Primary Care Commissioning Committees Meeting in Common

to be held on 22 November 2017, 2.00 – 3.30 pm
Pisces Room, Aquarius Ballrooom, Victoria Shopping Park, Hednesford WS12 1BT
AGENDA

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

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	AH	-	2.00
2.	Apologies	Verbal	AH	-	
3.	Quoracy	Verbal	AH	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc. 01	AH	I	
5.	Minutes of the Meeting held on 26 October 2017	Enc. 02	AH	A	
6.	Actions Sheet	Enc. 03	AH	A	
	Assurance				
7.	Risk Register	Enc. 04	SJ	I	2.15
	Strategic Matters				
8.	Locality Tracker	Enc. 05	SJ	S	2.25
9.	GDPR	Verbal	SY	I	2.40
10.	Budget Report	Enc. 06	AP	I	3.00
	Items for Information				
11.	Questions from Members of the Public		All	D	3.10
12.	Glossary of terms - Glossary of Terms	Enc. 07	All	I	3.25
13.	Date, Time and venue of next meeting 19 December 2017 at 10:00am, Amerton Room, the HUB, Eastgate Street, Stafford	-	All	A	3.30

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

Item 4 Enc 01

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

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

* Individual/role works across Cannock Chase CCG, South East Staffordshire & Seisdon Peninsual CCG, Stafford & Surrounds CCG.

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

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Primary Care Commissioning Committees Meeting in Common

Thursday 26 October 2017
2:00-3:30
Education & Training Room, 1st Floor, Marmion House, Tamworth, B79 7BZ

Members:	Quoracy	27/04/2017	24/05/2017	22/06/2017	26/07/2017	24/08/2017	28/09/2017	26/10/2017	22/11/2017	19/12/2017	31/01/2018	22/02/2018	29/03/2018
Harry Ireland (HI), Chair – Lay Member Stafford & Surrounds (S&S) Clinical Commissioning Group (CCG)	Three members	✓	✗	✗	✓	Meeting postponed	✓	✓					
Neil Chambers (NC), Lay Member Cannock Chase (CC) CCG		✓	✓	✗	✓		✗	✓					
Sue Harper (SH), Lay Member S&S CCG		✓	✓	✗	✓		✓	✓					
Anne Heckles (AHe), Lay Member South East Staffordshire & Seisdon Peninsular (SES&SP) CCG		✓	✓	✓	✓		✓	✗					
Jeni Jobson (JJb), Lay Member SES&SP CCG		✓	✓	✓	✓								
Jan Toplis (JT), Lay Member CC CCGs		✗	✓	✓	✓		✓	✓					
In attendance:													
Tracey Cox (TC), Primary Care Development Manager, S&S CCG		✗	✗	✓	✗	Meeting postponed	✗	✓					
Andy Hadley (AHa), Senior Primary Care Development Manager SES&SP		✗	✓	✗	✗		✗						
Dr Paddy Hannigan (PH), GP Chair S&S CCG		✗	✓	✗	✓		✓	✓					
Dr Mo Huda (MH), GP Chair CC CCG		✗	✓	✓	✗		✗	✓					
Darrell Jackson (DJ), Primary Care Lead NHS England (NHSE) – North Midlands		✗	✓	✓	✓		✓	✓					
John James (JJ), GP Chair SES&SP CCG		✓	✗	✗	✓		✓	✓					
Sarah Jeffrey (SJ), Head of Primary Care Development, CC, SES&SP and S&S CCGs		✓	✓	✓	✓		✓	✓					
Gulshan Kaul (GK), Secretary South Staffordshire Local Medical Council		✗	✗	✓	✗		✓	✗					
Lynn Millar (LM), Executive Director of Primary Care, CC, SES&SP and S&S CCGs		✓	✓	✓	✓		✓	✗					
Anne Perry (AP), Finance Manager – Primary Care, CC, SES&SP and S&S CCGs		✓	✓	✓	✗		✓	✗					
Mark Rayne (MR), Interim Deputy Director of Primary Care, CC, SES&SP and S&S CCGs			✓	✓	✗		✓	✗					
Vanessa Ridout (VR), Executive Assistant – Minute Taker, S&S CCG		✓	✓	✗	✓		✓	✗					
Sarah Turner (ST), PC Development Manager CC, SES&SP and S&S CCGs		✗	✓	✗	✓		✓	✗					
Eleanor Wood (EW), Senior Primary Care Development Manager (Lichfield Locality)		✓	✗	✗	✓		✗	✓					

Members:	Quoracy	27/04/2017	24/05/2017	22/06/2017	26/07/2017	24/08/2017	28/09/2017	26/10/2017	22/11/2017	19/12/2017	31/01/2018	22/02/2018	29/03/2018
SES&SP CCG													
Rebecca Wood, Head of Commissioning Primary Care, NHSE		✖	✖	✖	✓		✖						
Sally Young (SY), Assistant to the Chief Executive, CC, SES&SP and S&S CCGs		✓	✖	✖	✓		✓	✓					
Jess Wood (JW), Executive Assistant – Minute Taker, S&S CCG				✓									
Andrew Morrall, Primary Care Contract Manager, NHSE		✓											
Phil Morgan, GP Forward View Project Manager, NHSE		✓											
Lynn Tolley, Head of Nursing, Quality and Safety, CC, SES&SP and S&S CCGs					✓		✓						
Adele Edmondson, Comms & Engagement, MLCSU					✓		✖						
Kimberli Mckinlay, Head of Commissioning Finance, CC, SES&SP and S&S CCGs					✓		✖						
Dave Skelton, Financial Controller, CC, SES&SP and S&S CCGs							✓						
Thomas O'Hann, PWC							✓						
Ian Saberton, Primary Care Development Manager, CC, SES&SP and S&S CCGs							✓						
Bethany Ballinger (BB), Primary Care Administrator – minute taker								✓					

		Action
1	**Welcome by the Chair** HI opened the meeting and welcomed members. There were no members of the public in attendance.	
2	**Apologies** Apologies were received from Lynn Millar, Lynn Tolley, Anne Heckles and Anne Perry.	
3	**Quoracy** The meeting was not quorate due to AH not being in attendance. HI noted that if required approval will be granted via e-mail.	
4	**Declarations of Interests and actions taken to manage conflict** The committee received the declarations of interest register. No additional conflicts were raised.	
5	**Minutes of the Meeting held on 28 September 2017** The minutes of the previous meeting were declared as a true and accurate record subject to the below amendment: Page 2, Item 1: "NI welcomed…" this should be amended to "HI welcomed…"	
	Actions Sheet	

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		Action
	SY confirmed the BAF risk needs to be reviewed; SY brought copies to the meeting. Please see the updated action sheet.	
6	**Risk Register** **Risk 227:** EW confirmed the risk regarding discharge letters from HEFT has been resolved and the risk will continue to be monitored and updated on the risk register. It was confirmed one of the issues is regarding Docman; Andy Hadley is working through the issues with Docman to ensure resolution of the risk. **Risk 281:** EW announced that a private company are taking over the leases; HI believes this is national issue and it was confirmed that property services are part of the Local Estates Forum. **Action: EW to investigate what is being done nationally around estates.** DJ highlighted that the company mentioned are a company that purchase general practice premises. NHS England has mechanisms in place to ensure there is no risk around increased rent. It was confirmed commissioners have to agree the terms of the lease prior to the sale going through and this will provide assurance. It would not be possible to block the sale however there can be a future clause to ensure the sale is appropriate and DJ confirmed he ensures a clause is in place where GP's use specialist negotiators when agreeing rent charges. PH requested that the name of the company is removed from the risk. **Risks 271 and 256:** NC highlighted he believes Risks 271 and 256 are repeated and it was requested that when Risks are being discussed it is made explicitly clear which Risks are being mentioned. **Action: EW to review whether the risks can be merged.** **Risk 276:** In regards to the violent patient scheme it was highlighted that this is a vulnerable group of patients and the risks must be mitigated otherwise the patients will be de-registered. There is only 1 practice across the 3 CCG's who offer the scheme. PH confirmed the risk sits with the CCG as all patients must have access to a GP. There is currently an issue in Cannock because the practice is the only practice which offers the service and therefore the GP is responsible for visiting all patients at their homes outside of the catchment area. DJ confirmed he contacted the AVS Service and queried whether they would have the capacity to visit those patients and the primary care team	**EW** **EW**

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		Action
	have been exploring different options. Unfortunately the AVS Service has confirmed they would not be able to take on those patients as this would mean they are not able to perform their KPI's and this would breach their contract. SJ confirmed the primary care team are liaising with the commissioning team to source an alternative solution. It was confirmed the risk is still there and SY suggested escalating the risk score to 9. SY suggested the primary care team attend the Risk Group Meeting to raise this on that agenda. HI requested the primary care team attend the Risk Group Meeting and provide an update to the Primary Care Committee at the next meeting. **Action: Primary Care Team to attend the risk group to highlight risk 276.** DJ mentioned NHS England commission a service which offers any practices, who feel they have a violent person registered, a security guard as a precautionary measure to prevent those patients moving to the violent patient scheme. **Members received the updates on the risk register. Risk 276 was increased to risk score 9.**	**SJ**
7	**Quality Report** TC presented the quality report and provided an update on the CQC Inspections. It was highlighted that 1 practice in Cannock, Red Lion Surgery, have been re-inspected and have improved to good from requires improvement. It was confirmed there is work on-going with Dr Murugan's surgery; monthly monitoring meetings are in place to support the CQC action plan. It was highlighted that all practices in Stafford are now rated as good, and in South East Staffordshire & Seisdon Peninsula it was confirmed that 2 practices have been rated requires improvement. This will reduce to 1 practice due to the 2 practices merging. In regards to quality assurance, TC confirmed that the primary care team are beginning to carry out practice visits; the visits will be carried out from October 2017-March 2018. TC mentioned section 8, the CQC Summary, it was highlighted that over 7,000 practices around the country were inspected and nationally 90% of practices have been rated good or outstanding; the 3 CCG's have 92% practices rated as good or outstanding. This process and the information gathered will be used to review how future inspections will be carried out. It was confirmed that EW, DJ and TC meet with CQC regularly. SH requested TC mentions PPG's whilst meeting with practices and TC confirmed she would encourage practices to publicise the PPG's and that this is something which is being picked up as part of the national patient	

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		Action
	survey. The overview is useful as it mentions workforce profiles in practice. TC highlighted there is a Workforce Group in Stafford and Shropshire which is currently under development. The workforce plan will be brought back to this meeting. **Action: BB to confirm the workforce plan is included on the business cycle.** Members requested information around the number of patients, and the numbers of practices within each CCG was highlighted in the report. In regards to CQC NC queried what the role of the committee is in receiving this report and what the role of the Governing Body is. TC confirmed a primary care quality assurance schedule was brought to a previous meeting and it outlined the governance arrangements and the quality assurance and reporting tools. TC confirmed in relation to quality assurance a paper will be presented at JQC and then to PCC for further assurance. It was suggested this should be moved to the confidential section. NC confirmed he did not feel the report provided assurance in terms of detail around the work which is on-going with practices. TC queried the level of detail which members would find useful. NC requested further detail around safety and the actions which are being taken, for example an outline of the work; members believed this would be beneficial to the public also. MH suggested carrying out a deep dive in the confidential meeting to summarise all of the processes which have been followed. **Action: TC to develop a comprehensive assurance report to highlight the work on-going to improve practices CQC ratings.** It was highlighted that the quality team are part of the quality assurance and quarterly meetings take place to review all of the CQC reports and the data. HI requested the details around inadequate and outstanding practices to determine what lessons have been shared. This should be presented to the confidential section. DJ confirmed the CQC reports are available in the public domain once published; the CCG receive the reports around 6 weeks prior to publication and with practice approval. The GP support team then visit the practice and the report is worked through and an action plan is developed and signed off by the CQC. NHS England and the primary care team then visit the practice monthly to complete the action plan with the expectation that when the CQC re-inspect all of the areas identified will have improved. SY suggested the GP Support Team attends the PCC, DJ believes it would be valuable to invite the team to the meeting due to the expansion of the team.	**BB** **TC**

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		Action
	Action: BB to invite the GP Support Team to the Primary Care Committee. **Members received the Primary Care Quality Report.**	**BB**
8	**Finance Report** SJ presented the finance report which relates to Month 6, September. It was confirmed additional allocations have been received in regards to baseline adjustments. It was highlighted that across the 3 CCG's there is a collective underspend of around £5k and AP has confirmed that the CCG is continuing to forecast a break-even position at the end of the year. **Members received the finance report.**	
9	**360^0 Feedback Action Plan** EW presented the feedback on the 360 Action Plan and it was highlighted that following the recommendation from the June Primary Care Committee an action plan was developed. The paper takes into account the feedback provided; the paper has been presented to the Primary Care Team, the CCG Chairs, and the Communications & Engagement Committee. EW confirmed there is a need to identify owners of the actions and realistic timescales. Many of the actions are around aligning processes across the 3 CCG's and a number of actions which were taken from the Stafford Membership Board have already been applied to the SESSP Locality Boards. It was highlighted that the 360 Survey is an agenda item on the practice visits agenda and practices will be encouraged to complete the 2018 survey. JT queried whether there is a responsibility of the Primary Care Committee to ensure practices feel engaged. EW highlighted that the feedback showed SESSP felt quite disconnected although there was a higher number of practices that completed the questionnaire. HI confirmed he has offered to attend the locality boards to encourage engagement and suggested attending the boards to find out what members would require from the PCC. It was highlighted AH and JJ have attended the boards. JJ suggested HI contacts AH. **Action: HI to meet with AH to discuss engagement with the locality boards.** SY announced that Lynne Smith has been appointed as Lay Member for Governance for SESSP CCG. SH highlighted poor public engagement across all areas and mentioned the importance of practices being encouraged to engage with PPG's. SH suggested to consider other options of holding PPG meetings including coffee mornings etc.	**HI**

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		Action
	SY suggested including an interview with a member of a successful PPG as part of the practice bulletin. EW confirmed benefits have been found for those practices which have an active and supportive PPG. **Members received the update on the 360 Survey feedback.**	
10	**Draft Terms of Reference for Primary Care Quality Group** TC announced the Primary Care Quality Group has been established for around 1 year now and as part of delegated commissioning it would prove beneficial to formalise the group. It was confirmed the terms of reference have been adopted by North Staffordshire, and HI confirmed the group reports to Joint Quality Committee and then to the Primary Care Committee. **Members approved the Primary Care Quality Group ToR.**	
11	**Questions from Members of the Public** No members of the public were in attendance at the meeting, and it was believed the agenda and papers were not uploaded to the public website.	
12	**Glossary of terms** - Glossary of Terms	
	Date, Time and venue of next meeting 22 November 2017 at 2.00 pm Pisces Room, Aquarius Ballrooom, Victoria Shopping Park, Hednesford WS12 1BT	

DRAFT

PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON
ACTION LIST

Ref:	MEETING DATE	REFERENCE	AGENDA ITEM	ACTION	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
75	26/10/2017	10	360 Feedback Action Plan	HI to meet with AH to discuss engagement with the locality boards.	Harry Ireland	
74	26/10/2017	8	Quality Report	BB to confirm the workforce plan is included on the business cycle.	Bethany Ballinger	Update: 09/11/17 BB checked the business cycle and the workforce plan is not included. BB to check with TC to determine which month the workforce plan needs to be presented.
73	26/10/2017	8	Quality Report	TC to develop a comprehensive assurance report to highlight the work on-going to improve practices CQC ratings.	Tracey Cox	Update: 15/11/17 TC presenting the report in December 2017.
72	26/10/2017	7	Risk Register	Primary Care Team to attend the risk group to highlight risk 276.	Sarah Jeffery	
71	26/10/2017	7	Risk Register	EW to review whether the risks (271 and 256) can be merged.	Eleanor Wood	
70	26/10/2017	7	Risk Register	EW to investigate what is being done nationally around estates.	Eleanor Wood	
69	26/07/2017	8	GPFV Workflow	Further update on the workflow following the roll out of training with Brighton & Hove at the January meeting	SJ	
68	26/07/2017	7	Risk Register	Risk 20 - Plan on a page to be submitted to October Meeting	EW	Update 26/10/17: Item on the Oct 2017 agenda, however POP not being submitted until Nov 2017 due to the delay in practices signing up to EMIS Enterprise.
67	26/07/2017	7	Risk Register	Risk 227 - AH to provide an update on discharge letters to September meeting This relates to discharge letters from Heart of England NHS Foundation Trust being sent electronically via the Central Hub	AH	Update: 26/10/17 Item discussed during the meeting; AH working with Docman to resolve issues. Action closed.
66	22/06/2017	7	360° feedback	Discussions to continue and an action plan developed to identify how to improve clinical engagement. Action Plan to be shared with the Membership Boards and Locality Boards.	All / EW	Update 26/10/17: EW brought the feedback and the action plan to the Oct 2017 meeting. Action closed. 28.10.18 Action Plan to come back to the October meeting. Action Plan to come baack to the September meeting
65	22/06/2017			EW to identify indicators and generate an action plan following the review of the 360° survey.	EW	

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

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REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 22nd November 2017

Subject:	Primary Care Risk Register							
Board Lead:	Lynn Millar, Executive Director of Primary Care							
Officer Lead:	Eleanor Wood, Senior Primary Care Development Manager							
Recommendation:	**Approval/ Ratification**		**Assurance**	✓	**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

This report provides the Primary Care Committee with information about the primary care related risks currently facing Cannock Chase CCG, South East Staffordshire & Seisdon Peninsula CCG and Stafford & Surrounds CCG.

KEY POINTS:

The risk register includes risks related to Cannock Chase CCG, South East Staffordshire & Seisdon Peninsula CCG and Stafford & Surrounds CCG, associated to Primary Care.
The main summary points are:

- There are a total of 13 risks relating to primary care;
- No risks are requested for closure;
- There have been no changes to any risk scores. There are 9 risks scoring 8 – 12 (High). There are no risks scoring 15 (Extreme) or above. There are no risks being reported to Governing Body.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	The risk register will inform the CCGs of any issues arising in supporting the change in culture.
More focus on prevention	The risk register provides assurance that risks are being monitored and will highlight any issues around prevention.
Involving everyone for improved health and care	Assurance that risks are being monitored will enable a more focused approach to improving health and care.
Empower and support patients to take control of their own health	Patients will have more confidence to monitor their own health needs knowing risks are being monitored and mitigated.
Services supporting people to make informed decisions	Risk monitoring gives the CCGs assurance that the services they are promoting are safe for patients to make decisions.

IMPLICATIONS:

Legal and/or Risk	YES: unmitigated clinical risk could have NHSLA repercussions. Any real legal implication will be described in the appropriate risk.
CQC	YES: any involvement by the CQC with any practices and its potential impact will be described within the risk.
Patient Safety	YES: unmitigated Clinical Risk could have repercussions to safe services. Any patient safety implications will be described in the appropriate risk.
Patient Engagement	No: if patient engagement is required this will be described within the risk
Financial	YES: unmitigated clinical risk could have financial repercussions. Any financial implications will be described in the appropriate risk
Sustainability	None
Workforce/Training	None

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee is asked to:

Review the Risk Register report to confirm that assurance has been provided regarding the management of clinical risks across the three CCGs.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

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

Risk ID	Description Of Risk	Risk Status	Objective	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
281	A private company are offering to take over GP practice lease's. This poses a risk to the CCG around being tied in to long and expensive leases.	Active	Sustainable Primary Care Service	Failure to support and develop sustainable Primary Care and General Practice .;#103	No	3	3	9	09/11/2017 - Work is continuing. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - LMC advised of issue in order to ensure that practices are aware of the risks that may be associated to having a company take over the lease of the building as this could reduce flexibility around the estate.	09/11/2017 - Continuing work with Local Estates Forum and LMC. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raise with the Local Estates Forum and LMC in order to raise the issue and to develop a solution.	09/11/2017 - Work is continuing with the Local Estates Forum and the LMC. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raised at Local Estates Forum and the group is considering how this could be taken forward.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	09/11/2017	07/12/2017
276	A Cannock Chase GP practice currently provides the violent patient scheme on behalf of the 3 CCGs. The practice have raised issues regarding undertaking home visits for patients out of the Cannock Chase area, this currently affects three patients as such, the Practice is considering pulling the service as they do not feel this is a sustainable option in the future. The risk is that if the practice no longer wishes to continue providing this, all patients currently under this scheme will not be registered with a GP resulting in these cohort of patients possibly utilizing other services such as A&E, MIU etc.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	3	3	9	14/11/2017 - A service specification and prices paid by other CCG's have been requested. A paper is being developed to discuss the issue at Membership /locality boards to generate further interest in the scheme. Discussions also due to take place with the individual practice to determine if they have ideas/ suggestions on a possible solution 17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 13/09/2017 - The CCG is still liaising closely with the practice and are undertaking an options appraisal. 28/07/2017 - Conversations have taken place with the practice on possible options but this has yet to be resolved. Therefore an options appraisal and quality impact assessment is to be produced working closely with the CCG quality team on the process for doing this.	14/11/2017 - A service specification and prices paid by other CCG's have been requested and will be reviewed once received. A paper is being developed to discuss the issue at Membership /locality boards to generate further interest in the scheme. Discussions also due to take place with the individual practice to determine if they have ideas/ suggestions on a possible solution 17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 13/09/2017 - Options appraisal and quality impact assessment to be produced as soon as possible between NHS England, CCG primary care and CCG quality team. 28/07/2017 - Options appraisal and quality impact assessment to be produced as soon as possible between NHS England, CCG primary care and CCG quality team.	14/11/2017 - Alternative solutions are being looked in to this is being undertaken in conjunction with member practices and through gaining information from other CCGs. 17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 13/09/2017 - Practice currently continuing with the service however the options appraisal and quality impact assessment when produced will develop a way forward in continuing this service for this cohort of patients. Also reported at Primary Care Committee. 28/07/2017 - Practice currently continuing with the service however the options appraisal and quality impact assessment when produced will develop a way forward in continuing this service for this cohort of patients.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	14/11/2017	07/12/2017
273	The new service specification for wound care has identified a service gap within the community. This could lead to general practices not delivering this service due to no payment available for the service. This may result in patients not receiving treatment they require and an added financial cost to the CCG where additional payment may be required for the GPs or an alternative provider deliver this service.	Active	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England.; The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	1	5	5	15/11/2017 - Specification in development by task and finish group, Finance and options appraisal paper being developed with Clinical and finance colleagues to be presented to 19th December primary care committee and 25th January Governing Body meetings. membership group being updated and is represented in the task and finish group membership. 11/10/2017 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. 18.09.2017 - The wound care task and finish group has been meeting and updates on progress presented to Cannock Membership Board by Mark Rayne and Dr Mo Huda on 8th August. Members happy with progress. next task and finish group scheduled for 14th September, virtual work happening between meetings to review and develop areas	15/11/2017 - Specification and options appraisal paper is in the process of development and will be shared with the Executive Director of Primary Care before presentation to December Primary Care Committee and January Governing Body 11/10/2017 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. 18.09.2017 - AThe next wound care task and finish group meeting is planned for 14th September, the group is undertaking work in the meantime to review and develop this area including financial modeling , development of the specification and development of a business case for FPC	15/11/2017 - Potential risk of disengagement is currently being mitigated by members involvement in working group and regular communications with the membership group 11/10/2017 - Cannock members involved in task and finish group. Locality and membership groups regularly updated on progress. 18/09/2017 - Membership board was provided with an update on task and finish group progress on 8th August and were happy with progress	3	3	9	Cannock Chase CCG	Rayne Mark (CCG) SASCCG	Executive Director of Primary Care	15/11/2017	13/12/2017
271	Medicine Optimisation Team Recruitment/Vacancy Risk: Vacancies within the Medicines Optimisation team following staff departures and MoC restructure. The structure of Band 8a (and below) positions to be agreed across the 3 CCG's. Vacancies within team are risk for QiPP delivery and governance of medicines within the CCG.	Active	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Failure to support and develop sustainable Primary Care and General Practice .;#103; Failure to deliver the control total;#99; Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	3	9	15/11/2017 - The roles have been advertised and interviews are to be held 22nd and 23rd November. 14/10/2017 remaining vacancies are 8a practice pharmacists. Vacancy control approval received and external job adverts to go out w/c 16/10/2017. 14/09/2017: The 8b Senior Medicines Optimisation Pharmacist has now been recruited to and is in post. The vacant 8a Practice Pharmacist roles have been approved through vacancy control panel and will be going out to advert by Friday 22nd September.	15/11/2017 - The roles have been advertised and interviews are to be held 22nd and 23rd November. 14/09/2017 09:00:36 - 8a vacancies to be advertised w/c 18th September 2017.	17/05/2017 The recruitment process to the vacant role of Heads of Medicines Management is underway.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Buckingham Samantha (CCG) SASCCG	Executive Director of Primary Care	15/11/2017	04/12/2017

258	Landywood Lane Surgery in Cannock have received an inadequate CQC inspection rating (visit date 22nd September 2016, report published 16th January 2017) and placed into special measures for a period of 6 months at which time the CQC will reinspect the practice to consider if sufficient improvements have been made. The risk is that the practice does not improve enough to meet the requirements placed on them by the CQC and there is potential for their registration and contract to be revoked leaving just over 1900 patients without general practice provision and creating pressure on the surrounding GP practices if a list dispersal needs to take place.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to support and develop sustainable Primary Care and General Practice .;#103	Yes	3	3	9	09/11/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element.	09/11/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element. CCG and NHSE to continue to provide support as and when required.	09/11/2017 - The CQC inspection is expected to provide assurance that the risk has been reduced following the merger with High Street Surgery. 06/10/2017 - The CQC inspection is expected to provide assurance that the risk has been reduced following the merger with High Street Surgery. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element which should provide assurance.	3	2	6	Cannock Chase CCG	Cox Tracey (CCG)	Executive Director of Primary Care	09/11/2017	12/12/2017
257	There is a risk of an increase in General Practitioner's conflicts of interest (COI) arising as a result of GPs assuming delegated responsibility for commissioning services.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Challenge in delivery of constitutional targets may impact patient care & performance.;#104; Failure to support and develop sustainable Primary Care and General Practice .;#103	No	4	3	12	10/10/10 - The CCGs membership COI registers has been updated and published on the websites, confirming this action on the COI submission to NSHE. 13/09/2017 - Practices are submitting COI forms for their identified members of staff to the Governance Managers for inclusion onto the Membership COI Register. 18/07/2017 - The Governance Managers have introduced the COI register to be included within the meeting papers for the Membership and Locality Meetings. The Governance Managers have attended Membership and Locality Meetings to present the updated NHS England guidance and to request individuals ensure that their COI are up to date and correct. The register has been reviewed by the 3 CCG Lay Advisors and the Governance Managers in April 2017.	18/09/2017 - Admin update, BAF risks reviewed 18/07/2017 - The Governance Managers will continue to review the register and raise any concerns with managers. A letter from the 3 CCG Lay Advisors for Audit will be circulated, the letter is reminding all GPs and individuals to ensure the COI are up-to-date and correct. It is expected that NHS England will release the training later this year which will require GPS and relevant individuals to undertake.	10/10/10 - The CCGs membership COI registers has been updated and published on the websites, confirming this action on the COI submission to NSHE. 13.09.2017 - Practices are submitting COI forms for their identified members of staff to the Governance Managers for inclusion onto the Membership COI Register. 17/07/2017 - The Governance Managers regularly review the register. The COI register are reviewed by Audit Committee.	4	2	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hough Rebecca (CCG) SESCCG	Executive Director of Primary Care	10/10/2017	04/12/2017
256	There is a risk that funds previously utilized by NHS England for commissioning of General Practice will not be sufficient.	Active	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England.; The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to deliver the control total;#99;	No	4	3	12	16/05/2017 - 09/11/2017: No further action at this stage, continue to monitor 12/04/2017 - Due diligence now complete and Governing Body assured. Risk will continue to be monitored. 02/02/2017 - Due diligence continues to be undertaken to ensure that appropriate funds are transferred. Once complete all papers will be circulated to each CCG GB for sign off and assurance	16/05/2017 - 09/11/2017 - No further action at this stage, continue to monitor 12/04/2017 - Due Diligence complete and Governing Body assured. Risk will continue to be monitored. 02/02/2017 - Completion of due diligence 23/11/2016 - Continue discussions regarding due diligence and ensure a robust MoU is in place with the NHS England team.	16/05/2017 - 09/11/2017 - No further action at this stage, continue to monitor 12/04/2017 - Due Diligence complete and Governing Body assured. Risk will continue to be monitored. NS\Eleanor.Spalding 02/02/2017 09:44:39 - Paper to be submitted to FPC and each CCG GB. 23/11/2016 - MOU to be in place taking into account the transfer of funding including any risks associated with this.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	09/11/2017	07/12/2017

255	There is a risk of the CCGs not having the resource / capacity and expertise to assume delegated commissioning responsibility of general practice.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Challenge in delivery of constitutional targets may impact patient care & performance.;#104; Failure to support and develop sustainable Primary Care and General Practice .;#103	No	4	3	12	06/06/2017 - 09/11/2017 - No further actions at this stage, continue to monitor 16.05.2017 Actions remain the same 12/04/2017 - Actions remain unchanged. MOU in place with NHS E. Risk will continue to be monitored. 02/02/2017 - Mitigating action remains unchanged. Changes to take effect from 1st April if the CCG assume delegated commissioning. MOU has been drafted and is in the process of being finalised 23/11/2016 - It is acknowledged via a Staffordshire wide footprint and the six Staffordshire CCGs have agreed to retain the current NHS England team. This team will work on behalf of both the CCG and NHS England to deliver primary care services. In doing this the CCG retain the expertise of the current team and ensure that there is adequate capacity. Splitting the team would reduce its effectiveness and add unnecessary risk to General Practice and the retained services. This will also assist in retaining the relationships member practices have with the CCG and NHS England although it is acknowledged that difficult decisions may have to be made which may cause strain to relationships.	06/06/2017 - 09/11/2017 - No further actions at this stage, continue to monitor 16.05.2017 Continues to be monitored 12/04/2017 - MOU agreed at JCC. Risk will continue to be monitored. 02/02/2017 - MOU to be agreed at JCC and PCC 23/11/2016 - Shadow Primary Care Committee continues to meet and to have oversight of the transition towards delegated commissioning.	17/07/2017 - 09/11/2017 - No further actions at this stage, continue to monitor 06/06/2017 - An MOU is in place to ensure that both parties understand roles and remits. 16.05.2017 Continues to be monitored 12/04/2017 - Actions remain unchanged. MOU agreed at JCC. 02/02/2017 - As per previous 23/11/2016 - The local NHS England team remains in place as a hub across the Staffordshire area.	2	3	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	09/11/2017	07/12/2017
227	DISCHARGE LETTERS VIA PROCESS HUB Discharge letters from Heart of England NHS Foundation Trust (HEFT) are now being sent electronically via the Central Hub which diverts letters automatically to the patients General Practitioners (GP). This means GP's within the CCG border are not receiving discharge letters because there is no access to the system and letters are no longer being posted. There is also concern reported about the poor quality of the discharge letters, this being addressed at UHB CRB (Quality and Perfomance).	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	4	3	12	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper.	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - Plan for site issues to be resolved via varying local implementation or schedule in a system upgrade to Docman 10 (cloud based and will resolve current issues)	17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper. Once last few sites are complete risk can be closed.	3	2	6	South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Primary Care	17/10/2017	01/12/2017
205	The CCG is responsible for the reinvestment decision regarding the reinvestment of the PMS premium. The financial consequences of the PMS contract changes may exceed the premium and cause a financial pressure for the CCG. In addition, there may be an issue around service continuity if practices choose to cease services as a result of the review.	Active	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England.; The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to deliver the control total;#99	No	4	4	16	14/09/2017 - 09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - PMS premiums have been agreed with the membership and approved by the Primary Care Committee in Common. This will continue to be worked on to ensure that the premium provides appropriate funding for the services identified. 05/01/2017 - A task and finish group has been set up to develop a pragmatic plan for re-investment of the PMS premium over a 5 year period. Plans will go to the relevant membership and locality boards in January. Practices (both PMS and GMS) have agreed to a cost per head payment to ensure that services continue to be delivered in the interim until the plan is in place from April 2017.	14/09/2017 - 09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - A yearly review process will be undertaken to ensure that the services identified are continuing as planned and the premium funds the services appropriately not putting any risk on the CCG or practices. 05/01/2017 - Reinvestment to be discussed at relevant membership and locality boards and an agreement to be made in association with NHSE and LMC.	14/09/2017 - 09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - The released premium has been agreed with the membership and approved by the Primary Care Committee in common. A yearly review process will be undertaken to ensure that the funding is appropriate.	3	2	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	09/11/2017	01/01/2018

27	There is a risk that providers do not update directory of services and make slots available to enable primary care to utilise the choose and book / e-referral system which in turn may cause patient treatment delays and missing referrals by not using this automated system.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	4	12	17/10/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes. 18/09/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals	17/10/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites. Pick up specific issues where practices are not engaging with the system which is supported via the removal of fax machines. 18/09/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites.	17/10/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes. 18/09/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals	2	4	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Finance	17/10/2017	01/12/2017
21	The risk is the failure to achieve clinical engagement of Membership.	Active	The CCGs have a statutory duty to promote engagement including arrangments for consultation in changes to services inline with national guidance.; The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to support and develop sustainable Primary Care and General Practice .;#103	No	4	3	12	14/11/2017 - Action plan continues to be implemented 17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 - A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee 04.07.2017 - Each senior Primary Care Development Manager is working with their respective locality/membership board to understand how the CCG can better engage with the membership. A 360 survey was undertaken during January 2017.	14/11/2017 - Action plan continues to be implemented 17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 - A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee 04/07/2017 - Quality visits will be undertaken with practices to increase engagement. The recent 360 survey with practices will be reviewed to ensure feedback is actioned where appropriate. Communication with practices is being reviewed to ensure that the CCGs are using the best available mechanisms to ensure key messages are distributed.	14/11/2017 - Action plan continues to be implemented 17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation. 18/09/2017 - implementation of action plan from 360 report 04/07/2017 - Primary Care Development Managers are aligned to an identified locality to work more closely with practices and to undertake quality visits (September/November 2017) which will encompass feedback from the 360 survey.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	14/11/2017	07/12/2017
20	There is known variation across practices within the CCGs which is leading to potentially higher than expected outpatient referrals, admissions and A&E activity. There is potential inequitable service provision.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to ensure a safe and effective urgent care system which meets the constitutional targets.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the safety and effectiveness of services.; The CCGs have an increasing number of National priorities they must deliver in line with the Operational Plan.	Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	4	12	14/11/2017 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required. 17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices. 18/09/2017 - A management plan has been developed to support GP practices with outpatient variation 04.07.2017 - Quality visits have been undertaken in SAS and SES CCGs. This will be expanded to CC this financial year. The visits looked to highlight areas of variation and a discussion is held with the practice to understand this further and to put actions in place where required.	14/11/2017 - To continue with quality visits highlighting variation and having discussions with practices as necessary. 17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices. 18/09/2017 - management plan will include peer to peer clinical support development and targeted education 04.07.2017 - Quality visits will continue. A newly appointed Primary Care Analysts will pull data for the visits and highlight any area of variation for discussion with the practice. Protected Learning Time agendas will be aligned with outpatient priorities and increase the number of peer review sessions with consultants.	14/11/2017 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required. 18/09/2017 - outcomes to be reviewed of the management plan and OP referrals monitored 04.07.2017 - Monitored through QIPP	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCCG	Executive Director of Primary Care	14/11/2017	11/01/2018

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

The healthiest place to live and work, by 2025

REPORT TO: Primary Care Commissioning Committee's in Common Meeting
TO BE HELD ON: Wednesday 22 November 2017

Subject:	GP Forward View Locality Trackers							
Board Lead:	Lynn Millar Executive Director of Primary Care							
Officer Lead:	Sarah Jeffery Head of Primary Care Development							
Recommendation:	**Approval/ Ratification**		**Assurance**	✓	**Discussion**		**Information**	

PURPOSE OF THE REPORT:

To provide assurance to the committee's in common in regards to progress of the General Practice Forward View in the nine localities across the footprint of the three CCG's.

KEY POINTS:

The purpose of the locality trackers is to demonstrate the key deliverables of the GP five year forward view as well as clinical indicator targets as set out in membership agreements.

The tracker has been developed to track progress locally and is updated monthly by the Senior Primary Care Development Managers.

The locality tracker is broken down into three sections:

1. Sustaining General Practice
2. Development of Locality Care hubs
3. Development of multi-speciality providers

1. Sustaining General Practice

Workflow
To date 33 practices have completed the Brighton and Hove workflow training freeing up GP capacity in general practice. There are a number of practices booked to start the training this month. Actual target: 100% training coverage by March 2021.

Active signposting
27 practices have received signpost training in order to direct patients effectively to the most appropriate services. In Cannock town and the villages the impact is already demonstrating staff have been able to start diverting patients to services such as pharmacy first without the patient having to see the GP. Important to note: does not take away the patients choice to make an

appointment at the practice if they wish. Actual Target 100% coverage March 2021.

Workforce
A draft workforce strategy has been developed for Staffordshire. GP practices and localities in our three CCG's have started to embrace new workforce models. Cannock town have piloted a number of roles in primary care and are currently measuring the impact. Examples include a primary care based Musculoskeletal specialist. Trials of well-being workers have been ongoing who support patients who do not necessarily have a medical need but frequently attend general practice. A number of practices are jointly working together to employ clinical pharmacists offering support on medication reviews, reviewing safety, and ensuring optimum support to patients on regular medication. Three localities have recruited Physicians Associates a new role to general practice. These roles are due to start imminently and then will be measured/evaluated. One locality has recruited an Urgent Care Practitioner to see patients who need home visits or are in need of urgent on the day appointments. Important to note: urgent care practitioner and physicians associates are GP supervised roles.

Access
Four localities are providing collaborative evening and weekend appointments. Workshop events have been undertaken to understand readiness in other locality areas in line with the GPFV plans. A task and finish group has been established and a service specification is in development in line with the procurement timeframes and procurement rules. Actual Target: 100% population coverage by March 2019.

IM&T
All localities are now on the Emis clinical system and seven of the nine are now able to share records between sites. We have a number of practices about to trial online consultations.

2. Development of Locality Hubs

Locality agreements
As part of the locality agreements, all nine localities have signed and returned a memorandum of understanding to agree to work together at scale. Most of the localities have a formal meeting structure in place where they agree objectives. The localities also meet with mental health and community providers to ensure effective integration of community teams into primary care. Community teams have been aligned to localities and the majority of individual GP practices also have a named nurse from the community team. Three localities have agreed on a clinical area they will focus on improving clinical outcomes for patients as part of their locality agreements. All nine localities have been sent a clinical data pack from the CCG primary care analyst which identifies disease specific prevalence, any trends in outpatient and inpatient activity as well as opportunities to support the right care programme.

Membership agreements
All practices are working towards the membership clinical indicator targets such as increasing the uptake of pneumococcal vaccinations. Localities are sharing information on best practice to ensure maximum achievement across the localities.

Nursing Homes
A number of the localities have developed new innovative ways of working with nursing homes. For

example one locality is zoning (one GP looking after one nursing home) and has recruited a joint nurse to work with the local residential homes.

Complex Care
A number of localities still deliver multi-disciplinary team meetings with the community provider clinicians despite no longer being paid to deliver this through a directly enhanced service. These meetings provide an opportunity to discuss and case manage the most complex and frail patients who may be at greater risk of being admitted to hospital.

3. **Development of multi-speciality Providers**

A formal structure and areas of Alliance Boards is currently being developed.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	
More focus on prevention	Directing patients to the right service, right time right place. Targeted prevention incorporated into membership agreements and locality agreements
Involving everyone for improved health and care	Incorporating new service models – patient feedback required at all stages of any pilots/changes being undertaken
Empower and support patients to take control of their own health	Support for patients to be provided with choices about the most appropriate place for treatment
Services supporting people to make informed decisions	Signposting offers more choice as does different professional models of delivery of care

IMPLICATIONS:

Legal and/or Risk	Risk of localities disengaging – mitigating actions in place as part of the risk register
CQC	N/A
Patient Safety	N/A
Patient Engagement	Patient engagement will be through the district groups and PPG's
Financial	NHSE investment into training for signposting and workflow models CCG investment £1.50 per head for locality development 2017/18 and a further £1.50 per head for 2018/19
Sustainability	Supports the GPFV and a sustainable primary care for the future
Workforce/Training	Ongoing training and development available to staff at all levels through targeted educational sessions.

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

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee's in common are asked to:

1. **Be assured GPFV locality development and sustaining general practice is on track in line with NHSE timeframes**
2. **Be assured that any risks to GPFV timeframes are highlighted through the risk register and mitigating actions are put in place**
3. **Determine how frequently report updates are required by the Committee**

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			X
Has an equality impact assessment been undertaken?			X
Has a privacy impact assessment been completed?			X
Has a comms & engagement impact assessment been completed?	X		
Have partners/public been involved in design?	X		
Are partners/public involved in implementation?	X		
Are partners/public involved in evaluation?	X		

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Care and respect for all
Quality is our day job
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CANNOCK CHASE CCG					
	Category	**Cannock Town**	**Rugeley**	**The Villages**	**Outcome/Benefits**
1. Sustaining General Practice (GPFV)	**Workflow Optimisation**	Brighton & Hove Model. Training undertaken September and Nov-17. 3 practices completed to date with further training planned in November.	Brighton & Hove Model. Training scheduled for September and Nov-17. 1 practice completed to date with further training planned in November.	Brighton & Hove Model. Training scheduled for Nov-17 No practices completed to date, with training planned in November.	- Releasing clinical time. - Improving productivity.
	Active Signposting	Wakefield Model selected. Training undertaken May, July & Oct-17. Launched 1-Nov-17. Approximately 86 staff members trained.	Model/Provider to be confirmed.	Wakefield Model selected. Training undertaken May, July & Oct-17. Launched 1-Nov-17. Approximately 23 staff members trained.	- Releasing clinical time. - Patient signposted to most appropriate service first time.
	Workforce	MSK Specialist (6m pilot of in-house specialist). Finished end of Aug-17, evaluation pending. Wellbeing Worker (6m pilot finished Jul-17), Clinical Pharmacist working across 3 practices. (Application submitted in Sep-17 for further 2 Clinical pharmacists)	Physician Associate (Commencing Jan-18 - Aelfgar Surgery) Clinical Pharmacist in post.	Physician Associate (Commencing Oct-17 - Norton Canes Medical Practice)	- Developing diversified Workforce - Patient seen by specialist or appropriate alternative clinician instead of GP. - Discussions being held with CCG commissioning leads to evaluate potential for in-house services as part of current contract.
	Access	Providing Extended Access. PMCF status and Network clinic provided (Commenced Sep-15)	Providing Extended Access.	Providing Extended Access.	- Extended Access provided. - Increase capacity in primary care.
	IM&T	EMIS Clinical Services in place.	EMIS remote consultations in place.	EMIS remote consultations to be implemented Nov-17	- Accurate patient record sharing.

			Pilot for Online consultations/triage. Pilot of AVITAR APP.		- Support self - management of patients.
		1 practice use Flo tele-health.	Zero practices use Flo tele-health.	1 practice uses Flo tele-health.	- Support self-management of patients.
	Estates	Chadsmoor development – working group commenced to look at potential development			
	Social Prescribing	Have completed some community development work taking an asset based approach which means local people understanding and being signposting to what is available locally.			
2. Locality Care Hubs	**Locality Agreement**	Integrated working with SSOTP with a focus on District Nursing provision.	Clinical priority TBC	Dementia/Frail Elderly	- demonstrate working across organisational boundaries to improve clinical outcomes
	Membership agreement	COPD Increase prevalence (2.48% prevalence rate vs 2.48% target)	COPD Increase prevalence (2.34% prevalence rate vs 2.48% target)	COPD Increase prevalence (2.11% prevalence rate vs 2.48% target)	- Patients receive the management and treatment that they require and prevent exacerbation which accounts for unnecessary admissions to hospital.
		BP management in people with Diabetes (73% on average managed vs 80% target)	BP management in people with Diabetes (78% on average managed vs 80% target)	BP management in people with Diabetes (79% on average managed vs 80% target)	- Improved management of BP which should have benefits for preventing vascular complications (such as strokes).
		Pneumococcal Immunisations (63% vs 64.4% target and 72% stretch target)	Pneumococcal Immunisations (73% vs % 64.4% target and 72% stretch target)	Pneumococcal Immunisations (68% vs 64.4% target and 72% stretch target)	- Protects against serious and potential fatal pneumococcal infections.

	Nursing Homes – Enhanced Care		1 practice signed up to LIS (1 NH)		- Partnership working - Improved quality and proactive care for patients in nursing homes. - Improved continuity of care for patients - Effective ways of working
	Dementia	2 practice is a member of Dementia Action Alliance (DAA) (Moss Street & Chadsmoor) 62.6% diagnosis rate vs 66.7% target (Aug 17)	76.0% diagnosis rate vs 66.7% target (Aug 17)	Dementia locality clinic commencing October 2017. 2 practices are member of DAA (Essington & High St) 68.3% diagnosis rate vs 66.7% target (Aug 17)	- Provides care closer to home. - Supports dementia friendly communities and people living with dementia. - Partnership working
	Complex Care/ MDTs	7 practices undertaking regular MDT meetings.	2 practices undertaking regular MDT meetings.	6 practices undertaking regular MDT meetings.	- Improved case management to avoid unnecessary admissions to hospital. - Partnership working
3. MCPs	Currently in development				

STAFFORD AND SURROUNDS CCG					
	Category	**Stone and Eccleshall Alliance**	**Stafford Primary Healthcare Alliance**	**South Stafford GP Network (SSGPN)**	**Outcome/Benefits**
1. Sustaining General Practice (GPFV)	**Workflow Optimisation**	Brighton & Hove Model selected. No practices completed to date.	Brighton & Hove Model selected. Training undertaken across 6 practices to date, with further training planned for November.	Brighton & Hove Model selected. Training undertaken across 2 practices to date, with further training planned in November.	- Releasing clinical time. - Improving productivity.
	Active Signposting	Provider and model to be decided.	Provider and model to be decided. Locally developed training commenced in Stafford Primary Healthcare Alliance and South Stafford General Practice Network with 42 staff members receiving internal training across 8 practices to date.		- Releasing clinical time. - Patient signposted to most appropriate service first time.
	Workforce	GP resilience funding awarded to the locality in 16/17 to support trialling new workforce models. ANP nursing home support and clinical pharmacist time is being trialled / due to be trialled.	GP resilience funding to support a governance model in utilising new workforce models.	Physician Associate (Commencing Oct-17) in Penkridge Medical Centre Application submitted in Sep-17 for 2 Clinical Pharmacists to work across locality.	- Developing diversified Workforce - Patient seen by specialist or appropriate alternative clinician instead of GP.
	Access	GP First providing extended access and has PMCF status (Commenced Sep-15). This includes in core hours additional appointments and Saturday extended hours clinic based at Stafford Health and Wellbeing Surgery. (Brewood not participating in the Saturday clinic)			- Extended Access provided. - Increase capacity in primary care.
	IM&T	EMIS Clinical Services in place.			
		1 practice uses Flo tele-health	4 practices use Flo tele-health.	4 practices use Flo tele-health.	- Support self-management of patients.
	Estates				
	Social Prescribing	Meeting taken place with PHE and doing a scoping exercise in November to see what is available across a number of organisations.			

2. Locality Care Hubs	**Locality Agreement**	Locality possibly looking at frail elderly utilising a fellowship post.	COPD	Clinical priority TBC	- demonstrate working across organisational boundaries to improve clinical outcomes
	Membership agreement	COPD Increase prevalence (1.35% prevalence rate vs 1.69% target)	COPD Increase prevalence (2.03% prevalence rate vs 1.69% target)	COPD Increase prevalence (1.61% prevalence rate vs 1.69% target)	- Patients receive the management and treatment that they require and prevent exacerbation which accounts for unnecessary admissions to hospital.
		BP management in people with Diabetes (69% on average managed vs 80% target)	BP management in people with Diabetes (74% on average managed vs 80% target)	BP management in people with Diabetes (76% on average managed vs 80% target)	- Improved management of BP which should have benefits for preventing vascular complications (such as strokes).
		Pneumococcal Immunisations (66% vs 63% target and 71% stretch target)	Pneumococcal Immunisations (69% vs 63% target and 71% stretch target)	Pneumococcal Immunisations (65% vs 63% target and 71% stretch target)	- Protects against serious and potential fatal pneumococcal infections.
	Nursing Homes – Enhanced Care	The 2 Stone practices would like to sign up to the LIS and therefore waiting funding approval. Some zoning of homes has begun already and will continue. Mansion House and Cumberland House each have ANP support for their nursing homes.	4 practices signed up to the care home LIS along with 2 SSGPN practices. A centrally employed ANP works across the 6 practices and the nursing homes.	4 practices signed up to the care home LIS along with 2 SSGPN practices. A centrally employed ANP works across the 6 practices and the homes. 2 practices separate to this arrangement are signed up to the care homes LIS delivering as individual practices.	- Partnership working - Improved quality and proactive care for patients in nursing homes. - Improved continuity of care for patients - Effective ways of working
	Dementia	Clinic commenced at Mansion	Locality clinic commenced at	Brewood member of DAA.	- Provides care closer to

		House in July 2017 and looking to expand to provide at locality level. 56.3% diagnosis rate vs 66.7% target (Aug 17)	SHAW in July 2017 71.2% diagnosis rate vs 66.7% target (Aug 17)	Locality clinic commenced at Beaconside and Penkridge practices in July 2017. 64.4% diagnosis rate vs 66.7% target (Aug 17)	home. - Supports dementia friendly communities. - Partnership working.
	Complex Care/ MDTs	1 practice undertaking regular MDT meetings.	4 practices undertaking regular MDT meetings.	5 practices undertaking regular MDT meetings.	- Improved case management to avoid unnecessary admissions to hospital. - Partnership working
	Care Co-ordination Centre	Commenced across the 3 localities in June 2017. This is a pilot through the PMCF delivered by ShropDoc and commissioned through GP First on behalf of the 14 practices.			- Releases clinical time. - Supports care closer to home - Diverts patients from hospital admissions.
3. MCPs	Currently in development				

SES & SEISDON PENINSULAR CCG					
	Category	**BURNTWOOD & Lichfield**	**TAMWORTH**	**SEISDON**	**Outcome/Benefits**
1. Sustaining General Practice (GPFV)	**Workflow Optimisation**	Brighton & Hove Model selected. Training undertaken Jul-17, Aug-17, Sep-17 and Oct-17. 6 practices completed to date.	Brighton & Hove Model selected. Training undertaken Aug-17 and Sep-17 7 practices completed to date, with further training planned in November..	Brighton & Hove Model selected. Training undertaken Jul-17, Sep-17, Oct-17 8 practices completed to date, with further training planned in November.	- Releasing clinical time. - Improving productivity.
	Active Signposting	Provider and model to be decided. Due to be discussed at Network Locality meetings.			- Releasing clinical time. - Patient signposted to most appropriate service first time.
	Workforce	MSK Specialist (6wk pilot of in-house specialist) Wellbeing Worker (6wk pilot)	Physician Associate (historic post) in Dr Vije's Practice Clinical Pharmacist (historic post) in Tri-Links Surgery	Physician Associate (Commencing Oct-17) in Claverley Medical Practice	- Developing diversified Workforce - Patient seen by specialist or appropriate alternative clinician instead of GP.
	Access				- Extended Access provided. - Increase capacity in primary care.
	IM&T	EMIS Clinical Services in place with remote consultations. Live with e-consult (Cloisters).	-	-	
	Estates	Greenwood House development. OBC approved by PCC. BC to be submitted to PAU.		Codsall One Public Estate bid	

	Social Prescribing		Taking a place based approach (as a pilot) to its work with families, looking at community support and networks that are available to keep people out of the system, also looking to develop a befriending scheme. Tamworth had also completed an asset based approach pilot with the local churches looking at health and wellbeing	Taking a dual approach with the Good life and community website being kept up to date to signpost and refer onto the right organisations, also the care navigators programme run by Support Staffordshire and Age UK to support people who may need assistance navigating the system to get the health and social care support they require. Let's work together training is on offer regularly and there are opportunities for the VCS to network	
2. Locality Care Hubs	**Locality Agreement**	Clinical priority TBC	COPD	Clinical priority TBC	- demonstrate working across organisational boundaries to improve clinical outcomes
	Membership agreement	COPD Increase prevalence (1.83% prevalence rate based on 10 practices vs 1.69% target)			- Patients receive the management and treatment that they require and prevent exacerbation which accounts for unnecessary admissions to hospital.
		BP management in people with Diabetes (66% managed based on 10 practices vs 80% target)			- Improved management of BP which should have benefits for preventing vascular complications (such as strokes).

		Pneumococcal Immunisations (70% vs 63% target and 71% stretch target)			- Protects against serious and potential fatal pneumococcal infections.
	Nursing Homes – Enhanced Care	New model for nursing and residential homes agreed. Start date due November.	Practices signed up to LES.	Practices signed up to LIS.	- Partnership working - Improved quality and proactive care for patients in nursing homes. - Improved continuity of care for patients - Effective ways of working
	Dementia	60.9% diagnosis rate vs 66.7% target (Aug 17)	65.7% diagnosis rate vs 66.7% target (Aug 17)	4 practices are member of DAA. 70.0% diagnosis rate vs 66.7% target (Aug 17)	- Provides care closer to home. - Supports dementia friendly communities. Partnership working.
	Complex Care/ MDTs	6 practices undertaking regular MDT meetings.	9 practices undertaking regular MDT meetings.	8 practices undertaking regular MDT meetings.	- Improved case management to avoid unnecessary admissions to hospital. - Partnership working
3. MCPs	Currently in development				

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

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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 22nd November 2017

Subject:	Delegated Commissioning Month 7 2017/18							
Board Lead:	Lynn Millar							
Officer Lead:	Anne Perry							
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

To inform the Board of the Month 7 position for Cannock Chase, Stafford & Surrounds and South East Staffordshire & Seisdon Peninsula CCG's.

KEY POINTS:

The tables in Appendix 1 summarise the financial position at Month 7 2017/18.
The current financial positions are :-

- Cannock Chase CCG is reporting an underspend of £7,316.
- Stafford & Surrounds CCG is reporting an overspend of £405.
- South East Staffordshire & Sesidon Peninsula CCG is reporting an overspend of £10,749.

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

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

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	
More focus on prevention	
Involving everyone for improved health and care	
Empower and support patients to take control of their own health	

Services supporting people to make informed decisions	

IMPLICATIONS:

Legal and/or Risk	
CQC	
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce/Training	

RECOMMENDATIONS/ACTION REQUIRED:

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

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Has a privacy impact assessment been completed?			✓
Has a communications & engagement impact assessment been completed?			✓
Have partners/public been involved in design?			✓
Are partners/public involved in implementation?			✓
Are partners/public involved in evaluation?			✓

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

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

Delegated Co-commissioning – Finance Report – Oct 17

Cannock Chase CCG (04Y)

The current financial position for Cannock Chase CCG at Month 7 2017/18 is £7,316 under spend, below is the summary position by expenditure category:-

Narrative	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	146,364	85,338	85,338	0	146,364
Enhanced Services	514,328	292,335	274,860	(17,655)	514,328
General Practice APMS	264,198	154,111	155,199	1,088	264,198
General Practice GMS	10,043,032	5,812,193	5,830,561	18,368	10,043,032
General Practice PMS	3,058,821	1,752,936	1,709,275	(43,661)	3,058,821
Other GP Services	586,333	427,476	420,350	(7,126)	586,333
Premises Costs Reimbursements	1,388,087	845,071	886,740	41,669	1,388,087
QOF	1,751,837	1,018,125	1,018,125	0	1,751,837
Grand Total in Ledger at Month 7	**17,753,000**	**10,387,585**	**10,380,269**	**(7,316)**	**17,753,000**

The Enhanced Services underspend of £17,655 is predominantly due to the Extended Hours DES, where budgets have been recovered from practices that had received an allocation but did not sign up to the DES's.

General Practice collectively is showing an under spend of £24,205 which is in the main due to the PMS review premium funding.

Other GP Services is showing an under spend of £7,126 due to Seniority. There is an element of accrued expenditure in relation to practices with ongoing queries so this underspend may increase.

Premises Costs Reimbursements is showing an over spend of £41,669 due to NHS Property Services properties, which will in part be mitigated by the underspend on Enhanced Services, the underspend on Seniority and the Premises reserve.

Year-end outturn continues to forecast a breakeven position.

Delegated Co-commissioning – Finance Report – October 17

Stafford & Surrounds CCG (05V)

The current financial position for Stafford & Surrounds CCG at month 7 2017/18 is £405 overspent, below is the summary position by expenditure category:-

EXPENDITURE

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Outturn(£)
Dispensing & Prescribing	756,894	441,499	441,499	0	756,894
Enhanced Services	504,306	288,481	293,685	5,204	504,306
General Practice GMS	11,279,870	6,544,872	6,574,104	29,232	11,279,870
General Practice PMS	3,255,484	1,858,233	1,774,343	(83,890)	3,123,764
Other GP Services	626,598	230,083	274,961	44,878	758,318
Premises Costs Reimbursements	1,862,038	1,171,215	1,176,196	4,982	1,862,038
QOF	2,033,810	1,186,325	1,186,325	0	2,033,810
Grand Total	**20,319,000**	**11,720,708**	**11,721,112**	**405**	**20,319,000**

The Enhanced Services overspend of £5,204 relates to an overspend of £6,452 on the Learning Disability Health check DES offset by an underspend of £1,681 due to list size changes on the Extended Hours DES.

General Practice collectively is showing an under spend of £54,658 which is in the main due to an £11,000 underspend on Global Sum payments and £40,802 underspend on OOH payments which will be adjusted Month 8.

Other GP Services overpayment of £44,878 includes a £25,353 overspend on Seniority and a £17,323 overspend on Locum costs, which can be partially mitigated by the under-spend on the Global sum.

Premises Costs Reimbursements overspend of £4,982 relates to – a rent overspend of £7,526 offset in part by a water rates underspend of £2,602.

Year-end outturn continues to forecast a breakeven position.

Delegated Co-commissioning – Finance Report – October 17

South East Staffs & Seisdon Peninsula CCG (05Q)

The current financial position for South East Staffs & Seisdon Peninsula CCG at month 7 2017/18 is £10,749 overspent, below is the summary position by expenditure category:-

EXPENDITURE

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	238,675	139,147	139,147	0	238,675
Enhanced Services	749,601	422,612	413,945	(8,667)	749,601
General Practice APMS	881,205	514,032	514,032	0	881,205
General Practice GMS	15,397,909	8,927,227	8,976,784	49,557	15,397,909
General Practice PMS	4,217,709	2,417,102	2,369,978	(47,124)	4,217,709
Other GP Services	694,280	575,895	558,323	(17,572)	694,280
Premises Costs Reimbursements	1,644,550	1,058,407	1,092,960	34,553	1,644,550
QOF	2,774,921	1,618,299	1,618,299	0	2,774,921
Grand Total	**26,598,850**	**15,672,721**	**15,683,470**	**10,749**	**26,598,850**

Enhanced Services is showing an under-spend of £8,667 this is mainly due to list size changes on the Extended hours DES.

General Practice collectively is showing an overspend of £2,433.

Other GP Services is showing an under-spend of £17,572 which is in the main due to an under-spend on Seniority payments.

Premises Costs Reimbursements overspend of £34,553 relates to a Rent overspend of £71,063 offset by a rates underspend of £36,510. This overspend can be mitigated by the under-spend on Seniority and Enhanced Services.

Year-end outturn continues to forecast a breakeven position.

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Acronyms

1.	A&E	Accident & Emergency
2.	AHP	Allied Health Professional
3.	ANNP	Advanced Neonatal Nurse Practitioner
4.	AO	Accountable Officer
5.	APMS	Alternative Provider Medical Services
6.	AQP	Any Qualified Provider
7.	ASD	Autism Spectrum Disorder
8.	AVS	Acute Visiting Service
9.	BADGER	Birmingham and District General Emergency Rooms
10.	BAF	Board Assurance Framework
11.	BCF	Better Care Fund
12.	BCHFT	Birmingham Children's Hospital NHS Foundation Trust
13.	BEN	Birmingham East and North PCT
14.	BHFT	Burton Hospital NHS Foundation Trust
15.	BOTOX	Botulinum Toxin Type A
16.	BPAS	British Pregnancy Advisory Service
17.	C&E	Communications & Engagement
18.	CAG	Commissioning Advisory Group
19.	CAMHS	Children and Adolescent Mental Health Service
20.	CAS	Clinical Assessment Service
21.	CC	Cannock Chase
22.	CCG	Clinical Commissioning Group
23.	C*diff*	Clostridium Difficile Infection
24.	CEO	Chief Executive Officer
25.	CEPN	Community Education Provider Network
26.	CHC	Continuing Health Care
27.	CMT	Contract Management Team
28.	COPD	Chronic Obstructive Pulmonary Disease
29.	CPAG	Clinical Policies Advisory Group
30.	CPN	Community Psychiatrist Nurse
31.	CQC	Care Quality Commission
32.	CQRM	Clinical Quality Review Meetings
33.	CQUIN	Commissioning for Quality and Innovation
34.	CRT	Crisis Response Team
35.	CSU	Commissioning Support Unit
36.	CSW	Clinical Support Worker
37.	CWG	Clinical Working Group
38.	DES	Direct Enhanced Service
39.	DN	District Nurse
40.	DoH	Department of Health
41.	DPA	Data Protection Act
42.	DQF	Data Quality Facilitator
43.	ED	Emergency Department
44.	EDS	Equality Delivery System
45.	EL	Elective
46.	EMT	Executive Management Team
47.	ENT	Ear Nose Throat
48.	EOL	End of Life
49.	EPR	Electronic Patient Record
50.	ESR	Electronic Staff Record
51.	ETTF	Estates and Technology Transformation Fund
52.	EWISS	Emotional Well Being in Stafford & Surrounds
53.	EWTD	European Working Time Directive
54.	F&P	Finance and Performance
55.	FE	Frail Elderly
56.	FET	Funding Exceptional Treatment
57.	FFT	Friends and Family Test
58.	FNOF	Fractured Neck of Femur
59.	FOI	Freedom of Information
60.	FPC	Finance Performance & Contract Committee

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

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

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

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