PRIMARY CARE COMMISSIONING COMMITTEE

HELD IN PUBLIC SESSION ON FRIDAY 11 AUGUST 2017 1:00pm – 3:00pm
THE BOARD ROOM, 3RD FLOOR, BRIERLEY HILL HEALTH AND SOCIAL CARE CENTRE, VENTURE WAY, BRIERLEY HILL, DY5 1RU

QUORACY
A meeting of the Committee will be quorate provided that at least 4 members are present of which:

- one must be either the Chair or Vice-Chair of the Committee
- one must be the Chief Finance Officer/Deputy Chief Finance Officer or Chief Nursing Officer

AGENDA

Time	Item		Attachment	Presented by
1.00 pm	1	**Apologies**		Mr S Wellings
1.00 pm	2	**Declarations of Interest** 2.1 To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest will not be allowed to take part in the consideration or discussion or vote on any questions relating to that item. 2.2 This meeting is being held in public and is being recorded purely to assist in the accurate production of minutes, decisions and actions. Once the minutes have been approved the recording will be destroyed. All care is taken to maintain your privacy; however, as a visitor in the public gallery, your presence may be recorded. Should you contribute to the meeting during questions from the public, you agree to being recorded.		Mr S Wellings
1.00 pm	3	**Questions from the Public**		Mr S Wellings
1.05 pm	4	**Minutes of last meeting held on Friday 21 July 2017**	**Enclosed**	Mr S Wellings
1.05 pm	5	**Matters Arising/Action Log**	**Enclosed**	Mr S Wellings
1.10 pm	6	**Contractual** 6.1 Report from the Primary Care Operational Group 6.2 High Oak APMS Contract Re-Procurement	**Enclosed** **Enclosed**	Mrs J Robinson Mrs C Brunt
1.35 pm	7	**Primary Care Extended Access Scheme**	**Enclosed**	Mrs J Taylor
2.00 pm	8	**Quality** 8.1 Report from the Quality and Safety Team	**Enclosed**	Mrs C Brunt
2.30 pm	9	**Finance** 9.1 Finance Report	**Enclosed**	Mr P Cowley
2.45 pm	10	Risk Register	**Enclosed**	Mrs C Brunt
	11	**Date and Time of Next Meeting** Friday 29 September 2017 1pm – 3pm The Board Room, Third Floor, Brierley Hill Health and Social Care Centre		

PRIMARY CARE COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD IN PUBLIC ON FRIDAY 21 JULY 2017
THE BOARD ROOM, 3RD FLOOR, BRIERLEY HILL HEALTH AND SOCIAL CARE CENTRE, VENTURE WAY, BRIERLEY HILL, DY5 1RU

Quorum:
A meeting of the Committee will be quorate provided that at least four members are present of which one must be either the Chair or Vice Chair of the Committee and one must be the Chief Finance Officer/Deputy Chief Finance or Chief Nursing Officer.

ATTENDEES:

Members

Mr S Wellings	Non-Executive Director for Governance, Dudley CCG (Chair)
Mrs J Jasper	Non-Executive Director for Patient and Public Engagement, Dudley CCG
Ms S Johnson	Deputy Chief Finance Officer, Dudley CCG
Dr D Pitches	Consultant in Public Health, Dudley MBC
Mrs C Brunt	Chief Nurse, Dudley CCG
Dr C Handy	Non-Executive Director, Quality and Safety, Dudley CCG

In Attendance

Mr P Cowley	Senior Finance Manager, Dudley CCG
Mr D Stenson	Patient Opportunity Panel Representative
Dr T Horsburgh	Clinical Executive Lead for Primary Care, Dudley CCG
Mr T Thomik	Dudley LPC Representative (late arriving)
Mrs J Emery	Chief Executive, Healthwatch Dudley
Mrs J Robinson	Primary Care Contracts Manager, Dudley CCG
Mrs J Taylor	Commissioning Manager for Primary Care, Dudley CCG
Mrs A Nicholls	NHS England (West Midlands) Interim Deputy Head of Commissioning
Dr V K Mittal	GP Representative
Ms J Atkinson	Safeguarding Lead Adults, Dudley CCG
Mr M Curran	Commissioning Manager Planned Care, Dudley CCG
Mr N Bucktin	Director of Commissioning, Dudley CCG

Minute Taker:

Ms D Gilbert	Personal Assistant, Dudley CCG

1. APOLOGIES FOR ABSENCE

Apologies were received from:
Mrs L Broster, Director of Communications and Public Insight, Dudley CCG

2. DECLARATIONS OF INTEREST

To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.

Mrs Jasper declared her standing interest as NED for Sandwell and West Birmingham CCG.

Mr Stenson declared his standing interest as Non-Executive Director for Black Country Partnership Foundation Trust.

Mr Thomik declared his standing interest as representative for Dudley LPC, although he does not have a voting position on the Committee.

Dr Mittal declared a standing interest, particularly with regards to the contractual items, although he does not have a voting position on the Committee.

It was to be formally recorded that Mr Horsburgh as well as Clinical Executive for Primary Care, Dudley CCG was also in attendance as Secretary of the LMC.

3. QUESTIONS FROM THE PUBLIC

Mr Wellings had received no questions from the public and no public were in attendance.

4. MINUTES FROM THE PREVIOUS MEETING HELD ON 16 JUNE 2017

The minutes of the Committee held on Friday 16 June 2017 were accepted as a true and accurate record.

Item 6 to be moved towards the end of the agenda as Mrs Brunt and Mr Bucktin would be arriving late.

The Committee asked that if a business case is presented any queries should be raised with Ms Johnson.

5. MATTERS ARISING/ACTION LOG

Ms Atkinson attended the meeting

MATTERS ARISING

The action log was discussed and updated accordingly with the following points noted:

PCCC/JAN/2017/9.1	Parts a and b to be deferred as reports still awaited. Part c to be deferred as feedback still awaited.
PCCC/MAR/2017/7.1	This item will be discussed in the Quality and Safety section and a detailed report will follow. To be deferred to September 2017.
PCCC/MAR/2017/11.0	The Committee was informed that an evaluation had been requested, though was still outstanding, and it was agreed that this item be deferred until September 2017.
PCCC/APR/2017/8.2	This item was agreed to be deferred until September 2017.
PCCC/APR/2017/12.0	This item is on the agenda.
PCCC/APR/2017/13.0	This item was omitted from the agenda, a report was presented at the meeting. It was recorded that regular meetings are to be held to look into protocol/procedures/coding. An update would be provided at the December meeting unless anything arises that the Committee should be made aware of prior to this.
PCCC/APR/2017/14.0	A paper prepared by the Communications and Engagement team was circulated showing active PPGs. It was reported that if purse funding is not claimed by September it will be dispersed between other practices. A further update would be obtained and reported back to the August meeting.

ACTION: MRS JASPER

Pedmore have had a new practice manager. It was suggested that an email be forwarded to her. Mrs Gretton to chase this up to seek clarification on an action in order for this to become active. This would be fed back to Communications and Engagement and an update reported back in August.

ACTION: COMMUNICATIONS AND ENGAGEMENT

PCCC/MAY/2017/9.1 This item was agreed to be deferred until August 2017.

PCCC/JUNE/2017/9.0 This item was agreed to be deferred until December 2017.

PCCC/JUNE/2017/8.1 This item is on-going and will be reviewed in August 2017.

PCCC/JUNE 2017/10.0 Where deputies have attended with proxy votes these should be reflected in the minutes.

ACTION: MS JOHNSON/MRS ROBINSON

It was noted that the annual report contained examples of good processes and systems but further examples of change and outcomes highlighted from the Dudley Quality Outcomes for Health Framework should also be included.

ACTION: MRS TAYLOR

PCCC/JULY/2017/6.1 The High Oak Medical Practice APMS contract is due to expire in March 2019. Report to be prepared and brought back to the Committee.

PCCC/JULY/2017/7.0 The Committee is asked to approve the Primary Care Extended Access Scheme following presentation of a report in August 2017.

ACTION: MRS TAYLOR

PCCC/JULY/2017/8.0 Terms of Reference (ToR) for the Primary Care Development Group (PCDG) are in progress and will be brought back to the August Committee.

ACTION: MRS TAYLOR

PCCC/JULY/2017/12.0 ToR for the Primary Care Operational Group (PCOG) are to be referred to Information and Governance. If satisfactory the ToR will be accepted, if there are any changes ToR to be brought back to the Committee.

ACTION: MRS TAYLOR

6. CONTRACTUAL

6.1 REPORT FROM THE PRIMARY CARE OPERATIONAL GROUP

This item was deferred on the agenda

Mrs Robinson spoke to this item to update the Committee following the PCOG meeting held on 5 July 2017.

PCOG considered contractual changes at Cross Street Health Centre, Lion Health and Halesowen Medical Practice. The group were satisfied that there was adequate cover.

In terms of Thorns Road the group asked for a full business case as the request turned the partnership into a single handed practice. The business case had been received and the group were satisfied that conditions were met to continue the contract. The doctor has since been approved as a salaried GP.

High Oak Medical Practice APMS contract and premises are due to expire on 31 March 2019. Following receipt of a PCAST options appraisal there was a recommendation that the group should consider a further option and NHS England have also agreed that the procurement should be incorporated into the MCP procurement. The issue around the contract expiring in 2019 was discussed and a number of options were considered however considerable work needs to be done and a future report be brought back.

Resolved:

1) **The Committee noted the report for assurance**
2) **The Committee approved the recommendations in relation to the contract various requests**

Mr Bucktin, Dr Mittal and Mrs Emery left the meeting

7. 0 PRIMARY CARE EXTENDED ACCESS SCHEME 2017/18

Mrs Taylor spoke to this item to present to the Committee the proposal to commission a Primary Care extended access scheme in 2017/18.

The CCG previously commissioned an extended weekend access scheme from 1 November 2016 to 31 March 2017, which had further been would be replaced by this scheme. A full evaluation report for weekend access scheme will be presented to Committee in August for ratification.

A training programme for practices and full communications plan for the public will be developed to support implementation, and encourage uptake of the additional capacity.

Practices have been asked to consider a collaborative approach to delivery of this scheme on a locality basis and proposals are due by 31st July with consideration by a panel shortly after and final ratification of proposals by Committee in August.

Mr Thomik requested that Mrs Taylor notified the LPC when it is known which GPs are participating,

ACTION: MRS TAYLOR

Resolved:

1) **The Committee noted the report for assurance**
2) **The Committee approved the Primary Care Extended Access Scheme 2017/18 following presentation of a report for ratification in August**

8. 0 REPORT FROM THE PRIMARY CARE STRATEGY GROUP

Mr Curran attended the meeting

Mrs Taylor spoke to this item to update the Committee following the Primary Care Strategy Group (PCSG) meetings held on 18 April and 6 July 2017.

The Primary Care Development Group (PCDG) are making good progress with all of the work streams outlined in the GP Forward View (GPFV) Plan.

A proposal has been made supplementary Birmingham and Solihull STP proposal for International GP recruitment.

Dudley CCG has been co-ordinating submissions for the GP Resilience Programme.

It was to be noted that there were capacity issues in the Primary Care Team due to the volume of work generated from the GPFV work streams, which is in addition the day to day work. Mrs Nicholls said for the Primary Care Team to contact NHS England for any support that can be given relating to contracting. Concern was expressed by the Committee as how stretched the Primary Care Team were and thanks were given to Mrs Nicholls for her kind offer of help.

ACTION: MRS TAYLOR

The Committee is asked to note the update from the PCSG for assurance and asked to note that the PCSG will ensure all transformation and improving access funds which have been directly allocated by NHSE to the CCG are used in accordance with the Statutory Financial Instructions and comply with all relevant guidance and legislation in relation to managing conflicts of interest and procurement.

Resolved:

1) **The Committee noted the report for assurance**

9.0 CLINICAL PEER REVIEW

Mrs Brunt and Mr Bucktin attended the meeting

Mr Curran spoke to this item to highlight the CCG's requirement to deliver Clinical Peer Review by 30 September 2017.

CCGs are expected to work with their GPs to implement internal prospective clinical peer review for general practices. Clinical peer review should happen weekly as an absolute minimum and will apply to the majority of referrals. Dudley CCG are in a good position with regard to the number of referrals that they make but there probably are improvements that can be made and Peer Review is an opportunity to do this. An action plan was submitted to NHS England on 7 July but feedback has not yet been received.

Resolved:

1) **The Committee noted the report for assurance**

Item 6.1 was discussed

10.0 QUALITY

10.1 REPORT FROM THE QUALITY AND SAFETY TEAM

Mrs Brunt spoke to this item to provide on-going assurance to the Primary Care Commissioning Committee (PCCC) regarding quality and safety in accordance with the CCG's statutory duties.

The most significant issue for Dudley CCG going forward is the transition from current assurance processes to a much more triangulated report which draws together a number of key indicators.

Resolved:

1) **The Committee noted the report for assurance and particularly the discussion about the progress of the PCAT tool.**
2) **The Committee will receive progress reports back as it develops.**

Mrs Brunt left the meeting

10.2 REPORT FOR IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY (IRIS) BUSINESS CASE

Ms Atkinson spoke to this item to put forward a business case for IRIS to be implemented in GP practices and urgent Care Centres in Dudley following the recommendations from a Domestic Homicide Review (DHR) in Dudley.

IRIS provides a trigger tool and an assessment tool that sits within EMIS that will aid practitioners to understand what questions should be asked. There is on-going training for clinicians and administrative staff to make sure they know the signs and symptoms and when to raise concerns. There is also an advocate that will work within GP practices and help to support any victims around domestic abuse. The Domestic Abuse Transformation Committee has contributed £10,000 for Dudley CCG to implement IRIS.

The Committee were asked to approve funding and to consider two options available for the implementation of the IRIS project:

- Single CCG – One off payment of £20,000 (further funding required on an annual basis for a licence fee of £5,000) for 15 to 17 practices depending on numbers of patients on the register
- STP Footprint – One off payment of £12,000 annual licence fee of £4,000 for 15 to 17 practices depending on numbers of patients on the register

This has been signed off by IT and Communications and Engagement and there have discussions around this in Quality and Safety. It was reported that this business case does not have to go to CDC.

It was suggested that this business case be put forward at a GP members meeting so people understood how it would work.

Resolved:

1) **The Committee noted the report for assurance**
2) **The Committee approved in principle subject to funding being clarified.**

Mr Stenson left the meeting

11.0 FINANCE

11.1 FINANCE REPORT

Mr Cowley spoke to this item to present baseline budgets for the financial year 2017/18.

Resolved:

1) **The Committee noted the report for assurance**

12.0 TERMS OF REFERENCE

Mrs Taylor spoke to this item to present to the Committee final versions of the PCOG and PCDGToR for assurance and ratification

Resolved:

1) **The Committee received the report for assurance**
2) **Terms of Reference to be referred to Information Governance. If there are no changes the Committee will deem it accepted, if there are any changes by Information and Governance the Terms of Reference will have to be brought back to Committee**

13.0 RISK REGISTER

Mrs Robinson spoke to this item to provide the Committee with and updated Board Assurance Framework and Risk Register.

It was agreed that for PCCC the following four categories would be captured:

- Individual Performance
- Workforce Capacity

- Estates and Infrastructure
- Financial Issues

It was noted that on the front page of the Register all those risks are now covered under the new numbers. The one risk has been transferred to Finance and Performance. The final version of the Risk Register will go to Audit and Governance who will be asked to approve the actual layout.

ACTION: MRS ROBINSON

Resolved:

1) **The Committee received the report for assurance**
2) **Three of the risks covered under 132 were not referred to on the paper issued to the Committee at the meeting. The Register will therefore be reviewed at the August meeting**
3) **Risks to go back to the audit committee to be approved and go back to the board in the autumn**

14.0 DATE AND TIME OF NEXT MEETING

Friday 11 August 2017
1pm – 3pm
The Board Room, Third Floor, Brierley Hill Health & Social Care Centre

MINUTES ACCEPTED AS A TRUE AND CORRECT RECORD

Name		**Title**	
Signed		**Date**	

PRIMARY CARE COMMISSIONING COMMITTEE

OUTSTANDING ACTION LIST – 21 JULY 2017

MEETING REFERENCE	ACTION	LEAD	STATUS	DEADLINE DATE	DATE COMPLETED
PCCC/JAN/2017/9.1	Performance report a. The Committee requested an exception report of the top 10 and bottom 10 practices b. The Committee requested a report of those practices who do not submit FFT data c. The Committee requests an update on work/actions taking place around PAU	Mr Franklin Mr Franklin Dr Horsburgh	In Progress In Progress In Progress	August 2017 August 2017 August 2017	
PCCC/MAR/2017/7.1(b)	Quality & Safety Report The Committee requested a detailed report from Public Health for further details on the immunisation landscape	Mrs Brunt	In Progress	September 2017	
PCCC/MAR/2017/11	DPMA Training Budget Business Plan The Committee requested evaluation of the proposal to see the success of training and also that columns included to see alignment to the MCP	Mrs Taylor	In Progress	September 2017	
PCCC/APR/2017/8.2	Health Infrastructure Strategy Implications for Primary Care In view of the potential implications to practices, a further consultation of the framework was recommended to be taken to fully enlighten of the specifics with the membership prior to approval by the Committee. A further report was requested following consultation in June.	Mr Cowley	In Progress	September 2017	

MEETING REFERENCE	ACTION	LEAD	STATUS	DEADLINE DATE	DATE COMPLETED
PCCC/APR/2017/12.0	Primary Care Organisational Structure The Committee agreed the proposed structure subject to presentation of the ToR for the PCDG and PCSG for Committee approval	Mrs Taylor	In Progress	July 2017	
PCCC/APR/2017/13.0	Supporting Professional Decisions The Committee requested further detail around the membership of the panel and who that would work	Dr Horsburgh	In Progress	December 2017	
PCCC/APR/2017/14.0	Patient Participation Group Update a. It was requested that in two months' time, a list of practices where there is concern in regard to their PPG is presented to the Committee b. Update to be provided on Pedmore practice	Ms Hodgson Mrs Gretton	In Progress	August 2017 August 2017	
PCCC/MAY/2017/9.1	Performance Report The Committee requested a triangulated data report of the top 12 practices of most concern in relation to the indicators	Mr Franklin	In Progress	August 2017	
PCCC/JUNE/2017/9.0	Dementia Local Improvement Scheme Review of Dementia Diagnosis Evaluation to take place in six months' time to evaluation whether numbers are continuing to increase and the target has been met.	Mr Hindle	In Progress	December 2017	
PCC/JUNE/2017/8.1	Reporting to the Primary Care Commissioning Committee We now have a Primary Care Development Group and a query was raised as to how reports get back to the Primary Care Commissioning Committee. Mr Cowley confirmed that when the terms of reference	Mr Cowley	In Progress	August 2017	

MEETING REFERENCE	ACTION	LEAD	STATUS	DEADLINE DATE	DATE COMPLETED
	come back next month there will be reporting into Committee for that group after first going to F & P. The Primary Care Development Group will feed into the Primary Care Strategy Group. The information will go into Mr Cowley's report for monthly feedback at the meeting as an agenda item.				
PCCC/JUNE/2017/10.0	<u>Quoracy</u> Where deputies have attended with proxy votes these should be reflected in the minutes. Ms Johnson to discuss issues or quoracy with Mrs Robinson. <u>Annual Report</u> It was noted that the report contained examples of good processes and systems in place, but further examples of changes with outcomes highlighted from the Dudley Quality Outcomes for Health Framework should also be included.	Ms Johnson/ Mrs Robinson Mrs Taylor			Completed 2017
PCCC/JULY/2017/6.1	<u>High Oak Medical Practice</u> The issue around the contract expiring in 2019 was discussed and a number of options were considered however considerable work needs to be done and a future report be brought back.		In Progress		
PCCC/JULY/2017/7.0	<u>Extended Access Scheme</u> The Committee is asked to approve the Primary Care Extended Access Scheme following presentation of a report in August 2017.	Mrs Taylor	In Progress	August 2017	

MEETING REFERENCE	ACTION	LEAD	STATUS	DEADLINE DATE	DATE COMPLETED
PCCC/JULY/2017/8.0	ToR for the Primary Care Development Group These are in progress at the moment and will be brought to the August Committee.	Mrs Taylor	In Progress	August 2017	
PCCC/JULY/2017/12.0	PCOG Terms of Reference To be referred to Information Governance. If there are no changes the Committee will deem it accepted, if there are any changes by Information and Governance the Terms of Reference will have to be brought back to Committee	Mrs Taylor	In Progress	August 2017	
PCCC/JULY/2017/13.0	Risk Register Three of the risks covered under 132 were not referred to on the paper issued to the Committee at the meeting. The Register will therefore be reviewed at the August meeting.	Mrs Robinson	In Progress	August 2017	

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Committee: 11 August 2017
Report: Update from the Primary Care Operational Group
Agenda Item: 6.1

TITLE OF REPORT:	Update from the Primary Care Operational Group
PURPOSE OF REPORT:	To update the Committee following the Primary Care Operational Group meeting held on 2 August 2017
AUTHOR OF REPORT:	Mrs J Robinson, Primary Care Contracts Manager
MANAGEMENT LEAD:	Mrs C Brunt, Chief Nurse
CLINICAL LEAD:	Dr T Horsburgh, Clinical Executive for Primary Care
KEY POINTS:	• The group provides assurance that there are no contractual breaches to be issued for any Dudley practice • The group considered and recommends the contractual changes set out below in the recommendations • The group considered the quality and safety issues that are set out in the quality and safety report • The group recommends the use of the Primary Care Assurance Tool
RECOMMENDATION:	Committee is asked to: • Note the actions of the primary care operational group for assurance • Approve the use of the Primary Care Assurance Tool • Approve the contractual changes recommended by the group as follows: • Addition of one partner at Wychbury Medical Group with effect from 1 September 2017
FINANCIAL IMPLICATIONS:	Not applicable
WHAT ENGAGEMENT HAS TAKEN PLACE:	Not applicable
ACTION REQUIRED:	**Decision** **Approval** ✓**Assurance**

DUDLEY CLINICAL COMMISSIONING GROUP – PRIMARY CARE COMMISSIONING COMMITTEE
UPDATE FROM THE PRIMARY CARE OPERATIONAL GROUP

1.0 INTRODUCTION

1.1 This report provides an update from the Primary Care Operational Group (PCOG) following its meeting held on 2 August 2017.

2.0 CONTRACTING ISSUES

2.1 PRIMARY CARE CONTRACTUAL CHANGES

2.2 The group considered one contractual change for noting and approval by the Committee:

Wychbury Medical Group	Addition of 1 partner	Effective date: 1 September 2017

2.3 **Primary Care Support Services**

2.4 Primary Care Support Services have been provided by Capita under the name of Primary Care Support England (PCSE) on behalf of NHS England since 1 September 2015.

2.5 PCOG received a report from NHS England in respect of PCSE. The report reflected that some changes to services have been delivered effectively but recognised that some have resulted in significant operational issues which have impacted on GP Practices and the CCG.

2.6 The report provided details on the next steps to ensure that the recovery of PCSE services is nearing completion.

2.7 NHS England are committed to supporting Capita in resolving all the remaining issues until PCSE is fully recovered.

2.8 PCOG noted that the Primary Care team have a process in place whereby all issues are fed to NHS England on a weekly basis on behalf of Dudley practices and that fewer issues are now being reported.

3.0 PRIMARY CARE QUALITY & SAFETY ISSUES

3.1 The group considered the quality and safety issues that are set out in detail in the Quality and Safety report to the Primary Care Commissioning Committee.

3.2 The group reviewed the Primary Care Assurance Tool (PCAT) and actions were agreed.
The group recommend to Committee that the PCAT scoring matrix will be reviewed at each PCOG meeting and will also include a monthly area of focus. The determined actions will be monitored through the PCOG action log and on-going assurance regarding the performance of primary care contractors will be provided to Committee through the Quality and Safety report. Any issues that require contractual action will be reported to Committee through the PCOG report.

3.3 All practices who had failed to upload Friends and Family Test results have been contacted and now there is an option of inputting retrospectively have confirmed that the system will be updated.

3.4 There is a new practice manager in post at the Dudley practice without a PPG. A new group has now been formed and the CCG Community and Engagement manager has supported the process and attended the first meeting.

3.5 There are no issues in the quality and safety report that require contractual actions to be taken against any practice.

4.0 RECOMMENDATION

The Committee is asked to:

- Note the actions of the primary care operational group for assurance
- Approve PCOG recommendation regarding the use of the Primary Care Assurance Tool
- Approve the contractual changes recommended by the group as follows:
  - Addition of one partner at Wychbury Medical Group with effect from 1 September 2017

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Report: 11 August 2017
Report: High Oak APMS Contract re-Procurement
Agenda Item: 6.2

TITLE OF REPORT:	High Oak APMS Contract – Re-Procurement
PURPOSE OF REPORT:	To approve arrangements for the re-procurement of a provider of primary medical services for patients registered with the High Oak practice.
AUTHOR OF REPORT:	Mr N Bucktin, Director of Commissioning
MANAGEMENT LEAD:	Mrs C Brunt, Chief Nursing and Quality Officer
CLINICAL LEAD:	Dr T Horsburgh, Clinical Executive for Primary Care
KEY POINTS:	1. The existing contract for the provision of primary medical services for the patients registered with the High Oak practice expires on 31 March 2019. 2. The Committee has agreed that the contract requires re-procurement 3. It is proposed to include this within the scope of the services to be procured from a MCP. 4. The ability of any potential MCP bidder to meet the Committee's requirements in relation to the delivery of services for the relevant population would be addressed during the "dialogue" phase of the procurement.
RECOMMENDATION:	That the future provision of a primary medical service to the patient population registered with the High Oak practice be included within the scope of services to be provided by a MCP and procured as part of the current procurement exercise.
FINANCIAL IMPLICATIONS:	None arising directly from this report.
WHAT ENGAGEMENT HAS TAKEN PLACE:	None
ACTION REQUIRED:	Decision √ Approval Assurance

1.0 PURPOSE OF REPORT

1.1 To approve arrangements for the re-procurement of a provider of primary medical services for patients registered with the High Oak practice.

2.0 BACKGROUND

2.1 The Committee will recall that at their meeting in July 2017 they considered a report on the future of the current APMS contract provided by the High Oak practice which is due to expire on 31 March 2019.

2.2 The Committee agreed that this service should be re-procured and noted that delivery as part of the MCP contract was a potential option.

2.3 This report proposes that the MCP procurement should be used as the vehicle for providing primary medical services to this patient population.

3.0 MCP DEVELOPMENT AND THE ROLE OF GENERAL PRACTICE

3.1 There are two fundamental reasons that lie behind the desire to commission a MCP:-

- The patient population is growing older and living longer with a more complex set of medical conditions. To respond to this set of circumstances, services need to be re-configured in a way that provides a co-ordinated and integrated response to need and reduces health inequalities;

- This demand manifests itself in a general practice community, creating increased workload at a time when recruitment and retention is challenging. We need a general practice system that is more cohesive and resilient to respond to and manage this demand, whilst reducing the risk to other parts of the health and care system.

3.2 A MCP that brings together a range of services across physical and mental health, including general practice, provides the means of addressing these two challenges.

3.3 The MCP model provides two mechanisms by which general practice can be involved:-

- Partially integrated – where practices retain their existing GMS contract and enter into an integration agreement with the MCP;

- Fully integrated – where practices put aside their existing GMS contract and enter into a different employment/contractual arrangement with the MCP.

3.4 It is anticipated that, in the first instance, the Dudley MCP is likely to be a hybrid model with both partially and fully integrated practices. However, the direction of travel would be that over time all practices fully integrate to create a cohesive service delivery model.

4.0 RE-PROCUREMENT OF THE HIGH OAK SERVICE

4.1 Given the move towards the model described above, it is suggested that the delivery of personal medical services for the High Oak patient population be included within the scope of services to be delivered by the MCP. This would be consistent with the creation of a more cohesive provider of primary care. In addition, it would avoid running a separate procurement process.

4.2 On this basis, the ability of the MCP to deliver primary medical services to a patient population would be tested out during the dialogue process. This would include, inter alia, dialogue in relation to:-

- The workforce to deliver services;
- The specific needs of the population to be served;
- The future location of premises (see below);
- Potential co-location with other practices;
- Other issues the Committee thinks appropriate.

4.3 The MCP would become responsible for providing a service at the point at which the existing contract expires and would do so under the framework of the MCP contract.

4.4 Any subsequent changes to the location of premises would be subject to patient consultation.

5.0 RECOMMENDATION

5.1 That the future provision of a primary medical service to the patient population registered with the High Oak practice be included within the scope of services to be provided by a MCP and procured as part of the current procurement exercise.

Mr N Bucktin
Director of Commissioning
August 2017

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Report: 11 August 2017
Report: Primary Care Extended Access Scheme 2017-18
Agenda item 7.0

TITLE OF REPORT:	**Primary Care Extended Access Scheme 2017-18**
PURPOSE OF REPORT:	To present to the Committee the proposals for the Primary Care Extended Access Scheme 2017/18
AUTHOR OF REPORT:	Mrs. J Taylor, Primary Care Commissioning Manager
MANAGEMENT LEAD:	Mrs C Brunt, Chief Nurse
CLINICAL LEAD:	Dr T Horsburgh, Clinical Executive for Primary Care
KEY POINTS:	• The CCG is under obligation from NHS England (NHSE) to commit financial resources towards improving patient access during 2017/18, in addition this is a key deliverable in General Practice Forward View (GPFV). • The specification, primary care proforma and Memorandum of Understanding were previously presented to Committee in July for approval. • Applications to consider either a collaborative locality approach or on an individual practice basis were received on 31st July. • A panel met on 2nd August to review applications received. • The CCG will gain further clarification regarding the outstanding queries and recommendations from the panel discussion. • The CCG will request a more detailed proposal from each lead practice. • The CCG will develop a comprehensive public communications plan. • Recommendations are presented to Committee for ratification.
RECOMMENDATION:	The Committee is asked to **Approve** • The proposals for the Primary Care Extended Access Scheme 2017/18 pending some further clarification from the recommendations
FINANCIAL IMPLICATIONS:	• The funding provided by NHSE for this scheme will be £6 per weighted patient for a full year, the part year funding for this service for the seven months from September 2017 to March 2018 equates to £3.50 per weighted patient, which is dependent upon achieving 100% coverage of our population.
WHAT ENGAGEMENT HAS TAKEN PLACE:	• Clinical Executive for Primary care • GP Engagement Lead • CCG Clinical Executive Team • June locality meetings • Membership practices

ACTION REQUIRED:	**Decision**✓ **Approval** ✓ Assurance

DUDLEY CLINCAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE – 11 August 2017
PRIMARY CARE EXTENDED ACCESS SCHEME 2017/18

1.0 PURPOSE OF REPORT

1.1 To present to the Committee the proposals for the Primary Care Extended Access Scheme 2017/18.

2.0 BACKGROUND

2.1 Dudley CCG is under obligation from NHS England (NHSE) to commit financial resources towards improving patient access during 2017/18, which is a key work stream outlined within the GP Five Year Forward View (April 2016) (GPFV).

2.2 NHSE expects the CCG to formally procure the additional access capacity through open market procurement but this is unachievable within the timeframe for implementation. Therefore, in the short term the CCG will commission the additional capacity via an Enhanced Service to the GMS or APMS Contract, but with the clear understanding that it will be formally procured as part of the Multi-specialty Community Provider procurement which commenced June 2017.

3.0 EXTENDED ACCESS PROPOSAL FOR 2017/18

3.1 In line with our neighboroughing CCG's within the Black Country STP we offered practices the opportunity to design innovative solutions to meet the necessary requirements potentially working at scale on a locality basis.

3.2 Practices were invited to make applications to consider either a collaborative locality approach or on an individual practice basis for how the 7 core access requirements could be met.

3.3 Practices making a collaborative application through a lead practice needed to get the agreement (via the MOU) of the other practices within the collaboration before the funding can be released to the lead practice.

3.4 If the CCG did not achieve the required 100% population coverage then additional service provision would either be offered to another successful scheme or tendered for that population.

3.5 Further facilitation by the CCG was undertaken through the localities and applications were received by 31st July 2017.

3.6 A panel convened on 2nd August to review the applications received made and make recommendations regarding viable options to August Committee for ratification.

4.0 APPLICATIONS RECIEVED

4.1 The CCG received six applications for the Extended Access Scheme from the five localities.

Locality	Population Covered	Proportion of practices within the locality	Comments
Segley, Gornal and Coseley	55,558	8/8	Viable solution with the necessary requirements covered but sub-contractual arrangements need confirming
Dudley and Netherton	55,602	11/11	Meets the necessary requirements
Kingswinford, Ambelcote and Brierley Hill	85,892	10/10	Further clarification required around DES provision and arrangements under APMS contract
Halesowen and Quarry Bank	54,353	9/10 1 practice unable to give confirmation due to annual leave	Meets the necessary requirements but currently 1 practice has not confirmed they are part of the proposal
Stourbridge, Wollescote and Lye	37,595	4/6	2 practices are currently excluded More detail required on this proposal
Stourbridge, Wollescote and Lye	21,558	1/6	This proposal is not viable as will not provide the required weekday and Sunday provision

4.2 Since the panel met the CCG has been facilitating further discussions between the SWL practices to explore whether a cohesive proposal may be viable.

5.0 NEXT STEPS

5.1 The CCG will gain further clarification regarding the outstanding queries and recommendations from the panel discussion which will include:-

- facilitating a cohesive locality wide proposal for SWL locality
- obtaining clarification on the sub-contractual arrangements for the SCG proposal
- obtaining clarification on the final practice within the HQB proposal
- obtaining clarification in regard to the DES and APMS provision for the KAB proposal

5.2 The CCG will request a more detailed proposal from each lead practice to outline the provision to included:

- daily schedual of provision by practice
- location of service
- staffing provision

5.3 Although previous training on the use of the IT solution – EMIS remote consultation has been undertaken and a standard operating procedure has benn developed, CCG will provide an additional training session to the lead practice

5.4 The CCG will develop a comprehensive public communications plan which will cover both internal responsibilities of the practices and external communications to be undertaken by the CCG to fully promote this scheme.

6.0 RECOMMENDATION

6.1 The Committee is asked to approve the proposals for the Primary Care Extended Access Scheme 2017/18 pending some further clarification from the recommendations.

NHS
Dudley
Clinical Commissioning Group

DUDLEY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 11 August 2017
Report: Quality & Safety Report
Agenda Item No: 8.1

TITLE OF REPORT:	Quality and Safety Report
PURPOSE OF REPORT:	To provide on-going assurance to the Primary Care Commissioning Committee (PCCC) regarding quality and safety in accordance with the CCG's statutory duties
AUTHOR(s) OF REPORT:	Mr J Young, Quality and Patient Safety Manager
MANAGEMENT LEAD:	Mrs C Brunt, Chief Nurse
CLINICAL LEAD:	Dr Ruth Edwards, Clinical Lead, Quality & Safety
KEY POINTS:	• There has been one CQC report published since the last meeting • Three practices are now using Datix for incident management • Work is underway on developing sepsis prevention & identification information for primary care • The Primary Care Assurance Tool (PCAT) dataset is now being used by PCOG to help identify practices that may require further support
RECOMMENDATION:	The Primary Care Commissioning Committee is asked to: • **Note** this report for assurance
FINANCIAL IMPLICATIONS:	None to report
WHAT ENGAGEMENT HAS TAKEN PLACE:	N/A
ACTION REQUIRED:	✓ **Assurance**

Primary Care Analysis Report
PCCC, 11/08/2017

Produced : 25th July 2017

Robert Franklin – BI Developer & Analyst (Dudley CCG)

Primary Care Analysis Report – Summary

NHS Dudley Clinical Commissioning Group

Care Quality Commission (CQC)

- There has been one report published:
  - **St. James Medical Practice (Porter)** has been rated on re-inspection as good overall and for all domains following a previous requires improvement overall rating
- A mock inspection (CCG) has recently been carried out at Stourside Medical Practice and is scheduled for The Waterfront Surgery to support their preparation for re-inspection by CQC

Infection Prevention & Control (IPC)

- Three audits have been completed since the last meeting
- A piece of work is currently underway regarding sepsis, including both prevention and identification. This aims to develop a useful information pack / tools to support primary care

Serious Incidents (SIs)

- Currently, there is one SI open. Support is continuing to be provided by the Q&S team to ensure a robust RCA is carried out and documented.

Service Developments

- **Datix** –Three practices are now using the live system. Further meetings / demos are being arranged with other practices and the UCC.

Performance Indicators – actions taken

- The Primary Care Assurance Tool (PCAT) dataset was reviewed at the August PCOG meeting and actions agreed to follow-up on a small number of practices identified as potentially requiring further review and/or support:
  - Three practices are already being supported / monitored via existing CQC-based conversations – no further action required at this point
  - Three practices to have meetings arranged to discuss data further and identify any actions required
  - The dataset for one practice is to be reviewed in more detail; a meeting with the practice may then be required following this

Care Quality Commission (CQC) Ratings

This section shows the results for the latest CQC inspections, the scores are calculated as follows; 1. Inadequate, 2. Requires Improvement, 3. Good, 4. Outstanding.

GPPractice	Planned Visit Date	Overall Rating	Safe	Effective	Caring	Responsive	Well Led	Older	Long Term Conditions	Families & Children	Working Age	Vunerable	Poor Mental Health
ST JAMES MEDICAL PRACTICE1	Jun 2017	3	3	3	3	3	3	3	3	3	3	3	3
BATH STREET MEDICAL CENTRE	Jun 2017	-	-	-	-	-	-	-	-	-	-	-	-
CLEMENT ROAD MEDICAL PRACTICE	Apr 2017	3	3	3	3	3	3	3	3	3	3	3	3
FELDON LANE PRACTICE	Mar 2017	3	3	3	3	3	3	3	3	3	3	3	3
NORTHWAY MEDICAL CENTRE	Mar 2017	3	3	3	3	3	3	3	3	3	3	3	3
STOURSIDE MEDICAL PRACTICE	Feb 2017	1	1	2	3	3	1	1	1	1	1	1	1
HALESOWEN MEDICAL PRACTICE	Jan 2017	3	3	3	3	3	3	3	3	3	3	3	3
KINGSWINFORD MEDICAL PRACTICE	Jan 2017	3	3	3	3	3	3	3	3	3	3	3	3
THREE VILLAGES MEDICAL PRACTICE	Jan 2017	3	2	3	3	3	3	3	3	3	3	3	3
WORDSLEY GREEN HEALTH CENTRE	Jan 2017	3	3	3	3	3	3	3	3	3	3	3	3
LOWER GORNAL MEDICAL PRACTICE	Dec 2016	3	3	3	3	3	3	3	3	3	3	3	3
QUARRY BANK MEDICAL CENTRE	Dec 2016	3	3	3	3	3	3	3	3	3	3	3	3
WOODSETTON MEDICAL CENTRE	Dec 2016	3	3	3	3	3	3	3	3	3	3	3	3
PEDMORE MEDICAL PRACTICE	Nov 2016	2	2	2	3	3	2	2	2	2	2	2	2
QUINCY RISE SURGERY	Nov 2016	3	3	3	3	3	2	3	3	3	3	3	3
THE GREENS HEALTH CENTRE	Nov 2016	3	2	3	3	3	3	3	3	3	3	3	3
THE SUMMERHILL SURGERY	Nov 2016	3	3	3	3	3	3	3	3	3	3	3	3
COSELEY MEDICAL CENTRE	Oct 2016	2	3	2	3	2	3	2	2	2	2	2	2
DUDLEY P'SHIPS FOR HEALTH LLP	Oct 2016	2	3	2	3	3	2	2	2	2	2	2	2
CASTLE MEADOWS SURGERY	Oct 2016	3	3	3	3	3	3	3	3	3	3	3	3
THE LIMES SURGERY MEDICAL CENTRE	Oct 2016	3	3	3	3	3	3	3	3	3	3	3	3
THORNS ROAD	Oct 2016	3	3	3	3	3	3	3	3	3	3	3	3

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DUDLEY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Date of Report: 11 August 2017
Report: Finance Report
Agenda item No: 9.1

TITLE OF REPORT:	Primary Care Commissioning Finance Report
PURPOSE OF REPORT:	The report provides an overview of financial performance against budgets delegated to Committee.
AUTHOR OF REPORT:	Mr P Cowley, Senior Finance Manager
MANAGEMENT LEAD:	Mr M Hartland, Chief Operating and Finance Officer
CLINICAL LEAD:	Dr T Horsburgh, Clinical Lead
KEY POINTS:	• The CCG has received one additional allocation, of £481,000, for Quarter 1 Extended Access from NHS England. The full year allocation will follow in future months. • Due to the timing of committee, the July monthly financial position has not been finalised at the time of writing. • It is expected that a break-even position will be achieved against co-commissioning, with a small underspend against core CCG budgets. • A further update will be provided to Committee detailing the finalised monthly position.
RECOMMENDATION:	Committee is requested to note the reported financial position for assurance.
FINANCIAL IMPLICATIONS:	As above.
WHAT ENGAGEMENT HAS TAKEN PLACE:	None
ACTION REQUIRED:	Decision Approval **Assurance** √

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Committee: 11 August 2017
Report: Board Assurance Framework & Risk Register
Agenda Item: 10.0

TITLE OF REPORT:	Board Assurance Framework (BAF) & Risk Register (RR) for Primary Care Commissioning Committee
PURPOSE OF REPORT:	To provide the Committee with an updated BAF & RR
AUTHOR OF REPORT:	Mrs J Robinson, Primary Care Contracts Manager
MANAGEMENT LEAD:	Mrs C Brunt, Chief Nurse
CLINICAL LEAD:	Dr T Horsburgh, Clinical Executive for Primary Care
KEY POINTS:	• Enclosed is the BAF & RR as at **11 July 2017** • Five new risks have been created these are Risk **135, 136, 137, 138 and 139.** • Some of these new risks incorporate elements of the previous risks which the Committee is now asked to close. • The amendments are outlined below: ▪ **Risk 34** is now covered under Risk 135 ▪ **Risk 50** is now covered under Risk 135 ▪ **Risk 59** is now covered under Risk 136 ▪ **Risk 69** is now covered under Risk 138 ▪ **Risk 81** is now covered under Risk 137 ▪ **Risk 96** is now covered under Risk 138 ▪ **Risk 119** is now covered under Risk 137 ▪ **Risk 124** is now covered under Risk 135 • **Risk 118** was transferred to Finance, Performance & Business Intelligence Committee • The Committee is asked to note that the Audit & Governance Committee will also be asked to approve a change to the layout of the Risk Register therefore the Register presented to the next meeting will be in the new format.
RECOMMENDATION:	1) The Committee is asked to approve the recommendation to close the old risks that are now incorporated in to the five new risks. 2) The Committee is asked to approved the five new risks outlined.
FINANCIAL IMPLICATIONS:	n/a
WHAT ENGAGEMENT HAS TAKEN PLACE:	n/a
ACTION REQUIRED:	Decision Approval ✓ Assurance

Dudley CCG Combined Board Assurance Framework and Corporate Risk Register 2017/18

11-Jul-17 **Updates from Committees in June 2017**

STRATEGIC AIMS	OBJECTIVES 2016/17 & 2017/18
1. Reducing health inequalities	1A Primary care and Multi Speciality Community Provider (MCP) development
2. Delivering best possible outcomes	2A Ensure appropriate procurement of secondary care services 2B Public engagement on model and procurement 2C Develop the CCG: Fit for purpose for the future 2D Performance management of the system and Value Proposition (VP) implementation
3. Improving quality and safety	3A Ensure on-going safety and performance of the system
4. System effectiveness	4A Procure the MCP 4B Primary Care contract 4C Actively participate in the Black Country Sustainability Transformation Plan (STP)

NOTE: TREND IN RESIDUAL RISK AGAINST PREVIOUS MONTH IS SHOWN ↑/↓/=

ID	Original Date	Last Review (Committee Date)	Last Update (Risk Amended)	LINK TO CORPORATE OBJECTIVE (SEE ABOVE)	Risk Description	Accountable Committee	Accountability Sponsor & Owner	Management Lead	P	I	Initial Risk Score (PxI) Score before any controls are in place.	Key Controls What controls/systems are in place to assist in securing delivery of our objective. Such as strategies, policies and procedures	Gaps in Control Where are we failing to put controls/ systems in place. / Where are we failing in making them effective. For example lack of training or no regular review of performance	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective. Such as no assurance a strategy or policy is effective	(R) P	(R) I	Residual Risk Score (PxI) Score following controls put in place	Risk Trend	Internal Assurances Board Reports, Minutes of meetings	External Assurances Internal and External Audit Reports, CQC Reports	Actions To improve control, ensure delivery of principal objectives, gain assurance	Timescales Date action will be completed	COMMENTS
34	22/04/2013	17/03/2017	17/02/2017	2	The impact of significant individual performance issues in relation to primary medical services that could result in removal of GP member from the Performers' List	PCC	Steve Wellings	Caroline Brunt	4	4	16	GP Contracts / Appraisals Peer Review Audit Training and Education GMC Registration GP under performance referred to the NHS England Professional & Practice Information Gathering Group (PIGG)	None identified.	None identified	3	4	12	=	Primary Care Operational Group reporting into Primary Care Commissioning Committee and Quality and Safety Committee	GMC Registration Two way communication between the CCG PCOG and the PIGG at NHS England	GP / Nurse Mentoring Commissioning of Services for Primary Care GP Education, training and Development	On-going	Recent allegations and charges against a GP has increased this residual risk score from 2 to 12 (3x4). **RISK IS NOW COVERE D BY RISK 135** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
50	04/08/2014	17/03/2017	17/02/2017	2	Failure of member practices to meet the standards of the Care Quality Commission risks continuity of service provision in member practices.	PCC	Steve Wellings	Caroline Brunt	4	4	16	Relationship with the Link Inspector at the CQC who is invited to attend the Primary Care Operational Group (PCOG). Training and Development with Practices to help them manage inspections. Blue Stream online academy. Quality Assurance Manager for Primary Care appointed and in post. PCOG and PCC following NHS England "Framework for responding to CQC inspections of GP practices". CCG has support process and package in place for all practices.	Further develop the working arrangements with NHS England Professional & Practice Information Gathering Group.	None identified	3	3	9	=	All CQC inspection reports considered in the Primary Care Operational Group and coordinated actions in place between CCG, NHS England and CQC.	CQC Reports and associated action plans from GP Practices.	Develop a quality framework and Care Quality Review Meeting (CQRM) for Primary Care	On-Going	Residual risk score decreased from 12 to 9 as a practice was classed as inadequate and in special measures but has now turned round to score Good. The report is however draft and not yet published. **RISK IS NOW COVERE D BY RISK 135** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
59	29/10/2014	17/03/2017	17/02/2017	3	The ability of member practices to fulfil their contractual obligations and provide primary medical services as a result of difficulties recruiting substantive GPs	PCC	Steve Wellings	Caroline Brunt	3	4	12	Developing and implementing the new model of care - Dudley Multispecialty Community Provider (MCP). As part of the new model, developing and investing in the clinical and non clinical infrastructure and estate to deliver the model.		N/A	3	3	9	=	Engagement visits with all GP practices. Workforce data collection. Developing and investing in the clinical and non clinical infrastructure and professional development to implement the new model of care.	NHS England and Health Education England commitment to training and professional development. New models of care team supporting the Dudley Vanguard MCP model of care and development.	Successful bids to the new models of care team for additional investment and support to enable the implementation of the new model of care.	On-Going	**RISK IS NOW COVERE D BY RISK 136** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
69	22/05/2015	17/03/2017	17/02/2017	2	Loss of Primary Care Medical Services as a result of increasing overheads and financial pressure on member practices beyond their control i.e. increasing cost of medical indemnity insurance, rent increases and financial sustainability of operating branch surgery sites.	PCC	Steve Wellings	Caroline Brunt	2	3	6	Developing and implementing the new model of care - Dudley Multispecialty Community Provider (MCP). As part of the new model, developing and investing in the clinical and non clinical infrastructure and estate to deliver the model.	None identified.	N/A	1	3	3	=	Engagement visits with all GP practices. Workforce data collection. Developing and investing in the clinical and non clinical infrastructure and professional development to implement the new model of care. Successful bids to the new models of care team for additional investment and support to enable the implementation of the new model of care.	New models of care team supporting the Dudley Vanguard MCP model of care and development.	Education, training and support. Providing access to specialist advice and support. Coordinating and supporting practices liaising with NHS property services regarding rent increases. Investing in systems and creating processes that enable improvements in practise efficiency i.e. practice development programmes. Implementation of the new model of care including successful bid to the new model of care team for additional investment, and the development and implementation of the estates strategy. Publication of the GP Forward View	Apr-17	Action PCOG to reconsider this risk in its entirety and advise the Committee accordingly **RISK IS NOW COVERE D BY RISK 138** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
81	05/10/2015	17/03/2017	17/02/2017	1	The risk to provision of primary medical services arising from unforeseen branch surgery closures.	PCC	Steve Wellings	Caroline Brunt	4	4	16	GP Practices need to undertake statutory Consultation and apply to CCG, which has full authority to decide on an application	None	None	3	3	9	=	Application considered by PCOG decision by PCCC	NHS England Policy which CCG adopted under delegated primary care commissioning	Support GP Practices in the consultation process. Primary Care contracts manager meeting practices to take through contractual process in terms on branch closures. Finance & IT provide advice on financial advice and IT infrastructure advice.	Mar-17	Changes made to Risk Description for clarity of purpose **RISK IS NOW COVERE D BY RISK 137** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
96	17/06/2016	17/03/2017	17/02/2017	4	That increases in the cost of facilities management and service charges of buildings owned by NHS Property Services (NHSPS) may destabilise the finances of General Practices, leading to loss of services.	PCC	Steve Wellings	Caroline Brunt	2	3	6	The CCG has set up a working group of affected practices to ensure visibility of issues and co-ordinate practice responses, and has offered to act on practices' behalf in dealing with NHSPS to resolve existing disputes.	Further development of CCG and practice relationships with NHS Property Services is required.		2	3	6	=			Liaise with NHS Property Services on behalf of General Practices and use tenants' forum to identify common issues and approaches to resolution	Jun-17	**RISK IS NOW COVERE D BY RISK 138** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
118	08/06/2016	17/03/2017	17/02/2017	1A	Lack of clinical and managerial capacity and capability for primary care to deliver the required transformation and operate primary care at scale	PCC	Steve Wellings	Caroline Brunt	4	3	12	Primary Care Development Steering Group established and co-ordinating and developing plans to enable practices to improve and change.	None identified.	None identified	3	3	9	=	Primary Care Development Steering Group reports to the Primary Care Commissioning Committee	Primary Care Commissioning Committee reports to NHS England	None identified	Mar-17	This Risk was approved by the Committee subject the sponsor being changed to Steve Wellings **PCCC TO REQUEST THAT THIS RISK MOVE TO F&P**
119	08/06/2016	17/03/2017	17/02/2017	4B	Where there is poor quality estate that compromises the ability of practices to deliver General Medical Service contracts	PCC	Steve Wellings	Caroline Brunt	4	3	12	Primary Care Estates Strategy and participation and support of CCG to enable access to National funding streams.	None identified.	None identified	3	3	9	=	The CCG agreed its Estates Strategy. Practical support available to practices to prepare and access National funding streams.	None identified	None identified	On-going	This Risk was approved by the Committee with the alterations as outlined. **RISK IS NOW COVERE D BY RISK 137** **COMMITTEE ASKED TO APPROVED REQYEST TO AUDIT COMMITTEE TO REMOVE**

ID	Original Date	Last Review (Committee Date)	Last Update (Risk Amended)	LINK TO CORPORATE OBJECTIVE (SEE LIST TAB)	Risk Description	Accountable Committee	Accountability Sponsor & Owner	Management Lead	P	I	Initial Risk Score (PxI) Score before any controls are in place.	Key Controls What controls/systems are in place to assist in securing delivery of our objective. Such as strategies, policies and procedures	Gaps in Control Where are we failing to put controls/ systems in place. / Where are we failing in making them effective. For example lack of training or no regular review of performance	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective. Such as no assurance a strategy or policy is effective	(R) P	(R) I	Residual Risk Score (PxI) Score following controls put in place	Risk Trend	Internal Assurances Board Reports, Minutes of meetings	External Assurances Internal and External Audit Reports, CQC Reports	Actions To improve control, ensure delivery of principal objectives, gain assurance	Timescales Date action will be completed	COMMENTS
124	18/11/2016	17/03/2017	17/02/2017	4B	The impact of contractors (single handed or partnership) not performing against their GMS/APMS contract which may result in remedial/breach notices and possible termination of contract by provider or commissioner	PCC	Steve Wellings	Caroline Brunt	3	3	9	Support provided to contract holder to remedy the breach. Support provided by NHS England, West Midlands	None	N/A	3	3	9	=	N/A	N/A	Monitored through Primary Care Commissioning Committee. Legal advice will be taken	Jan-17	Committee approved **RISK IS NOW COVERE D BY RISK 135** **PCCC TO REQUEST THAT AUDIT & GOV COMMITTEE/ BOARD CLOSE THE RISK**
135	21/07/2017	21/07/2017	21/07/2017	4B	There is a risk that the provision of Primary Care Medical Services are adversely affected partially or fully due to either quality or individual performer issues	PCC	Steve Wellings	Caroline Brunt	3	4	12	~~Working~~ Work regulary with CQC & NHS England (Via PPIGG) to ensure that any concerns are addressed early. Primary Care Team visits with practice to obtain soft intelligence	Receiving timely information from NHSE, There is no robust mechanism in place for the CCG to be informed of issues early on eg. Complaints, GMC investigations etc.	Gaps in reporting to Committee needs to be clarified as some of the soft intelligence is not suitable for a public meeting.	3	4	12	**NEW**	Report to PCCC regarding formal performance issues Feedback from individual practices is reported through PCOG	Appraisal process for individual GPs carried out by NHS England (Moved from Key controls)	1) Contribute to the review of the PPIGG structure and function 2) Discuss with NHSE regarding better ways of receiving timely complaints information	1) August 2017 2) June 2017	1) Fed back initial comments to PPIGG. 2) Pilot process agreed with NHSE for timely complaints information to be provided
136	21/07/2017	21/07/2017	21/07/2017	4B	There is a risk that the provision of Primary Care Medical Services are adversely affected partially or fully due to insufficient workforce	PCC	Steve Wellings	Caroline Brunt	4	4	16	Annual Workforce Audit for clinical and non-clinical staff carried out Recruitment Fayres/ Joint working and raising profiles in Primary Care Training needs and skills set assessment Primary Care Team visits with practice to obtain soft intelligence Engagement with NHS England, Health Education England and Local Workforce Advisory Board committed to training and professional development. Joint working with local Community Provider Education Network (CPEN) to maximise opportunities for Primary Care Workforce development Enabling practices to improve and change (EPIC Programme)	Workforce plan to be developed No current model of care available to address the workforce gaps	Gaps in reporting to Committee needs to be clarified as some of the soft intelligence is not suitable for a public meeting. CCG do not currently receive notification from NHSE in respect of outstanding appraisals	2	3	6	**NEW**	Report to PCCC regarding training needs and workforce analysis Feedback from individual practices is reported through PCOG Report to PCC regarding EPIC Programme progress		1) Develop and implement the new model of care - Dudley Multispecialty Community Provider (MCP). As part of the new model, developing and investing in the clinical and non clinical workforce 2) Develop a joint action plan with external partners (eg. HEE) to establish future workforce needs moving into an MCP provider.	1) April 2019 2) 2017/18 TBC	~~This Risk includes Risk 59~~
137	21/07/2017	21/07/2017	21/07/2017	4B	There is a risk that the provision of Primary Care Medical Services are adversely affected partially or fully due to unplanned loss of Estates or infrastructure	PCC	Steve Wellings	Caroline Brunt	2	4	8	CCG Estates Strategy in place Rent Reviews in place Review of Leases Regular contact with practices to highlight premises issues ~~Practice business continuity plans should include plans for loss of premises~~	Alternative suitable space is not readily available in the event of an unplanned loss. The CCG has no power to compel the relocation of practices from unsuitable premises.	There is no requirement upon practices to report issues with premises to the CCG. GMS Contract responsibilities in respect of premises are not robust. No assurance ~~regarding that~~ Business Continuity Plans ~~do~~ include alternative locations	2	3	6	**NEW**	Feedback on individual practice issues is provided to PCOG. Issues are discussed at the monthly Estates Operational Group	None	1) Develop and implement the new model of care - Dudley Multispecialty Community Provider (MCP). As part of the new model, developing infrastructure and estate to deliver the model 2) Develop and maintain a log of the alternative service locations included in Business Continuity Plans	1) April 2019 2) September 2017	
138	21/07/2017	21/07/2017	21/07/2017	4B	There is a risk that the provision of Primary Care Medical Services are adversely affected partially or fully due to Financial issue	PCC	Steve Wellings	Caroline Brunt	2	4	8	GPFV related increases in investment in Primary Care General Practice Resilience Programme Reinvestment of PMS Premium	~~Statute prevents the CCG from providing long-term financial support to practices.~~ ~~National payment formulae do not allow for local variation~~	As independent businesses, the CCG have no oversight of financial issues	2	4	8	**NEW**	Primary Care Strategy Group Report To PCCC re investment in DQOFH	GPFV Transformation Board	Develop and implement the new model of care - Dudley Multispecialty Community Provider (MCP). As part of the new model, developing and investing in the back-office efficiency of practices	Apr-19	
139	21/07/2017	21/07/2017	21/07/2017	4B	There is a risk that there is insufficient workforce within the primary care team to deliver the ~~delegated~~ Primary Care Commissioing functions and projects such as the GP Forward View Plan	PCC	Steve Wellings	Caroline Brunt	5	3	15	PCCC will monitor the capacity of the PC team followin restructre due to MCP development. Work allocation, work plans and capacity is discussed at 1:1 and primary care team meetings	No additional resources have been identified to support the PC team on delivery of the GP Forward View	Monitoring has not been reported back to PCCC	3	3	9	**NEW**	None	None	Review capacity and inform PCCC and agree a way forward. Establish a robust process for monitoring capacity issues on an on-going basis		