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

Primary Care Commissioning Committees Meeting in Common

to be held on 19 December 2018 at 2.00 pm in the

Pisces Room, Aquarius Ballroom, Victoria Shopping Park, Victoria St, Hednesford, Cannock WS12 1BT

AGENDA

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

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	AHe	-	14:00
2.	Apologies	Verbal	AHe	-	
3.	Quoracy	Verbal	AHe	-	
4.	Declarations of Interests and actions taken to manage conflict	Verbal	AHe	I	
5.	Minutes of the Meeting held on 25 October 2018	Enc. 01	AHe	A	
6.	Actions Sheet	Enc. 02	AHe	A	

Governance Inc Quality

7.	Risk Register – Public	Enc. 03	LM	S	14.10
8.	Finance Report	Enc. 04	MR/AP	S	14.20

Strategic and Planning

9.	Proposal for Merging PCCs	Verbal	LM	D/A	14:35
10.	Digital presentation	Present.	AH	S/I	14.50
11.	GP Forward View – 10 High Impact Actions Plan	Enc. 05	SJ	S/I	15:15
12.	Business Cycle for Membership Boards	Enc. 06	SJ	S/I	15:25

Any Other Business

13.	Questions from Members of the Public	Verbal	All	D	15.35
14.	Items for escalation to Governing Body and/or risk register	Verbal	AHe	I	15.45
15.	Any Other Business	Verbal			15:50
16.	Glossary of terms	Enc. 07	All		
17.	Date, Time and venue of next meeting: 30 January 2019 at 2.00 pm Rudyard Suite, Ground Floor, Staffordshire Place 1, Stafford, ST16 2LP	Verbal	All	A	16.00

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Stafford and Surrounds Clinical Commissioning Group

The healthiest place to live and work, by 2025

Primary Care Commissioning Committees Meeting in Common

Thursday 25 October at 10.00 am
Dover Room, Northfield Centre, Cooperative Street, Stafford

Members:	Quoracy	26/04/2018	30/05/2018	27/08/2018	25/07/2018	29/08/2018	26/09/2018	25/10/2018	November	19/12/2018	January	February	March
Neil Chambers (NC), Lay Member Cannock Chase (CC) CCG		✓	✓	✓	✓	✓	✓	✖	Development Day				
Sue Harper (SH), Lay Member S&S CCG		✓	✓	✓	✓	✓	✖	✓					
Anne Heckels (Chair) (AHe), Lay Member South East Staffordshire & Seisdon Peninsular (SES&SP) CCG		✓	✓	✓	✓	✓	✓	✓					
Jan Toplis (JT), Lay Member CC CCGs		✓	✓	✓	✖	✖	✓	✓					
Lynne Smith (LS), Lay Members SES & SP CCG		✖	✖	✖	✖	✖	✖	✓					
Diane Smith (DS) Lay Member S&S CCG		✓	✓	✓	✓	✓	✓	✖					
In attendance:													
Tracey Cox (TC), Primary Care Development Manager, S&S CCG		✓	✓	✓	✓	✓	✖	✓					
Dr Paddy Hannigan (PH), GP Chair S&S CCG		✓	✓	✖	✓	✓	✓	✖					
Dr Mo Huda (MoH), GP Chair CC CCG		✓	✓	✓	✓	✓	✓	✖					
Darrell Jackson (DJ), Primary Care Lead NHS England (NHSE) – North Midlands		✓	✖	✓	✖	✖	✖	✖					
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		✓	✖	✖	✖	✖	✖	✖					
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		✖	✖	✖	✖	✖	✖	✖					

Members:	Quoracy	26/04/2018	30/05/2018	27/08/2018	25/07/2018	29/08/2018	26/09/2018	25/10/2018	November	19/12/2018	January	February	March
Thomas O'Hann, PWC		✖	✖	✖	✖	✖	✖	✖					
Ian Saberton, Primary Care Development Manager, CC, SES&SP and S&S CCGs		✓	✖	✖	✖	✖	✖	✖					
Matt Gollins, Administrator (minutes)		✓											
Paul Gallagher, Lay Members, CC, SES&SP CCG			✓										
Amanda Palmer, Project Manager for PMO (observer)				✓									
Mani Hussain (MHu), Deputy Director of Primary Care and Medicines Optimisation				✓	✓	✖	✖	✓					
Dave Skelton, Financial Controller, CCG						✓		✖					
Laura Bird, PC Development Manager						✓		✖					
Katheryn Frain, PC Development Manager						✓		✖					
Andrea Gorton, PC Development Support Manager						✓		✖					
Richard Caddy, CSU						✓		✖					
Mel Mahon, Head of Primary Care Commissioning (MM)						✓		✖					
Alan Howgarth Finance (AHo)							✓	✖					
Dr Mark Stoke, R&D Lead, S&S CCG							✓	✖					
Penny Gibbs, Comms							✓	✖					

		Action
1.	**Welcome by the Chair** AHe opened the meeting and welcomed members.	
2.	**Apologies** Apologies were received from Darrell Jackson, Neil Chambers, Adrian Tomkins, Dianna Smith Apologies were recorded from Paddy Hannigan, Mo Huda and Shammy Sekhar who were meeting with the CQC but may attend the meeting later.	
3.	**Quoracy** The Committee was only quorate for SES Any items requiring approval would seek virtual approval.	
4.	**Declarations of Interests and actions taken to manage conflict** Dr Kaul declared that he is an Ambassador for the RCGP across Shropshire and Staffordshire. No other declarations were made.	
5.	**Minutes of the Meeting held 26 September 2018** The minutes of the meeting held on 26 September 2018 were agreed as an accurate record.	
6.	**Actions Sheet** The action sheet was updated as follows:	

		Action
	Ref 116 – this will be picked up during the agenda item on the 360° feedback item Ref 115 – AHe confirmed that she had spoken with Garth Thompson however his evaluation work had not been submitted to the FPC. Once it has been received GT is more than happy for this to be shared more widely. Ref 113 – updated paper coming to the November committee and was followed up from the 6 months GPFV presentation that members previously received to determine what GPFV allocations the CCG has received, what they have been spent on and what, if any actions there are going forward. GK asked whether the Committee takes any view on the use of any underspend. SJ confirmed that there is no underspend although highlighted that they is an issue around the GP Retention Schemes. There has been GPFV investment in reception training, workflow optimisation and so there is currently no underspend in these areas. LM commented that with regard to the GP Retention Scheme, nationally there was an allocation for GPs however the CCG did not received any additional money for the GP Retention Scheme. To date there are two GPs on the scheme in Staffordshire, the CCG was alerted in October to these two GPs. The agreement was between Health Education England and NHS England who approved the scheme but at no point during the allocation did they highlight there would be a cost pressure around GP retention. LM also advised the committee that she had received negative feedback about the CCG refusing to pay for the GP retention scheme and that practices should be cautious as GPs won't pay. This information is inaccurate. RW is being asked to provide a paper to on the scheme for the Primary Care Committee. GK acknowledged that it would be useful to have more guidelines around this. LM also highlighted that this needs to be highlighted in the reserves as a cost pressure, this needs to be included in the south and also anticipate if there are any future GPs coming through the scheme. There is no additional allocation for the retention in the baseline **Action: Ian Ashton to include GP retention scheme as a cost pressure** **Action: GP Retention to be on future agenda for PCC.** Ref 109 – there was no update submitted with the papers in relation to population sizes or the North and East CCGs finance reports. Once this has been completed this would be circulated outside the meeting. **Action: Update paper to be recirculated to members.** Ref 107 – Complete	**IA / AP** **LM** **IA / AP**

		Action
	Ref 105 – Resource for the team has been sourced from elsewhere. Item to be closed. Ref 99 – LM advised that an update will be discussed at the Governing Body later that day. LM informed members that the practice has formally written to the Accountable Officer requesting that the CCG reconsider the application to merge practice in light of new information from Dudley CCG. The CCGs Governing Body and Primary Care Committee fully support the merger of the two practices however due to the cumulative debt staying with the CCG it couldn't be supported at the time. Dudley CCG have written to the Accountable Officer to confirm that in year they would make an allocation that would resolve the issues in year however this would not solve the cumulative debt issue. In light of the information being submitted to the Governing Body it would then be for the committee to reconsider their decision. A proposal would be brought back to the next Committee with further detail. The action would remain open until the next meeting when further information or an update would be available.	
7.	**Risk Register – Public** LM presented the risk register to the Committee and advised that the register is now more robust and easier to understand and monitor. The Committee had requested that the register be in a more readable format and the report has now been updated to ensure that it is. LM advised that the BAF looks at strategic risk around practices The PC risk register has been split into different risk descriptions ie Workforce, Investment, Estates, Quality, Access, Engagement and PC Strategy LM advised that the following risks scores have been increased to 16; workforce, investment and quality LS asked that in respect of stakeholders, there is only one risk which is combined for all CCGs, this is Risk 154 and questioned whether the other risks should apply to all CCGs and LM confirmed that yes they should be. LS also asked about the workforce risk and acknowledged the severe issues in the north but couldn't see any issues for the east and asked whether the initials of each CCGs could go against each action to gain a view. LM also commented that there are significant workforce issues in the south and east. When talking about the workforce, this is talking about GPs and looking at new workforce and the risks around partnerships. LM advised that all the actions around workforce with the exception of number 1 apply to all CCGs. In the north they are working in partnership with the BMJ around a marketing campaign with an advert going into the BMJ each month and have also made a video to promote the north for GPs. GK commented that there needs to be	

		Action
	a concerted effort across the whole of Staffordshire. TC confirmed that following a careers event last week there has already been interest from GPs. A discussion took place around the workforce across the patch. Stafford has struggled previously with recruitment because of the issues at Mid Staffordshire NHS Trust however this has improved. Stafford is becoming more attractive as a commuter town with better links to London which means that although people are moving into the area they are travelling to the major cities to work. RW is looking at workforce as there is a national trend with recruitment and retention and will be asked to provide a paper to the Committee. **Action: RW to provide a workforce report to the Committee in January**. TMcG raised a question around risk A1.58 Quality and how patient outcomes and experiences are being captured. It was noted that conversations do take place with practices and are included within the quality visits that take place. It was felt that these discussions should be picked up outside the meeting with TC and TMcG as there are different quality risks within primary care. LM also advised the Committee that she has asked for PWC to look at a number of areas i.e. contractual processes and quality and they will be working with TC and the team to go into further detail and to look at what learning can come from it. Members **RECEIVED** the risk register.	**RW**
8.	**Finance Report** Ian Ashton attended the meeting on behalf of the Director of Finance and informed members that following the Management of Change new staff are now joining the finance team. The report presented to the Committee informs members of the Month 6 position. Information from NHSE has been received to indicate that the Global sum payment to practices will increase by £1.04 per head of population however confirmation is still awaited as to whether this will be backdated to 1 April and whether the increase will be funded centrally. The potential risk to Cannock CCG if this is not funded is a cost pressure of circa £110k. For Stafford this would be a cost pressure of £124k and for SES and Seisdon Peninsula a cost pressure of £167k. LM also advised that nationally a 2% increase has been agreed by NHSE for GP pay but that there has been no national allocation received by CCGs In the north it was noted that they have tried to manage the financial planning better as there was pressure to manage the underspend and wanted to see the underspend used for transformational schemes. LM asked for a paper to come back to a future meeting that highlights	

		Action
	all the financial risks as these are not yet visible to the committee. The CCG had been told mid year that there may be PMS pressures but this had not been flagged by NHSE as part of the forecasting. LM informed members that there has been a 1% provision in the accounts from October, a letter from the BMA Chair states that they want to see the 2% GMS increase back dated to April however there is not funding. National guidance is awaited before a formal response is sent. **Action: GMS letter to be shared with committee members.** IA also advised of the Deloittes Capacity and Capability review that has recently been undertaken. Deloittes have undertaken a line by line review of budgets across each CCG. The PC budget is one of those reviews undertaken and for month 7 this will give a true impression of the budget going forward. The YTD variance is not huge for the three CCGs and IA was confident that there wouldn't be any movement and that if there is a risk for the CCG then it would be funded. AHe asked that with the review going on, did IA feel that the underspends may or may not be real? IA responded by stating that he was not particularly close to the primary care budgets but would pick up how the CCG is planning. AHe would like to see a more robust position next time. AHe asked for the month 7 budget to be circulated to members as there would be no business meeting until December. **Action: AP/IA to circulate month 7 budget report once available.** JT asked about the number of planning applications for new housing estates and asked whether the CCG have any input into the infrastructure and the impact this has on primary care. LM responded that there is a lot of growth in Staffordshire, developers do make provision on sites for new practice buildings however the main issue is about practices moving in as the buildings are usually expensive. This is happening more and more and MH has the responsibility of estates. MH highlighted the complexities around whether practices can be encouraged to move to an estate, the overall picture across Staffordshire is the need for the estates strategy to deliver future vision i.e. supporting GPs to make them more sustainable and making sure that some of the estates is bolstered with other provision i.e. community providers to support practice to ensure patients are supported closer to home. For each case capacity needs to be looked at along with the quality of services. The CCG is working with the district councils; the biggest areas of growth are in the north and Seisdon. LS questioned whether the Council should be approached to review its planning policy in order to support new primary care facilities with their	**LM** **AP/IA**

		Action
	rent. LM highlighted that for some practice the rent is £2k a year and that working with the Council would be done in a way not previously undertaken. One development currently in place in on council land however ETTF monies is funding the development. LM suggested that an overview report be brought back to the meeting in January. **Action: MHu to provide an overview report on Estates to the January meeting. Item to be included on the business cycle.**	**MHu/VR**
9.	**Quality Report** Tracey Cox presented the quality report to the committee. The report included an update on the following items: • CQC inspection – a new report has been published for Dr Rasib (Cannock Chase CCG) rated good overall. Boney Hay Surgery (SESSP) requires improvement overall. • Primary Care Quality Quarterly review meeting outcomes • No new complaints upheld • Friends and Family test (FFT) as at July 2018 reporting period • Primary care quality leads group feedback • Learning and education including PLT and Peer reviews • Quality visit programme 2017/18 and plans for 2018/19 including long term condition visits • National GP Patient Survey results by CCG (published August 2018)_ • Improvement and Assessment framework – sepsis • Anticoagulation update – providing to Quality and Safety Committee With regard to F&F some GPs are doing and same are not and so the team are trying to understand practices who are not submitting data as this is a contractual requirement. The quality visit programme highlighted a number of themes and trends around workforce, membership agreement indicators/clinical areas, patient survey/patient feedback and activity data. The practice visits include patient survey and experience feedback, FFT and also look at activity data. Any specific soft intelligence is added onto datix to look at trends and themes. Quality visits are just commencing for the South for 2018/19. The GP National survey results have been published. There are variations across the CCGs and practices, some significant. When looking at the dashboards, these are looked at for every practice and give assurance that the patient survey results are actioned with	

		Action
	practices where the results are low. JT asked in terms of quality on the national survey, how is that quantified? TC advised that there have been changes to some of the questions this year so its not possible to compare the data to previous years. GK advised that the LMC are hosting a Quality Improvement Facilitator to go into practices and this may be something that they can support. With regard to Dr Murugan's practice progress has been made. DJ had confirmed previously that there is a partnership arrangement taking place from November. LS asked that for the FFT results would it be possible for these to be presented differently as it was confusing to read and that maybe a table format may be better. TC agreed to work with NHSE to look at this for the next report. Members **RECEIVED** the report.	
10.	**Social Prescribing Update** Tracey Cox provided a verbal update on social prescribing and advised that social prescribing is within the GPFV and is one of the 10 High Impact mechanisms for joining health and social care. The position currently is that there is not any formal approach in Staffordshire but various things have been happening throughout the localities including active signposting that has previously been spoken about; the County have some community navigator roles in place. Seisdon have a joined up approach between South Staffs Council, social prescribing and good life directory. Craig Porter, the Managing Director for the South West has tried to link with frailty work to ensure a consistent approach. MHu has been leading on a social prescribing pilot in the north. MHu confirmed that in the north there has been investment jointly with the local council and CCG. There will be 8 link workers who link patients with the voluntary sector to provide support. Putting money in for link working and the council have agreed to provide some resource and are trying to work towards December to get those posts into practices. It is a 12 month project and following that evaluation will be undertaken. GK commented that it was good to see that there is funding in the north and hopefully there would be some in the south. He felt it was good that the scheme will be launching with frailty and the third sector has been brought into the frailty pathway. The frailty model is being developed out of hubs in Lichfield and Tamworth. All Lichfield and Tamworth voluntary organisations are available to link in with. There are other practices doing similar things and money is being invested to learn from the pilot sites. It is expected that the council will match funding and the voluntary sector also have access to charity funds. At this moment in time, the pilot will determine how to deliver	

		Action
	across Staffordshire. 11.15 PH joined meeting. It was agreed to keep the item on the agenda for future meetings. 11.19 MoH joined meeting	
11.	**360^0 action plan** Sarah Jeffery presented the action plan to the Committee on behalf of the comms team. SJ highlighted that for primary care, staff are supporting practices which is being undertaken through the membership boards. The GPFV presentation that had been discussed previously to the committee will also be submitted to the Boards. The CCG are working closely with the LMC and general practice to develop actions going forward. Particular areas of focus for messaging from Practices should include: • The investment being made in primary care • GPFV – Delivery Plan, 10 high impact actions • STP – developments, clinical engagement and consequences • Support available to practices • Improvements to practice and processes being introduced • Sharing and celebrating good practice • Medicines & Prescribing policies • The value that can beaded by Patient Participation Groups JT raised that the one of the meetings being set up to develop the action plan is with the CD for Partnerships & Engagement in the North but not the south. SH highlighted that the results had come out of the survey and Anna Collins had worked through what the action plan may look like. She had held various meetings with people and the feeling was that in taking the plan forward it felt like it sat between comms and primary care and the Comms team felt that the action plan sits with the Primary Care Committee in terms of driving it forward rather than sitting in two committees. SH suggest that the PCC takes forward the action plan and monitors the progress. SJ commented that traditionally in the south the view had been that previous action plans and planning had been through this Committee but may be different in the north. PH highlighted that the survey happens in the spring and that it is now being discussed in October, the next 360° feedback would be coming shortly. He highlighted that in terms of the cycle this should be looked at now. The report is received in April / May and if the plan is not in	

		Action
	place before November then it won't affect any change. Also not included in the cycle of business is finances and it was felt this should also be included in the action plan. AHe would like to see someone picking up the these issues and seeing a revised cycle for next year. SJ commented that the business cycle for Membership Board would sit between the Primary Care Team and with Managing Directors in terms of the Chairs. PH responded to say that the Locality and Membership Boards need to be reviewed along with the business cycles as these are now shifting towards the managing directors. **Action: SJ to pull together a business cycle with support of team**. In terms of more public engagement at the Committee, it was noted that the patient newsletter now includes details of the meetings, details are also included on social media. **Action: SH agreed to speak to Anna Collins to see if dates of meetings can be included in advance along with a flavour of what the meetings are going to discuss and make it more interesting.** LS also commented that there is an issue with meetings and the language used. The majority of those people that would attend the meetings are retired who have time to attend but a whole swathe of people are not attending. We also need to look at how to use social media to engage with young people. SH responded to say that there is a new Digital Media Strategy being devised which talks about new ways of working and this will come to a future meeting. Also venues need to be reviewed to ensure people have accessibility. Members **RECEIVED** the report.	**SJ** **SH**
12.	**Questions raised by Patients at the Commissioning Patient Council (CPC) Meeting held on 5 September 2018** Sue Harper presented the report to the Committee and advised that the as patients grow into their role on the committee they are raising more challenges. SH highlighted that there is a process of sharing patient stories and soft intelligence through the Quality Committee, however there is no process where specific questions can be asked and in order for there to be an audit trail regarding questions it was felt that it would be appropriate for those questions to be raised via the Primary Care Committee. One of the questions raised by the CHC was about new housing estates and the involvement the health service has as it was felt that there was not enough involvement with developers. PH responded by	

		Action
	confirming that there is involvement around any new primary care medical services and what these may look like. These discussions are taking place and it was suggested that these discussions need to be fed back through the CHC. Another question raised was around GPDR and whether GPs charge for completing medical forms as it was felt that there was no clear policy and some practices charge for this service whilst others do not. PH responded stating that the GPDR is something different to insurance claims. He felt that these questions could easily be clarified at the meeting. SH commented that there was no primary care or GP representative at the meeting and asked whether there would be a representative at future meetings. On line appointments was also raised at the CHC. It was recognised that this is varied across the patch. PH responded to say that this is being promoted however acknowledged availability by practices is variable. SJ also commented that there is a valid reason for not offering on line appointments. She highlighted that practices may have a triage system or pre bookable appointments system in place but around 26% of appointments with GPs could actually be seen by another healthcare professional. Appointments can be filtered via the care navigation scheme. SJ also raised that practices should be encouraged to put other services on line i.e. phlebotomy, ear syringing etc and advised that patients need to understand that it is for each individual practice to decide what services go on line. PH also raised that there needs to be some common understanding around this service and highlighted that patients can order prescriptions on line and see clinical records on line. MHu confirmed that he does attend the CHC meetings however was unable to attend the last meeting. Members **RECEIVED** the report.	
13.	**Heads of Primary Care – National Update** There was no representative from NHS England at the meeting to presented the update. Members noted the report.	
14.	**Questions from Members of the Public** There were no members of the public in attendance.	
15.	**Items for escalation to Governing Body and/or risk register** There was nothing to escalate to the GB or to add to the risk register.	
16.	**Any Other business** LM informed members that last Friday she has been alerted to a Major Incident as part of an IT system update. This saw the whole IT system slow to a halt in terms and by Friday the majority of practices were down which was caused significant operational issues. There was a	

		Action
	national requirement from NHS digital to roll out software. The HIS had done some testing and rolled out incrementally however 16 days later this hit more traffic and overloaded the system. The issue was managed with assurance that there were no further problems but at 10am on Monday the issue had not been resolved. The HIS team were contacted and agreed to switch off the roll out and uninstalled the software from all services which caused significant issues in primary care. A meeting had taken place with the HIS to look at what had happened and the HIS have confirmed that this would not happen again. A meeting is also being arranged with the Chairs, LMC in order to do a thorough investigation into what can be done better should something similar happen and also from a comms perspective as the communication with the practices was poor, as was business continuity. This issues need to be recorded on the risk register as a 'red' risk. PH commented that the conversations with the HIS and talking about technical issues cannot make for a risk free environment and that these things will happen again; the amount of money required to get to zero risk is colossal. The most vulnerable part is the network connections that join the N3 network and these do go down regularly and a plan needs to be in place for when that happens. He also highlighted that practices won't go paperless, the ability to do the job without these systems would severely be impaired as without it patients records cannot be accessed, prescriptions can't be printed, information regarding the history of the patients are not accessible. Patients are intolerant and unaccommodating and are not used to the networks failing. LM responded by saying that the CCG are the delegated commissioners and are responsible for the IT and would bring back further assurance to the Committee. MoH also commented on the huge impact this system failure had on the practices and asked whether there was a plan in place before the download started. It was highlighted that this download is part of a national programme. Part of the reporting back to NHS Digital is that they have not responded particularly well to the incident. GK commented that the LMC are working with the CCG and linking in with Andy Hadley about going forward as part of the escalation process and early warning systems. He questioned how and when the issues are flagged with practices. It was noted that in terms of business continuity as a quality measure, practices need to ensure they have continuity plans. LM confirmed that a meeting would be arranged with the LMC, CCG and CSU to start a review looking at the issues and escalation of business continuity will be raised at that meeting. An updated would come back to the November or December meeting and the incident will also be included on the risk register.	

		Action
	SN joined meeting at 11.53 Meeting closed at 11.54	
17.	**Glossary of terms** The Glossary of Terms was noted for information.	
18.	**Date, Time and venue of next meeting** The next meeting will be an Organisational Development Session taking place on Wednesday 28 November at 3.00 pm in Burton.	

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)
123	25/10/2018	11	360 action plan	SH to speak to AC regarding engagement at PCC	SH	Update 13/11 SH has confirmed with AC that a representative from the C and E Team will attend PCCC meetings and that joint working is ongoing with the 360 degree action plan. **Action complete**
122	25/10/2018	11	360 action plan	SJ to pull together a business cycle with support of the pc team	SJ	Action complete **Agenda item for meeting on 19/12/18**
121	25/10/2018	8	Finance Report	Mhu to provide an overview on Estates to the January meeting.	Mhu	Item deferred
120	25/10/2018	8	Finance Report	Month 7 budget report to be circulated to members once available as there is no business meeting in November	AP/IA	
119	25/10/2018	8	Finance Report	GMS letter to be shared with the Committee members regarding the 2% GMS increase	LM	Action complete - letter circulated to members
118	25/10/2018	7	Risk Register	RW to provide a workforce report to the committee in January	RW/VR	
117	25/10/2018	6	Action Log	GP retention to be an agenda item at the next meeting	LM/VR	**Action complete** Agenda item for meeting on 19/12/18
116	29/06/2018	12	Any Other Business	AHe to speak with SH regarding public engagement for PCC	AHe	**Action to be closed** : agenda item
115	26/09/2018	9	Research & Development	AHe to contact Gareth Thompson regarding the evaluation work he presented at F&P	AHe	update 25/10/18 evaluation work still to be submitted to the FPC. Once received it will be shared more widely
114	26/09/2018	9	Finance Report	Finance report to provide an update on the Global Sum Payment	Aho/AH	Update 25/10/18 Information to still be circulated. GP Retention scheme to be included as a cost pressure.
113	29/08/2018	12	GPFV Mid Year Review	Action to remain open. DS picks up with NHSE all GPFV allocations.	DS	Update 25/10/18 - Aho has updated the action with LM and NHSE. SJ to pick up with LM. Action to remain open.
109	29/08/2018	7	Finance Report	DS/AP to include population sizes and North and East CCGs finance reports in future reports.	DS/AP/IA	Update 25/10/18 A updated paper to be recirculated to members. Update 26/09/18 Action to remain open. Aho to feedback to the finance team.
107	29/08/2018	3	Quoracy	Meeting to be arranged with Chairs of East/South PCC and LM/VR to look at aligning the agendas.	VR/LM	Action Complete
105	25/07/2018	10	Supporting Change in General Practice	Update from MH that NHSE have Meeting to be arranged with Mhu, TC, SB and member of finance team to review business case.	Mhu/TC/SB	**Update 25/10/18 Resource has been funded from elsewhere. Action to be closed.** Update 26/09/18 SJ to pick up with Rebecca Woods. Meeting held on16/8. Further work being done on clarifying team additionality and impact of not funding. Updated report in Sept.
100	27/06/2018	13	Social Prescribing	Briefing on social prescribing to come to future meeting	TC/IS	**Update 25/10/18 Agenda item. Action to be closed** Update 26/09/18 Agenda item for the October meeting. 25/7/18 TC confirmed that a position statement would be submitted to the September Committee
99	27/06/2018	11	Moss Grove	Meeting to be arranged with NHSE regional manager, LM and Mark Hopkins to understand the issues in Kinver	VR/LM	Update 25/10/18 Following a request from the CCG to reconsider the application to merge the practice a proposal would be brought back to the committee next month. **Action to remain open until further information is available**. 14/8/18 - Meeting still to be arranged, delayed due to a/l
91	30/05/2018	10	360° Stakeholder Survey	LM to speak to SJ and identify an officer to bring an update to next meeting	LM	**Update 25/10/18 Agenda item, action to be closed** A meeting had taken place with CLs but no feedback on the report has yet been received. SJ will speak to Anna Collins for an update. 27/06/18 Head of Comms is coordinating a joint approach with primary care being part of that process. Links in with Action 98.
90				Summary Report and action plan to be brought back to future meeting	LM	

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

REPORT TO:
Cannock Chase, Stafford & Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups

Enclosure:	**3.0**

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

Title:	**Corporate (Combined) Risk Register**

Meeting Date:	**19 December 2018**

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

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

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

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

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

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

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

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

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

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

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

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

Key Requirements:		**Yes**	**No**
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		✓
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		✓
Key Requirements:		**Yes**	**No**
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail within the body of the report***		✓

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

Table One

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

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

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

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

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

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

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

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

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

CCG CORPORATE RISK REGISTER (Clinical and Non Clinical Risks)

Risk Ref	SCOPE OF RISK inc CONSEQUENCE (Risk Description)	NATURE OF RISK (Risk Type)	STAKEHOLDERS (Org Name)	INHERENT SCORE (L x C)	*RISK TREATMENT & CONTROL MECHANISMS* (Initial Mitigating Actions to reduce to TARGET RISK SCORE - to be supplied). (Including any policy or strategy implications)	*TARGET SCORE (L x C)*	RESIDUAL SCORE (L x C)	Risk Owner(s)	Directorate	Trend	CCG
A1.54	**WORKFORCE:** GP RECRUITMENT AND RETENTION: Failure to stabilise General Practice due to national shortage of GPs / Practice Nurses. This shortage also spans health and social care, in particular community nurses and other staff which may impact across the Staffordshire footprint. There is also a risk that due to the national workforce shortage, which spans health and social care in particular community nurses and other staff, this may impact across the Staffordshire footprint. GP WTE trajectory 545 wte compare to a 595 wte target. 80 GP retirements expected within 3 years and 40 vacancies over 18 months. Higher than average GP to patient ratios, particularly in Stoke-on-Trent and Stafford and Surrounds.	Clinical, Operational and Financial risks. Challenge in delivery of constitutional targets which may impact on patient care and performance. Failure to support and develop sustainable Primary Care and General Practice.	North Staffordshire CCG Stoke-on-Trent C CG Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG East Staffordshire CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 26/09/18**	**16 (4x4)**	1. Workforce plans and action plan developed by GPFV Workforce Programme - approved by NHSE workforce plan, includes recruitment and retention, international recruitment, training and development, new workforce models, Marketing Northern Staffordshire in partnership with BJM. 2. Workforce presentation to September PCC to provide assurance of delivery again plan. 3. International recruitment scheme in progress. Task and Finish Group established. 4. North Staffs GP Federation successful in becoming one of the 11 national GP Career Plus Pilot sites. Advised further allocation of funding to be distributed, but no clarification of actual figures given at present. Figures scheduled to be released by end of May 2018 / beginning of June 2018. 5. Resilience funding bids approved to support new workforce models in practices - report to October 2018 PCC for assurance. 6. Releasing Time to Care - 990 care navigators trained to direct patients to appropriate services. 7. Releasing Time to Care - Brighton and Hove workflow training rolled out to practices. Evaluation to commence, along with sharing best practice events to encourage wider update. 8. Practice Manager development funding plan continues to be rolled out via the Staffordshire training hub. 9. Baseline Exercise for workforce at Locality Level underway		**16 (4x4)**	Rebecca Woods, Head of Primary Care NHS England (N. Mids/Shrop & Staffs)	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG East Staffordshire CCG
A1.55	**INVESTMENT** LOCAL ENHANCED SERVICES Variation in investment and service provision leading to inequity for patients and poor outcomes. There is a requirement to review all LESs to ensure that they meet local need and there is equitable access to services by practice populations and services are of high quality and are cost effective. T^he risk is that these services have not been reviewed for sometime and there is a need to be assured of the above requirements.	Operational, Clinical and reputational risk. Failure to support and develop sustainable Primary Care and General Practice.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**9 (3x3)**	1. Primary Care Investment implementation plan has been developed to outline the timeline and process for reviewing the current funding arrangements. Including LES, LIS, QIFs etc. This will be presented to the September PCC for approval. 2. Task and Finish Group established to oversee LES review. 3. Review will prioritise LESs where there is greatest risk to service delivery e.g. ACM, woundcare, DMARDs.		**4 2X2)**	Melanie Mahon, Head of Commissioning (Planned Care)	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.56	**INVESTMENT** DELEGATED BUDGET Failure to invest in primary care resulting in an underspend in the delegated commissioning budget and a lack of investment in primary care. Failure to spend the budget highlights a lack of planning in Primary Care and poses a significant reputational risk to the CCG.	Operational, Clinical and reputational risk.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 ANDUPDATED 28/09/18**	**16 (4x4)**	1. July 2018: Proposal presented to PCC outlining the budget, the current commitments and expected cost pressures. The Committee approved the current spending principles and next steps. 2. PLT proposal to be presented in September 2018. 3. Process and criteria for funding to be presented in October 2018. 4. Social prescribing project is likely to slip which will mean the allocation will not be fully spent, therefore proposal to invest into other projects include winter and practice leadership will be developed by October 2018.		**12 (3x4)**	Manir Hussain, Deputy Director of Primary Care	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.57	**ESTATES** PRACTICE LEASES Current lease arrangements pose problems for partnership model in terms of retirements and attracting new partners. UPDATE - 25/09/2018 - Emergent Risk in regards to historical lease arrangements which may result in financial impact on the CCGs	Clinical, Operational, Financial and reputational risks. Failure to support and develop sustainable Primary Care and General Practice.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**9 (3x3)**	1. Short term Lease review completed August 2018. 2. Clinical model for General Practice to be developed as part of Primary Care Strategy which will inform the future estates requirements and lease arrangements. 3. Ambition to move to larger list sizes and development of new business models as described in the STP NMC Programme. Link to primary care strategy to describe roadmap.		**9 (3x3)**	Manir Hussain, Deputy Director of Primary Care	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG

A1.58	**QUALITY** OUTPATIENT REFERRALS, ADMISSIONS AND A&E ACTIVITY Known variation across Practices within the CCGs which is leading to potentially higher than expected outpatient referrals, admissions and A&E activity. There is potential inequitable service provision.	Failure to identify quality / safety risks impacting on patient outcomes / patient experience.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**16 (4x4)**	1. Quality visits underway targeting high referring Practices and poor outcomes. 2. Task and Finish Group in place to put in place single benchmarking dashboard and reporting process in place to monitor practice performance. 3. Links to LES review which will aim to improve access to local enhanced services so all patients have equity. 4. Protect Learning Time Programme developed and first session delivered		**12 (3x4)**	Sarah Jeffery, Head of Primary Care	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.59	**ACCESS** EXTENDED HOURS PROVISION: Requirement for extended hours provision within primary care for both CCGs may adversely affect both resilience and quality of care, resulting in inadequate care for the population.	Clinical, Operational, Financial and reputational risks. Risk of inadequate care for the population.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18**	**9 (3x3)**	1. On track to procure and deliver extended access by 1st September 2018 in partnership with the North Staffs Federation. 2. Contract award approved by Governing Body - August 2018.		**9 (3x3)**	Melanie Mahon, Head of Commissioning (Planned Care)	Lynn Millar, Director of Primary Care	=	North Staffordshire CCG Stoke-on-Trent CCG
A1.60	**ENGAGEMENT** CCGS' FAILURE TO ENGAGE WITH PRIMARY CARE VIA LOCALITIES: Resulting in a lack of engagement with and by GP member practices and a lack of clinical input into clinical commissioning.	Clinical, Operational and reputational risks. Risk of lack of engagement with and by GP member practices, and a lack of clinical input into clinical commissioning.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18**	**6 (3x2)**	1. Primary Care Delivery Group re-established. 2. Management of Change complete and staff in place to support engagement of practices. 3. Engagement visits continue. 4. Review of 360 survey results underway. An action plan will be developed with the Comms and Engagement Committee to address issues identified by the survey. Update to September 2018 PCC.		**4 2X2)**	Sarah Jeffery, Head of Primary Care	Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.61	**PRIMARY CARE STRATEGY** LACK OF SINGLE, STRATEGIC PLAN FOR PRIMARY CARE RESULTING IN FAILURE TO SUPPORT SUSTAINABLE PRIMARY CARE GP 5 YEAR FORWARD VIEW: Failure by CCGs' to plan to deliver and support GP 5 Year Forward View.	Clinical, Operational, Financial and reputational risks.	North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 28.08.18 AND UPDATED 28/09/18**	**16 (4x4)**	1. Proposal to develop a single primary care strategy for Staffordshire including details of investment for 2018/19 and longer term investment approved by Primary Care Commissioning Committee 03/07/18. 2. GPFV implementation plan in place and will continue to deliver transform primary care to deliver sustainable general practice. Governance through NHSE GPFV PMO and assurance to PCC through highlight reporting. 3. Engagement process to develop the clinical model with stakeholders will commence September 2018. 4. Primary Care Investment Plan reviewing current and future funding will be presented to the Primary Care Commissioning Committee in October 2018.		**6 (3x2)**		Lynn Millar, Director of Primary Care	⬇	North Staffordshire CCG Stoke-on-Trent CCG
A1.66	The Staffordshire wide network is made up of core components, namely: 1. N3/Health and Social Care Network (HSCN) link which gives access to clinical systems. 2. Internet links. 3. Wide area network / local network (SSHIS central links and individual practice links. All of these components are at risk of cyber attack or environmental impacts, such as links being impacted by local building work. There is also a risk that overarching infrastructure we use and this impacts our links as has been seen during October/November by 4 outages. There is advanced monitoring across our networks that demonstrate the network is being hacked and our defence systems continue to stop these attacks and manage them effectively. The risk exists and is heightened following the WannaCry incident in 2017.	Clinical, Organisational and reputational risk.	Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG North Staffordshire CCG Stoke-on-Trent CCG **NEW RISK ADDED BY LYNN MILLAR 21/11/18**	**16 (4x4)**	**NS\hadlea 21/11/2018 10:30:19 -** CCG continues to work with service providers to ensure the network is safe from cyber attack - which has included the installation of new intelligent services to actively manage/block traffic that is suspicious. New higher capacity links for the clinical systems to use - national migration from N3 to HSCN will deliver wider benefits to the system and improve resilience. The CCG Primary Care Digital Lead is pulling together a report to detail the recent outages and put forward recommendations to support business continuity and security across the area. It is also important to ensure practices are informed ASAP of any threats/issues so review will look at potential solutions to this. Business continuity for primary care will be a focus area for improvement across the footprint so some supportive workshops and a best practice guide for business continuity in relation to system outages will also be pulled together as a collaborative piece of work with CCGs, LMC, Practice reps and service providers (SSHIS,CSU)		**16 (4x4)**	Andy Hadley, Primary Care Digital Programme Lead	Lynn Millar, Director of Primary Care	**NEW**	Cannock Chase CCG Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsula CCG North Staffordshire CCG Stoke-on-Trent CCG

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

REPORT TO:

Cannock Chase, Stafford & Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups

Enclosure:	**04**

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

Title:	**Delegated Commissioning Month 6 2018/19**

Meeting Date:	19 December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Adrian Tomkins, Deputy Director of Finance	Y	Anne Perry, Primary Care finance Manager

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

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

Purpose of the Paper (Key Points + Executive Summary):
To inform the Board of the Month 7 position for Cannock Chase, Stafford and Surrounds and South East Staffordshire & Seisdon Peninsula CCG's - overspends of £78k, £13k and £161k respectively - and the continued forecast of a year-end breakeven position. This paper provides an update on performance against the primary care budgets as at Month 7. The Committee is asked to note the financial position at Month 7.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Any overspends to be met by the CCG.

Implications:	
Legal and/or Risk	N/A
CQC	N/A
Patient Safety	N/A
Patient Engagement	N/A
Financial	Delivery of financial plan
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		**N**
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		**N**
Key Requirements:		**Yes**	**No**
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail within the body of the report***		**N**

Recommendations / Action Required:
The Primary Care Committee Name is asked to receive the report.

- **Introduction**

  The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets and this report presents an update on the current and forecast financial position of the delegated budgets at Month 7.

  Although the committee does not have responsibility for the other CCG primary care commissioning budgets, an update is also included within this report for information only.

- **Primary Care Delegated Budgets – NHS Cannock Chase CCG**

  The increase in Global Sum has now been actioned and practices have been reimbursed backdated to 1st April. This has led to a year to date overspend of £134k partially mitigated by a £25k underspend on the Demographic Growth.

  Enhanced services are currently reporting a year to date underspend of £33k, due to Minor Surgery and the Extended Access service.

  We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Primary Care Delegated Budgets – NHS Stafford & Surrounds CCG**

  The increase in Global Sum has now been actioned and practices have been reimbursed backdated to 1st April. This has led to a year to date overspend of £128k partially mitigated by a £71k underspend on the Demographic Growth.

  Enhanced services are currently reporting a year to date underspend of £17k, due to Minor Surgery and the Extended Access service. Seniority is currently £11k underspent.

  We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Primary Care Delegated Budgets – NHS South East Staffordshire & Seisdon Peninsula CCG**

  The increase in Global Sum has now been actioned and practices have been reimbursed backdated to 1st April. This has led to a year to date overspend of £180k partially mitigated by a £67k underspend on the Demographic Growth.

  Enhanced services are currently reporting a year to date overspend of £21k, due to Minor Surgery and the Extended Access service.
  We are reporting an overspend on Locum costs of £55k, whilst Seniority is currently £14k underspent.

  We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Other Primary Care Commissioning Budgets**

  Appendix 4 presents the other CCG Primary Care Commissioning budgets for information.

Cannock Chase CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	5,674	5,807	134	9,726	9,726	0
PMS	1,620	1,628	8	2,776	2,776	0
APMS	154	156	2	264	264	0
PMS Reinvestment	405	405	0	694	694	0
Demographic Growth	51	26	-25	88	88	0
	7,903	8,021	118	13,548	13,548	0
Enhanced Services						
Extended Hours	97	88	-9	167	167	0
LD Health Checks	53	53	0	107	107	0
Minor Surgery	137	114	-23	235	235	0
Violent Patients	4	4	-0	7	7	0
	292	259	-33	515	515	0
Other Services						
Dispensing & Prescribing	84	84	0	143	143	0
CQC Fees	306	311	6	85	85	0
Locums	31	31	0	53	53	0
Seniority	55	47	-8	111	111	0
Named GP for Safeguarding	9	9	0	16	16	0
Medical Fees	5	5	0	9	9	0
	490	487	-2	417	417	0
Premises						
Rents	735	736	1	1,260	1,260	0
Rates	135	135	0	173	173	0
Water Rates	9	8	-0	15	15	0
Clinical Waste	25	25	0	43	43	0
	904	904	1	1,490	1,490	0
QOF	755	755	0	1,849	1,849	0
Reserves						
0.5% Contingency Reserve	0	0	0	90	90	0
Balance to Allocation Reserve Discretionary	0	0	0	25	25	0
1% Reserve moved to CCG	0	0	0	-180	-180	0
Indemnity Startpoint	0	0	0	68	68	0
Indemnity budget moved to CCG re GPFV	0	0	0	-135	-135	0
Inflation	17	11	-6	29	29	0
Prior Year Balances	0	0	0	0	0	0
	17	11	-6	-104	-104	0
Sub Total	**10,361**	**10,438**	**78**	17,716	17,716	0
	10,361	**10,438**	**78**	**17,716**	**17,716**	**0**

Stafford & Surrounds CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	6,402	6,530	128	10,975	10,975	0
PMS	1,616	1,606	-11	2,771	2,771	0
PMS Reinvestment	342	342	0	586	586	0
Demographic Growth	54	-17	-71	93	93	0
	8,415	8,460	45	14,425	14,425	0
Enhanced Services						
Extended Hours	151	143	-8	259	259	0
LD Health Checks	34	34	0	67	67	0
Minor Surgery	108	99	-9	185	185	0
	292	276	-17	511	511	0
Other Services						
Dispensing & Prescribing	424	424	0	814	814	0
CQC Fees	335	331	-4	96	96	0
Locums	54	54	0	93	93	0
Seniority	90	79	-11	181	181	0
Named GP for Safeguarding	10	10	0	17	17	0
Medical Fees	3	3	0	6	6	0
	916	901	-14	1,206	1,206	0
Premises						
Rents	1,072	1,068	-4	1,850	1,855	5
Rates	241	239	-2	245	245	0
Water Rates	8	13	5	14	9	-5
Clinical Waste	26	26	0	44	44	0
	1,346	1,345	-1	2,153	2,153	0
QOF	815	815	0	1,996	1,996	0
Reserves						
0.5% Contingency Reserve	0	0	0	103	103	0
Balance to Allocation Reserve Discretionary	0	0	0	108	108	0
1% Reserve moved to CCG	0	0	0	-205	-205	0
Indemnity Startpoint	0	0	0	76	76	0
Indemnity budget moved to CCG re GPFV	0	0	0	-112	-112	0
Inflation	19	19	0	32	32	0
Prior Year Balances	0	0	0	0	0	0
	19	19	0	1	1	0
Sub Total	**11,803**	**11,816**	**13**	20,293	20,293	0
	11,803	**11,816**	**13**	**20,293**	**20,293**	**0**

South East Staffs & Seisdon CCG

Primary Medical Services - Delegated Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	8,652	8,833	180	14,832	14,832	0
PMS	2,131	2,110	-20	3,652	3,652	0
APMS	542	554	12	929	929	0
PMS Reinvestment	765	765	0	1,311	1,311	0
Demographic Growth	78	11	-67	134	134	0
	12,168	12,273	106	20,859	20,859	0
Enhanced Services						
Extended Hours	171	184	13	293	293	0
LD Health Checks	70	70	0	139	139	0
Minor Surgery	111	119	8	190	190	0
	351	373	21	622	622	0
Other Services						
Dispensing & Prescribing	197	197	0	348	348	0
CQC Fees	542	542	-0	140	140	0
Locums	125	180	55	214	214	0
Seniority	99	85	-14	199	199	0
Named GP for Safeguarding	14	14	0	25	25	0
Medical Fees	4	8	4	7	7	0
All Other	0	0	0	0	0	0
	981	1,026	45	932	932	0
Premises						
Rents	849	854	5	1,456	1,456	0
Rates	249	231	-19	280	280	0
Water Rates	16	19	3	27	27	0
Clinical Waste	37	37	0	63	63	0
	1,151	1,140	-11	1,826	1,826	0
QOF	1,154	1,154	0	2,826	2,826	0
Reserves						
0.5% Contingency Reserve	0	0	0	138	138	0
Balance to Allocation Reserve Discretionary	0	0	0	196	196	0
1% Reserve moved to CCG	0	0	0	-276	-276	0
Indemnity Startpoint	0	0	0	111	111	0
Indemnity budget moved to CCG re GPFV	0	0	0	-222	-222	0
Inflation	28	28	0	48	48	0
Prior Year Balances	0	0	0	0	0	0
	28	28	0	-5	-5	0
Sub Total	**15,833**	**15,994**	**161**	27,061	27,061	0
	15,833	**15,994**	**161**	**27,061**	**27,061**	**0**

Cannock Chase CCG

Primary Care - Commissioning Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	25	21	-4	42	42	0
Nursing Homes	19	20	1	32	32	-0
GTT	1	2	0	2	2	0
Shared Care	22	21	-1	38	38	0
Intra Partum Care	8	7	-1	13	13	0
Spirometry	15	17	3	25	25	0
Primary Care Offer	10	19	9	17	17	0
Other Enhanced Services	3	2	-1	5	5	0
	101	108	7	175	175	-0
GP Forward View Investments						
Transformational Support	116	116	0	198	200	1
Care Navigators	0	0	0	23	23	0
Improving Access	293	293	0	706	706	0
Online consultation Software	0	0	0	44	44	0
	408	408	0	971	972	1
Other Primary Care Budgets						
Membership and Transformation Scheme	173	147	-26	297	252	-45
Learning & Development	20	14	-6	35	24	-11
Other Primary Care Schemes	55	2	-53	115	4	-111
Prior Year Balances	0	-30	-30	0	-30	-30
	249	134	-115	447	251	-196
GP IT	236	203	-33	443	380	-63
	994	**853**	**-141**	**2,036**	**1,777**	**-259**

SES & SP CCG

Primary Care - Commissioning Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	57	34	-22	97	97	0
Basket of care / Treatment Room Services	27	20	-7	47	47	0
Nursing Homes	84	62	-22	145	144	-0
GTT	3	2	-1	6	6	0
Shared Care	107	73	-34	184	184	0
Intra Partum Care	53	59	6	91	91	0
Multiple Sclerosis	28	23	-5	48	48	0
Phlebotomy	42	33	-10	73	73	0
Primary Care Offer	109	218	109	186	164	-22
Other Enhanced Services	57	30	-27	98	98	0
	567	556	-11	974	951	-23
GP Forward View Investments						
Transformational Support	190	190	0	326	327	1
Care Navigators	0	0	0	37	37	0
Improving Access	235	251	16	793	793	0
Online consultation Software	15	0	-15	393	393	0
Other GPFV	0	-8	-8	0	0	0
	440	434	-7	1,550	1,550	1
Other Primary Care Budgets						
Membership and Transformation Scheme	241	241	0	413	413	0
Mental Health Act Assessments	0	8	8	0	0	0
Learning & Development	22	0	-22	37	0	-37
Other Primary Care Schemes	29	-5	-34	57	0	-56
Prior Year Balances	0	-63	-63	0	-63	-63
	292	182	-110	507	351	-156
GP IT	399	453	54	747	869	123
	1,699	**1,624**	**-74**	**3,777**	**3,722**	**-56**

Stafford & Surrounds CCG

Primary Care - Commissioning Budgets 2018/19

Month 7

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	86	65	-21	148	148	0
Basket of care / Treatment Room Services	86	69	-17	147	147	0
Nursing Homes	58	75	17	100	99	-0
GTT	1	1	0	1	1	0
Shared Care	57	49	-8	98	98	0
Intra Partum Care	5	4	-0	8	8	0
Spirometry	16	13	-3	28	28	0
Primary Care Offer	27	65	38	46	46	0
	335	341	5	576	575	-0
GP Forward View Investments						
Transformational Support	129	129	0	222	224	2
Care Navigators	0	0	-0	25	25	0
Improving Access	435	596	160	906	906	-1
Online consultation Software	0	0	0	50	50	1
	565	725	160	1,203	1,205	2
Other Primary Care Budgets						
Membership and Transformation Scheme	194	165	-29	332	283	-49
Learning & Development	26	11	-15	44	19	-25
Other Primary Care Schemes	74	82	8	132	202	70
Prior Year Balances	0	-60	-60	0	-60	-60
	293	198	-95	508	444	-64
GP IT	160	68	-92	305	209	-96
	1,354	**1,331**	**-22**	**2,591**	**2,432**	**-159**

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

REPORT TO:
Cannock Chase, Stafford & Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups

Enclosure:	**05**

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

Title:	**GP Forward View – 10 High Impact Actions Plan**

Meeting Date:	19 December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Lynn Millar	Y	Sarah Jeffery Sarah Turner Kath Frain Laura Bird

Clinical Lead(s) Reviewer:	**Links to the STP Y/N (if Y, which programme):**
Dr M Huda	Y – Enhancing Primary and Community Care

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

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

1. Introduction

This paper provides an update on the current status, funding and future plans for delivery of General Practice Forward View (GPFV) specifically related to the 10 High Impact Actions for:

- Cannock Chase Clinical Commissioning Group
- Stafford and Surrounds (SAS) Clinical Commissioning Group
- South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group

2. Active Signposting and Document Management (Workflow)

Funding from NHS (NHSE) England was allocated to CCGs for the purpose of supporting the training of reception and clerical staff in GP practices to undertake active signposting and document management (workflow optimisation).

Appendix 1 provides a detailed summary for each of the 3 CCGs for these specific elements.

These have been two areas of major focus for practices and active signposting is expected to be well embedded by the end of the financial year in most localities. An evaluation of workflow is currently underway through an online survey with a report expected back at membership boards and Primary Care Commissioning Committee in January 2019.

The CCGs have invested this funding into primary care training and are on plan to spend the allocated

funds in the following ways:

(i) ongoing staff training events
(ii) provider licences
(iii) backfill for focused support
(iv) access to online training resources
(v) advertising and communication materials to support patients understand of signposting

A summary of staff currently trained per CCG is shown below (as at end of November 2018):-

CCG	Active Signposting (Staff trained)	Document management/ Workflow (Staff Trained)
CC CCG	123 staff (across all practices)	27 staff (across 19 practices)
SAS CCG	122 staff (across all practices)	34 staff (across all practices)
SES/SP CCG	Plans in place	26 staff (across 19 practices)

3. Delivery Plan (Appendix 2) provides an update on current status of the 10 High Impact Actions and future delivery plans/timescales. A number of these work streams have been undertaken without investment however, it is recognised that opportunities for practices to work collaboratively within their locality and/or with other localities may lead to greater economies of scale, shared use of resources, common learning and approaches. This is at the discretion of individual practices.

The CCGs are awaiting final confirmation of exact funding for 2019/20 from NHSE. However, the CCGs have partial plans as outlined in the attached delivery plan and are committed to spending the funding. The primary care team are working closely with practices and localities to finalise 2019/20 plans.

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

Implications:	
Legal and/or Risk	Approved providers used for basis of delivery of training
CQC	Not applicable
Patient Safety	Processes in line with delivery of high quality and safe patient care
Patient Engagement	Signposting patients to appropriate and available services
Financial	Information has been collated and is in line with NHSE monthly returns. Funding is received from NHS England as part of GP Forward View.
Sustainability	Supports the GP Forward View of sustainable General Practice
Workforce / Training	Staff are receiving the appropriate ongoing training and support to deliver these initiatives

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***	N/A	
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
Key Requirements:		**Yes**	**No**
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail within the body of the report***	✓	

Recommendations / Action Required:
The Primary Care Committee is asked to review the paper for information and be provided with assurance on how funding has been invested.

CANNOCK CHASE / STAFFORD & SURROUNDS / SOUTH EAST STAFFS & SEISDON PENINSULA CCG (by CCG where necessary)
Delivery of the 10 High Impact Actions – Status and next steps (as at 11/12/19)

Introduction: The NHSE General Practice Forward View represents a step change in the level of investment and support for general practice. The 10 High Impact Actions are a collection of ways to improve workload and release time to care through working smarter, not harder.

10 High Impact Changes	Progress to Date (Current Status)	Intended Action / Next Steps (including evaluation)	Timescale
Care Navigation / Active Signposting	**Cannock** 123 staff trained in active signposting across all 23 practices.	**Cannock Town & Villages** Recognised and approved West Wakefield training completed and licenses remain available. Widened approach in October 2018 to include mental health and cancer services. Communication resources in place e.g. screens (where available) and posters. Additional resources to be centrally organised for practices – including a display banner for reception to highlight different roles in practices. **Rugeley:** Recognised and approved provider Ararna active signposting training completed. Engaged with local services and organisations that practices can signpost patients towards. Opportunity to input into an evaluation of care navigation / active signposting to date for all practices. The evaluation is currently being developed.	Report to be shared with membership boards Jan 2019
Care Navigation / Active Signposting	**Stafford** 122 staff trained in active signposting across all 14 practices.	Ararna active signposting training completed across all practices. CCG wide events being planned to 'Get to know local services / organisations' and a workshop for practice team members. Additional training to be sourced by external provider for new staff members / advanced training – depending on demand / need. Communications resources to be developed – e.g. stand for reception areas to help raise awareness of patients of roles / services that may be best able to meet their needs first time. Practice managers are currently supporting each other with peer to	

		peer development. There is a data recording template on the GP clinical systems (EMIS) to record patients who have been signposted to alternative services.	
Care Navigation / Active Signposting	**Seisdon** 0 staff trained in active signposting	Work is currently being undertaken to identify local services for active signposting, in preparation for staff training. Practices have now agreed a preferred provider and approach.	April 2019 onwards
Care Navigation / Active Signposting	**South East Staffordshire** 0 staff trained in active signposting – however training commencing	Tamworth, Lichfield & Burntwood localities have now selected their chosen active signposting provider – West Wakefield. The first session will focus on the development of the model and mapping services with the Practice Managers. Following that there will be three receptionist training sessions.	November and December 2018
Care Navigation	In line with NHS-E guidance on reducing prescribing of Over-the-counter medicines the medicines optimisation (MO) will be implementing the locally agreed policy on OTC medicines. The policy and link to NHS-E documents can be found here: http://www.southstaffordshirejointformulary.nhs.uk/docs/pc/Over-the-Counter%20Prescribing%20Policy/. It is identified that the Pharmacy First minor ailment service may contradict this local policy and therefore although the service continues across Staffordshire at present there will be a review prior to April 2019.	Care navigation incorporates signposting to community pharmacies for over the counter medications and self-care where appropriate.	
New Consultation Types	Dr Ruth Chambers (in her role as Clinical Chair & Staffordshire STP clinical lead for technology enabled care services) is involved in various work in regards to technology enabled care. An options paper was submitted last year on different models of consultation to the STP who recommended this be endorsed by the Staffordshire Digital Design Authority (SDDA)	**All** Individual reports have been sent to practices c/o Dr Ruth Chambers, which highlight long term condition rates at the practice and provide technology solutions / apps that may be beneficial for patients with these conditions. Practices can promote these to patients. These have also been incorporated into action learning sets for practice nurses to utilise through long term condition clinics. A workshop is being held for practices to come together to hear more about these opportunities.	Reports issued October 2018 22 January 2018
New consultation types	Use of Skype / E-consultations in Care Homes	A digital conference was held in November in Birmingham to share learning. Digital programme lead continues to review other suppliers who have emerged onto the market to ensure the area is piloting products that suit the objectives of the programme. CCG is working with NHSE to support the new 111 app to understand how both primary care and urgent and emergency care systems can integrate. Staffordshire will be piloting four practices in early phases	2019/20 - TBC

		of development.	
New consultation types	Online consultations 20% of practices have either had EMIS online triage or e-Consult implemented to-date.	More practices are due on board to pilot a solution up to January 2019.	Online consultations – First phase due to be complete Jan 2019.
Reduce DNAs	The CCG funds all practices to send text messaging reminders for appointment as a minimum through EMIS. Some practices fund other suppliers e.g. MJOG which provides additional benefits such as can accept replies from patients regarding health promotion The following practices currently use MJOG (advanced texting reminder system): **Cannock**: 6 **Stafford**: 5 **SESSP**: 17	Text messaging reminders are proven to be useful for reducing DNAs. Primary care team will consider examples of other schemes nationally to reduce DNAs to share learning with practices locally.	July 2019
Develop the team	Practice Manager Development Fund. Comprehensive programme developed. Staffordshire training hub established to support procurement of training at scale. Funding opportunities created. GPN 10 Point plan developed and submitted to NHSE in March 2018, deep dive being undertaken and will be shared with NHSE GPFV Umbrella group	**All** • Practice Manager Training – November 2018 and additional session being planned for February/March 2019. • Practice Nurse Development through the GPN 10 Point Plan. • Practice Nurse Facilitator in post to support Practice Nursing. • PLT programme in place – including in-house and external training • Wider workforce roles – e.g. Clinical Pharmacists **Cannock** Interest in additional Receptionist training (Amspar training / medical terminology training).	Feb/ March 2019
Develop the team	Other workforce e.g. Physician Associates, Clinical Pharmacists, Pharmacy Ambassador in post.	The newly qualified nurse incentive has gained some interest with 4 recruited in practice and now on fundamental programme. NHS England scheme for Clinical Pharmacists in General Practice continues and further waves are expected through the end of 2018 and early 2019. https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/. The CCG isn't involved in this directly but can support practices in any applications where necessary.	Next bid February 2019
Develop the team	Nurse facilitator roles across the CCGs are in place to support practice nursing, develop learning and education programmes, and delivery of the 10 point plan.	A working group is being set up to monitor and drive implementation of actions within the Staffs implementation and delivery plan.	Meeting 13th December 2018

Develop the team	Locality Development Programme (LDP) – first "diagnostic" phase completed to understand the readiness of practices to work at scale and to identify programme of support tailored to the needs of each geographical area. (Commissioned by CSU Strategy Unit). Results presented to STP and membership/locality boards.	LDP – report and development plan to be produced taking into account the recommendations in the report and following engagement with localities. CCG work ongoing with CSU strategy unit to support locality organisational development Also see Developing QI expertise section.	Jan-March 2019
Develop the team	Protected Learning time programme in place pan South Staffordshire	GP & Practice Nurse sessions scheduled throughout the year plus in-house opportunities for practices. Schedule of programmes developed by clinical education leads and Practice nurse facilitators for each CCG, to meet local needs / CCG population priorities. GP Update (1 day course) for SAS and CC CCG GPs (100 places)	Annual programme Jan 2019
Productive Work flows	• Workflow optimisation training has taken place across the CCG – including face to face and online training places (varying by practice). • Evaluation of the workflow optimisation implementation to date has taken place.	**<u>Cannock</u>** Cannock Town & Villages: Continued 1 year access to Practice Unbound online resources – including up to 5 training places (including GP Champion) and helpdesk access. Rugeley: Support across practices to be explored further. Practices participating in an evaluation of workflow implementation to date, including the completion of surveys by the GP Champion, Administrator(s) and Practice Manager.	Results due at Membership Board in January 2019
		<u>Stafford</u> Additional support for practices on the roll-out to be offered, building on feedback from the evaluation survey. Potential for coding / advanced training to be explored, to further embed workflow optimisation across practices.	
		<u>Seisdon</u> 'Workflow Optimisation Champions' role in development and for implementation, to support the practice embedding of workflow optimisation on a one-to-one basis. Peer support also being put in place. Additional workflow optimisation online training for one year across all Seisdon Peninsula practices, c/o Practice Unbound.	
Personal Productivity	GP Resilience funds support this	Cannock Town has participated in the GP Resilience Funding bid.	

		Opportunities offered to all localities. Any successful bids are currently being reviewed and taken forward.	January 2019
Partnership Working	• Extended Access model delivered at scale • Care Navigation and Workflow Optimisation developed at scale across the practices / localities • Local incentive schemes (LIS) delivered at scale • Back office functions shared • Joint staff employed across practices • Primary care working in partnership with community/social/mental health provider and other examples include working with voluntary sector and organisations such as local leisure centres and schools	**Cannock** Nursing Home LIS as a Cannock Town network. Cannock Villages considering opportunity to have a Clinical Pharmacist across the locality. Working in partnership with community provider on a multi-disciplinary team approach to patient care particularly older people and those with multiple long term conditions at risk of admissions to hospital.	
		Stafford Practice Pharmacist roles across the Stafford Primary Health Care Alliance locality Opportunities to work in partnership with the Midlands Partnership Foundation Trust (MPFT) being explored in regards to integrated care – respiratory and older people.	January 2019
		SES&SP Care navigation training and implementation commencing in SES from November 2018 and in SP from April 2019 across the relevant localities, through partnership working.	Nov 2018 & April 2019
Social Prescribing	Discussions taking place to ensure any work related to Social Prescribing is joined up between organisations	**Cannock** Potential options for social prescribing to include exploring the existing services CASP (support for patients with cancer or their carers) and the Family Support Service (for children & young people up to 19 and parents/carers). An additional option is a social prescribing pilot by the library service. To be explored further on how to progress.	January – March 2019
		Stafford Social Prescribing pilot ongoing in all three practices from the Stone & Eccleshall locality. Working with support Staffordshire - community navigator role in place who works with patients to direct them to appropriate services. Learning to inform future roll out. 1st quarter report awaited.	
		Seisdon Social Prescribing pilot ongoing in the locality, led by Age UK. Learning and understanding of impact to inform future roll out and developments.	

Social Prescribing	Currently smaller Social Prescribing pilots (as detailed above) are in place, looking to share learning and opportunities widening across the County.	Discussions taking place with Staffordshire County Council to ensure any work related to Social Prescribing is joined up between organisations	
Support Self care	Supported by Care navigation and TECS around prevention and social prescribing.	Active signposting to support patients to self-care. Technology opportunities to support self-care and prevention – e.g. apps. Communication and Engagement team are supporting this national campaign week. This year's theme is health literacy and the strapline is Understanding Self Care for Life.	14-20th November 2018
Support Self care	Pharmacy first promoted / reducing prescribing over the counter Medicines (OTC)	In line with NHS-E guidance on reducing prescribing of Over-the-counter medicines the Medicine Optimisation Team will be implementing the locally agreed policy on OTC medicines. The policy and link to NHS-E documents can be found here: http://www.southstaffordshirejointformulary.nhs.uk/docs/pc/Over-the-Counter%20Prescribing%20Policy/. It is identified that the Pharmacy First minor ailment service may contradict this local policy and therefore although the service continues across Staffordshire at present there will be a review prior to April 2019.	
Support Self care	"Help us Help you" campaign supported by Communication and Engagement team as part of winter and flu campaign. Resource packs issued to practices for winter 2018.	Messages will be shared which explain what Self Care means, on top of the self-care messages the CCG will be sharing throughout the Winter e.g. in social media packs sent to partner organisations and sent out with web and TV banners.	Ongoing throughout Winter 2018/19
Develop quality improvement (QI) expertise	Quickstart Programme - The opportunity for two cohorts of eight practices in the South & East are being explored and a final bid to be submitted by 23 November 2018.	• Engagement session to raise awareness across practices took place on 7 November 2018. • Work is ongoing to complete evaluation and develop a repository of resources to maintain practices and support other practices. • Confirmed we have one cohort agreed and starting 12 December 2018 **Cannock** PGP Quickstart Programme – funding currently available for practices to join the programme. Resilience funding to support workforce development.	Workshops booked, starting 12 December 2018 – complete March 2019
Develop QI Expertise	Quality Improvement Facilitator. To provide further support to the area on this programme of work	Funded by NHSE and supported by the LMC a quality improvement facilitator role to commence in South Staffordshire, to work with practices to support the development of QI expertise. Role will support the co-ordination of the learning from the resilience training programmes and QI pack / Repository of resources to be	Post to be filled early 2019 dependent on successful

		developed to maintain practices and support other practices.	candidate notice period following joint interview exercise by CCG, NHSE and LMC.
Develop QI Expertise	Resilience funding panel took place in June 2018. 18/19 funding is targeted towards workforce to support practices and localities to develop a plan.	Staffordshire wide offer issued to localities to develop workforce plan. Deep dive on previous resilience funding to be completed by NHSE. Case studies produced on the use and impact of resilience funding for 17/18 and 18/19.	Workshops will take place in 2019 to showcase new workforce roles/models .
Develop QI Expertise	Behaviour changes project – Human Factors training	**Stafford** Currently being undertaken in Stafford & Surrounds CCG, potential rollout for other areas	March 2019

Other notes:

- The CCG is in close links with Royal College of General Practitioners (RCGP) GPFV ambassador in terms of any GPFV presentations and papers
- Monthly data and update reports on GPFV progress are submitted to NHSE and the STP
- CCG attend monthly "checkpoint" meeting with NHSE on progress of GPFV
- NHSE Regional GPFV newsletter is shared with practices via CCG practice newsletter – the CCG also develop a local GPFV newsletter once a quarter to share progress and ideas with practices
- The CCG also shares learning and case studies from practices via the CCG practice newsletter and practice manager/locality meetings

Further information available from:-

10 high impact actions to release time for care https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/

1. **Active signposting**: Provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional.
2. **New consultation types**: Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
3. **Reduce Did Not Attend (DNAs)**: Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.
4. **Develop the team**: Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
5. **Productive work flows**: Introduce new ways of working which enable staff to work smarter, not harder.
6. **Personal productivity**: Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible.
7. **Partnership working**: Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. **Social prescribing**: Use referral and signposting to non-medical services in the community that increase wellbeing and independence.

9. **Support self care**: Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
10. **Develop QI expertise**: Develop a specialist team of facilitators to support service redesign and continuous quality improvement.

As at 11/12/18

Cannock

Practice Code & Name	Registered population	1. Does the practice have any staff trained/recruited as care navigators/ signposters or to manage (code and action) incoming clinical correspondence?	2. Headcount of staff trained in active signposting, to ascertain the patient's need and signpost them to the most appropriate person or service, referring to a local directory of services?	3. Headcount of staff trained to code and action incoming clinical correspondence without reference to a GP where appropriate?	4. Headcount of staff trained/recruited as a combination of both roles? (This is separate to the headcount of staff from questions 2 and 3, refer to the guidance if unsure.)
M83001 HORSEFAIR PRACTICE	11,605	Yes	2	2	0
M83016 HIGH STREET SURGERY	7,392	Yes	2	2	0
M83033 DR JS CHANDRA	2,362	Yes	4	2	0
M83048 THE NILE PRACTICE	9,754	Yes	13	2	0
M83063 NORTON CANES HEALTH CENTRE	3,436	Yes	3	0	0
M83107 ALDERWOOD MEDICAL PRACTICE	6,462	Yes	7	1	0
M83109 DR MANICKAM & PARTNER	2,704	Yes	4	2	0
M83129 HEATH HAYES HEALTH CENTRE	10,468	Yes	11	3	2
M83130 RED LION SURGERY	3,964	Yes	4	1	0
M83139 MOSS STREET SURGERY	5,043	Yes	7	1	1
M83608 QUINTON PRACTICE	5,347	Yes	5	1	0
M83616 DR I RASIB & PARTNERS	5,428	Yes	6	1	0
M83637 CHADSMOOR MEDICAL PRACTICE	4,033	Yes	7	0	0
M83638 THE COLLIERY PRACTICE	14,067	Yes	15	0	0
M83698 SOUTHFIELD WAY SURGERY	3,109	Yes	2	0	0
M83703 BRERETON SURGERY	4,464	Yes	2	1	0
M83717 NORTON CANES SURGERY	3,145	Yes	7	1	0
M83719 RAWNSLEY SURGERY	4,310	Yes	8	1	0
M83722 DR M MURUGAN	3,575	Yes	4	1	0
M83727 NORTON CANES PRACTICE	3,963	Yes	2	1	0
M83738 AELFGAR SURGERY	5,723	Yes	2	1	0
Y02354 SANDY LANE SURGERY	10,662	Yes	2	2	0
Y02594 ESSINGTON MEDICAL CENTRE	2,665	Yes	4	1	0

Additional Information

A. Cannock Chase localities are continuing to embed active signposting
B. Follow up training event took place in October for Cannock Town and Villages localities - with a focus on sharing an update on current progress and navigating to cancer & mental health services.
C. Cannock Town and Villages localities are continuing to have access to online training & resources through Practice Unbound. This includes the four practices that do not currently have any trained staff members in workflow optimisation, to enable all practices to have trained members of staff.
D. Rugeley locality are considering workflow optimisation support across the practices, to support it to continue to embed.

	Practices expected to receive training this year	Number of staff expected to attend the training	Who is expected to provide training?	Cost of training
Cannock & Villages	19	Up to 19 Practice Managers at care navigation training events Up to 57 Reception Staff Members at each care navigation training event (based on estimate of 3 attendees per practice) Practice Managers and Reception Staff Members highlighted above will also have 1-to-1 practice support. Up to 19 Administrators to receive online Workflow Optimisation training.	**Signposting:** Cannock Town & Villages Locality as a primary care network will lead on the training, building on the previous training delivered by West Wakefield. Additional online training licences by West Wakefield will be purchased as necessary for new staff members. **Workflow Optimisation**: Practice Unbound online licenses including training and access to resources for one year being rolled out.	Signposting:: Additional training licenses £280 Training events (including development time) £2,700 Workflow Optimisation: Expected cost of online training and resources: £10,095
Rugeley	4	Up to 12 Reception Staff Members (based on 3 per practice) Up to 4 Administrators (based on 1 per practice)	Current plans for locally led and developed workshops, building on previous training from Ararna (active signposting) and Practice Unbound (workflow optimisation).	Current plans include for training to be undertaken through locally led and managed workshops (see anticipated costs below).

	Details of other expenditure e.g. backfill costs.
Cannock	Care Navigation: One-to-one development and backfill time at individual practices (sharing good practice / resolving challenges) estimated: £609 Communications resources to raise awareness of care navigation and other roles / services: £1,900 Development and implementation of patient engagement estimated: £1,500
Rugeley	Current plans include workshops to be arranged for Reception Staff Members on active signposting to share learning / ideas and sharing learning about local services / organisations - backfill, venue and refreshments Current plans also for workshops to be arranged for Administrators on workflow optimisation roll out - backfill, venue and refreshments Total estimated cost: £5,444

How is the CCG maximising value?	Connection with other GPFV initiatives e.g. Primary Care Networks, Extended Access

Maximise practice uptake Two schemes are discussed regularly at locality and practice manager meetings Evaluation and learning will be shared across the localities and schemes develop. Feedback shared from those practices trailblazing the approach to encourage other practices. Ongoing evaluation on workflow to inform the developments & get the most out of the available funding and that it is being rolled out to the maximim levels. Comms engagement - e.g. Youtube, PPGs. There will be a comms approach for raising awarenes of the schemes with the public as they're ready. Prepared guidance for localities so clarity on the packages available and framework given to assist them in picking their provider so that it will work best for the locality. Regular feedback to those practices currently not in a position to partiicpate so they can participate at a later date.	Locality approach - encourages working at scale - therefore working together as primary care networks. Consistent approach schemes as same local staff support extended access services. Online directory available for use by all practices e.g. MiDOS or locally developed. Supporting work with local partners in the community to support working at scale & utilising services in the comunity setting.

	2016/17	2017/18*	2018/19	2019/20
Funding available	£9,520	£86,337	£22,547	£22,547
Funding spent/planned	£9,520	£86,337	£22,547	£0

** Please note 17/18 funding includes one-off funding for workflow optimisation training*

South East Staffordshire & Seisdon Peninsula

Practice Code & Name	Registered population	1. Does the practice have any staff trained/recruited as care navigators/ signposters or to manage (code and action) incoming clinical correspondence?	2. Headcount of staff trained in active signposting, to ascertain the patient's need and signpost them to the most appropriate person or service, referring to a local directory of services?	3. Headcount of staff trained to code and action incoming clinical correspondence without reference to a GP where appropriate?	4. Headcount of staff trained/recruited as a combination of both roles? (This is separate to the headcount of staff from questions 2 and 3, refer to the guidance if unsure.)
M83006 THE WESTGATE PRACTICE	28,448	Yes	0	2	0
M83018 GRAVEL HILL SURGERY	7,787	Yes	0	1	0
M83030 THE LANGTON MEDICAL GROUP	11,808	Yes	0	2	0
M83031 RUSSELL HOUSE	6,574	Yes	0	1	0
M83032 THE ALDERGATE MED.PRACT.	13,300	No	0	0	0
M83041 MOSS GROVE SURGERY KINVER	5,519	Yes	0	1	0
M83062 LAUREL HOUSE SURGERY	12,957	Yes	0	2	0
M83072 SALTERS MEADOW HEALTH CTR	11,475	Yes	0	1	0
M83088 HOLLIES PRACTICE	15,415	No	0	0	0
M83093 DALE MEDICAL PRACTICE	6,689	Yes	0	1	0
M83097 BILBROOK MEDICAL CENTRE	7,983	Yes	0	1	0
M83110 HEATHVIEW MEDICAL PRACTICE	11,871	No	0	0	0
M83111 RIVERSIDE SURGERY	1,633	Yes	0	2	0
M83113 DR KHARE'S SURGERY	2,292	Yes	0	1	0
M83115 BONEY HAY SURGERY	2,088	Yes	0	1	0
M83117 CROWN MEDICAL PRACTICE	4,341	Yes	0	2	0
M83125 CLAVERLEY	4,012	Yes	0	1	0
M83132 LAKESIDE	5,754	No	0	0	0
M83148 THE PEEL MEDICAL PRACTICE	14,343	No	0	0	0
M83617 DARWIN MEDICAL CENTRE	16,892	Yes	0	2	0
M83668 TAMAR MEDICAL CENTRE	4,196	Yes	0	1	0
M83693 TRI-LINKS MEDICAL PRACTICE	6,278	No	0	0	0
M83705 TRINITY SURGERY	4,397	No	0	0	0
M83706 DR VIJE'S SURGERY	1,926	Yes	0	2	0
M83715 FEATHERSTONE	4,619	Yes	0	1	0
Y02414 BURNTWOOD HEALTH & WELLBEING CENTRE	5,695	Yes	0	1	0

Additional Information

A. The Tamworth and Lichfield & Burntwood Localities have now selected their chosen active signposting training provider. The first session will focus on the development of the model and mapping services with the Practice Managers this is due to take place early November. Following that there will be three receptionist training sessions throughout November and December.

B. The Seisdon Peninsula Locality are preparing for active signposting to be implemented (with training scheduled to take place from April 2019). Additional workflow optimisation training is being considered for this locality.

C. In addition to previous face-to-face workflow optimisation training, further online training has been completed by 8 Administrators across 5 practices by end September 2018. 15 practices (including all Seisdon Peninsula locality practices) will continue to have online training and resources access by Practice Unbound.

A workflow survey has been developed and distributed to all practices that have received workflow optimisation training. This survey will show the stage of implementation, any issues or concerns that practices have and the percentage of workload being processed through workflow. A findings report will be shared with a development group and this shall will support with agreeing the next steps.
A seperate survey will be developed for practices that have not engaged with workflow and this survey will be delievered in a 1:1 session allowing us to have a face to face conversation with the practice manager.

Practices expected to receive training this year	Number of staff expected to attend the	Who is expected to provide training?	Cost of training
Lichfield & Burntwood and Tamworth Lichfield and Tamworth practices are commencing signpost training Nov-18. 16 practices are signed up to the training. 3 practices have declined to take part. The practices have sourced West Wakefield.	**Lichfield & Burntwood and Tamworth** 86 members of staff have been identified across all practices these staff include Practice Managers, Office Managers and Practice Reception staff. Training package includes e-learning and live webinars therefore any remaining staff that are unable to attend face to face sessions will be encouraged to complete the online learning tools.	**Lichfield & Burntwood and Tamworth** SES Practices are being trained by West Wakefield Health and Wellbeing for signpost training	**Budget 17/18** Workflow Training Costs at £21,000 and Workflow Backfill Costs for practices undertaking the training at £19,055 **Budget 18/19** **Lichfield & Burntwood and Tamworth** Signpost training with West Wakefield is £20,886 and includes 3 x workshops and 3 days of receptionist training Travel costs for training provider £1,686 £5,000 set aside for venue and refreshments
Seisdon All 9 practices in Seisdon Peninsula Locality (within SES&SP CCG).	**Seisdon** Workflow Optimisation: 2 Administrators will become 'Workflow Optimisation Champions' - with support from Practice Managers. Up to 9 Administrators will be supported through peer support by the Champions across the practices (based on 1 Administrator per practice). Active Signposting approach and research to take place by end March 2018 with training plans to commence from April 2019.	**Seisdon** Active Signposting: Expected provider to be confirmed following further research and development work by the Locality. Please note for Workflow Optimisation: Expected provider is Practice Unbound (previously known as Brighton & Hove) to continue training using previous funds.	**Seisdon** **Active Signposting**: Estimated £589 contribution towards training **Workflow Optimisation** Practice Unbound license for all practices £5,302

Details of other expenditure e.g. backfill costs.	How is the CCG maximising value?	Connection with other GPFV initiatives e.g. Primary Care Networks, Extended Access
Lichfield & Burntwood and Tamworth £2,000 to be spent on communications campaign - providing practices with posters, pop up stands and leaflets **Seisdon** **Workflow Optimisation**: £350 Practice Manager development time for a 'Workflow Optimisation' champion role (including standards, criteria). £1,140 Ongoing peer support (2 hours week by 2 Champions) for all locality practices between November 18 to March 19. **Active Signposting**: £350 Practice Manager time to visit other practice(s) to see Active Signposting implementation. £350 Practice Manager focus group to review active signposting chosen model (building on research of local services, organisations and areas to prioritise for signposting). £900 comms materials e.g. banner for practice reception	Maximise practice uptake Two schemes are discussed regularly at locality and practice manager meetings Evaluation and learning will be shared across the localities and schemes develop. Feedback shared from those practices trailblazing the approach to encourage other practices. Ongoing evaluation on workflow to inform the developments & get the most out of the available funding and that it is being rolled out to the maximim levels. Comms engagement - e.g. Youtube, PPGs. There will be a comms approach for raising awarenes of the schemes with the public as they're ready. Prepared guidance for localities so clarity on the packages available and framework given to assist them in picking their provider so that it will work best for the locality. Regular feedback to those practices currently not in a position to partiicpate so they can participate at a later date.	Locality approach - encourages working at scale - therefore working together as primary care networks. Consistent approach schemes as same local staff support extended access services. Online directory available for use by all practices e.g. MiDOS or locally developed. Supporting work with local partners in the community to support working at scale & utilising services in the comunity setting.

	2016/17	2017/18*	2018/19	2019/20
Funding available	£14,840	£125,160	£36,916	£36,916
Funding spent/planned	£14,840	£125,160	£36,916	£0

** Please note 17/18 funding includes one-off funding for workflow optimisation training*

Stafford

Practice Code & Name	Registered population	1. Does the practice have any staff trained/recruited as care navigators/ signposters or to manage (code and action) incoming clinical correspondence?	2. Headcount of staff trained in active signposting, to ascertain the patient's need and signpost them to the most appropriate person or service, referring to a local directory of services?	3. Headcount of staff trained to code and action incoming clinical correspondence without reference to a GP where appropriate?	4. Headcount of staff trained/recruited as a combination of both roles? (This is separate to the headcount of staff from questions 2 and 3, refer to the guidance if unsure.)
M83009 BREWOOD MEDICAL PRACTICE	10,587	Yes	4	2	2
M83020 CUMBERLAND HOUSE	10,867	Yes	7	2	0
M83022 HAZELDENE HOUSE SURGERY	8,351	Yes	5	3	0
M83024 CASTLEFIELDS	6,947	Yes	3	2	0
M83036 RISING BROOK	9,180	Yes	7	4	2
M83044 STAFFORD HEALTH AND WELLBEING	11,696	Yes	7	3	0
M83045 PENKRIDGE MEDICAL PRACTICE	9,923	Yes	8	2	0
M83049 HOLMCROFT	10,840	Yes	7	5	0
M83050 WOLVERHAMPTON ROAD SURGERY	10,571	Yes	6	2	0
M83052 WEEPING CROSS HEALTH CENTRE	19,191	Yes	37	1	3
M83057 MILL BANK	10,469	Yes	7	2	0
M83069 MANSION HOUSE SURGERY	14,138	Yes	10	4	0
M83070 GNOSALL	8,089	Yes	6	1	1
M83092 CROWN SURGERY	7,772	Yes	8	1	0

Additional Information

A. All SAS CCG practices have had training in active signposting and workflow optimisation.
B. Further active signposting events are being planned to further embed this way of working in practices.
C. Workflow optimisation support across practices and the potential for additional face-to-face training are currently being explored.
D. Please note, Weeping Cross Health Centre includes internally developed active signposting training across all practice staff, that predominantly focused on internal signposting.

Practices expected to receive training this year	Number of staff expected to attend the training	Who is expected to provide training?	Cost of training
All practices in the 3 Stafford & Surrounds localities	**Workflow**: 13 Administrators	**Workflow**: Training provider to be sourced for advanced / coding training, additional license(s) for online training to also be considered.	**Workflow**: Estimated at £12748
	Active Signposting: Up to 52 Reception Staff members to be part of a 'Get to Know Local Services / Organisations' event and a Workshop for Practice Team Members event. Up to 13 Practice Managers to be part of the above events. Up to 25 Reception Staff members (including in the above) to participate in training for new staff and/or advanced training.	**Active Signposting**: Currently considering training provider (potentially Ararna building on previous training from 17/18). Training will also be provided by local agencies / organisations to share information on their services and raise awareness through the 'Get to Know Local Services / Organisations' event.	**Active signposting**: Training for new members of staff / advanced training estimated at £6,000 (subject to chosen training provider and package).

Details of other expenditure e.g. backfill costs.	How is the CCG maximising value?	Connection with other GPFV initiatives e.g. Primary Care Networks, Extended Access
Active Signposting: 'Get to Know Local Services / Organisations' event venue hire & refreshments: Estimated £1,500 Workshop for Practice Team Members to share good practice, challenges and ideas for the future venue hire & refreshments: Estimated £1,000 Comms campaign across practices to raise patient awareness of active signposting / other roles / services: £1,300 Practice Management development and implementation time for active signposting in the practice: £1,300 One SAS CCG practice is participating in the Rugeley locality developments - with a total spend for workflow optimisation and active signposting training of £1,409	Locality developed and managed plan - therefore best meeting the needs of local practices and teams. Maximise practice uptake Two schemes are discussed regularly at locality and practice manager meetings Evaluation and learning will be shared across the localities and schemes develop. Feedback shared from those practices trailblazing the approach to encourage other practices. Ongoing evaluation on workflow to inform the developments & get the most out of the available funding and that it is being rolled out to the maximim levels. Comms engagement - e.g. Youtube, PPGs. There will be a comms approach for raising awarenes of the schemes with the public as they're ready. Prepared guidance for localities so clarity on the packages available and framework given to assist them in picking their provider so that it will work best for the locality. Regular feedback to those practices currently not in a position to partiicpate so they can participate at a later date.	Linking with the Social prescribing pilot to raise awareness of local services for patients. Linking with extended access to maximise the use of the different roles within Primary Care & the use of available appointments. Linking with wider workforce developments therefore supporting awareness of Reception staff of changing workforce. Promoting resilience within practices through making available GP time by more effective workflow. Locality approach - encourages working at scale - therefore working together as primary care networks. Consistent approach schemes as same local staff support extended access services. Online directory available for use by all practices e.g. MiDOS or locally developed. Supporting work with local partners in the community to support working at scale & utilising services in the comunity setting.

	2016/17	2017/18*	2018/19	2019/20
Funding available	£10,640	£86,360	£25,258	£25,258
Funding spent/planned	£10,640	£86,360	£25,258	£0

** Please note 17/18 funding includes one-off funding for workflow optimisation training*

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

REPORT TO:

Cannock Chase, Stafford & Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups

Enclosure:	**06**

Report to:	**Primary Care Commissioning Committee Meetings in Common (South)**

Title:	**Business Cycle for Membership Boards**

Meeting Date:	19 December 2018

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Lynn Millar	Y	Sarah Jeffery Sarah Turner

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

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

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

The purpose of this paper is to provide the committee with a proposed Business Cycle for Membership boards from January 2019. **(Appendix 1)**

The business cycle has been developed to improve communication and engagement to ensure a consistent and managed approach to member practices. This is in response to feedback from the 360° Stakeholder survey in 2018 for:-

- Cannock Chase CCG
- Stafford and Surrounds CCG
- South East Staffordshire and Seisdon Peninsula CCG

Results from the 360° are used to:

- support CCGs' ongoing development
- assess whether CCGs are operating effectively in partnership with key organisations in the local health system to commission safe, high quality and sustainable services.
- feed into improvement and assessment conversations with NHS England

The business cycle will include the following items for decision making, discussion or information:-

- standing corporate items e.g. Conflicts of interest, Governance
- Regular reports from CCG Finance, Commissioning, Quality (DATIX – system for reporting incidents and soft intelligence) and Performance leads
- Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP) developments.
- Discussion on commissioning intentions/service specifications/service changes with members for development (as required)

- Development of future progressive Quality Innovation Productivity and Prevention (QIPP) schemes
- Medicines and prescribing policies
- Key NHS national policies e.g. GP Forward View, Operating and Planning guidance

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
none

Implications:	
Legal and/or Risk	There is a risk that if the CCG does not operate effectively in partnership with key organisations this could affect the commissioning of safe, high quality and sustainable services.
CQC	Supports monitoring and reviewing quality of services
Patient Safety	The business cycle will support the CCG in operating effectively in partnership with key organisations to commission safe, high quality and sustainable services.
Patient Engagement	As above.
Financial	The business cycle will support clinical commissioning decisions that impact on CCG financial position.
Sustainability	Create effective sustainable working relationships with members.
Workforce / Training	The CCG will work with members to develop working relationships.

Key Requirements:		**Yes**	**No**
1.	Has a Quality Impact Assessment been completed? ***Please provide detail within the body of the report***		**X**
2.	Has an Equality Impact Assessment been completed? ***Please provide detail within the body of the report as to these considerations:*** • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		**X**
Key Requirements:		**Yes**	**No**
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail within the body of the report***	**X**	

Recommendations / Action Required:
The Committee is asked to: ▪ Receive the business cycle for assurance and information

MEMBERSHIP BOARD BUSINESS CYCLE 2019

APPENDIX 1

	January	February	March	April	May	June
Items for Discussion	Finance focus by CCG lead	Performance focus by CCG lead	Quality focus by CCG lead	Finance focus by CCG lead	Performance focus by CCG lead	Quality focus by CCG lead
	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report
	NHS Operational and Planning guidance	Plan on a Page	Membership Agreement 2019/20	QIPP Update	Plan on a Page	
	STP Update					STP Update
	Governance Update		Accountable Officer's Update			
	MB Chair Election (bi-annually)					GMS Contract Changes
Items for Information	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter
	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report
	360 Survey reminder to members		DATIX Report			DATIX Report
	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes

	July	August	September	October	November	December
Items for Discussion	Finance focus by CCG lead	Performance focus by CCG lead	Quality focus by CCG lead	Finance focus by CCG lead	Performance focus by CCG lead	Quality focus by CCG lead
	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report	Quality Finance and Performance Report
	360° Stakeholder Survey Results and action plan	Plan on Page	GP Survey Results	QIPP (PMO)	Plan on a Page	Membership Agreement Proposals
		Winter Planning				
		Commissioning Intentions				
Items for Information	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter	STP Newsletter
	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report	Quality, Finance & Performance Integrated Finance Report
			DATIX Report			DATIX Report
	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes	Primary Care Committee Minutes

Key:
"Plan on Page" report - Practice update on local indicators (eg. Membership agreement, Dementia, antibiotic rates)
Quality Innovation Productivity and Prevention (QIPP) - PMO to update on scheme performance and developing new ideas.
Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP)
DATIX – system for practices to report incidents and soft intelligence to Quality team
Quality Finance and Performance Report - Provider based report on key performance
Membership Agreement 2019/20 - clinical indicators
360 survey (undertaken mid January to mid February, results published in April)

Other (as and when required)
The CCG officers engage on service re-design and specifications - papers will be submitted as and when required.

12 December 2018

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

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

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

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