have advised the practice of areas to action.

1.3.2 CQC inspection visit reports published for SESSP CCG within the last 3 months as at 18th September 2017

- Salters Meadow - http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5631.pdf
- Tri Links Medical Practice - http://www.cqc.org.uk/sites/default/files/new_reports/AAAG6724.pdf

2.0 Primary Care quality quarterly review meeting outcome - 18th September 2017

Data updates:

- National GP patient survey data published in July 2017: https://gp-patient.co.uk/

2.1 Cannock Chase CCG - Total 23 practices

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	19 practices	19 practices have remained at this level 2 practices moved into level 2	6 practices have seen a decline in national patient survey results	National patient survey results have been fed back via the membership board and will be discussed with individual practices during practice visits.
			6 practices had lower than mean average QOF scores for 2015/16 and therefore to review these once results for 2016/17 are published in October	No further action
2. Emerging issues	3 practices	2 practices moved from level 1 to level 2	1 practice has not responded to FFT escalation letter	To raise during practice visit and to encourage to participate in the FFT.
			1 practice seen a decline in national patient survey results. Awaiting CQC re-inspection for this practice.	National patient survey results have been fed back via the membership board and will be discussed with individual practice during practice visit.
		1 practice moved from level 3 to level 2	Improvement made on implementing actions from CQC inspection action plan.	Continue to monitor implementation of CQC action plan. No further concerns.
3. Investigation / joint working with the practice of emerging issues	0 practices	1 practice moved from level 3 to level 2	N/A	N/A
4. Formal support	1 practice	1 practice remains at level 4	CQC rating inadequate and decline in patient survey results as at July 2017.	Continue formal NHSE/CCG monthly meetings with the practice. Practice encouraged to review the patient survey results and to develop an action plan.

2.2 Stafford and Surrounds CCG – Total 14 practices

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	14 practices	1 practice has moved from level 3 to level 1.	5 practices have seen a decline in national patient survey results. The movement of 1 practice is due to an improved CQC re-inspection outcome and improved sustainability with the practice.	National patient survey results have been fed back via the membership board and will be discussed with individual practices during practice visits
2. Emerging issues	0 practices	N/A	N/A	N/A
3. Investigation / joint working with the practice of emerging issues	0 practices	N/A	N/A	N/A
4. Formal support	0 practices	N/A	N/A	N/A

2.3 South East Staffordshire and Seisdon Peninsula CCG – 28 practices

Level	No of practices within this level	Movement since the last review	Themes	Actions being taken
1. No emerging issues	25 practices	24 practices have remained at this level	7 practices have seen a decline in national patient survey results	National patient survey results have been fed back via the locality boards and will be discussed with individual practices during practice visits.
			4 practices had low QOF scores for 2015/16 and therefore to review these once results for 2016/17 are published in October	No further action
		1 practice moved from level 3 to level 1	Practice engaging in collaborative working initiatives with progress made.	No further action
2. Emerging issues	1 practice	1 practice moved from level 1 to level 2	Significant decline in some areas of patient survey results	NHSE to write to practice for assurance on action being taken.
3. Investigation / joint working with the practice of emerging issues	2 practices	2 practices have remained at this level	2 practices national patient survey results trend still shows a decline in July 2017. QOF results for 2015/16 are also lower than average for these 2 practices and therefore to review these once results for 2016/17 are published in October. CQC inspection outcomes being addressed.	National patient survey results have been fed back via the locality boards and will be discussed with individual practices during practice visits.
4. Formal support	No practices	N/A	N/A	N/A

3.0 CCG membership agreement with practices

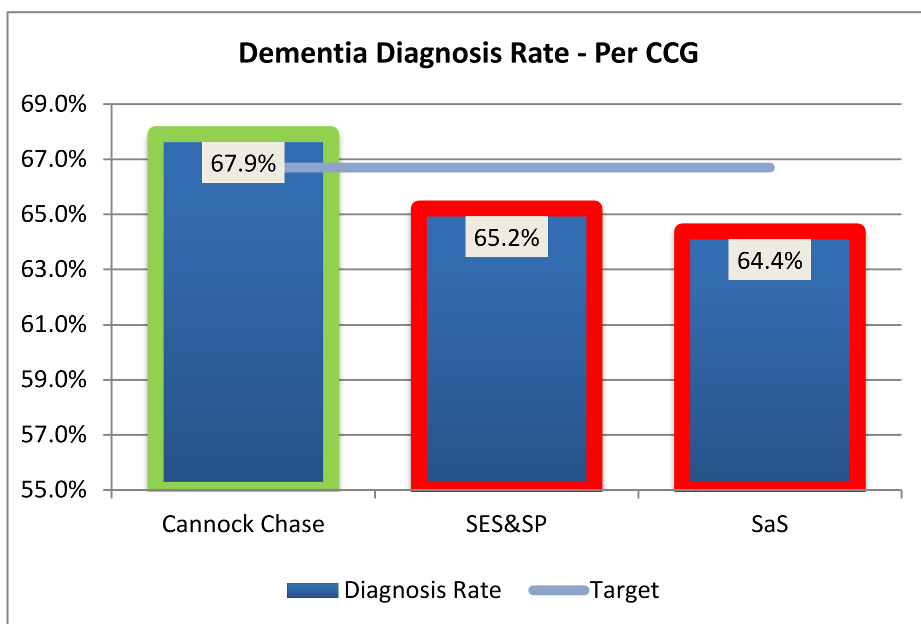
The CCG membership agreements with practices cover a range of indicators/targets relating to engagement, quality and medicines optimisation for practices to work towards achievement.

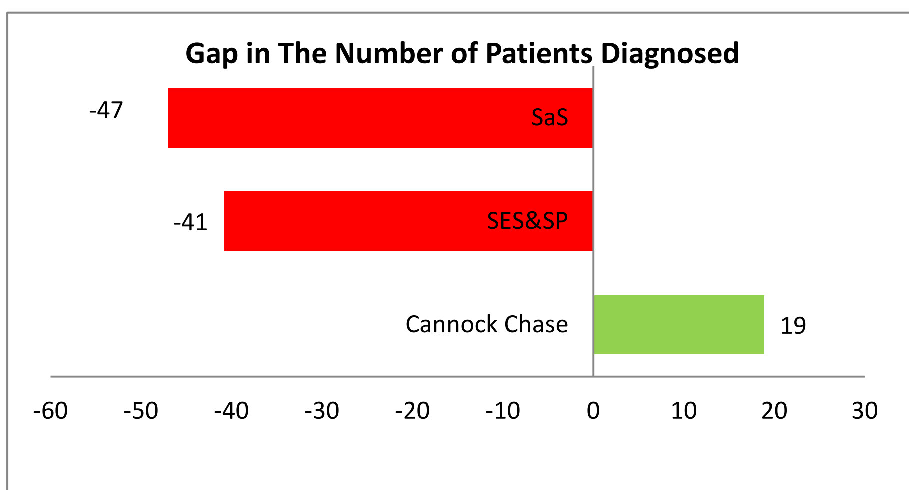
Quality indicators are focused on areas identified for improvement by the CCG IAF and quality premium indicators such as improving Chronic Obstructive Pulmonary Disease (COPD) prevalence, diabetes blood pressure management and increasing numbers of eligible patients receiving a pneumococcal vaccination.

Progress is monitored on a quarterly basis and shared with practices via a 'plan on a page'.

4.0 Dementia rates

Target 66.7%





The CCGs are linked to the dementia friendly town/district groups and are also a member of the dementia action alliance. Our actions include sharing information with our partners, promoting staff to be dementia friends and encouraging / supporting our practices to become dementia friendly. We are currently aware of 9 practices that have dementia friendly status (3 in progress). We continue to work with our practices to continue to identify patients with dementia.

5.0 Learning and education

5.1 Protected learning time (PLT)

The Primary Care Team is working across the 3 CCGs to implement a quality education programme for GPs, Practice Nurses and Health care Assistants.

SAS now have two new Education Leads that have recently been appointed (job share) and facilitated their first PLT session on 7th September. The plan is to bring together the Education Leads across the CCGs to share ideas, standardise where possible, along with peer support and look at ways to develop the sessions in the future.

Examples of future PLTs for GPs include a focus on Cardiology, dermatology, urology and child and adult safeguarding.

Examples of future PLTs for nurses and HCAs include vaccinations and immunisations, child / adult safeguarding and stroke.

5.2 Practice nurse facilitators (PNF)

Each of the CCGs has a PNF in place. The PNF is a pivotal role in strengthening the nursing workforce to ensure continuous learning and development opportunities to support the delivery of high quality patient care. The role assists in improving the quality of primary care in line with the CCGs primary care strategy and act as a link between practice nurses and the wider CCG. It is also invaluable for the nurses to be able to work with CCG to help deliver the GP 5 year forward view plan, supporting changes within primary care, looking at training needs for staff, future of nurses, implementation and support for other roles within primary care.

Some of the key highlights that the PNFs are currently working on include:

- Organise PLT sessions for Advanced Nurse Practitioners (ANPs), nurses and healthcare assistants (HCAs)
- Supporting new nurses into their roles including offering mentorship for nurses on the fundamentals in general practice course
- Deliver a regular ANP forum for nurses in Stafford and Cannock and examining setting one up for nurses in SESSP
- Support nurses with the revalidation process and with CQC inspections to ensure that the nurses are meeting the relevant requirements
- Worked with Universities to secure student placements/ensure courses for Primary Care are fit for purpose/update for nurse mentors in practice - all by securing free training

6.0 Quality visits programme 2017/18

The 3 CCGs are committed to a quality visit programme in 2017/18 (October to March).

- Stafford and Surrounds CCG – All practices to be visited
- Cannock Chase CCG – Half practices to be visited in 2017/18, the remaining half to be visited in 2018/19
- SESSP CCG – All practices to be visited

A consistent process including data will be used across all visits taking place. Visits will be undertaken by the CCG chair and a Senior Primary Care Development Manager for Stafford & Surrounds and Cannock Chase practices and locality directors and a Senior Primary Care Development Manager for SESSP practices. Themes and trends will be collated and a summary will be produced to share the learning once visits have been completed.

7.0 Primary care quality leads group feedback - 20th July 2017

Present at the meeting were representatives from the North Staffordshire CCGs, South Staffordshire CCGs, Shropshire CCG and the quality team at NHS England (NHSE)

3 key highlights:

- A flowchart is being developed to support practices in the reporting of incidents.
- Posters were shared in relation to healthcare professional notifying the DVLA of conditions affecting a patient's ability to drive and where they believe the patient has not notified the DVLA and they continue to drive for sharing with GP practices.
- Learning and themes were shared identified from the performer's list process for future consideration.

Next meeting takes place on 23rd October 2017

8.0 Summary of 'The state of care in general practice 2014 – 2017 (Findings from CQCs programme of comprehensive inspections from GP practices (Published September 2017))'

Summary from Steve Field (Chief Inspector of General Practice)

- Inspected 7,365 practices across the country (all who were registered with CQC as at October 2014)
- 9 out of 10 (90%) practices rated good or outstanding – in comparison the 3 CCGs have 92% practices rated good or outstanding
- Highlights new innovative practice to encourage learning
- Pockets of poor care also apparent
- Many practices gave positive feedback on the inspection that they found valuable and help them to improve
- Will use the findings from this first round of inspections as a baseline to continue to improve and adapt to regulate in a more targeted, responsive and collaborative way.
- Outcomes will be used to refine the future approach to inspections.
- Commitment to work with commissioners and stakeholders to reduce duplication and also share information.

Acronyms

ANP	Advanced Nurse Practitioner
CC	Cannock Chase
CQC	Care Quality Commission
COPD	Chronic Obstructive Pulmonary Disease
DVLA	Driver and Vehicle Licensing Agency
FFT	Friends and Family Test
HCA	Health Care Assistant
NHSE	NHS England
PLT	Protected Learning Time
PNF	Practice Nurse Facilitator
QOF	Quality Outcomes Framework
SAS	Stafford and Surrounds
SESSP or SES&SP	South East Staffs and Seisdon Peninsula

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

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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26th October 2017

<table>
<tr><td>Subject:</td><td colspan="8">Delegated Commissioning Month 6 2017/18</td></tr>
<tr><td>Board Lead:</td><td colspan="8">Lynn Millar</td></tr>
<tr><td>Officer Lead:</td><td colspan="8">Anne Perry</td></tr>
<tr><td>Recommendation:</td><td>Approval/ Ratification</td><td></td><td>Assurance</td><td></td><td>Discussion</td><td></td><td>Information</td><td>✓</td></tr>
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PURPOSE OF THE REPORT:

To inform the Board of the Month 6 position for Cannock Chase, Stafford & Surrounds and South East Staffordshire & Seisdon Peninsula CCG's

KEY POINTS:

The tables in Appendix 1 summarise the financial position at Month 6 2017/18.
The current financial positions are :-

- Cannock Chase CCG is reporting an overspend of £664.
- Stafford & Surrounds CCG is reporting an underspend of £11,424.
- South East Staffordshire & Seisdon Peninsula CCG is reporting an overspend of £5,962

In terms of any underspends which may arise NHS England will not be looking to recover, as the budget has been devolved to CCG's.
The funding cannot be transferred out of Primary Care to other areas of the CCG.

NHSE hold some contingency reserves for any unexpected / unplanned expenditure which may arise – any prior year will be covered by NHSE – and would be willing to discuss non-recurrent support but this would not be guaranteed

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	
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	
CQC	
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce/Training	

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee is asked to receive the report.

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?			✓

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

Other areas of Primary Care spend are over & above the values shown in these tables –

- Local Enhanced Services
- GP IT
- Prescribing
- Medicines Management
- Primary Care Developments
- GPFV

Delegated Co-commissioning – Finance Report – Sept 17

Cannock Chase CCG (04Y)

The current financial position for Cannock Chase CCG at Month 6 2017/18 is £664 over spent, below is the summary position by expenditure category:-

Narrative	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	146,364	73,148	73,148	0	146,364
Enhanced Services	514,328	257,076	241,894	(15,182)	514,328
General Practice APMS	264,198	132,095	133,023	928	264,198
General Practice GMS	10,043,032	4,977,021	4,978,069	1,048	10,043,032
General Practice PMS	3,058,821	1,500,141	1,499,407	(734)	3,058,821
Other GP Services	586,333	358,895	353,169	(5,726)	586,333
Premises Costs Reimbursements	1,388,087	739,499	758,501	19,002	1,388,087
QOF	1,751,837	871,428	871,428	0	1,751,837
Grand Total in Ledger at Month 5	**17,753,000**	**8,909,303**	**8,909,967**	**664**	**17,753,000**

The Enhanced Services underspend is predominantly due to the Extended Hours DES, where budgets have been recovered from practices that had received an allocation but did not sign up to the DES's.

Other GP Services are showing an under spend due to Seniority.

Premises Costs Reimbursements is showing an over spend due to NHS Property Services properties, which will be mitigated by the underspend on Enhanced Services

A further £100k transfer from NHSE to Cannock Chase CCG was actioned in Month 6

Year-end outturn continues to forecast a breakeven position.

Delegated Co-commissioning – Finance Report – September 17

Stafford & Surrounds CCG (05V)

The current financial position for Stafford & Surrounds CCG at month 6 2017/18 is £11,424 underspent, below is the summary position by expenditure category:-

EXPENDITURE

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast
Dispensing & Prescribing	756,894	378,428	378,428	0	756,894
Enhanced Services	504,306	252,101	251,030	(1,071)	504,306
General Practice GMS	11,279,870	5,547,425	5,527,855	(19,570)	11,279,870
General Practice PMS	3,255,484	1,559,456	1,559,561	105	3,123,764
Other GP Services	626,598	227,011	239,511	12,500	758,318
Premises Costs Reimbursements	1,862,038	1,038,594	1,035,206	(3,388)	1,862,038
QOF	2,033,810	1,004,558	1,004,558	0	2,033,810
Grand Total	**20,319,000**	**10,007,573**	**9,996,149**	**(11,424)**	**20,319,000**

The Enhanced Services underspend relates to list size changes on the Extended Hours

General Practice GMS underspend is due to an underspend on the Global Sum.

Other GP Services overspend of is being driven by Seniority payments, which will be mitigated by the underspend on the Global Sum.

Premises Costs Reimbursements underspend includes a slight underspend on bother Water Rates and Rent.

A further £75k transfer from NHSE to Stafford & Surrounds CCG was actioned in Month 6.

Year-end outturn continues to forecast a breakeven position.

Delegated Co-commissioning – Finance Report – September 17

South East Staffs & Seisdon Peninsula CCG (05Q)

The current financial position for South East Staffs & Seisdon Peninsular CCG at month 6 2017/18 is £5,962 overspent, below is the summary position by expenditure category:-

EXPENDITURE

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	238,675	119,271	119,271	0	238,675
Enhanced Services	749,601	374,699	357,714	(16,985)	749,601
General Practice APMS	881,205	440,599	440,599	0	881,205
General Practice GMS	15,397,909	7,652,222	7,642,157	(10,065)	15,397,909
General Practice PMS	4,217,709	2,072,378	2,072,378	0	3,926,634
Other GP Services	1,087,430	420,164	426,599	6,435	1,378,505
Premises Costs Reimbursements	1,644,550	949,137	975,714	26,577	1,644,550
QOF	2,774,921	1,387,328	1,387,328	0	2,774,921
Grand Total	**26,992,000**	**13,415,798**	**13,421,760**	**5,962**	**26,992,000**

The Enhanced Services underspend is due to list size changes on Extended hours.

General Practice GMS underspend relates to Global Sum payments

Other GP Services overspend is due to Seniority

Premises costs reimbursements includes an overspend on rents, partially offset by an underspend from rates reviews. This can be mitigated against the Enhanced Services & GMS Global Sum underspend.

A further £136k transfer from NHSE to South East Staffordshire & Seisdon Peninsula CCG was actioned in Month 6

Year-end outturn continues to forecast a breakeven position.

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

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REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 26 October 2017

Subject:	360° feedback action plan							
Board Lead:	Lynn Miller, Executive Director of Primary Care							
Officer Lead:	Eleanor Wood, Senior Primary Care Development Manager							
Recommendation:	**Approval/ Ratification**		**Assurance**	✓	**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

Following the recommendation from the June Committee meeting this paper sets out to provide assurance to the Committee that Membership feedback from the 360° stakeholder survey has been noted and that appropriate actions are being put in place to address issues that have arisen.

KEY POINTS:

This paper provides analysis of Member Practice feedback from the 2017 CCG 360° feedback and proposed actions in order to improve membership engagement as a result of their feedback through this survey.

The action plan has been shared with the CCG Clinical Chairs and Locality Directors and has also been presented to both EMT and the Communication and Engagement Committee.

Next steps for the action plan are to identify owners and timescales for each of the actions within the plan.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	n/a
More focus on prevention	n/a
Involving everyone for improved health and care	To ensure that member practices are engaged with the commissioning of local healthcare and their views are taken on board.
Empower and support patients to take control of their own health	n/a
Services supporting people to make informed decisions	n/a

IMPLICATIONS:

Legal and/or Risk	None
CQC	None
Patient Safety	None
Patient Engagement	None
Financial	None
Sustainability	None
Workforce/Training	None

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee is asked to:

Note the action plan and to determine how frequently updates should be provided.

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?			✓

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360° Survey Analysis 2017

1. Introduction

This paper provides analysis of Member Practice feedback from the 2017 CCG 360° feedback and proposed actions in order to improve membership engagement as a result of their feedback through this survey.

2. Analysis and actions

2.1 Member practice response rate:

Response rates from both SES&SP and SaS CCGs member practices has increased significantly from 2016 with the response rate for Cannock Chase remaining static. Work will continue in prior to the 2018 survey to continue and improve the uptake for the 2018 survey. This will be through a reminder at practice quality visits, which was felt to be a successful mechanism at SaS CCG for the 2017 survey and the result support this, and engagement with practices prior to the survey deadlines.

	Uptake 2017	**Uptake 2016**
Cannock Chase CCG	52% (13 out of 25 practices)	50% (13 out of 26 practices)
South East Staffordshire and Seisdon Peninsula CCG	79% (23 out of 29 practices)	35% (11 out of 31 practices)
Stafford and Surrounds CCG	93% (13 out of 14 practices)	50% (7 out of 14 practices)

Actions to improve:

1	Discussions to be held at practice quality visits to gain further feedback from practices.
2	Engagement with practices to ensure they are aware of the 2018 360 survey and to encourage views to be feedback.

2.2 Overall views:

2.2.1 Overall Engagement

Most member practices felt engaged by the CCG in the 12 month period from January 2016 to January 2017. The results for Stafford and Surrounds CCG showed a higher level of engagement than that of Cannock and SESSP. A lower percentage of practices however felt satisfied with the way in which the CCG engages and this needs to be an area of focus in the coming twelve months. Again there was a positive response about the practices working relationship with the CCG with Cannock showing a higher level of contentment with the working relationship.

	CC	**SESSP**	**SaS**
To what extent do you feel engaged by the CCG in the past 12 months	77%	74%	91%
Satisfaction with the way in which the CCG engages	69%	57%	69%
Working relationship with the CCG	85%	70%	77%

Actions to improve:

1	Practice Newsletter – development of the newsletter to ensure it meets the needs of the Practices and provides the right information.
2	SOP developed for Locality/Membership Boards
3	Greater use of CCG Practice News for communication out to practices identifying any changes
4	Ensure all Boards are being presented with the same information where feasible.
5	Align SaS Membership agenda to Locality Board agenda's

2.2.2 Commissioning Decisions

There were varying results returned by each CCG area regarding commissioning decisions made by the CCG.

The below table breaks down the response to each question with the percentage reflecting those that strongly agreed or tended to agree. Cannock CCG had the most confidence in the CCG. In order to improve results for the 2018 survey work needs to be undertaken to ensure that the right individuals are engaged and stronger links are made with clinical leads.

	CC	SESSP	SaS
CCG involves and engages the right individuals and organisations when making commissioning decisions	54%	39%	54%
Confidence in CCG to commission high quality services	77%	39%	54%
Understanding of reasons for decisions that CCG makes when commissioning services	92%	61%	69%
CCGs plans will deliver continuous improvements in quality within available resources	62%	30%	38%

Actions to improve:

1	Development of QIPPs through Membership workshops

2.2.3 CCG Leadership

With regards to the CCG leadership, again there were varying results. Notably SES&SP have a lower confidence in the leadership. This could be due to the change in organisation and not fully developing the relationships with the leadership team in order for them to have the necessary confidence in individuals.

	CC	SESSP	SaS
The CCG leadership has the necessary blend of skills and experience	69%	43%	62%
The CCG has clear and visible leadership	77%	39%	92%
Have confidence in the leadership to deliver plans and priorities	62%	48%	46%
The leadership delivers continued quality improvements	62%	35%	38%
Confidence in leadership to deliver improved outcomes for patients	69%	35%	31%

Actions to improve:

1	CCG Improvement and Assessment Framework more regularly shared and will form part of the business cycle
2	Executive team more visible at Locality/Membership Boards

2.2.4 Quality

In terms of quality practices feel able to raise quality concerns with the CCG. Further work needs to be undertaken in order to address the confidence they have in the CCG acting on feedback and there may be an opportunity to learn from processes in Cannock where practices felt that their concerns were acted upon. The quality team are already working on a soft intelligence report to be presented to Locality and Membership Boards so that practices are aware of what actions are being taken as a result of their information.

	CC	SESSP	SaS
Confidence that the CCG effectively monitors quality of services commissioned	69%	52%	54%
Able to raise concerns about quality	92%	87%	85%
Confidence in the CCG to act on feedback about quality	77%	57%	54%

Actions to improve:

1	Datix/soft intelligence report currently in development with a plan to discuss these at Membership/Locality Boards

2.2.5 Plans and Priorities

Practices in both Cannock and Stafford felt they knew the CCGs plans and priorities. A slightly less positive result can be found for SES&SP CCG. There is opportunity for member practices to influence and comment on the CCGs plans and priorities in this financial year. The CCG also needs to focus on ensuring that practices in SES&SP feel that plans and priorities have been effectively communicated to them. This could be through quality visits, necessary officers communicating plans at Locality Boards and also through direct communication to practices.

	CC	SESSP	SaS
How much do you know about the CCGs plans and priorities	85%	57%	85%
You have been given the opportunity to influence CCG plans and priorities	62%	48%	46%
When commented on CCGs plans and priorities those comments have been taken on board	77%	43%	54%
The CCG effectively communicated plans and priorities	92%	39%	77%

Actions to improve:

1	QIPP update presented to Membership and to form part of the Boards business cycle
2	QIPP workshop/session to develop ideas with Membership
3	Continuation of involvement and presentation of the Operational Plan
4	Commissioning stand at PLT
5	Membership Agreement data pack to be produced for SES&SP
6	Feedback gained through practice quality visits

2.2.6 Public Engagement

The below table outlines the responses for each CCG on the questions relating to patients and the public. This section has scored particularly low compared to other areas. Again there are varying results by CCG with a focus needing to be taken around how we feed back to practices about how the CCG acted upon information provided by patients and the public. The results in SES&SP CCG are significantly lower than Cannock and Stafford and this needs to be understood further. Ensuring that information on engagement is shared with the membership may help to increase the percentages.

	CC	SESSP	SaS
Satisfaction with the steps taken by the CCG to engage with patients and the public	62%	39%	54%
The CCG acts on views of patients and the public when making commissioning decisions	54%	35%	38%
The CCG effectively communicates about how it acted on what it is told by patients and the public	38%	26%	31%
Improving patient outcomes is the core focus of the CCG	69%	52%	85%

Actions to improve:

1	Comms and Engagement team to report on patient feedback , outcomes from PPG meeting and other comms routes. Information then presented to Locality/Membership Boards
2	Primary Care team to attend District Patient Groups

2.2.7 Decision Making

Both Cannock and Stafford member practices felt that the arrangements for member participation in decision making were effective. However in SES&SP this wasn't felt to be as effective. In both SES&SP and Stafford practices felt that they were not able to influence CCG decision making.

	CC	SESSP	SaS
How effective are the arrangements for member participation in decision making	85%	48%	92%
Extent you are able to influence CCG decision making process	62%	26%	31%

Actions to improve:

1	When developing service specifications the spec should be sent to the membership for comments to be provided prior to the meeting. The comments should be reviewed by the appropriate clinical lead prior to the meeting. This will allow more time for discussion.

2.2.8 Clinical Leadership

In respect to clinical leadership in the CCG there were very variable results by CCG area. Cannock Chase CCG were more positive in their views and SES&SP more negative. This could, in part, be due to a number of changes within the Clinical Leadership team at SES&SP over the previous twelve months.

	CC	SESSP	SaS
Confidence in clinical leadership of the CCG to deliver the plans and priorities	69%	52%	62%
Clinical leadership of the CCG is delivering continued quality improvements	77%	43%	54%
Clinical leadership is delivering continued improvements to reduce health inequalities	62%	35%	54%

Action to improve:

1	Reports to be clear in who's been involved in the development of the report
2	Ensure full engagement of Clinical Leads on key projects/papers
3	Where feasible Clinicians to present papers where appropriate
4	Incorporating clinical articles from clinical leads in the Practice newsletter.

2.2.9 Financial Position

Practices were familiar with the financial position of the CCG and on the whole understood the financial implications of the CCGs plans. Many practices felt that value for money was a key factor in decision making. However many practices did not feel that they were regularly involved in discussions regarding the management of the CCGs finances.

	CC	SESSP	SaS
how well do you understand the financial implications of the CCG plans	69%	52%	54%
Extent you agree that value for money is a key factor in decision making when formulating CCG plans and priorities	92%	61%	77%
I am regularly involved in discussions regarding the management of CCG finances	31%	26%	38%
How familiar are you with the financial position of the CCG	85%	74%	100%

Action to improve:

1	Finance update to be provided and presented to Membership and to form part of the Board business cycle

2.2.10 Improving Health

In Cannock practices understand the CCGs plans to improve the health of the local population however further work needs to be undertaken in both SES&SP and Stafford around this agenda.

	CC	SESSP	SaS
How well do you understand the CCGs plans to improve the health of the local population	92%	39%	54%

Actions to improve:

1	Health and Wellbeing Strategy shared and discussed with membership and to form part of the Board business cycle

2.2.11 Leadership Opportunities

It is really positive that practices feel that they are able to take a leadership role within the CCG and the CCG is keen to develop this further to ensure further clinical engagement with the organisation.

	CC	SESSP	SaS
Representatives from member practices are able to take a leadership role within the CCG if they want to	69%	74%	77%

Actions to improve:

1	Continuation of promoting clinical leadership opportunities

2.2.12 Co-Commissioning

Finally, with regards to co-commissioning practices on the whole practices felt that they were engaged with the process and were involved in discussions about the CCGs plans.

	CC	SESSP	SaS
How involved do you feel you have been in discussions about CCGs plans for primary care co-commissioning	77%	70%	85%

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

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REPORT TO: Primary Care Commissioning Committee Meeting in Common
TO BE HELD ON: 26 October 2017

Subject:	Primary Care Quality Group draft terms of reference 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 this report is to present a draft terms of reference of the Primary Care Quality Group for approval.

KEY POINTS:

The Primary Care Quality Group provides assurance to the Primary Care Committee as to the quality of its member practices. It is a group that has oversight from Executive Management Team for the 3 CCGs,

The purpose of the group is to review data and intelligence to cohesively triangulate this information and identify if practices might require further support and input and agree action plans with practices if required.

The group consists of key representatives from the primary care and quality teams in the CCGs and NHS England.

A report will be produced following every quarterly meeting presented to Joint Quality Committee for initial scrutiny and challenge and a final report to be presented to Primary Care Committee for assurance.

CCG GOALS:

Goal	
Change the culture: • **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	Any risks will be flagged and logged as part of this process
CQC	CQC inspections formulate part of the reviews
Patient Safety	Any patient safety issues will be flagged, logged and investigated as appropriate
Patient Engagement	Patient views formulate part of the reviews
Financial	N/A
Sustainability	Sustainability of general practice is at the forefront of this process
Workforce/Training	Any workforce or training issues will be flagged and logged as part of this process

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Committee is asked to approve the terms of reference for the Primary Care Quality Group.

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?			✓

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Primary Care Quality Group

Terms of Reference

1. Introduction

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England (NHSE) was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHSE would delegate the exercise of certain specified primary care commissioning functions to a CCG.

Stafford and Surrounds (SAS), Cannock Chase (CC) and South East Staffordshire and Seisdon Peninsula (SESSP) have full delegated authority as of 1st April 2017.

To comply with the delegated authority powers SAS, CC and SESSP have established a Primary Care Quality Group (formally Dashboard review meeting) to provide assurance to the Primary Care Commissioning Committee in common (PCCC) as to the quality of its membership practices.

The group has been established to review available quality intelligence to identify those practices where additional support from the CCGs and NHSE may be required.

2. Key Responsibilities

The Primary Care Quality Group will:

- Review practice level data and dashboard matrix
- Identify and review practices that are highlighted as outliers within the dashboard matrix
- Identify practices that require support as per recovery model process
- Identify practices that have performance, quality or contractual concerns
- Identify and triangulate practice level information from NHSE, primary care contracting, primary care quality, patient experience, workforce etc
- Review any individual agreed action plans
- Produce reports to the Joint Quality Committee (for further challenge and scrutiny) and the PCCC (for assurance) on a quarterly basis
- Produce exception reports to the PCCC on a monthly basis as required

3. Membership and Quoracy

The Primary Care Quality Group membership is as follows:

Senior Primary Care Development Manager (SAS, CC and SESSP CCGs)
Primary Care Quality & Safety Manager (NHS England – North Midlands)
Quality Lead (NHS England - North Midlands)
Primary Care Manager (NHS England – North Midlands)

The Head of Nursing, Quality and Safety (SAS, CC, and SESSP CCGs) will attend on a bi-annual basis.

The role of chair will be undertaken by the Senior Primary Care Development Manager from the CCGs.

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Quoracy constitutes as representation from NHS England Quality and Safety, NHS England Primary Care and CCG primary care. In the event of absence, a deputy must be in place for attendance.

The minutes should state whether the meeting is quorate or not. Where a meeting is not quorate, arrangements for dealing with this should be clearly set out in the minutes.

4. Methodology

A review of data contained within the primary care quality assurance dashboard will be undertaken including any soft intelligence feedback with a view to risk stratifying practices that may require further support or monitoring as outlined within the primary care quality assurance schedule.

Actions will be assigned and reviewed at each meeting to ensure that these have been undertaken or if any further actions are required.

Any concerns raised in the interim of the primary care quality group meetings will be discussed virtually and action taken in line with the quality assurance schedule if required.

5. Decision Making

The group will aim to reach a consensus with regards to any practices highlighted (as part of the primary care quality review). If consensus cannot be reached further work and analysis of the concerns identified will be undertaken and reported back to the next group.

6. Administration

The Primary Care Quality Group will meet on a quarterly basis.

The following documentation will support this group:

- Updated Dashboard Matrix
- Updated Practice Summary
- Action Log (as part of the dashboard matrix)
- Any other intelligence received (verbal, written correspondence)

7. Reporting and Accountability

The Primary Care Quality Group will provide assurance to the PCCC which in turn reports to the CCG Governing Body. The management of the Primary Care Quality Group will be the responsibility of the Executive Management Team (EMT).

- A quarterly report will be submitted to the Joint Quality Committee for further challenge and scrutiny, not assurance
- A quarterly quality position statement will be submitted to the Primary Care Commissioning Committee (public session) providing assurance. A confidential report will be submitted if further detail is required.
- A monthly report will be submitted to either committee by exception if required

Decisions will be made on consensus of opinion, taking into consideration any conflicts of interest.

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8. Conduct of the Sub Group

The Primary Care Quality Sub Group will work to the Nolan principles of public life as formally adopted by the Governing Body in the conduct of its business. (Appendix B).

Open and honest declarations of interest will be made at the beginning of each meeting and will be noted.

Individuals may participate in discussions where a conflict of interest has been identified, however the chair will have the power to request that a member withdraw from discussions until concluded if the chair deems appropriate.

9. Review arrangements

These Terms of Reference will be reviewed annually or sooner if appropriate

Date of Approval:

Date of Review:

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The Nolan Principles

The CCG will also promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

Good corporate governance arrangements are critical to achieving the CCG's objectives. We adhere to the 'Nolan Principles' which set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

1. **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

2. **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

3. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. **Leadership** – Holders of public office should promote and support these principles by leadership and example.

DRAFT

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

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

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

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