




**[Primary Care Co-Commissioning Committee] – [Public]**








**[12<sup>th</sup> September 2017]**


**[Duncan Room]**

**[14:00 – 16:00]**

**AGENDA**

Part A: Open					
Ref No.	No	Time	Item	Action	Papers
	1.	14:00	<b>PRELIMINARY BUSINESS/ADMINISTRATIVE ITEMS</b> (Chair)		
			1.1 Apologies for Absence		
			1.2 Chair's Announcements		
			1.3 Declarations of Interest		
			1.4 Minutes and Action Points of Last Meeting – [13 <sup>th</sup> June 2017]  Action Points		 13th June PMCCC Minutes - Draft.doc
			1.5 Terms of Reference [Updated]	To Approve/ Discuss/ Note/	 ToR-Primary Medical Care Co-Co
			1.6 Action Log [Updated]	To Discuss/ Note	 Copy of Action Log-PMCCC (2).xlsx
			1.7 Matters Arising	To Discuss/ Note	
	2.		<b>[ITEM 2]</b>		
			2.1 General Practice Prescribing Update (Iain Stewart)  (a) Prescribing	To Discuss/ Note	Verbal Briefing

				Incentive Scheme (b) Repeat Reordering Scheme		
	<b>3.</b>			<b>[ITEM 3]</b>		
			<b>3.1</b>	<b>GP Forward View Update</b> (Iain Stewart)  Wirral Primary Care Transformational Plan Inc Cheshire and Merseyside STP Footprint Work	To Discuss/ Note	 Primary Care Transformation Prog
	<b>4.</b>			<b>[ITEM 4]</b>		
			<b>5.1</b>	<b>Primary Care Quality Schemes</b> (Martyn Kent)  (a) 2016/17 Review Report (b) 2017/2019 Highlight Report	To Discuss/ Note	 Primary Care Quality Scheme 2016   PCQS 201719 Highlight Report Se
	<b>5.</b>			<b>[ITEM 5]</b>		
			<b>5.1</b>	<b>Primary Care Co-Commissioning Level 3 Update</b> (Iain Stewart)	To Discuss/ Note	Verbal Briefing
	<b>6.</b>			<b>[ITEM 6]</b>		
			<b>7.1</b>	<b>Wirral GP Access Hubs Highlight Report</b> (Martyn Kent)	To Discuss/ Note	 Wirral GP Access Highlight Report Se
	<b>7.</b>			<b>[ITEM 7]</b>		
			<b>8.1</b>	<b>Wirral Primary Care Quality Dashboard Development Report</b> (Sarah Boyd-Short)	To Discuss/ Note	 PCC Dashboard Report.docx   App 1 Sample West Cheshire practice da
	<b>8.</b>			<b>[ITEM 8]</b>		
			<b>8.1</b>	<b>NHS England Update</b> (Carla Sutton John Adams/Pete Grindley)  (a) Primary Care Support Services (b) Finance Report (c) Contract Notices (If any to report)	To Discuss/ Note	 Wirral Joint Committee Contract

	9.		[ITEM 9]		
			Risk Register/AOB	To Discuss/ Note	 Risk Register-PMCCC.xlsx
<b>Date &amp; Time of Next Meeting: Tuesday 12<sup>th</sup> December, Room 514 OMH, 1.30-4pm</b>					

**WIRRAL CLINICAL COMMISSIONING GROUP**  
**Primary Medical Care Co-Commissioning Committee Minutes of Meeting – PUBLIC SESSION**

13<sup>th</sup> June 2017  
 2pm - 4pm (2 hrs)  
 Duncan Room, Old Market House

**Present:**

**Sylvia Cheater** (SC) - Lay Member-Patient Champion, Wirral CCG (Chair)  
**Nesta Hawker** (NH) – Director of Commissioning WCCG  
**Mike Treharne** (MT) – Director of Finance WCCG  
**Lorna Quigley** (LQ) – Director of Quality & Performance WCCG  
**Dr James Sowery** (JS) – GP/Members Council Chair  
**Dr Simon Delaney** (SD) – GP/Primary Care Clinical Lead  
**Iain Stewart** (IS) – Assistant Director of Primary Care and Partnerships  
**Martyn Kent** (MK) – Assistant Director of Primary Care Transformation  
**Carla Sutton** (CS) – Contract Manager, NHS England (Cheshire & Merseyside)  
**Graham Hodgkinson** (GH) – Director of Adult Social Services, Wirral Council/Health and Wellbeing Board representative  
**Alan Whittle** (AW) – Lay Member-Audit & Governance, Wirral CCG

**In Attendance:**

Oliver Stewart (OS) – Administrative Support WCCG

Ref No.	Minute	Action
	<p><b>Preliminary Business</b></p> <p>(SC) opened the meeting and introduced herself to the committee members, as the new Chair. Introductions were made by the rest of the committee members.</p> <p><b>1.1 Apologies for absence</b></p> <p>No Apologies were noted</p>	
	<p><b>1.2 Chairs Announcements/Opening Remarks</b></p> <p><b>1.2 Declarations of Interest</b></p> <p>(SD) and (JS) made the customary declaration that they were GPs due to agenda items involving proposed investment into member practices</p>	

Ref No.	Minute	Action
	<p><b>1.3 Comments/questions from members of the public</b></p> <p>No members of the public were in attendance.</p> <p><b>1.5 Minutes &amp; Action Points from previous meeting held on:</b> 14<sup>th</sup> March 2017</p> <p>The minutes of the previous meeting held on 14/03/2017 were agreed as TRUE and ACCURATE record subject to the following amendments notwithstanding grammatical/typographical errors, which will be rectified;</p> <p>Section 1.5</p> <p>Action log Number <b>19</b>: to be closed. <b>ACTION</b></p> <p>Number <b>21</b>: (IS) It was the wish of the previous Chair to raise the issue of a lack of a single voice from Primary Care and to have this lack of collaborative working logged as a risk. IS has spoken to Director of Corporate Affairs about raising the matter with Governing Body.</p> <p><b>Action Points:</b></p> <p>Query over action point (1.5 of minutes) re: compiling of a report for the Chair to submit to the committee. (IS) explained how the report format was to follow later.</p> <p>(CS) Asked if there could be a contracting section included in the report.</p> <p>(GH) <b>Q.</b> Is there likely to be anything about primary care performance or QIPP included in the report? MT explained that the Primary Care Quality Scheme will provide a granular level of detail on the agreed areas of performance within the scheme and there are national performance indicators for primary care that are assessed by the CCG.</p> <p><b>1.6 Matters Arising</b></p> <p><b>Action log:</b></p> <p>Action item 16-17-6 - (MT) Two GP Federations is an obstacle to a single voice for Primary Care. This will however evolve over time as federations work jointly together.</p> <p>(JS) Wording of this risk needs to be sensitive to the current environment.</p> <p>(IS) Will formulate wording for this and present before the committee for approval before sending to Governing Body. <b>ACTION</b></p>	<p><b>OS</b></p> <p><b>IS</b></p>

Ref No.	Minute	Action
	<p><b>1.7</b> (Item 1.6 on agenda – NHSE Update)</p> <p>(CS) Some payments made under QOF were incorrect. Number of payments will need clawing back due to a system error. Practices concerned are aware of error but not yet aware of how that money will be adjusted for, therefore NHS England will be communicating to practice members.</p>	
	<p><b>2.0 Wirral Primary Care Transformation Plan</b></p> <p>(IS) Explained to the group how this is envisaged to be a ‘live document’ due to elements of GPFV plan that are yet to be finalised and will require consideration and/or adjustment at a later date. Governing body happy to proceed with the plan. PMCCC should expect regular updates about the plan and items for consideration, going forward.</p> <p>(MT) Important to get communication strategy right. Ideally, should be able to ask practices what the main points of the plan are and they be able to easily explain.</p> <p>(SD) Important that LMC are included in this.</p> <p>(IS) Re-iterated this at LMC meeting earlier in May. Hope to get main points of plan into a brief document and disseminate to practices.</p> <p>(CS) NHSE willing to share information re: providing greater facilitation.</p> <p><b>Q.</b> (JS) There are a number of barriers facing GPs returning from overseas. Seems to be too many hurdles, why is this?</p> <p><b>A.</b> (CS) Willing to escalate and put a colleague in touch to gather more details and to better understand the issue.</p> <p>(NH) Need to make this a fixed agenda item and receive a progress report at each meeting, sharing with practices/LMC etc. <b>ACTION</b></p> <p>Noted and accepted by the committee.</p>	<b>IS</b>
	<p><b>3.0 General Practice Prescribing Incentive Scheme</b></p> <p>(IS) Briefly outlined the logic and reasoning behind the scheme. Prescribing is estimated to be the 3<sup>rd</sup> largest expenditure, locally.</p> <p>£3.1 million QIPP contribution predicted by the Medicines Management Team.</p> <p><b>Q.</b> (GH) What is the percentage given back to practices?</p> <p><b>A.</b> (IS) £1 per patient if target met and 50% of any underspend. May be scope to revise what percentage they receive if significantly better than expected (i.e. unexpected savings).</p>	

Ref No.	Minute	Action
	<p>(MT) If we set budget on outturn and practices achieve that budget we have achieved our QIPP. For anything saved beyond the budget it is important that practices feel the benefit/continue to be incentivised for achieving this.</p> <p>Q. (NH) Is this in addition to the Medicines Management £3.1 million QIPP scheme?</p> <p>A. (IS) Yes, this is in addition to the QIPP scheme.</p> <p>(LQ) Important to remember that this is primarily about promoting good prescribing practices and is about clinical need rather than saving money.</p> <p>(AW) It's important that GPs understand that this is for non-recurrent savings.</p> <p>(MT) There's a need to avoid creating a disincentive among top performers when setting next budget in 2018/19. Most GPs are engaged and want to get on with it.</p> <p>(SD) Some good engagement among GPs but some practices who were in the repeat re-ordering scheme are concerned that their budgets will be affected by this. There's a need for a robust appeals process.</p> <p>(MT) Next year, concurrent primary care activity and secondary care activity should be included to gauge the impact across the wider primary care system.</p> <p>(SC) Query over section 3.4 of the Prescribing Incentive Scheme. Appears rather loosely defined and subjective.</p> <p>(MT) In response to an LMC request - For example, if a practice has a history of overspending but makes significant budget management improvement but may still be missing the scheme target, they wouldn't receive any incentive. There may be scope to allow practices that miss the target but still make significant improvement to keep a percentage of what they have saved.</p> <p>Will encourage practices to share the risk across Wirral, rather than those who know they can't meet the target not even trying.</p> <p>(IS) These cases will come before committee and be subject to scrutiny, discussion and consideration.</p> <p>(AW) A mid-year report would give us an idea of the scale of the issue.</p> <p>(IS) Month six is due early November – perhaps need to arrange a meeting before Christmas. <b>ACTION</b></p>	<p><b>IS</b></p>
	<p><b>4.0 Syrian Resettlement Programme Locally Commissioned Service</b></p> <p>(IS) Updated the group as to the reason for the scheme and its progress so far. Wirral is committed to taking in 100 Syrian refugees. Currently 42 here already and are mostly family units.</p>	

Ref No.	Minute	Action
	<p>Role of CCG is to enable them to register with a practice and access necessary healthcare.</p> <p>Practices will receive £600 per patient for each Syrian refugee that registers.</p> <p>(SD) Having looked at some of the medical records the most prevalent issues surround victims of torture (primarily amongst the adult men) as well as general exposure to traumatic events.</p> <p>Likely fallout will be increased need for issues such as PTSD and other psychological/emotional welfare needs. Possibility for future strain on local mental health services.</p> <p>(IS) "Refugee Action" provide 7 days of assisted support to new arrivals, eg. Help them register with GP practices/Dentists etc.</p> <p>Funding is available to the CCG for up to 5 years for longer term health burden costs. A piece of work needs to be done regarding a clinical assessment of the likely health needs of this group over the next 5 years, so that the findings can be presented to the Home Office as part of a funding request.</p> <p><b>Q.</b> (SC) How much notice do practices receive, informing them that they are to expect these patients?</p> <p><b>A.</b> (IS) CCG finds out a week before refugees arrive and informs practices within the vicinity of where the refugees are being housed that they are likely to receive registration requests.</p>	
	<p><b>5.0 Primary Care Quality Scheme 2016/17 – Final Achievement Results</b></p> <p>(MK) All indicators for 16/17 are positive.</p> <p>All practices have illustrated a high degree of performance on the medicines management indicators;</p> <ul style="list-style-type: none"> <li>- Antibiotic prescribing is down 2%</li> <li>- Ambulatory care sensitive admissions down 8.1%</li> <li>- Referrals down 7.9%</li> </ul> <p>Committee to note and commend Primary Care work on achieving this.</p> <p>Possible amendment – As eluded to earlier in the minutes there is a case to be made for recognising practices who may not have necessarily met their entire target, but who have made savings nonetheless. The suggestion was to pay practices who made some sort of reduction in spending.</p>	



Ref No.	Minute	Action
	<p>(MK) provides some examples of practices that have low baselines but haven't achieved an overall reduction. Need to reward and recognise effort and good practice in order to incentivise a continuation of that behaviour.</p> <p>(MK) goes on to highlight a small number of practices that are significantly higher than the CCG baseline and therefore won't be receiving payment. Might be the case that the clawback option is activated.</p> <p><b>Q.</b> (LQ) How close is the current reduction getting Wirral to the national average?</p> <p><b>A.</b> (MK) Don't currently have sufficient data to carry out a comparison. An initial 40% payment is made and the decision is now whether to make the 60% reward payment.</p> <p><b>Q.</b> (LQ/MT) Is it not unfair that practices who have done well in the past but who can no longer make big savings should receive less than those who are above the CCG baseline but still able to make significant savings?</p> <p><b>A.</b> (MK) There's some rationale for paying practices in both situations.</p> <p><b>Q.</b> (SD) Was clawback clause explicit in the contract?</p> <p><b>A.</b> (SC/MT) Yes, it was very clear and strongly worded.</p> <p>(AW) A lesson to be carried forward is to take into consideration the benchmark positions of practices and that of the national average when implementing changes.</p> <p>(MT) To make it clear what is being suggested, the suggestion is to pay practices who have achieved a reduction or who are below the CCG average.</p> <p>(MK) Those practices on the completely wrong trajectory should be subject to the activation of the clawback option.</p> <p>Will bring evidence of any appeals to the committee E.G. One practice, which missed its target but claims to have an above average number of COPD patients would like to appeal.</p> <p>(MT) As previously stated, some practices won't be able to achieve criteria of the targets set but we should incentivise them to do their best to reduce costs.</p> <p>(LQ) Wirral is still spending significantly more than the national average.</p> <p>(AW) We should be setting regional benchmarks rather than just for Wirral.</p> <p>(MK) Agreed, one data source is not sufficient.</p> <p>Committee Agreed on this item.</p>	

Ref No.	Minute	Action
	<p><b>6.0 Wirral GP Federation Funding Proposal</b></p> <p>(MK) Want to be able to fund GP Federations to carry out meetings, forums and workshops (not currently paid) for involvement in Accountable Care forums etc.</p> <p>(NH) This was discussed at an earlier meeting.</p> <ul style="list-style-type: none"> <li>- Need Federations to know what we expect the outcomes to be.</li> <li>- How will Federations align?</li> <li>- Will require collaborative work with GPFV and Community Foundation Trust.</li> <li>- Will need to ask federations what they will be doing to get practices on-board.</li> </ul> <p>The recommendation from the Operational Group is to approve the release of funding subject to the reporting criteria being met.</p> <p>(GH) Proposed a change to 2.3 in “Accountable Care System Wirral GP Federation”.</p> <p>“Would be useful to list those involved.”</p> <p><b>Q.</b> (AW) Is there a budget for this?</p> <p><b>A.</b> (MT) Technically, no. However, it is believed that there is sufficient room to find efficiencies that will free up funds.</p> <p>(CS) There is support available from other CCGs that have progressed further with this than Wirral.</p> <p>Approved by committee (with outcomes added on).</p>	
	<p><b>7.0 Annual Complaints Report</b></p> <p>(LQ) Outlined the process for handling complaints.</p> <ul style="list-style-type: none"> <li>- 64 complaints in 16/17</li> <li>- 50 General Practice</li> <li>- 5 Community Pharmacy</li> <li>- 9 Dental</li> </ul> <p>9 partially or fully upheld and 3 sent to a partner agency.</p> <p>Broad themes and nothing to be overly concerned about. For noting.</p> <p><b>Q.</b> (MT) Was there an issue in July? Complaints were double the average. Also, can reporting be cut by theme?</p>	

Ref No.	Minute	Action
	<p><b>A.</b> (LQ) Is possible to cut by theme but due to small numbers it may create more concern/work than is necessary.</p> <p>(GH) The report doesn't tell us much. Would be more useful to the practice to know the nature of the complaint.</p>	
	<p><b>9.0 Risk Register</b></p> <p><b>16-17-3:</b></p> <p>(IS) Proposes the removal of the Transformation plan from the register.</p> <p><b>16-17-4:</b></p> <p>Re: Estates and Technology bids. Only one way to secure capital contribution from NHS England and that is to partner with NHS Property Services.</p> <p>Warned of significant rental increases and that those who have not partnered with NHS Property Services cannot expect financial contribution towards rent increases.</p> <p>(MT) We can't afford to be taking on liabilities such as huge rent increases.</p> <p>(IS) There are currently 3 practices thinking about linking and coming together.</p> <p>CCG to communicate to NHSE that this is our position and the proposals are in our risk strategy.</p> <p>(NH) Risk needs increasing to reflect the above. <b>ACTION</b></p> <p>(IS) 4 for likelihood and 4 for potential impact.</p> <p><b>16-17-5:</b></p> <p>(IS) Being level 2 commissioners has thrown up some restrictions around GP Access hubs.</p> <p>It is the intention to invite current Level 3 CCG commissioners to a series of engagement meetings, in conjunction with the LMC, to relay their experiences.</p> <p>(IS) Money allocated to GP national contracts is ring-fenced and this is part of the communication examples that will be used with engaging with primary care.</p> <p>(SC) Concerned that a vote held today would result in the proposal being rejected due to the initial vote having been won based on missing or incorrect information.</p> <p>(NH) Important to acknowledge that there is a risk to taking this on.</p> <p>(SC) Is there a plan to do so?</p>	<p><b>IS/OS</b></p>

Ref No.	Minute	Action
	<p>(IS) Communications and engagement plan has been agreed by this committee.</p> <p>(MT) Suggests that what is being requested is a strong focus on engaging with member practices to get this message out.</p> <p>A GP to GP only meeting was suggested.</p> <p><b>(MK)</b> Suggestion to discharge the last two items on the register as closed which Committee agreed.</p>	
	<p><b>Any Other Business</b></p> <p>Group reviewed a letter sent to Tom Knight (NHSE) in May.</p> <p>(AW) There was a verbal commitment at a previous Members Meeting to look at individual practices that are disadvantaged by not advancing sufficient funding from PCQS, instead of funds being released at the end of the year.</p> <p>(NH) Asked the group to agree to change terms to 60% advance payment and 40% reward payment for practices that sign up – Committee agreed.</p>	
<p><b>Date and Time of Next Meeting</b></p> <p>12<sup>th</sup> September 2017, 2pm – 4pm, Beveridge Room, OMH. Please forward any apologies to <a href="mailto:oliver.stewart@nhs.net">oliver.stewart@nhs.net</a></p>		

<b>Title</b>	Terms of Reference – Primary Care Co-Commissioning Committee
<b>Purpose</b>	Joint Commissioning Arrangements (including scheme of delegation)
<b>Date</b>	12 <sup>th</sup> September 2017
<b>Version</b>	V6.0
<b>Review Date</b>	August 2018

## **Introduction**

1. NHS England, announced on 1<sup>st</sup> May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.
2. The NHS England and Wirral CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Wirral.

## **Statutory Framework**

3. The National Health Service Act 2006 provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be such on terms and conditions as may be agreed between NHS England and the CCG.

## **Role of the Joint Committee**

4. The role of the Primary Care Co-Commissioning Committee (PCCC) shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.
5. This includes the following activities:
  - a) Provide assurance to the Governing Body regarding the implementation of the General Practice Forward View via Wirral's Primary Care Transformational Plan 2016-2020/21.
  - b) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual actions such as issuing breach/remedial notices, and removing a contract);
  - c) Approve newly designed services including; "Locally Commissioned Services" and "Directed Enhanced Services");
  - d) Design of local incentive schemes such as the Primary Care Quality Scheme or alternatives to the Quality of Outcomes Framework (QOF);
  - e) Decision making on whether to establish new GP practices in an area;
  - f) Approving practice mergers;
  - g) Making decisions on 'discretionary' payment (e.g. returner/retainer schemes)
  - h) Receiving updates from the Primary Care Operational Group on issues considered, actions taken and/or recommended for approval by the PCCC.

6. In performing its role the PCCC will exercise its management of the functions in accordance with the agreement entered into between NHS England and Wirral CCG, which will sit alongside the delegation and terms of reference. This is the proposed agreement to deal with such information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.

### **Geographical Coverage**

7. The PCCC will comprise NHS England (Cheshire and Merseyside) and Wirral CCG. It will undertake the function of jointly commissioning primary medical services for Wirral.

### **Membership**

8. The PCCC shall consist of:
  - Director of Commissioning
  - Director of Finance
  - GP and Primary Care Lead Wirral CCG
  - GP and Members Council Chair Wirral CCG
  - Director of Quality & Patient Safety (Nurse Directorate Lead)
  - Governing Body member and Lay Member-Patient Champion, Wirral CCG
  - Governing Body member and Lay Member-Audit & Governance, Wirral CCG
  - Governing Body member and Lay Member (Quality & Outcomes), Wirral CCG
  - Head of Primary Care, NHS England
  - NHS England representatives

(The voting membership has a non-primary care medical majority)

The membership will meet the requirements of Wirral CCGs constitution

9. The Chair of the PCCC shall be the Lay Member (Patient Champion) of the Wirral Clinical Commissioning Group
10. The Vice Chair of the PCCC shall be the Lay Member (Quality and Outcomes) of the Wirral Clinical Commissioning Group
11. Non-voting attendees will be:
  - Assistant Director Primary Care & Partnerships Direct Commissioning
  - Assistant Director Primary Care Transformation
  - Senior Commissioning Manager – Primary Care
  - Health Watch representative
  - Director of Adult Social Services (Health and Wellbeing Board Representative)
  - LMC representative

12. **Conflict of interest** – The Chair will discuss the committee’s responsibility to manage conflict of interest. Explicit evidence must be recorded through minutes that the nature of any potential conflict of interest is recorded, who has the conflict and how the conflict was managed to ensure full transparency.

Individual’s appointment to the PCCC will comply with the group’s standard of business conduct policy including the requirements for declaring conflicts of interest. All members are required to make open and honest declaration of the interest at the commencement of each meeting or to notify the PCCC Chair of any actual, potential or perceived conflict of interest in advance of the meeting.

**Meetings and Voting**

13. The PCCC shall adopt the Standing Order of Wirral CCG insofar as they relate to the:

- a) Notice of meetings (7 day prior to the meeting, this will also stand for the calling of unscheduled meetings)
- b) Handling of meetings;
- c) Agendas;
- d) Circulation of papers; and
- e) Conflicts of interest

14. Each member of the PCCC shall have one vote (other than NHS England members). The PCCC shall reach decisions by simple majority of members present, but with the Chair having a second and deciding vote, if necessary.

15. The PCCC shall be quorate provided there are no fewer than 4 voting members present; they should comprise a lay majority (non-medical) and NHS England members present will always have 50% of the votes.

16. The PCCC will meet bi-monthly with a view to review occurrence based on need. This panel will meet regularly at Wirral CCG – Old Market House. A list of scheduled dates will be made available on the CCG website.

17. Meetings of the PCCC:

- a) Shall, subject to the application of 17(b) be open to the public
- b) The PCCC may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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 and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.



18. Members of the PCCC have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective input to the best of their knowledge and ability, and endeavour to reach a collective view.
19. The PCCC may call additional experts to attend meetings on an ad hoc basis to inform discussions.
20. Members of the PCCC shall respect confidentiality requirements.
21. The CCG will provide a Secretariat to assist in all meeting planning and to take minutes. In the event of the Secretary being absent, a stand in Secretary will be asked to join the meeting.
22. The Secretary to the PCCC will be:
  - a) Administrative AssistantThe secretariat will be responsible for:
  - b) Circulate the minutes and actions notes of the PCCC with 10 working days of the meeting to all members
  - c) Present the minutes and actions notes to Wirral CCG and NHS England and the governing body of Wirral CCG

#### **Decisions**

23. The PCCC will make decisions within the bounds of its remit as defined in 4,5 and 6 above
24. The PCCC will provide regular updates to Governing Body via a bi-monthly executive summary report. This report will also be presented to the Cheshire and Merseyside local office (NHS England)
25. The decisions of the PCCC shall be binding on NHS England and Wirral CCG
26. Decisions will be published by both NHS England and Wirral CCG

#### **Review Terms of Reference**

27. These terms of reference will be formally reviewed by Cheshire and Merseyside regional Area Team of NHS England and Wirral CCG in April of each year, following the year in which the PCCC is created, and may be amended by mutual agreement between Cheshire and Merseyside area team of NHS England and Wirral CCG at any time to reflect changes in circumstances which may arise.

### Primary Medical Care Co-Commissioning Committee Action Log

4	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Annual report to be sent to Governing Body	James Kay	May-17	<b>Not Due</b>
14	08/11/2016	Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification	NHSE to seek advice on the CCGs recommended procurement and contractual approach for the GP Access Hubs service.	Carla Sutton	Jan-17	<b>Closed</b>
15	08/11/2016	Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification	Process to be established to gain feedback from patients	Martyn Kent	Jan-17	<b>Closed</b>
16	08/11/2016	Primary Care Operational Plan	Extraordinary meeting to be held for final comments on the plan	Martyn Kent	Jan-17	<b>Closed</b>
17	08/11/2016	Co-Commissioning Level 3 Application Update	Outcome of the practice vote to be circulated	Iain Stewart	Jan-17	<b>Closed</b>
18	17/01/2017	Review of Primary Care Transformation Plan (in c Engagment element) following NHSE feedback	Updated version to be reviewed by PMCCC	Iain Stewart	Jun-17	<b>Closed</b>
19	17/01/2017	PMC Quality Scheme	Further Financial detail to be brought to March meeting	Martyn kent	Mar-17	<b>Closed</b>
20	17/01/2017	NHSE Update	Future NHSE PCSE reports to be added to agendas going forward	Oliver Stewart	Mar-17	<b>Closed</b>
21	17/01/2017	Risk Register	Lack of single voice from Primary Care providers leading to less collaborative working (Iain to talk to Paul Edwards re: getting this in to Governing Body)	Iain Stewart	Jun-17	<b>Outstanding</b>

Primary Medical Care Co-Commissioning Committee Action Log						
No	Date of meeting	Title of Item	Action	Lead(s)	Deadline	Progress Update
1	24/05/2016	NHS England Update	Copies of GP Forward View slides to be circulated to the group	Tom Knight	13/09/2016	Complete
2	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	A workplan is to be created for the operational group to develop and implement.	Tom Knight/Iain Stewart	13/09/2016	Complete
3	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Co-Commissioning Level 2 Agreement between the CCG and NHS England to be shared at the next PMCCC meeting.	Tom Knight	13/09/2016	Complete
5	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	PMCCC dates to be circulated	Sarah Lynch	13/09/2016	Complete
6	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Amendments to ToR to be made and circulated to the group.	Iain Stewart/Sarah Lynch	13/09/2016	Complete
7	24/05/2016	Terms of reference - Primary Medical Care Operational Group	Amendments to ToR to be made and circulated to the group.	Iain Stewart/Sarah Lynch	13/09/2016	Complete
8	24/05/2016	Primary Care Quality Scheme	Revised paper be circulated via email as soon as possible for members to review	Martyn Kent/Iain Stewart	13/09/2016	Complete
9	13/09/2016	Final Terms of Reference- Primary Medical Care Co-Commissioning Committee	Updated terms of reference will be added to the next agenda for final ratification.	Sarah Lynch	08/11/2016	Complete
10	13/09/2016	Final Terms of Reference- Primary Care Operational Group	Dispute resolution clause to be added into ToR	Sarah Lynch	08/11/2016	Complete
11	13/09/2016	Townfield Health Centre Procurement Update	Update on mobilisation to be shared at the next meeting	Iain Stewart	08/11/2016	Complete
12	13/09/2016	PCQS Performance Report	An update on practice performance will be shared at the next meeting	Martyn Kent	08/11/2016	Complete
13	13/09/2016	GP 7 Day Working Project Initiation Document (PID)	Risk register to be created.	Sarah Lynch	08/11/2016	Complete



Strategy		Nursing section incorporated into		12/12/17						M*
Practice Manager Development	PR000042									
Reception & Clerical Training	PR000043	Training Plans required from GP		29/09/17	50					M*
Mental Health Services for GPs	PR000044	Implemented for 2016/17		01/04/17	100					M*
Estates & Technology Transformation Fund	PR000045	Review status of proposed new build		30/09/17	25					M*
		Digital bids approval by NHSE		06/10/17						M*
Online Consultations	PR000046	Market Assessment Day for available		10/10/17						M*
		Procurement of preferred system		30/03/18						M*
		Go Live with online consultation		02/04/18						
Digital Readiness	PR000047	Review Wirral Local Digital Roadmap		31/01/18						M*
		Wirral LDR incorporated into Cheshire		31/03/18						
GP Federations - Accountable Care System MoU	PR000048	Over 50s Wirral Providers Pilot		30/09/17	25					M*
		Full Wirral Wide ACS Pilot Live		01/04/18						
Co-Commissioning Application	PR000049	Confirm FAQ / Factsheet	18/08/17	30/09/17						T* T*
		Attend and engage with LMC	18/08/17	31/10/17						
Wi-Fi in Practices	PR000050	100% of practices with Wi-Fi installed		31/12/17						M*
		Secure preferred procurement		03/09/17	90					
Education for Workforce Transformation (CPD) 2017	PR000051									
Primary Care Dashboard	PR000052	Explore dashboards available and data	18/08/17	22/09/17						T* T*

## PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC) REPORT

Report Title	Primary Care Quality Scheme (PCQS) 2016/17 - Year End Review Report
Lead Officer	Martyn Kent – Assistant Director, Primary Care Transformation
Recommendations	(a) Note the outcomes delivered against the PCQS 2016/17 investment (b) Note the recommendations regarding the future design approach towards the PCQS

### 1. INTRODUCTION

- 1.1 The paper provides a summary of the outcomes delivered via the Primary Care Quality Scheme 2016/17 and suggested recommendations to support its future commissioning design.

### 2. PCQS 2016/17 Outcomes Delivered

- 2.1 The final CCG aggregate position across the 6 standard areas is summarised in the table below.

Standard Indicator	Target	CCG Aggregate Outcome
1. Number of GP Referrals per 1,000 patients – weighted list sizes with routine referrals to General and Acute specialties (£1.5)	(Group A) Remain in peer top 50th percentile based on 14/15 baseline or (Group B) Move into the 50th percentile range if within 5% or (Group C) Reduce by at least 5% if greater than 5% from 50th percentile range.	-7.9% reduction in GP Referrals (38/53 practices fully meeting target)
2. Use of E-Referral (First Outpatient appointments) (£0.30)	Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals), or; March 2017 performance to exceed March 2016 performance by 20% points.	Utilisation increased from 56% to 69%. (49/53 practices fully meeting target)
3. Good Experience of making a GP Appointment – GP Survey (£0.3)	Achieve a level of 85% of respondents who said they had a “Very good/Good” experience of making an appointment, or; a 3% point increase from July 2016	Reduction from 79% (2016) to 76% (2017)  (23/53 practices fully met the target)
4. Improving antibiotic prescribing in Primary Care (£0.3)	(a) A 4% (or greater) reduction in the number of antibiotics prescribed based on 2013/14 Or Equal to (or below) the England 2013/14 mean performance of 1.161 items per STAR-PU (b) Number of co-amoxiclav, cephalosporins	(a) -2% against target of -4%  (44 practices were paid the full ‘Reward’ payment)

	and quinolones as a proportion of the total number of selected antibiotics prescribed in primary care to either: - to be equal to or lower than 10%, or - to reduce by 20% from each CCG's 2014/15 value	following PCCC target revision decision in May 17)  (b) -18% against target of 20%  (45 practices were paid the full 'Reward' payment following PCCC target revision decision in May 17)
5. Engagement with Medicines Co-Ordinators / Managers Scheme. (£0.30)	Sign up and full participation in required project works.	All practices signed off by Medicines Management as adequately undertaking required work. E.g. Participation in specific projects inc Repeat Reordering Scheme
6. Emergency Admissions for chronic ambulatory care sensitive conditions for people for all ages per 1,000 total population – weighted list sizes (£0.30)	Remain in peer top quartile; improve by one quartile or an overall >2% reduction in the total number based on 15/16 outturn. Risk Stratification tool to be used to support identification of appropriate patients.	-8.2% reduction in ACS emergency admissions (35/53 practices fully met the target/

2.2 The overall investment within the PCQS for 2016/17 was £846,108.60 against a budget of £1,002,000 – variance against budget £155,891.4. This excludes an additional total payment of £13,282.1 which will be paid to practices subject to ratification of practice appeals.

### 3. Key PCQS Lessons Learnt

Listed below are a number of key lessons learnt regarding the 2016/17 scheme

PCQS Area	Issues Identified	Recommendation
PCQS Launch (9 <sup>th</sup> July 2016)	Reduced period for a return on investment to the CCG.  Providers have less time to plan their delivery of the incentive scheme.	Ensure all future PCQS schemes are launched prior to 1 <sup>st</sup> April when feasible. (as occurred for 2017-2019 scheme)
GP Referrals Indicator	The impact of reducing GP referrals on other areas such as non-elective admissions is difficult to determine.	Review correlation between reductions/lower GP referral numbers and the impact on non-elective admissions (underway)

	<p>Challenging to set targets to appropriately incentivise all practices in an equitable manner when different baseline positions exists.</p> <p>Challenge to deliver QIPP saving as reductions in GP referrals are only reducing waiting lists currently.</p>	<p>Consider triangulating data across multiple indicators as a better assessment of 'what good looks like' e.g. GP referrals/Prescribing/Non-elective admissions</p> <p>Consider setting tiered incentive scheme targets to treat all practices equitably.</p> <p>CCG to acknowledge risk of non-delivery of in year QIPP savings as reductions in GP referrals didn't lead to less elective care.</p>
Good Experience of making a GP Appointment – GP Survey	<p>Challenging to set targets to appropriately incentivise all practices in an equitable manner when different baseline positions exist. E.g. a 3% increase triggered a reward payment but a practice may have still performed less well than another practice who didn't receive full payment.</p>	<p>Consider setting tiered incentive scheme targets to treat all practices equitably.</p>
Activity Targets Versus Quality Metric Targets	<p>The scheme is largely based around activity outcomes such as GP referrals and lacked a focus on quality metrics such as patient outcomes.</p>	<p>Consideration should be given as to 'what good looks like' from a quality perspective with greater joint working between the CCG's Primary Care and Quality teams.</p>

#### 4. CONCLUSION

The PCQS 2016/17 delivered improvements against 5 of the 6 target areas particularly in terms of reductions in GP Referrals (-7.9% below plan) and Emergency Ambulatory Care Sensitive Admissions (-8.2% below plan). Future versions of the scheme need to better take into account the relationships between individual indicators in terms of defining what quality is within primary care services. Consideration should be given as to have a greater emphasis on quality metrics such as patient outcomes rather than activity or financial measures.



## PRIMARY CARE CO-COMMISSIONING COMMITTEE REPORT

Report Title	Primary Care Quality Scheme 2017-2019 Highlight Report
Lead Officer	Martyn Kent – Assistant Director Primary Care Transformation
Recommendations	1. The PCCC is asked to note the contents of this PCQS 2017/19 Highlight Report.

### 1. INTRODUCTION

- 1.1 The PCQS 2017/19 was launched on 28<sup>th</sup> March 2017 and all Wirral GP practices have signed up to deliver the incentive scheme.
- 1.2 The scheme includes a £3 per patient (£1million) investment at a unit practice level to deliver upon the following target areas at a CCG aggregate level:
  - a) Reduce GP referrals by 439/£250,000
  - b) Reduce Non-Elective Admissions by 1,697/£2.825million
  - c) Medicines Management: (1) Implement Repeat Reordering Project, (2) Cephalosporins, Quinolones, Co-Amoxiclav % of Items (10% or less of overall total – CCG level) & (3) 10% increased uptake of ScriptSwitch recommendations compared to 2016/17. This will be measured by the accepted cost benefit.
- 1.3 A further £1.5 per patient (£500,000) is invested to commission the Enhanced Primary Care in Care Homes Locally Commissioned Service ('Dual Registered' beds year 1)

### 2. PCQS PERFORMANCE APR-JUN 2017

- 2.1 GP Referrals -20% below plan although no in year saving as elective outpatient attendances are 0% against plan compared to last year (See Appendix 1)
- 2.2 Non-Elective Admissions are +7.7% over plan (2.4% year on year increase) but when GP referrals are solely the source they are down -1.2% compared to last year. (See Appendix 2)
- 2.3 Medicines Management: Scriptswitch -4.1% below plan (£338,900/£353,373 variance -£14,473) Repeat Reordering Scheme being rolled out Wirral wide to most GP practices by end of September 2017. (See Appendix 3)
- 2.4 Enhanced Primary Care Home in care homes Locally Commissioned has now 1,357 patients on the service as of end of August 2017. Emergency Admissions (using Care Home post code which has limitations) are 679 versus 703 for Q1 16/17 v 17/18 (See Appendix 4).

### 3. IMPLICATIONS

- 3.1 CCG is unlikely to deliver its QIPP financial savings target attributable to the PCQS this year for either GP referrals (only cutting waiting lists) or Non-Elective Admissions (over plan).
- 3.2 Business Intelligence reviewing data to see if there are any links between reduced levels of GP and Non-Elective Admission rates at a specialty level.
- 3.3 Recovery actions for Non-elective admissions include: GP Peer Review event in October's GP Members meeting and health economy wide QIPP Workshop in September.
- 3.4 In the long term the CCG may want to consider revising the metrics used to incentivise primary care to support the non-elective care system e.g. Number of GP Appointments per 1,000 / Home Visits made by 11am (Acute Visiting Scheme) / ACS admission avoidance / Primary Care Early Supported Discharge

### 4. CONCLUSION

- 4.1 The report evidences the significant beneficial return on the investment for the PCQS 2016/17 and suggested lessons learnt to be considered in future scheme variants. Progress remains generally positive for the 2017-2019 scheme other than the non-elective delivery target.

### 5. APPENDICES

No.	Title of Appendix
1.	GP Referrals Target Month 4 Position
2.	Non-Elective Admissions Target Month 4 Position
3.	Scriptswitch Target Month 4 Position
4.	Enhanced Primary Care Home Locally Commissioned Service Performance August 17

## Appendix 1 GP Referrals Month 4 Position

Month Position: July	Plan	Actual	Variance	YTD Position (Apr - Jul)	Plan	Actual
<b>CCG</b>	<b>6109</b>	<b>4884</b>	<b>-20.05%</b>	<b>CCG</b>	<b>23264</b>	<b>18954</b>
<a href="#">Hamilton Medical Centre</a>	37	50	35.14%	<a href="#">Prenton Medical Centre</a>	146	145
<a href="#">Leasowe Medical Practice</a>	57	63	10.53%	<a href="#">Holmlands Medical Centre</a>	243	240
<a href="#">Grove Road Surgery</a>	36	39	8.33%	<a href="#">Civic Medical Centre</a>	665	653
<a href="#">Upton Group Practice</a>	168	176	4.76%	<a href="#">Heatherlands Medical Centre</a>	273	267
<a href="#">TG Medical Centre</a>	72	75	4.17%	<a href="#">TG Medical Centre</a>	275	268
<a href="#">Moreton Medical Centre</a>	95	95	0.00%	<a href="#">Hoylake Road Medical Centre</a>	312	301
<a href="#">Holmlands Medical Centre</a>	64	63	-1.56%	<a href="#">Eastham Group Practice</a>	852	821
<a href="#">St Hilary Group Practice</a>	85	83	-2.35%	<a href="#">Upton Group Practice</a>	641	610
<a href="#">Liscard Group Practice</a>	64	62	-3.13%	<a href="#">Leasowe Medical Practice</a>	217	206
<a href="#">Miriam Medical Centre</a>	189	182	-3.70%	<a href="#">Greasby Group Practice</a>	754	698
<a href="#">Vittoria Medical Centre (K)</a>	26	25	-3.85%	<a href="#">Blackheath Medical Centre</a>	206	190
<a href="#">Heatherlands Medical Centre</a>	72	69	-4.17%	<a href="#">St Hilary Group Practice</a>	325	296
<a href="#">Field Road Health Centre</a>	69	65	-5.80%	<a href="#">Hamilton Medical Centre</a>	142	129
<a href="#">Hoylake Road Medical Centre</a>	82	75	-8.54%	<a href="#">Grove Road Surgery</a>	138	123
<a href="#">Eastham Group Practice</a>	224	203	-9.38%	<a href="#">Moreton Medical Centre</a>	362	320
<a href="#">Civic Medical Centre</a>	175	157	-10.29%	<a href="#">Somerville Medical Centre</a>	476	415
<a href="#">Blackheath Medical Centre</a>	54	47	-12.96%	<a href="#">Sunlight Group Practice</a>	472	408
<a href="#">Sunlight Group Practice</a>	124	107	-13.71%	<a href="#">Field Road Health Centre</a>	261	225
<a href="#">Central Park Medical Centre</a>	195	167	-14.36%	<a href="#">Hoylake &amp; Meols Medical Centre</a>	436	374
<a href="#">Marine Lake Medical Practice</a>	321	267	-16.82%	<a href="#">Orchard Surgery</a>	370	313
<a href="#">Somerville Medical Centre</a>	125	103	-17.60%	<a href="#">Church Road Medical Practice</a>	161	136
<a href="#">Orchard Surgery</a>	97	79	-18.56%	<a href="#">Miriam Medical Centre</a>	720	601
<a href="#">St Catherines Surgery</a>	226	182	-19.47%	<a href="#">Marine Lake Medical Practice</a>	1221	1014
<a href="#">Spital Surgery</a>	69	55	-20.29%	<a href="#">Allport Surgery</a>	430	357
<a href="#">Moreton Cross Group Practice</a>	161	128	-20.50%	<a href="#">Moreton Health Clinic</a>	446	367
<a href="#">Gladstone Medical Centre</a>	105	83	-20.95%	<a href="#">Spital Surgery</a>	263	216
<a href="#">Greasby Group Practice</a>	198	156	-21.21%	<a href="#">Silverdale Medical Centre</a>	379	311
<a href="#">Manor Health Centre</a>	84	66	-21.43%	<a href="#">Liscard Group Practice</a>	244	200
<a href="#">Allport Surgery</a>	113	88	-22.12%	<a href="#">Paxton Medical Group</a>	955	780
<a href="#">Heswall &amp; Pensby Group Practice</a>	174	133	-23.56%	<a href="#">Vittoria Medical Centre (K)</a>	98	80
<a href="#">Egremont Medical Centre</a>	78	59	-24.36%	<a href="#">Central Park Medical Centre</a>	743	605
<a href="#">Hoylake &amp; Meols Medical Centre</a>	115	86	-25.22%	<a href="#">Heswall &amp; Pensby Group Practice</a>	662	535
<a href="#">Church Road Medical Practice</a>	42	31	-26.19%	<a href="#">Vittoria Medical Centre (G)</a>	362	281
<a href="#">Silverdale Medical Centre</a>	100	73	-27.00%	<a href="#">West Wirral Group Practice (The Warrens)</a>	1026	787
<a href="#">Teehey Lane Medical Centre</a>	40	29	-27.50%	<a href="#">Teehey Lane Medical Centre</a>	151	115
<a href="#">Whetstone Medical Centre</a>	156	113	-27.56%	<a href="#">St Catherines Surgery</a>	859	654
<a href="#">West Wirral Group Practice (The Warrens)</a>	270	195	-27.78%	<a href="#">Whetstone Medical Centre</a>	594	452
<a href="#">Moreton Health Clinic</a>	117	84	-28.21%	<a href="#">Villa Medical Centre</a>	464	353
<a href="#">Vittoria Medical Centre (G)</a>	95	68	-28.42%	<a href="#">Moreton Cross Group Practice</a>	613	463
<a href="#">Parkfield Medical Centre</a>	120	85	-29.17%	<a href="#">Commonfield Road Surgery</a>	300	226
<a href="#">Paxton Medical Group</a>	251	177	-29.48%	<a href="#">Parkfield Medical Centre</a>	459	342
<a href="#">Kings Lane Medical Practice</a>	89	62	-30.34%	<a href="#">Manor Health Centre</a>	321	238
<a href="#">Villa Medical Centre</a>	122	84	-31.15%	<a href="#">Egremont Medical Centre</a>	298	219
<a href="#">Prenton Medical Centre</a>	38	26	-31.58%	<a href="#">Woodchurch Medical Centre</a>	138	100
<a href="#">Riverside Surgery</a>	161	110	-31.68%	<a href="#">Cavendish Medical Centre</a>	333	241
<a href="#">The Village Medical Centre</a>	113	76	-32.74%	<a href="#">The Village Medical Centre</a>	431	304
<a href="#">Townfield Health Centre</a>	128	84	-34.38%	<a href="#">Kings Lane Medical Practice</a>	341	240
<a href="#">Commonfield Road Surgery</a>	79	49	-37.97%	<a href="#">Riverside Surgery</a>	611	416
<a href="#">Cavendish Medical Centre</a>	87	53	-39.08%	<a href="#">Gladstone Medical Centre</a>	400	263
<a href="#">Woodchurch Medical Centre</a>	36	21	-41.67%	<a href="#">Devaney Medical Centre</a>	523	342
<a href="#">St Georges Medical Centre</a>	174	99	-43.10%	<a href="#">Townfield Health Centre</a>	488	303
<a href="#">Devaney Medical Centre</a>	137	77	-43.80%	<a href="#">St Georges Medical Centre</a>	664	411

## Appendix 2 Non-Elective Admissions Month 4 Position

Month Position: June	Plan	Actual	Variance	YTD Position (Apr - Jun)	Plan	Actual	Variance
<b>CCG</b>	<b>3396</b>	<b>3657</b>	<b>7.69%</b>	<b>CCG</b>	<b>9931</b>	<b>10657</b>	<b>7.31%</b>
<a href="#">Blackheath Medical Centre</a>	20	36	80.00%	<a href="#">Spital Surgery</a>	79	118	49.37%
<a href="#">Upton Group Practice</a>	61	93	52.46%	<a href="#">Prenton Medical Centre</a>	46	67	45.65%
<a href="#">Leasowe Medical Practice</a>	30	45	50.00%	<a href="#">Blackheath Medical Centre</a>	60	87	45.00%
<a href="#">Egremont Medical Centre</a>	45	67	48.89%	<a href="#">TG Medical Centre</a>	93	130	39.78%
<a href="#">Woodchurch Medical Centre</a>	17	25	47.06%	<a href="#">Upton Group Practice</a>	190	260	36.84%
<a href="#">Hamilton Medical Centre</a>	37	54	45.95%	<a href="#">Vittoria Medical Centre (K)</a>	42	57	35.71%
<a href="#">Eastham Group Practice</a>	73	106	45.21%	<a href="#">Riverside Surgery</a>	217	277	27.65%
<a href="#">Civic Medical Centre</a>	71	103	45.07%	<a href="#">Egremont Medical Centre</a>	165	207	25.45%
<a href="#">Whetstone Medical Centre</a>	85	123	44.71%	<a href="#">Manor Health Centre</a>	156	195	25.00%
<a href="#">TG Medical Centre</a>	34	47	38.24%	<a href="#">Woodchurch Medical Centre</a>	62	77	24.19%
<a href="#">Villa Medical Centre</a>	49	67	36.73%	<a href="#">Marine Lake Medical Practice</a>	420	517	23.10%
<a href="#">Hoylake Road Medical Centre</a>	34	46	35.29%	<a href="#">Villa Medical Centre</a>	157	193	22.93%
<a href="#">Orchard Surgery</a>	47	63	34.04%	<a href="#">Devaney Medical Centre</a>	189	232	22.75%
<a href="#">Prenton Medical Centre</a>	15	20	33.33%	<a href="#">Whetstone Medical Centre</a>	280	338	20.71%
<a href="#">Spital Surgery</a>	29	38	31.03%	<a href="#">Paxton Medical Group</a>	464	557	20.04%
<a href="#">Riverside Surgery</a>	73	92	26.03%	<a href="#">Miriam Medical Centre</a>	311	371	19.29%
<a href="#">Paxton Medical Group</a>	147	181	23.13%	<a href="#">Leasowe Medical Practice</a>	87	101	16.09%
<a href="#">Devaney Medical Centre</a>	70	81	15.71%	<a href="#">Commonfield Road Surgery</a>	166	192	15.66%
<a href="#">Commonfield Road Surgery</a>	60	69	15.00%	<a href="#">Eastham Group Practice</a>	272	307	12.87%
<a href="#">Marine Lake Medical Practice</a>	144	165	14.58%	<a href="#">Holmlands Medical Centre</a>	106	119	12.26%
<a href="#">Manor Health Centre</a>	56	64	14.29%	<a href="#">Grove Road Surgery</a>	75	83	10.67%
<a href="#">Gladstone Medical Centre</a>	57	65	14.04%	<a href="#">Somerville Medical Centre</a>	237	260	9.70%
<a href="#">Miriam Medical Centre</a>	108	123	13.89%	<a href="#">Orchard Surgery</a>	145	159	9.66%
<a href="#">Cavendish Medical Centre</a>	51	58	13.73%	<a href="#">Townfield Health Centre</a>	159	170	6.92%
<a href="#">Moreton Cross Group Practice</a>	78	87	11.54%	<a href="#">Central Park Medical Centre</a>	345	367	6.38%
<a href="#">Liscard Group Practice</a>	36	40	11.11%	<a href="#">West Wirral Group Practice (The Warrens)</a>	358	380	6.15%
<a href="#">Moreton Health Clinic</a>	55	61	10.91%	<a href="#">Hoylake Road Medical Centre</a>	115	122	6.09%
<a href="#">Moreton Medical Centre</a>	57	61	7.02%	<a href="#">Moreton Medical Centre</a>	170	179	5.29%
<a href="#">West Wirral Group Practice (The Warrens)</a>	132	140	6.06%	<a href="#">Moreton Health Clinic</a>	174	183	5.17%
<a href="#">Somerville Medical Centre</a>	86	89	3.49%	<a href="#">Hamilton Medical Centre</a>	112	116	3.57%
<a href="#">Field Road Health Centre</a>	42	43	2.38%	<a href="#">Civic Medical Centre</a>	255	264	3.53%
<a href="#">Allport Surgery</a>	52	53	1.92%	<a href="#">Vittoria Medical Centre (G)</a>	202	208	2.97%
<a href="#">Grove Road Surgery</a>	31	31	0.00%	<a href="#">Hoylake &amp; Meols Medical Centre</a>	150	153	2.00%
<a href="#">Hoylake &amp; Meols Medical Centre</a>	51	50	-1.96%	<a href="#">Gladstone Medical Centre</a>	200	203	1.50%
<a href="#">St Hilary Group Practice</a>	55	53	-3.64%	<a href="#">St Georges Medical Centre</a>	282	286	1.42%
<a href="#">Vittoria Medical Centre (K)</a>	20	19	-5.00%	<a href="#">Greasby Group Practice</a>	217	220	1.38%
<a href="#">Vittoria Medical Centre (G)</a>	77	73	-5.19%	<a href="#">Field Road Health Centre</a>	124	125	0.81%
<a href="#">Silverdale Medical Centre</a>	61	56	-8.20%	<a href="#">Allport Surgery</a>	166	167	0.60%
<a href="#">Sunlight Group Practice</a>	96	88	-8.33%	<a href="#">Moreton Cross Group Practice</a>	259	258	-0.39%
<a href="#">St Catherines Surgery</a>	167	151	-9.58%	<a href="#">St Catherines Surgery</a>	498	484	-2.81%
<a href="#">Holmlands Medical Centre</a>	36	32	-11.11%	<a href="#">Church Road Medical Practice</a>	68	66	-2.94%
<a href="#">Central Park Medical Centre</a>	143	125	-12.59%	<a href="#">Cavendish Medical Centre</a>	165	160	-3.03%
<a href="#">Heswall &amp; Pensby Group Practice</a>	111	97	-12.61%	<a href="#">Liscard Group Practice</a>	117	113	-3.42%
<a href="#">Parkfield Medical Centre</a>	65	56	-13.85%	<a href="#">Kings Lane Medical Practice</a>	144	138	-4.17%
<a href="#">Teehey Lane Medical Centre</a>	20	17	-15.00%	<a href="#">St Hilary Group Practice</a>	159	148	-6.92%
<a href="#">Heatherlands Medical Centre</a>	67	56	-16.42%	<a href="#">Sunlight Group Practice</a>	279	251	-10.04%
<a href="#">Greasby Group Practice</a>	96	80	-16.67%	<a href="#">Heatherlands Medical Centre</a>	193	166	-13.99%
<a href="#">Townfield Health Centre</a>	58	47	-18.97%	<a href="#">Heswall &amp; Pensby Group Practice</a>	330	282	-14.55%
<a href="#">St Georges Medical Centre</a>	119	96	-19.33%	<a href="#">Silverdale Medical Centre</a>	173	145	-16.18%
<a href="#">Kings Lane Medical Practice</a>	55	42	-23.64%	<a href="#">Parkfield Medical Centre</a>	197	164	-16.75%
<a href="#">The Village Medical Centre</a>	93	68	-26.88%	<a href="#">The Village Medical Centre</a>	237	191	-19.41%
<a href="#">Church Road Medical Practice</a>	24	15	-37.50%	<a href="#">Teehey Lane Medical Centre</a>	64	44	-31.25%

### Appendix 3 Scriptswitch Month 4 Position

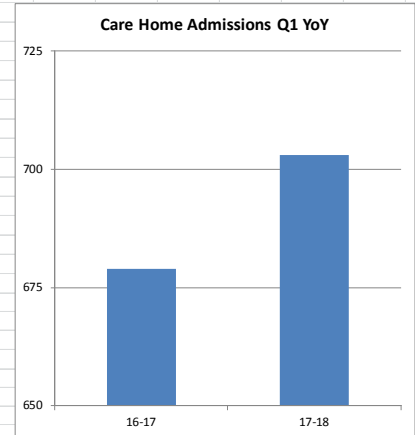
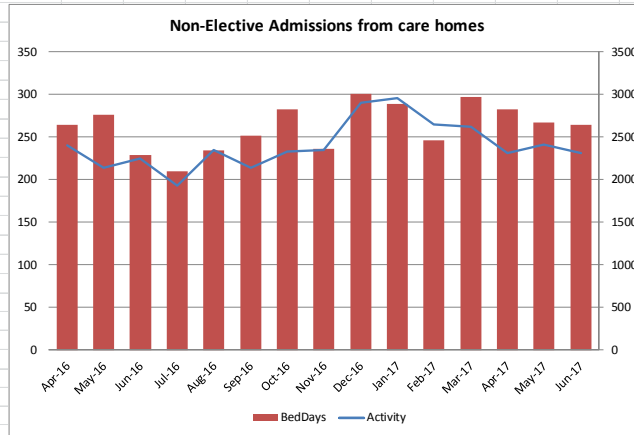
Month Position: July	Plan	Actual	Variance	YTD Position (Apr - Jul)	Plan	Actual	Variance
<b>CCG</b>	<b>£87,356</b>	<b>£124,403</b>	<b>42.41%</b>	<b>CCG</b>	<b>£353,373</b>	<b>£338,900</b>	<b>-4.10%</b>
<a href="#">The Village Medical Centre</a>	£1,352	£4,561	237.31%	<a href="#">The Village Medical Centre</a>	£5,470	£12,271	124.33%
<a href="#">Egremont Medical Centre</a>	£911	£2,966	225.49%	<a href="#">Grove Road Surgery</a>	£2,463	£5,176	110.19%
<a href="#">Gladstone Medical Centre</a>	£967	£2,869	196.70%	<a href="#">Prenton Medical Centre</a>	£2,870	£4,941	72.18%
<a href="#">Sunlight Group Practice</a>	£2,237	£6,626	196.23%	<a href="#">Silverdale Medical Centre</a>	£1,717	£2,920	70.04%
<a href="#">St Hilary Group Practice</a>	£1,063	£2,837	166.90%	<a href="#">Townfield Health Centre</a>	£2,585	£4,375	69.28%
<a href="#">Cavendish Medical Centre</a>	£1,075	£2,725	153.47%	<a href="#">Sunlight Group Practice</a>	£9,048	£14,744	62.95%
<a href="#">Prenton Medical Centre</a>	£709	£1,647	132.10%	<a href="#">Heswall &amp; Pensby Group Practice</a>	£9,245	£12,862	39.12%
<a href="#">Manor Health Centre</a>	£1,135	£2,613	130.22%	<a href="#">West Wirral Group Practice (The Warrens)</a>	£10,162	£13,465	32.50%
<a href="#">Commonfield Road Surgery</a>	£888	£1,996	124.90%	<a href="#">Egremont Medical Centre</a>	£3,686	£4,856	31.74%
<a href="#">Devaney Medical Centre</a>	£2,031	£4,475	120.34%	<a href="#">Upton Group Practice</a>	£8,077	£10,482	29.76%
<a href="#">Heswall &amp; Pensby Group Practice</a>	£2,285	£4,964	117.21%	<a href="#">Spital Surgery</a>	£3,419	£4,434	29.67%
<a href="#">Whetstone Medical Centre</a>	£1,665	£3,556	113.58%	<a href="#">Manor Health Centre</a>	£4,591	£5,917	28.86%
<a href="#">Parkfield Medical Centre</a>	£2,488	£5,202	109.06%	<a href="#">Miriam Medical Centre</a>	£11,153	£14,210	27.41%
<a href="#">St Georges Medical Centre</a>	£2,109	£4,302	103.92%	<a href="#">Heatherlands Medical Centre</a>	£2,493	£3,155	26.57%
<a href="#">West Wirral Group Practice (The Warrens)</a>	£2,512	£5,115	103.62%	<a href="#">Gladstone Medical Centre</a>	£3,912	£4,893	25.09%
<a href="#">Somerville Medical Centre</a>	£1,971	£3,957	100.72%	<a href="#">Eastham Group Practice</a>	£9,420	£11,636	23.52%
<a href="#">Hamilton Medical Centre</a>	£732	£1,446	97.43%	<a href="#">Cavendish Medical Centre</a>	£4,349	£5,270	21.19%
<a href="#">Spital Surgery</a>	£845	£1,589	88.03%	<a href="#">Devaney Medical Centre</a>	£8,216	£9,952	21.13%
<a href="#">Upton Group Practice</a>	£1,997	£3,532	76.89%	<a href="#">St Hilary Group Practice</a>	£4,299	£5,153	19.86%
<a href="#">Townfield Health Centre</a>	£639	£1,120	75.31%	<a href="#">Orchard Surgery</a>	£3,838	£4,573	19.13%
<a href="#">Eastham Group Practice</a>	£2,329	£3,964	70.21%	<a href="#">Parkfield Medical Centre</a>	£10,066	£11,570	14.94%
<a href="#">Orchard Surgery</a>	£949	£1,559	64.35%	<a href="#">Holmlands Medical Centre</a>	£2,251	£2,405	6.84%
<a href="#">Holmlands Medical Centre</a>	£556	£906	62.77%	<a href="#">Whetstone Medical Centre</a>	£6,734	£7,016	4.19%
<a href="#">Field Road Health Centre</a>	£1,100	£1,649	49.92%	<a href="#">St Georges Medical Centre</a>	£8,533	£8,668	1.58%
<a href="#">Central Park Medical Centre</a>	£2,760	£3,984	44.37%	<a href="#">Field Road Health Centre</a>	£4,448	£4,397	-1.16%
<a href="#">Paxton Medical Group</a>	£5,606	£7,996	42.63%	<a href="#">Central Park Medical Centre</a>	£11,165	£10,795	-3.31%
<a href="#">St Catherines Surgery</a>	£4,176	£5,471	31.00%	<a href="#">Commonfield Road Surgery</a>	£3,591	£3,433	-4.39%
<a href="#">Hoylake Road Medical Centre</a>	£945	£1,196	26.54%	<a href="#">Somerville Medical Centre</a>	£7,975	£7,444	-6.66%
<a href="#">Miriam Medical Centre</a>	£2,757	£3,477	26.11%	<a href="#">Hoylake Road Medical Centre</a>	£3,824	£3,540	-7.44%
<a href="#">Grove Road Surgery</a>	£609	£759	24.68%	<a href="#">Hamilton Medical Centre</a>	£2,962	£2,714	-8.39%
<a href="#">Allport Surgery</a>	£1,297	£1,583	22.11%	<a href="#">Allport Surgery</a>	£5,245	£4,710	-10.20%
<a href="#">Marine Lake Medical Practice</a>	£3,221	£3,103	-3.68%	<a href="#">Moreton Medical Centre</a>	£7,403	£6,635	-10.37%
<a href="#">Vittoria Medical Centre (G)</a>	£1,041	£956	-8.21%	<a href="#">Civic Medical Centre</a>	£15,821	£13,936	-11.92%
<a href="#">Civic Medical Centre</a>	£3,911	£3,545	-9.36%	<a href="#">Hoylake &amp; Meols Medical Centre</a>	£5,617	£4,903	-12.72%
<a href="#">Kings Lane Medical Practice</a>	£1,765	£1,592	-9.81%	<a href="#">Paxton Medical Group</a>	£22,677	£19,693	-13.16%
<a href="#">Liscard Group Practice</a>	£1,360	£1,222	-10.17%	<a href="#">Liscard Group Practice</a>	£5,502	£4,545	-17.39%
<a href="#">Blackheath Medical Centre</a>	£1,192	£1,002	-15.96%	<a href="#">St Catherines Surgery</a>	£16,895	£13,783	-18.42%
<a href="#">Moreton Cross Group Practice</a>	£2,065	£1,668	-19.24%	<a href="#">Vittoria Medical Centre (G)</a>	£4,211	£3,178	-24.55%
<a href="#">Hoylake &amp; Meols Medical Centre</a>	£1,389	£942	-32.17%	<a href="#">Marine Lake Medical Practice</a>	£13,031	£8,147	-37.48%
<a href="#">Teehey Lane Medical Centre</a>	£1,390	£912	-34.41%	<a href="#">TG Medical Centre</a>	£7,430	£4,263	-42.62%
<a href="#">Moreton Medical Centre</a>	£1,830	£1,199	-34.50%	<a href="#">Kings Lane Medical Practice</a>	£7,138	£3,929	-44.96%
<a href="#">Greasby Group Practice</a>	£4,052	£2,542	-37.28%	<a href="#">Greasby Group Practice</a>	£16,393	£8,987	-45.18%
<a href="#">Riverside Surgery</a>	£2,027	£1,167	-42.43%	<a href="#">Vittoria Medical Centre (K)</a>	£3,037	£1,648	-45.74%
<a href="#">Villa Medical Centre</a>	£2,267	£1,228	-45.83%	<a href="#">Villa Medical Centre</a>	£9,170	£4,901	-46.56%
<a href="#">Moreton Health Clinic</a>	£1,328	£679	-48.88%	<a href="#">Blackheath Medical Centre</a>	£4,824	£2,483	-48.53%
<a href="#">Church Road Medical Practice</a>	£752	£362	-51.88%	<a href="#">Moreton Cross Group Practice</a>	£8,354	£4,162	-50.17%
<a href="#">Heatherlands Medical Centre</a>	£616	£275	-55.30%	<a href="#">Moreton Health Clinic</a>	£5,372	£2,598	-51.63%
<a href="#">Silverdale Medical Centre</a>	£425	£170	-59.96%	<a href="#">Riverside Surgery</a>	£8,198	£3,699	-54.88%
<a href="#">Leasowe Medical Practice</a>	£658	£215	-67.41%	<a href="#">Church Road Medical Practice</a>	£3,041	£1,280	-57.92%
<a href="#">Vittoria Medical Centre (K)</a>	£751	£240	-68.06%	<a href="#">Teehey Lane Medical Centre</a>	£5,624	£2,279	-59.47%
<a href="#">TG Medical Centre</a>	£1,837	£585	-68.17%	<a href="#">Woodchurch Medical Centre</a>	£3,164	£1,124	-64.49%
<a href="#">Woodchurch Medical Centre</a>	£782	£161	-79.45%	<a href="#">Leasowe Medical Practice</a>	£2,663	£751	-71.81%

## Appendix 4 Enhanced Primary Care in Care Homes LCS Performance August 2017

### Non-Elective admissions by Care Home patients (All Providers)

Discharge Month	Activity	BedDays
Apr-16	240	2648
May-16	214	2761
Jun-16	225	2292
Jul-16	193	2102
Aug-16	235	2346
Sep-16	214	2517
Oct-16	233	2828
Nov-16	235	2364
Dec-16	290	3009
Jan-17	296	2892
Feb-17	265	2467
Mar-17	262	2969
Apr-17	231	2825
May-17	241	2675
Jun-17	231	2647

Time Period	16-17	17-18
Q1	679	703



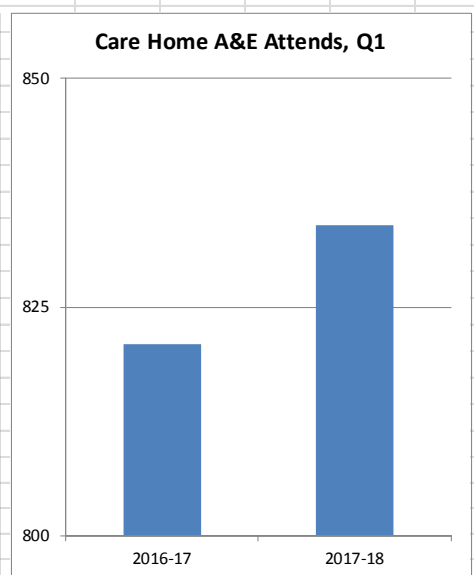
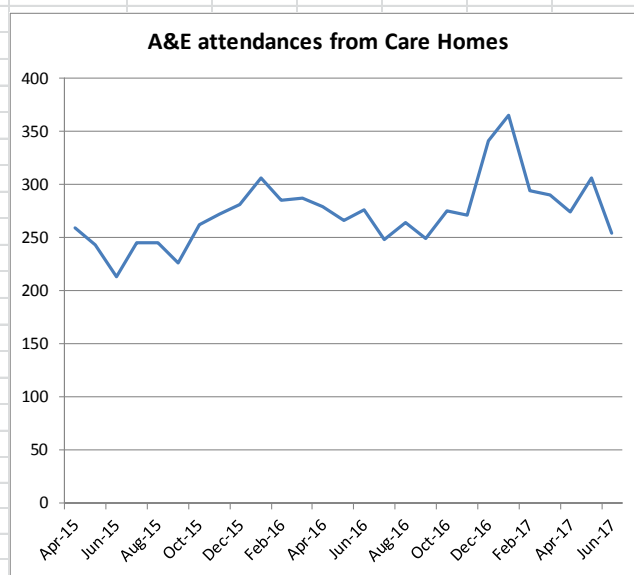
**Notes**

Caution - Care Home based on Postcode flag, may include some patients who live in their own homes but same postcode  
The query only looked at patients aged 60 plus.

Data Source: SUS

### A&E Attendances by Care Home patients (All Providers)

Attend Month	Activity
Apr-15	259
May-15	243
Jun-15	213
Jul-15	245
Aug-15	245
Sep-15	226
Oct-15	262
Nov-15	272
Dec-15	281
Jan-16	306
Feb-16	285
Mar-16	287
Apr-16	279
May-16	266
Jun-16	276
Jul-16	248
Aug-16	264
Sep-16	249
Oct-16	275
Nov-16	271
Dec-16	341
Jan-17	365
Feb-17	294
Mar-17	290
Apr-17	274
May-17	306
Jun-17	254



Time Period	2016-17	2017-18
Q1	821	834

**Notes**

Caution: Care Home based on Postcode flag, may include some patients who live in their own homes but same postcode  
The query only looked at patients aged 60 plus.

Data Source: SUS

### Read Code 9KW Patient Activity Report April-August 2017

Care Home patients	Number of A&E attendances, 2017-18	A&E Attendance Rate per 1,000 Care home patients, 2017-18	Number of Emergency Admissions, 2017-18	EA Rate per 1,000 Care home patients, 2017-18	Number of GP Referrals, 2017-18	Referral Rate per 1,000 Care home patients, 2017-18	Number of patients with an Emergency Care Plan, 2017-18
1357	361	266.0	276	203.4	97	71.5	195

**Notes**

*The reporting at CCG level for all attendances, referrals and admissions is not available to practice level due to issues with access to deceased patients on EMIS Enterprise  
The care home population is highly transient and as such direct comparisons year on year are to be treated with caution*

## PRIMARY CARE CO-COMMISSIONING COMMITTEE REPORT

Report Title	Primary Care Quality Scheme 2017-2019 Highlight Report
Lead Officer	Martyn Kent – Assistant Director - Primary Care Transformation
Recommendations	<ol style="list-style-type: none"> <li>1. The PCCC is asked to note the current pilot service rollout position.</li> <li>2. Note the implementation plan for the service beyond 1<sup>st</sup> April 2018</li> <li>3. Agreed to receive a new service specification and contracting model for approval at the meeting.</li> </ol>

### 1. INTRODUCTION

- 1.1 The new Wirral GP Access Hubs service went live in pilot form from May 2017 and is delivered by Wirral's two GP Federations – Primary Care Wirral Ltd and Wirral GP Provider (GPW-Fed) Ltd.
- 1.2 The current contract for 2017/18 is worth £460,000 (£340,000 recurrent budget and £120,000 rolled over from 16/17) and is split approximately 60%/40% based on the registered list of the GP Federations members (Agreement between CCG and both Federations).
- 1.3 Within the contracts there is the option to extend them by two annual periods from 1<sup>st</sup> April 2018 and 1<sup>st</sup> April 2019.
- 1.4 The service is operational between Monday to Friday 6.30-8pm and Saturday 8am-2pm with on average per month during the 11 month pilot period 882 (9,708 annually).
- 1.5 The CCG is expected to receive additional funding as part of the General Practice Forward View investment commitment as follow: 18/19 - £3.34 per patient (£1.115m) & 19/20 £6 (£2.004m).
- 1.6 The additional monies together with learning outcomes from the pilot in 17/18 are being used to further develop the service model from 1<sup>st</sup> April 2018 and beyond. NHS England also require assurance on the CCGs delivery plans regarding: Timing of appointments, Capacity, Measurement, Advertising and Ease of Access, Digital, Inequalities and Effective (See Appendix A).
- 1.6 This report includes a summary of the service performance year to date and an implementation plan for the use of the new monies come 1<sup>st</sup> April 2018.

### 2. SERVICE PERFORMANCE MAY-July 2017

- 2.1 The service is live at 14 existing GP practices across Wirral providing excellent geographical coverage. Hub delivery sites by GP Federation include:



Primary Care Wirral Ltd	Wirral GP Provider (GP-W) Fed Ltd
Claughton	Civic Medical Centre
Eastham	Holmlands Medical
Heswall and Pensby	Hoylake Road
Marine Lake	Miriam
Sommerville	Moreton Cross
Sunlight	Moreton Health
	Parkfield Medical Centre
	St Hilary Brow

2.2 The service activity levels are above minimum contracted levels as follows.

	Available	Uptake	DNA	% Uptake	% DNA
May-17	896	816	108	91.07%	13.24%
Jun-17	933	901	118	96.57%	13.10%
Jul-17	992	960	142	96.8%	14.8%

\*Minimum monthly contract level over 11 months (both providers) = 882 (220.5 hours based on 15 minute appointments or 50.92 hours per week)

- 2.3 The new EMIS Remote Consultation system seems to be working well and has favorable reviews from GPs and other staff using it. Some issues relating to slowness and ability to view patient records across all sites are being discussed with EMIS.
- 2.4 A patient experience survey has been developed and will be used to collate patient feedback between now and March 2018.
- 2.5 There have been no serious incidents to report.
- 2.6 The service will provide an additional 5,400 GP appointments between Oct-March 118 to support the wider health economy system resilience over winter.

### 3. SERVICE IMPLEMENTATION PLAN POST 1<sup>st</sup> APRIL 2018 (working draft)

3.1 Listed in the table below is the CCG's delivery plan in response to the NHS England core requirements for extended access to primary care services.

Core Requirements	CCG Delivery Plan Overview
Timing of Appointments	Service current opening hours meet requirement other than consideration to be given to Sunday openings. (Trial period April-May 2018 to assess demand)
Capacity	Service capacity is to reach 30 minutes per 1,000 patients per week by 1 <sup>st</sup> April 2018 (167 hours per week).
Measurement	As it is a contractual requirement all individual GP practices will submit data as necessary. The Wirral GP Access Hub will also submit any data required to be collated by NHS England.

<p>Advertising and Ease of Access</p>	<p>Currently the service is subject to a soft launch due to the limited service budget and capacity available.</p> <p>All reception staff have been trained as to how to book patients into the new service and this will remain within a key component of the booking service model. Consideration will be given to establishing a Telephone Call centre particularly to manage weekend appointments when patient's own practices are closed.</p> <p>From 1<sup>st</sup> April 2018 additional advertisement actions will be considered as capacity/demand dictates including:</p> <ul style="list-style-type: none"> <li>- CCG and Practice Website</li> <li>- Social Media</li> <li>- Press</li> <li>- Voluntary and other special interest groups</li> </ul>
<p>Digital</p>	<p>Any new Online consultation system adopted in Wirral will be aligned with the service as necessary.</p> <p>Video/Skype appointments are to be trailed during 2018/19.</p>
<p>Inequalities</p>	<p>A patient experience survey is currently underway to inform the service model development.</p> <p>Other engagement opportunities to be identified following revision of Equality Impact Assessment.</p>
<p>Effective Access to Wider Whole System Service</p>	<p>Links to the following services will be considered as part of the pilot service review: 111, GP Emergency Department Deflection Service, GPOOH and in Hours GP Practice provision.</p> <p>Opportunities for the service to be bundled with other out of hospital services to form Primary and Community Care Hubs are also under consideration.</p>

Other further generic contractual issues which are to be considered include:

- a) Review of service model to consider workforce expansion beyond GPs and if other services can be brought into the service model.
- b) Need to secure future agreement between both GP Federations as to whether they agree to apportion the monies based on their member registered list size. If agreement cannot be reached the service may be subject to a competitive procurement process.
- c) CCG to consider if it also includes the existing £340,000 to the NHSE monies or reinvests the funding elsewhere to support primary care e.g. In Hours GP Access standard.
- d) Other strategic links to be considered for the service development including Urgent Care Case for Change and wider Wirral Primary Care Transformational Plan 2016-2020/21

#### 4. CONCLUSION

- 4.1 The report summarises the good progress made by Wirral's GP Federations to deliver the new service. Further refinement of the model is required now that the available budget more than doubles from 1<sup>st</sup> April 2018.

#### 5. APPENDICES

No.	Title of Appendix
1.	NHS England Extended Access Core Requirements

## Appendix 1 NHS England Extended Access Core Requirements

Core Requirements	RAG Rating - see 'RAG Definition' tab for guidance	Comment/Evidence
<b>Timing of Appointments</b>		
Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) - to provide an additional 1.5 hours a day.		
<b>Capacity</b>		
Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.		
<b>Measurement</b>		
Ensure usage of a nationally commissioned new tool to be introduced during 2017-18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours.		
<b>Advertising and Ease of Access</b>		
<p>Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service.</p> <p>Ensure ease of access for patients including:</p> <ul style="list-style-type: none"> <li>- All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services.</li> <li>- Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.</li> </ul>		
<b>Digital</b>		
Use of digital approaches to support new models of care in general practice.		
<b>Inequalities</b>		
Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.		
<b>Effective Access to Wider Whole System Service</b>		
Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care.		

## PRIMARY CARE COMMITTEE REPORT

Report Title	Primary Care Dashboard
Lead Officer	Sarah Boyd-Short
Recommendations	1.To support the exploration and development of a Primary Care Dashboard

### 1. INTRODUCTION

- 1.1 NHS England (NHSE) is responsible for the direct commissioning of primary medical care via General Medical Service (GMS), Alternative Provider Medical Services (APMS) and Personal Medical Services (PMS) contracts within Wirral.
- 1.2 Under the current joint commissioning approach with NHSE, NHS Wirral CCG does not currently receive any performance data on primary care delivery undertaken by Wirral practices.
- 1.3 Unlike other commissioned services, there is limited local monitoring of performance or metrics within primary care.

### 2. KEY ISSUES / MESSAGES

- 2.1 NHS Wirral CCG, under its joint commissioning approach with NHSE has an obligation to ensure local primary care services are of good quality for all Wirral residents.
- 2.2 Primary Care is the only programme of work where NHS Wirral CCG does collect performance data. Such data is deemed valuable when appreciating the developing landscape and wider system redesigns underway.
- 2.3 Having sight of such data has also been highlighted by the A&E Delivery Board. Understanding primary care capacity, especially in relation to appointment availability and emergency appointments if possible, would enable the determination of any trends or impacts upon urgent care to inform pathway developments.
- 2.4 Initial thoughts on the dashboard content is listed below (list not exhaustive). Public Health data such as screening and vaccination activity can also be incorporated.
- A&E Attendances
  - GP Admissions
  - Emergency Admissions
  - Emergency Admissions Length of Stay
  - Emergency Re-admissions
  - Planned Admissions
  - Appointment usage (highlighting peaks and troughs)
  - Outpatient Care
  - Risk Stratification
  - PCQS achievement
  - Medicines management
  - CQC status

- Friends and Family Test

2.5 A sample dashboard which is currently in place at West Cheshire CCG can be found in Appendix 1. Much of this data can be obtained from existing data sources, therefore will have minimum administrative impact upon practice resources.

2.6 The dashboard would also be a useful benchmarking tool for both the Federations and practices, especially when planning for work stream developments for example an Accountable Care System.

### 3. CONSIDERTIONS

3.1 It is understood that the majority of data can be populated by NHS Wirral CCG and Public Health via existing data streams. The dashboard would provide a central repository.

3.2 It is appreciated that there may be challenges in obtaining primary care agreement for certain data captures such as available routine and urgent appointment capacity, however it is proposed that engagement will be undertaken with primary care via; the Primary Care Operational Group, both Wirral Federations and the Local Medical Committee prior to any formal agreement and implementation of the dashboard.

3.3 The option of incentivising primary care to provide appointment data via the Primary Care Quality Scheme could be explored initially.

3.4 Should NHS Wirral CCG be successful in becoming fully delegated for primary care commissioning, the dashboard would support effective contract management.

3.5 NHS England commissioned Mersey Internal Audit Agency (MIAA) to produce a primary care medical dashboard to assist in practice profiling and contract management. Following discussions with NHSE, due to the set-up of their dashboard which covers 12 Cheshire & Merseyside CCGs, there would be a cost to the NHS Wirral CCG for MIAA to separate and adapt the dashboard to our requirements, which may vary from NHS England data sets.

### 4. NEXT STEPS

4.1 For the Primary Care Committee to support the exploration, development and introduction of a primary care dashboard, providing any feedback or considerations as necessary.

4.2 NHS Wirral to work with key partners and stakeholders for finalisation and implementation.

### 5. APPENDICES

No.	Title of Appendix
1	Sample Dashboard – West Cheshire CCG

**Practice Summary Dashboard**

All YTD date measures are for 16/17 unless otherwise indicated. The change from 15/16 fields for these measures show the difference from the same period in 15/16 to 16/17.

BOX 1 - Practice Stats	Percentage	Difference from CCG average	Change from Dec-14
Practice Name:	CCG		
Cluster Name:	#N/A		
Practice Total Registered Population:	#N/A		#N/A
Practice Total over 65 Population:	#N/A	#N/A	#N/A
Practice Total over 75 Population:	#N/A	#N/A	#N/A
No. of Nursing Home Beds	0	↓	-34

Select practice here

If you have any questions about this report please contact the BI team at wccg.bi@nhs.net

Annual Update. Current source: HSCIC practice populations Jan-16.

BOX 2 - Activity Data - Outpatient Care	Activity - rate per 1000 population	Change from 15/16	Difference from CCG rate per 1000 population	Total cost	Cost per head of population	Difference from CCG cost per head	Difference from BCBV benchmarking (FOP only)	
GP First Outpatients (FOP) YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	National	Peer
First Outpatients (FOP) YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Actual First Outpatient Activity YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Discharged following first appt. YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	The data above come from Better Care, Better Value, a national benchmarker. The row number shows the number of appointments the practice will need to reduce by to match the comparison rate.	
Follow-Up Outpatients (FUP) YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
First to Follow-Up Ratio YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
PLCV YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Out of Hours Usage YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

Monthly Update. Current period: Apr - Jun 2016

[Click here to download the practice level outpatient referral management trajectory report \(CCG extranet login required\)](#)

[Click here to download practice level charts showing first outpatient appointments, A&E attendances and emergency admissions \(CCG extranet login required\)](#)

BOX 3 - Activity Data - Emergency Care	Activity - rate per 1000 population	Change from 15/16	Difference from CCG rate per 1000 population	Total cost	Cost per head of population	Difference from CCG cost per head
A&E Attendances YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Emergency Admissions YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Emergency Admission Length of Stay <72 hrs:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Emergency Readmissions YTD >65:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Planned Admissions YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
In hours AVS Usage - Actual YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
In hours AVS Usage - Rate YTD:	-	#N/A	-	-	-	-

Monthly Update. Current period: Apr - Jun 2016

[Click here to download the practice level urgent care trajectory report \(CCG extranet login required\)](#)

[Click here to download practice level charts showing first outpatient appointments, A&E attendances and emergency admissions \(CCG extranet login required\)](#)

BOX 4 - Primary Care Quality	Change from last period	Difference from CCG average
CQC Status:	#N/A	-
Inspection Date:	#N/A	-
GP Patient Survey - Likelihood of recommending Practice - Jul 16:	#N/A	#N/A
Friends and Family Test - Performance:	#N/A	#N/A
Friends and Family Test - Number of months with >0 respondents:	#N/A	#N/A
Datix Incidents YTD:	178	#N/A
Safeguarding initial conferences YTD 15/16:	#N/A	-
Safeguarding initial conferences attended YTD 15/16:	#N/A	#N/A
Safeguarding initial reports submitted YTD 15/16:	#N/A	#N/A
Safeguarding review conferences YTD 15/16:	#N/A	-
Safeguarding review reports submitted YTD 15/16:	#N/A	#N/A

Mixed Update

[Click here to access a more detailed summary of the most recent GP survey](#)

Results are cumulative from the start of the financial year. Only months with at least one respondent are included - the number of these for 16/17 are shown in the number of respondents field. Data is currently available for April to June 16/17 so performance in this release only relates to maximum of three months.

BOX 5 - Primary Care CQUIN 16/17 KPIs:	Change from last period	Difference from CCG average
No. of patients at risk YTD 16/17:	-	-
Percentage of patients at risk:	-	-
No. of patients with Edmonton Frailty Score YTD 16/17:	-	-
Achievement against KPI (4 per 1000 per quarter):	-	-
No. of patients assessed as frail YTD 16/17:	-	-
Mild:	-	-
Moderate:	-	-
Severe:	-	-
No. of frail patients with care plan in place:	-	-
Percentage of moderate/severe patients with care plans:	-	-
No. of frail patients referred to alternative services:	-	-

Quarterly Update. Current period: Jul-16 only

Performance for this measure is RAG rated according to the CQUIN targets:  
Red = <70%, Amber = 70% to 89%, Green >=90%

Performance is based on achievement against the KPI target for the same time period as used to extract the number of scores completed. For example, this data only looks at scores completed between the 1st and 31st of July so the target is only set for one month. The target will therefore increase every month and a high achievement rate in one month does not necessarily mean the quarterly target is nearly achieved.

BOX 6 - Clinical Quality	Change from last period	Difference from CCG average
Flu Vaccination Uptake in >65 YTD:	#N/A	#N/A
Rate of admissions due to falls in >65s YTD:	#N/A	#N/A
Percentage to date with bowel screening 16/17:	-	-
Percentage to date with breast screening 16/17:	-	-
Percentage to date with cervical screening 16/17:	-	-

Mixed Update

Uptake rate as at Jan-16. Data will not be updated until Oct-16.

Rate per 1000 population over 65

BOX 7 - Medicines Management	Change from last period	Difference from CCG average	Total cost	Cost per head of population	Cost change from last period	Difference from CCG cost per head
Number of items per weighted population YTD:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Antibacterial items per STAR-PU Quarterly:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Number of medicines management projects refused:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

Mixed update. The CCG totals for this section may not sum to other medicines management data releases due to the exclusion of some non practice prescribers, for example H@H and the Hospice of the Good Shepherd.

Data at M2, change from 15/16

Data at Q4, change from 14/15

## [INSERT COMMITTEE] REPORT

Report Title	Primary Care Medical Contracts Overview – September 2017
Lead Officer	Carla Sutton, Senior Contract Manager, NHS England North (Cheshire & Merseyside)
Recommendations	1.For noting

### 1. INTRODUCTION

1.2 NHS England North (Cheshire & Merseyside) has the statutory function of the management of the primary medical services contracts for the practices of Wirral. Although operationally managed by NHS England North (Cheshire & Merseyside), under Joint Commissioning Arrangements contractual changes are agreed and monitored by the Primary Care Operational Group and the Wirral Primary Care Co-Commissioning Committee.

1.3 As Wirral Clinical Commissioning Group consider moving to full delegated arrangements from April 2018, all contractual actions for Wirral practices will be shared with the committee. To date there have been low number of substantial contract changes requiring approval or noting.

#### 1.4 Contract Variations 2017/18 (to date)

1	Partnership Changes	6
2	Boundary Changes	0
3	List Closure requests	0
4	Practices with Acton Plans / Enhanced Monitoring	0
5	Practice Merger requests	2
6	Procurements	1 planned for 2018

### 2. CONCLUSION

The information above is for noting, all supporting detail for the above numbers is shared at the Primary Care Operational Group.



**NHS WIRRAL CCG**

**Primary Medical Care Co-Commissioning Committee**

Consequence	Likelihood				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Master 16-17

Risk ID	Date added	Risk Description	Consequence	Likelihood	Matrix Score	Key Control Established	Owner	Date of next review	Comments
16-17-4	Oct-16	Estates and Technology Transformational Bids: Risk of Estates bids being mothballed due to capital contributions levels being increased e.g. (20%-30% new builds over £1 million and max 66% contribution for improvement grants of less than £1 million)  Update: 13th June 2017 - access to capital from ETTF constrained to partnering with NHS Property Services	4	4	16.00	PIDS developed up to pre-OBC status - bidders briefed on new capital contributions	Iain Stewart	Sep-17	Estates Project Initiation Documents requiring further refinement by end February 2017 for consideration to progress to Full Business Case (FBC) status - if requested, FBCs to be completed during April to September 2017  Update: 13th June 2017 - criteria for accessing capital for new builds is linked with practices partnering with NHS Property Services - Marine Lake, Civic MC are currently choosing not to partner with NHSPS which means their schemes will be revenue only thus requiring local system agreement to increased rental reimbursements before the project would proceed

Impact Values	
Negligible	1
Minor	2
Moderate	3
Major	4
Catastrophic	5

Probability Values	
Rare	1
Unlikely	2
Possible	3
Likely	4
Almost Certain	5

Green/Yellow/Red Threshold Values	
Green - maximum score	4
Yellow - minimum score	5
Yellow - maximum score	12
Red - minimum score	15

Consequence	Likelihood				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Risk ID	Date added	Risk Description	Consequence	Likelihood	Matrix Score	Key Control Established
16-17-1	Sep-16	Wirral GP Access Service IT system dependant on ETTF funds (118k) being successful.	0	0	0	If bid unsuccessful, funding would need to be resourced from the GP IT Development Budget or the services own limited annual budget (340k)
16-17-2	Oct-16	Choice of contract / ability of CCG to commission Wirral GP Access Service	0	0	0.00	(1) Expert advice sought from Primary Care Commissioning CIC on most appropriate contractual option. (2) NHS England consulted regarding their position as to procuring/holding the contract
16-17-3	Oct-16	Wirral Primary Care Transformational Plan/GPFV Plan: primary care engagement and support	0	0	0.00	Members Engagement Plan

16-17-5	Oct-16	CCG Primary Care Co-commissioning Level 3 Application	0	0	0.00	Co-Commissioning L3 Members Engagement Plan
16-17-6	Jan-17	Fragmentation of Primary Care Provider Market may impact detrimentally	0	0	0.00	To be determined

**Impact Values**

Negligible	1
Minor	2
Moderate	3
Major	4
Catastrophic	5

**Probability Values**

Rare	1
Unlikely	2
Possible	3
Likely	4
Almost Cert:	5

**Green/Yellow/Red Threshold Values**

Green - maximum score	4
Yellow - minimum score	5
Yellow - maximum score	12
Red - minimum score	15

Consequence	Likelihood				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Owner	Date of next review	Comments	Status
Martyn Kent	Jan-17	NHS England has not announced the outcomes of any cohort 1 ETTF schemes to any areas across the country to date.	Complete
Martyn Kent	Jan-17	Contracts options appraisal paper on PMCCC 17/01/17 agenda for consideration	Complete
Iain Stewart	Nov-16	Draft plan submitted to NHSE on 23/12/16 - shared with GP member practices on email - in-depth session on draft plan scheduled for January 2017 Members Council meeting	Complete

Iain Stewart	Jan-17	Paper on PMCCC for approval regarding engagement process	Complete
TBD	Mar-17	With the creation of 2 GP Federations and continued functional	Complete