NHS
Wirral Clinical Commissioning Group

Extra-Ordinary Governing Body Meeting – A meeting in public

Thursday 20th March 2014
5.00 – 7.00pm
Nightingale Meeting Room, Old Market House

AGENDA

Ref No	Time	No	Item		Papers
	5.00pm	**1.**	**PRELIMINARY BUSINESS**		
GB13-14/001			**1.1**	**Apologies for Absence**	
GP13-14/002			**1.2**	**Chair's Announcements**	
GB13-14/003			**1.3**	**Declarations of Interest**	
GB13-14/004			**1.4**	**Comments/questions from members of the public**	
	5.30pm	**2.**	**ITEMS FOR APPROVAL**		
GB13-14/005			**2.1**	**Primary Care Access Scheme (Phil Jennings)**	Access Implementation Cove Primary Care Access Implementation_Final
	6.40pm	**5.**	**ANY OTHER BUSINESS**		
GB13-14/006					
	6.50pm	**6.**	**DATE AND TIME OF NEXT MEETING**		
GB13-14/007			Tuesday 1st April 2014 1400 hours Nightingale Meeting Room Please forward apologies to: Allison.hayes@nhs.net		

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PRIMARY CARE ACCESS SCHEME				
Agenda Item:	2.1		**Reference:**	GB13-14/005
Report to:	Governing Body Meeting		**Meeting Date:**	20th March 2014
Lead Officer:	Dr Phil Jennings, Chair Dr Abhi Mantgani, Chief Clinical Officer			
Contributors:	Christine Campbell, Chief Officer Andrew Cooper, Chief Officer			
Governance:	**Link to Commissioning Strategy**	Primary Care Transformation including access to primary care services is central to the CCG Commissioning strategy.		
	Link to current governing body Objectives			
Summary:	Following approval of the Primary Care Access Scheme at the March 4th Governing Body meeting, feedback has been received from a number of practices raising concerns regarding the implementation timeframe of the proposed scheme. This paper summarises the feedback and asks the Governing Body to consider options relating to the implementation of the scheme to allow practices to proceed at a pace that suits their individual circumstances.			
Recommendation:	**To Approve**			x
	To Note			
	Comments			
Next Steps:	Referral may be necessary to the Approvals Committee.			

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the implications for the following (please state if not applicable):	
Financial	The proposed options will not increase the overall financial impact of implementing the scheme but may increase the risk of slippage depending on which option is recommended.
Value For Money	The proposal relates only to implementation and does not modify the existing arrangements.
Risk	Patient access is at risk if practices do not indicate they will sign up to the current proposal by 1st April. Relationship and Reputational risks may be affected with member practices if the Governing Body does not recognise the concerns raised by member practices.
Legal	Not applicable
Workforce	Not applicable
Equality & Human Rights	Not applicable
Patient and Public Involvement (PPI)	Patient access is at risk if the Governing Body does not address the concerns in implementation raised by member practices.
Partnership Working	Not applicable
Performance Indicators	Not applicable
Do you agree that this document can be published on the website? *(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions*	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	**Reference**	**Submitted to**	**Date**	**Brief Summary of Outcome**
Title of Report	Agenda Ref	Title of Meeting	Date	Detail of outcome and next step

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of "prejudicial" is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.

Governing Body

Primary Care Extended Access Scheme Implementation

Introduction

1. The Primary Care Access Scheme was agreed at the Governing Body held on 4th March 2014. This paper summarises feedback that has been received from member practices regarding their ability to implement the scheme within the proposed timescales.

Engagement Events & Feedback

2. The CCG has been invited to attend partners' meetings at a number of GP surgeries since the publication of the access scheme.

3. The proposal has been discussed at the GP forum meetings, or equivalents, in each of the three consortia.

4. Individual groups of GPs have met informally to discuss the scheme and the CCG has received a written summary of one such meeting.

5. Wirral LMC have conducted a survey of GPs and shared a limited number of preliminary findings with the CCG.

Summary of Feedback Received

6. There is an acknowledgement of the need to transform health services on Wirral and that Primary Care will be central in this process in keeping with published national guidance.[1][2]

7. Similarly there is recognition that the way GPs deliver their services will need to change and that access to these services remains a crucial component to this process.

8. Many practices have indicated that while they agree with the general position they have expressed concerns that the proposed pace of implementation will not give them the time to form the relationships with neighbouring practices necessary to deliver the scheme.

9. Some practices have indicated that the proposed timescale will not allow them sufficient time to resolve difficulties relating to IT connectivity.

10. Most practices have indicated that given the scheme involves changes from the current funding mechanisms practices need time to adapt their staffing, systems and processes to adjust and have challenged whether a phased or transitional approach would be more appropriate.

[1] NHS England. August 2013. Improving General Practice – A Call to Action
[2] NHS England. March 2014. Improving General Practice – A Call to Action: Phase One Report

Risks to the CCG

11. The CCG is a membership organisation and while the access scheme forms a part of the overall strategic plan it is important to recognise that the engagement and goodwill of member practices is central to achieving our other commissioning objectives. This is particularly relevant at a time when primary care will need to work harder than ever to control the continued over-performance of acute providers. Furthermore there will be new requests for help in the coming year to Primary Care in activities such as over 75 named GP schemes, risk stratification schemes or multi-disciplinary team integration schemes. It is therefore a significant risk to the CCG if its practices feel alienated through this proposal.

12. Currently the majority of Wirral practices participate in the Extended Hours LES and DES schemes offering early morning, late evening or weekend working. If practices do not indicate that they will sign up to the current proposal before the 1st April these current schemes will cease and many practices may reduce their services to core hours. Regardless of the outcome of the proposed scheme this scenario would represent a retrograde step and immediately disadvantage the patients of Wirral. The CCG must act to avoid this.

Options for Implementation

In all options the following Local Enhanced Services are withdrawn on 1st April as planned CKD; Vascular; End of Life; Osteoporosis; Diabetes			
	Description	**Advantages**	**Disadvantages**
Option 1	• Postpone implementation for an agreed interval for **all** practices • Continue the Extended Hours LES for the same interval to preserve the current extended access provision • Re-evaluate the current proposal	• Preserves current access • Allows remodelling of the current proposal	• Likely to encourage multiple contrasting proposals • Risks no further progress after agreed interval if the proposals cannot be agreed • CCG may be seen as failing to provide leadership and direction, resulting in a negative impact to reputation.

Option 2	• Sign up 1st April 2014, to implement on 1st June the current scheme for those practices who have indicated they are ready to proceed (as agreed by Governing Body on 4th March 2014) • Postpone implementation for an agreed interval for those practices who require more time to plan • Continue the Access LES for the same period to preserve the current access provision	• Preserves current access • Allows a defined period to construct solutions to implementation issues • Enables those practices able to proceed to commence as planned	• Risk that practices may not sign up to new scheme
Option 3	Provide a choice to practices to operate either the existing schemes (DES and LES) or the new scheme Allow flexibility to upgrade or downgrade in-year Plan to review both schemes in 12 months	• Preserves current access • Provides greatest flexibility in implementation timescales • Gives practices an option to extend access further if they so wish by implementing the new scheme	• Risk that practices may not sign up to new scheme

13. The Governing Body is asked to consider the options listed above and give a recommendation regarding the implementation of the Primary Care Access Scheme.

14. Any change to the funding mechanisms for practices will require a further referral to the Approvals Committee.

PJ March 2014