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

Primary Care Commissioning Committees Meeting in Common

to be held on Wednesday 26 July 2017, 2:00 – 3.30pm
Trentham Room, Staffordshire Place 1, Stafford ST16 2LP

AGENDA

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

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	HI	-	2.00
2.	Apologies	Verbal	HI	-	
3.	Quoracy	Verbal	HI	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc 1	HI	-	
5.	Minutes of the Meeting held on 22 June 2017	Enc 2	HI	A	
6.	Actions Sheet	Enc 3	HI	A	
	Assurance				
7.	Risk Register	Enc 4	RH	S / I	2.10
	Strategic Matters				
8.	GP Forward View - Delivery Programme - Workflow	Enc 5 Enc 6	LM SJ	A I	2.20 2.30
9.	Locality Organisational development	Verbal	LM	I	2.40
10.	Finance Update	Enc 7	AP	I	2:45
11.	GP resilience programme update (2016/17 and 2017/18)	Enc 8	TC	I	2.50
12.	GP patient Survey results published July 2017	Enc 9	TC	I	3.00
13.	Primary Care Quality Assurance process proposal	Enc 10	LT/TC	D	3:10
	Items for Information				
14.	Glossary of terms - Forward Plan - Glossary of Terms	Enc 11	All	D I	3.20
15.	Any item to be communicated and/or how can engagement be improved?	-	All	D	3.25
16.	Date, Time and venue of next meeting Thursday 24 August 2017 10.00 – 11.30 am in the Trentham Suite, Staffordshire Place 1, Stafford. ST16 3LP	-	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 22nd June 2017
2.00 pm – 4.00 pm
Amerton Room, The HUB
Eastgate Street, Stafford, ST16 2LZ

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	✓	✖	✖									
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:													
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 (LMC)		✖	✖	✓									
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			✓	✓									

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
Vanessa Ridout (VR), Executive Assistant – Minute Taker, S&S CCG		✓	✓	✓									
Sarah Turner (ST), Primary Care Development Manager CC, SES&SP and S&S CCGs		✖	✓	✖									
Eleanor Wood (EW), Senior Primary Care Development Manager (Lichfield Locality) SES&SP CCG		✓	✖	✖									
Sally Young (SY), Assistant to the Chief Executive, CC, SES&SP and S&S CCGs		✓	✖	✖									
Visitors:													
Andrew Morrall, Primary Care Contract Manager, NHSE		✓											
Phil Morgan, GP Forward View Project Manager, NHSE		✓											

		Action
1.	**Welcome by the Chair** AH proceeded to the non-confidential element of the Committee.	
2.	**Apologies for Absence** Apologies were received from: Paddy Hannigan (PH), Neil Chambers (NC), Vicky Hilpert (VH), Harry Ireland (HI), Sally Young (SY) and Sue Harper (SH)	
3.	**Quoracy** It was noted that the meeting was quorate.	
4.	**Declarations of Interests and Actions taken to manage conflict** The Committee received the Declarations of Interest Register and noted for information.	
5.	**Minutes of the Meeting held on the 24th May 2017** The minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following: **Action: Sarah Jeffery to be recorded as in attendance at the meeting.** **Action: Section1, Welcome by Chair to be amended to reflect AH as Chair.**	 **VR** **VR**
6.	**Action Sheet** Action Sheet updated as attached.	
7.	**360° Feedback** The Committee received the 360° Analysis Report for information. The response rate from both SES&SP and SaS CCG Member Practices has increased and the response rate for Cannock Chase CCG remained static. LM	

		Action
	stated that overall engagement has improved and the management team are continuing to build relationships across SES&SP CCG. The majority of Member practices felt engaged by the CCG with results for Stafford and Surrounds displaying a higher level of engagement. LM provided a summary of each of the responses across the three CCGs. JJB raised concern in only 26% of SES Members Practices feel able to influence the CCG decision making process. JJB added that there are a number of questions which are similar and therefore recommended for the survey to be reduced. MH advised that that the survey was reduced and timeframes for submission were amended. The Committee acknowledged the need to develop an action plan to address concerns and develop engagement across the three CCGs. **Action: EW to identify indicators and generate an action plan following the review of the 360° survey.** JJB supported the development of clinical leadership, in particular to support clinicians to take ownership of General Practice to support discussion and ideas to help develop schemes within primary care. JT queried who the Members determine as the leadership in relation to the poor rating throughout the survey. LM advised that the initial questions are in relation to the Executive Management Team, adding that the current primary care management team have engaged with clinicians and practice managers for a longer period of time, whereas the team have recently supported practices within South East Staffordshire and Seisdon Peninsula go through a difficult transition. MH added that an increase in the number of clinicians taking on active roles within the CCGs would significantly benefit primary care. GK queried whether the report will be shared with Members and whether a deeper dive would be completed to separate the responses across the three localities within South East Staffordshire and Seisdon Peninsula CCG. SJ advised that as responses are submitted anonymously, the returns cannot be broken down to each locality. AH summarised that the report has highlighted concerns around the need to develop clinician engagement and to ensure clinicians are aware that they have the ability to influence and have an active role. **Action: 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.**	**EW** **All / EW**
8.	**GP Forward View** During the Primary Care Committee, Members requested details around the work to date to support the delivery and implementation of the GP Forward View for all three CCGs. SJ highlighted the RAG rating overall assessment for the three CCGs with the report. SJ added that the CCG are assured in the majority of domains and	

		Action
	remain partially assured around online consultations and workforce strategy. To support the assurance process, a PMO (Programme Management Office) at NHS England will be supporting the six CCGs across Staffordshire around governance arrangements and ensure timescales are maintained. The following steps have been identified to support the implementation of the GP Forward View: • LM to oversee GP Forward View Steering Group • Key Leads across Staffordshire for Access, Workforce, Workload and Resilience, Models of Care and Practice Infrastructure to be confirmed. With regards to the next steps, AH questioned who the patient congress are. SJ this is the patient council (should have said this in the papers and not congress) confirmed that plans with the Patient Council. With regard to next steps, AH questioned who the patient congress are? SJ stated that there was an error in the paper and the paper should have referred to the patient council not congress. JJb queried whether the programme supports issues around reducing the number of GP appointments taken for patients who are able to access care from an alternative source. MH advised that signposting to navigate patients to an alternative care service is part of the programme. GK added that online consultations involve interface with patients to appropriately sign post patients. SJ stated that engagement with members of the public and patient groups will help support the necessary changes in patient culture and behaviour. Committee Members acknowledged the need for receptionist and clerical staff within practices to be appropriately trained to assist with care navigation. LM provided assurance that regular updates will be provided during future Committee Meetings.	
9.	**Improving Access / Extended Hours Programme** The Committee received the GP Forward View Improving Access / Extended Hours Programme. MR provided an update in relation to the programme of work relating to the procurement of additional hours and same day pre-bookable appointments with General Practice. There is a requirement that all practice population will be able to access extended primary care services by the end of March 2019. The CCGs are engaging with colleagues in the North and East CCG to develop the programme of work, to include key milestones. A baseline exercise will be completed across Staffordshire and an assessment to understand practice appetite and readiness across the localities with regards to a new model of care. A Task and Finish Group will be formed to develop a detailed specification. MR advised that the Group will include representation from the North and East	

		Action
	Staffordshire CCGs. The procurement process will be shared with the Governing Body with the expectation that the procurement model is approved in November 2017. To provide improved access and extended hours, additional and recurrent funding will be available from August 2018. MR highlighted the Summary of Core Requirements included within Appendix A of the report. The core requirements are the minimum requirements set, which can be added to by the CCGs. These include: • Timing of Appointments • Capacity • Measurement • Advertising and ease of access • Digital – use of approaches to support new models of care and • Inequalities	
10.	**Finance Update** The Committee received the Delegated Commissioning Month 2 Finance Update for information. AP advised that the month 2 financial position for each of the CCGs are as follows: • Cannock Chase CCG is reporting an underspend of £19k • Stafford and Surrounds CCG is reporting an underspend of £19k • South East Staffordshire and Seisdon Peninsula CCG is reporting an underspend of £48k NHS England have provided assurance that the funding will not be pulled, adding that the funding will be ring fenced for primary care within the CCG. **Cannock Chase CCG Report** The revised annual budget for Cannock Chase CCG for 2017/18 is £17.6m. The budget includes an additional sum of £44k which the CCG are able to retain following an inaccurate calculation of the original allocation. Enhanced services have reported a 5k underspend. **Stafford and Surrounds CCG** The revised annual budget for Stafford and Surrounds CCG for 2017/18 is £20.2m. **South East Staffordshire & Seisdon Peninsula CCG** The revised annual budget for South East Staffordshire & Seisdon Peninsula CCG for 2017/18 is £26m. AP advised that this includes the additional agreement relating to the Burntwood Health and Wellbeing Centre.	
11.	**Any Other Business**	

		Action
	- **Forward Plan** No items were to be included within the Forward Plan	
12.	**Date Time and venue of next meeting** Wednesday 26th July 2017 2:00 – 3:30 pm Trentham Room, Staffordshire Place1	

PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON
ACTION LIST

Item 6 Enc 03

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)
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**	**19.07.17** - discussions being held with a plan to bring back an action plan 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**	**19.07.17** - discussions being held with a plan to bring back an action plan to the September meeting
64	**22/06/2017**	**5**	**Minutes of Meeting held on 24.05.17**	SJ to be recorded a in attendance and minutes amended to reflect AH was Chair of the meeting	**VR**	**COMPLETE** - Minutes amended
63	**24/05/2017**	**8**	**2016/17 Membership Agreement LIS Achievement**	Agenda item for Membership Boards and Locality Boards for July meetings	**Primary Care**	**COMPLETE** - presented to LBs/MBs in July
62	**24/05/2017**	**7**	**Delegated Commissioning**	Delegated commissioning to be rmoeved as a standard item on the agneda and GPFV to be inclued.	**VR**	**COMPLETE** - Forward Plan reviewed
61	**24/04/2017**	**9**	**Delegated Commissioning**	LM to arrange a mini workshop in July to ensure the CCG is fit for purpose for practice development	**LM**	**22.06.17** - Carry forward to August meeting.
50	**23/03/2017**	**8**		LM to look at the top issues over the next three months and bring back to the committee for further discussion. LM to also meet with HI to look at providing a statement for circulation via the communications team. SY to share guidance on Purdah.	**LM / SY**	**22.06.17** - Carry forward to August meeting. Primary Care do hold a senior managers meeting which includes members of the finance team and NHSE. HI confirmed that there is a block on any public announcements due to the impending election however there would be information included on the website. Once the election has taken place a bigger spurge on delegated commissioning will take place.
60	**24/04/2017**	**8**	**Terms of Reference**	SY to review the ToR and confirm whether all meetings should be held in public	**SY**	The ToR has been updated and is available within the revised/current Constitution for the three CCGs. It has been confirmed that meetings should be held in public with the first public meeting to be held July 2017.

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REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 26 July 2017

Subject:	Primary Care Risk Register							
Board Lead:	Vicky Hilpert, Interim Executive Director of Finance							
Officer Lead:	Sally Young, Director of Corporate Governance							
Author:	Rebecca Hough, Governance 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 12 risks relating to primary care,
- There are no new risks,
- RR229: GP Practice Receiving Inadequate CQC Rating is pending closure, and is being reviewed by the Risk Group,
- There are 7 risks scoring 8 – 12 (High). There are no risks scoring 15 (Extreme) or above. There are no risks being reported to Governing Body.
- The Senior Primary Care Development Manager and the Governance Manager have undertaken a review of the risks. This included nominated appropriate Risk Owners (RR205, RR27, RR21, RR20) and reviewing the risk descriptions (RR20 and RR21 have been revised). RR:186 NEL ACM Pathway has been transferred to the Commissioning Team.

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 Register for Primary Care Committee - July 2017

Risk ID		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
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	Sustainable Primary Care Service; New Models of Care – Delivery; Finance; Quality Outcomes	An ageing and reducing Primary Care workforce is unable to maintain /increase productivity to meet current demands/challenges;#100	Yes	1	5	5	12/07/2017 - A task and finish group has been set up and an update paper is planned to be taken to the August 8th Cannock Membership board meeting 19/06/2017 1 - An audit of wound care has been undertaken across general practices to understand the type, amount and activity delivered by practices to respond to the need. The audit has now been started and the outputs will inform the Task and Finish Group on 29 June 2017. 31/05/2017 3 - An enhanced service review is currently being undertaken. Wound care has been highlighted as a priority area to be reviewed urgently. A business case is being developed to be presented to the membership board.	12/07/2017 - an update paper developed by the task and finish group will be presented to the Cannock membership board on 9th August 19/06/2017 15:37:20 - A series of Task and Finish Groups (up to three meetings) will be delivered to review the whole area of wound care and recommendations will be fed back to the Primacy Care Committee Group to action. 31/05/2017 - To develop a specification for primary care based on clinical need and present to Finance, Performance and Contracts Committee.	12/07/2017 - wound care task and finish group set up and members tasked with reviewing wound care and providing recommendations for primary care element. an update paper will be presented at the August Cannock membership board 19/06/2017 - The recommendations from the Task and Finish Group will form a business case to address the funding short fall an provide equity of provision across localities. This will be received by the Primary Care Committee to action. 31/05/2017 - Cannock Chase members have agreed to the service specification on the basis that the current provision is being reviewed. A business case is to be presented to Cannock Chase Membership Board and to Finance, Performance and Contracts Committee for approval.	3	3	9	Cannock Chase CCG	Rayne Mark (CCG) SASCCG	Executive Director of Primary Care	12/07/2017	09/08/2017
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	Quality Outcomes; Finance	The current systems and processes and lack of clarity or ownership by key parties for Nursing and Care homes present a number of quality and safety risks to local patients.;#107; Failure to deliver QIPP targets;#98; Staff morale, capability and capacity;#108	Yes	3	3	9	10/07/2017: Vacant 8b position now approved through vacancy control. Plan to go out to advert with an interview date w/c 24/07/2017. Band 8a structures to be reviewed following this appointment. 17/05/2017 The recruitment process to the vacant role of Heads of Medicines Management is underway.	10/07/2017 - Advert to go out for the 8b position and interview date to be set w/c 24/07/2017. 17/05/2017 The interviews or the vacancy of Heads of Medicines Management is to be held on 18 May 2017. 13/04/2017 - Final confirmation of structure of team for Band 8a and below and recruitment to vacant posts to begin in April 2017.	13/04/2017 - QiPP schemes financial targets adjusted to reflect current vacancies. Medicines optimisation team prioritising key responsibilities/requirements.	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	10/07/2017	10/08/2017
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	Sustainable Primary Care Service	An ageing and reducing Primary Care workforce is unable to maintain /increase productivity to meet current demands/challenges;#100	Yes	3	3	9	24/06/2017 - Practice will be merged with High Street Surgery on 30th June 2017. The practice will be revisited once the merger has taken place in approximately August 2017. 12/05/2017 - Application for merger reviewed and approved by PCC on 27th April subject to patient and public involvement to ensure that they are fully informed. CQC are currently examining the best time to re-inspect the practice and may be undertaken once the merger has taken place.	24/06/2017 - Practice will be merged with High Street Surgery on 30th June 2017. The practice will be revisited once the merger has taken place in approximately August 2017. CCG and NHSE to continue to provide any support as required. 12/05/2017 - CCG and NHSE to support the practice for merger including patient and public involvement. To continue to work with CQC on a suitable re-inspection date.	24/06/2017 - Practice will be merged with High Street Surgery on 30th June 2017 with a future CQC re-inspection in August 2017 hopefully improving the overall CQC rating. 12/05/2017 - Practice merger approved by PCC and therefore it is felt that this will stabilize the practice in the future. CQC re-inspection is looking to take place once the merger has taken place and will be a full re-inspection.	3	3	9	Cannock Chase CCG	Cox Tracey (CCG)	Executive Director of Primary Care	24/06/2017	17/07/2017

257	There is a risk of an increase in General Practitioner's conflicts of interest arising as a result of GPs assuming delegated responsibility for commissioning services.	Active	Sustainable Primary Care Service Constitutional Standards	The CCGs are unable to hit constitutional targets		3	4	12	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. 06/06/2017 - No further mitigating actions at this stage. The risk will be continually monitored. 16/05/2017 - Actions remains the same 12/04/2017 - Actions remain the same 02/02/2017 - Lay Members present at Primary Care Committee have submitted conflicts of interest and this is featured within the agenda to ensure that any potential or new conflicts of interest have been declared.	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. 06/06/2017 - no future actions required at this stage. The risk will be continually monitored. 16/05/2017 - Continue to monitor 12/04/2017 - Continue to monitor 02/02/2017 - Conflicts of interest to be continually monitored and ensure Lay Members have received and are up to date with appropriate training	17/07/2017 - The Governance Managers regularly review the register. The COI register are reviewed by Audit Committee. 06/06/2017 - All actions remain the same and the risks are being managed. The risk will be continually monitored.	2	4	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hough Rebecca (CCG) SESCCG	Executive Director of Primary Care	18/07/2017	03/085/2017
256	There is a risk that funds relating to the commissioning of general practice will be retained by NHS England and monies that are currently utilised to ensure that services are running effectively will not be released to the CCG if taking on delegated commissioning responsibility.	Active	Sustainable Primary Care Service; Finance	Failure to deliver the control total;#99; Delegated Commissioning Potential financial and governance risks.;#113	No	4	3	12	17/07/2017 - No further actions at this stage, continue to monitor. 06/06/2017 - No further actions at this stage. Continue to monitor. 16/05/2017 - Actions remain the same	17/07/2017 - No further actions at this stage, continue to monitor. 06/06/2017 - No further actions at this stage. Continue to monitor. 16.05.2017 Continues to be monitored	06/06/2017 - No further actions at this stage. Continue to monitor. 16.05.2017 Continues to be monitored	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	17/07/2017	08/08/2017
255	There is a risk of the CCGs not having the resource / capacity and expertise to assume delegated commissioning responsibility of general practice.	Active	Sustainable Primary Care Service; Constitutional Standards	Capacity and monetary impact of Co-Commissioning is greater than envisaged and has a detrimental impact on Primary Care and the CCG. ;#101; The CCGs are unable to hit constitutional targets;#104	No	4	3	12	06/06/2017 - No further mitigating actions required at this stage 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.	17/07/2017 - No further actions at this stage, continue to monitor. 06/06/2017 - The risk will continue to be monitored 16/05/2017 Continues to be monitored 12/04/2017 - MOU agreed at JCC. Risk will continue to be monitored.	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 15:39:13 - 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	17/07/2017	08/08/2017

229	Wilnecote and Dosthill Practice in Tamworth received an inadequate CQC rating in December 2015. The practice have developed an action plan in conjunciton with NHS Englands Primary Care Support Team. There is concern that the timescales within the action plan and the actions being taken by the practice may not be sufficient to assure CQC of compliance and therefore a risk exists around the practice not meeting the requirements of CQC and the potential for their registration and contract to be revoked. This could leave 7,800 patients without General Practice provision. This creates a significant risk to the surrounding practices in terms of potential dispersal of lists. Those practices surrounding are mainly single handed practices and therefore would not be able to take on the additional patients as they don't have the capacity.	Pending Closure	Sustainable Primary Care Service	An ageing and reducing Primary Care workforce is unable to maintain /increase productivity to meet current demands/challenges;#100; Failure to engage the membership thus disenfranchising Primary Care from the objectives and priorities of the CCG;#103; Failure to identify quality and safety risks impacting upon patient outcomes including patient experience;#105; The CCGs are unable to hit constitutional targets;#104	Yes	3	4	12	04/07/2017 - Proposed closure of this risk. See previous update. 21/06/2017 - CQC recently visited the merged practice and found no areas of concern. The practice has now been rated as good in each category and overall. The practice will be visited by CQC as per the normal visit schedule. < 06/06/2017 - No further mitigating actions at this stage. Report awaited from CQC further to a recent visit to the merged practice. 16.05.2017 Remains the same 05/05/2017 - The practice has now merged with Heathview practice who were rated as 'good' by CQC. CQC will re-visit the merged practice imminently in order to assure themselves that the previous issues have been resolved. The CCG and NHS England continue to provide the newly merged practice with support where required.	04/07/2017 - Proposed closure of this risk. See previous update. 21/06/2017 - no further actions required 06/06/2017 - No further actions at this stage. Report awaited from CQC further to a recent visit to the merged practice. 16/05/2017 Remains the same 05/05/2017 - The practice has now merged with Heathview practice who were rated as 'good' by CQC. CQC will re-visit the merged practice imminently in order to assure themselves that the previous issues have been resolved. The CCG and NHS England continue to provide the newly merged practice with support where required. <	31/10/2016 The practice have had their CQC visit which was more positive. The CQC have provisionally advised that the practice will be moved from Inadequate to Requires Improvement but this is yet to be confirmed officially on their website. As much as there is progress there is still a considerable amount of work to do for the practice and there remains concern around the practice.	2	2	6	South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	04/07/2017	05/07/2017
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	Quality Outcomes; Sustainable Primary Care Service	Failure to identify quality and safety risks impacting upon patient outcomes including patient experience;#105	Yes	4	3	12	17/05/2017 - All but 3 sites are now live with EDT from HEFT. 3 sites are not complete due to docman issues working across their sites - this issue is being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper. 31/01/2017 - CSU Project Management lead for EDT programme is now working with HEFT and Docman to roll out electronic discharges to all SESSP practices. Currently on trial in one practice with a schedule in place for the remaining SESSP practice over the next four weeks. We have been made aware that not all discharges will be sent through this process - HEFT are working internally to deliver this as some departments have to put appropriate, safe processes in place.	17/05/2017 - All sites, where possible, are now complete. Once operational docman issues are resolved the sites will be setup. Continue to ensure EDT activity is growing from HEFT departments. 31/01/2017 - Review pilot site to ensure the solution is working as required. Work with HEFT to ensure as many documents as possible are feeding through electronically	17/05/2017 - Roll out completed, apart from 3 sites which will be completed when their docman issues on site are resolved. We have been made aware that not all discharges will be sent through this process - HEFT are working internally to deliver this as some departments have to put appropriate, safe processes in place. 31/01/2017 - Waiting for confirmation that electronic records are starting to flow out to pilot site. If this is the case then we should be able to reduce the risk as all sites are completed.	3	2	6	South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Primary Care	17/05/2017	03/07/2017
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	Finance; Sustainable Primary Care Service	Failure to deliver the control total;#99	No	4	4	16	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.	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.	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. 05/01/2017 - Plan to be in place by April 2017 for reinvestment. 18/11/2016 - A plan is being put into place in relation to this.	3	2	6	Cannock Chase; Stafford & Surrounds; South East Staffordshire and Seisdon Peninsula	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	03/07/2017	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	Quality Outcomes; Sustainable Primary Care Service	Failure to adequately quality impact assess current change programmes including, but not limited to the STP work programes. ;#106	Yes	3	4	12	04/07/2017 - Administrative update, Risk Owner amended 17/05/2017 - E-referrals (ERS) usage is within the practice membership agreements for all three CCGs in 2017/18 to further support ERS activity. A Project Initiation Document is due to be signed off by all Staffordshire CCGs in support of the Local Digital Roadmap Ten Universal Capabilities programme to ensure the area is able to send 80% OP/2WW activity through ERS. The CCG has continued to engage with providers and ERS regional implementation lead to raise concerns regarding the reduced polling times at BHFT/UHNM for a number of specialities due to RTT issues which is impacting on practice engagement and CCG targets. NHS England are now beginning to support this programme of work with a Programme Manager bringing both CCG execs and Provider leads to ensure the trajectories to achieve 80% by April 2018 and 100% by October 2018 are achievable. The three CCGs usage activity continues to grow as providers release more capacity so we are assured the majority of general practice is using it well - engagement will continue with those that are lower in each locality.	04/07/2017 - Administrative update, Risk Owner amended 17/05/2017 E-referrals (ERS) usage is within the practice membership agreements for all three CCGs in 2017/18 to further support ERS activity. A Project Initiation Document is due to be signed off by all Staffordshire CCGs in support of the Local Digital Roadmap Ten Universal Capabilities programme to ensure the area is able to send 80% OP/2WW activity through ERS. The CCG has continued to engage with providers and ERS regional implementation lead to raise concerns regarding the reduced polling times at BHFT/UHNM for a number of specialities due to RTT issues which is impacting on practice engagement and CCG targets. NHS England are now beginning to support this programme of work with a Programme Manager bringing both CCG execs and Provider leads to ensure the trajectories to achieve 80% by April 2018 and 100% by October 2018 are achievable. The three CCGs usage activity continues to grow as providers release more capacity so we are assured the majority of general practice is using it well - engagement will continue with those that are lower in each locality.	04/07/2017 - Administrative update, Risk Owner amended 17/05/2017 - E-referrals (ERS) usage is within the practice membership agreements for all three CCGs in 2017/18 to further support ERS activity. A Project Initiation Document is due to be signed off by all Staffordshire CCGs in support of the Local Digital Roadmap Ten Universal Capabilities programme to ensure the area is able to send 80% OP/2WW activity through ERS. The CCG has continued to engage with providers and ERS regional implementation lead to raise concerns regarding the reduced polling times at BHFT/UHNM for a number of specialities due to RTT issues which is impacting on practice engagement and CCG targets. NHS England are now beginning to support this programme of work with a Programme Manager bringing both CCG execs and Provider leads to ensure the trajectories to achieve 80% by April 2018 and 100% by October 2018 are achievable. The three CCGs usage activity continues to grow as providers release more capacity so we are assured the majority of general practice is using it well - engagement will continue with those that are lower in each locality.	2	4	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Finance	04/07/2017	07/08/2017
21	The risk is the failure to achieve clinical engagement of Membership	Active	New Models of Care – Delivery; Constitutional Standards; Sustainable Primary Care Service	Failure to engage the membership thus disenfranchising Primary Care from the objectives and priorities of the CCG;#103	No	4	3	12	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. 05/01/2017 - No change from last mitigating action. 01/08/2016 - Membership agreement for 2016/17 is now in place which has had inout from clinicians into the process as per previous controls. As part of the membership agreement, this includes attendance at the membership board.	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. 05/01/2017 - Continue to monitor engagement. 01/08/2016 Membership agreements to continue to be signed off and to monitor.	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. 05/01/2017 - Delivery of key targets in primary care 18/11/2016 16:28:43 - Delivery of key targets in primary care. Further engagement required for SAS Members to support the primary care strategy	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	04/07/2017	07/08/2017
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	New Models of Care – Delivery; Quality Outcomes	Failure to identify quality and safety risks impacting upon patient outcomes including patient experience;#105	Yes	3	4	12	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. 05/01/2017 - Continued scrutiny of data. Work is being undertaken by BI highlighting variation and the commissioning team (linking with the QIPP 2017/18) are looking at the implementation of the Kings Fund referral management paper which is about clear and consistent referral criteria, increase in advice and guidance utilisation in e-referrals, patient self help materials, education and PLT and the appointment of a primary care analyst to monitor. 01/08/2016 - There has been scrutiny in terms of the data as per last controls which did not show any issues. In terms of 2016/17, the performance team will continue to monitor referrals and flag to the primary care team in terms of any issues/marked increases.	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. 05/01/2017 - As per mitigating action this work will be ongoing into 2017/18. 01/08/2016 - To continue to monitor data in terms of increases in referrals and work with practices to understand the data. Work is continuing in terms of map of medicine with an upgrade rollout planned imminently.	04/07/2017 - Monitored through QIPP 05/01/2017 - Regular monitoring and ensuring practices are engaged with the different elements as per above or this could become a gap in assurance. 31/10/2016 - Monthly monitoring by Membership Board and Finance and QIPP committees. A gap may be that some practices may not wish to use map of medicine or engage with practice budget manager.	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	04/07/2017	07/08/2017

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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: 26 July 2017

Subject:	GPFV Delivery Programme							
Board Lead:	Lynn Millar, Director of Primary Care							
Officer Lead:	Lynn Millar, Director of Primary Care							
Recommendation:	**Approval/ Ratification**	✓	**Assurance**		**Discussion**		**Information**	

PURPOSE OF THE REPORT:

This document outlines a pan-Staffordshire approach to support the delivery of the GPFV plans across the 6 CCGs in Staffordshire and Stoke-on-Trent.

KEY POINTS:

The GPFV is one of the 9 national priorities and delivery will be monitored by NHSE at a regional level.
The delivery of the GPFV is a statutory responsibility of the CCG and a key deliverable within the CCG Operational plans.

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 Committees Meeting in Common is asked to:

- Approve the proposed approach to the programme management of the GPFV
- Approve the proposed governance arrangements.
- Receive future programme updates and confirm frequency of reporting arrangements.
- Receive overarching GPFV Delivery plan
- Note the roles and responsibilities.

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

GPFV Delivery Programme

1.0 Introduction

This document outlines a pan-Staffordshire approach to support the delivery of the GPFV plans across the 6 CCGs in Staffordshire and Stoke-on-Trent.

2.0 Background

Each CCG footprint submitted their GPFV plan to NHSE in February 2017. Feedback from the NHSE assurance process gave Staffordshire a blend of red, amber, green ratings and suggested that the CCGs should work more closely together to ensure a consistent approach to deliver the plan.

A workshop was held in March 2017 with NHSE in order to review the three plans and ensure a robust implementation plan was put in place supported by a programme management approach.

The plans were re-submitted and subsequently assured under the new NHSE assurance arrangements, with the exception of Patient online due to the outstanding national guidance. On this basis, it was agreed that CCGs would work collaboratively to share collective resources, reduce duplication and ensure delivery of the collective and individual CCG milestones.

3.0 Programme Management

There are currently at least three programme teams involved in delivering and monitoring all or elements of the GPFV which means that the three CCG footprints would be expected to respond to 9 different programme arrangements:

- Each region had been allocated a programme team to support the delivery of the GPFV and provide assurance to NHS England.
- Staffordshire Transformation Programme PMO is also monitoring delivery of the GPFV through the STP Enhanced Primary and Community Care Programme.
- Each CCG also has management arrangements and governance structures to oversee deliver of the GPFV.

It was therefore proposed to have a single programme monitoring office (PMO) to support delivery and feed into the relevant organisations and committees. The programme brings together the existing programmes and programme leads into a single coordinated approach. It was felt that the NHSE Programme Office was best placed to support the GPFV delivery as it was an externally funded resource and provides a supportive approach with minimal bureaucracy. The PMO will also feed into the other PMOs using the same documentation and PM3.

There is an expectation that this approach will provide a number of benefits to CCGs:

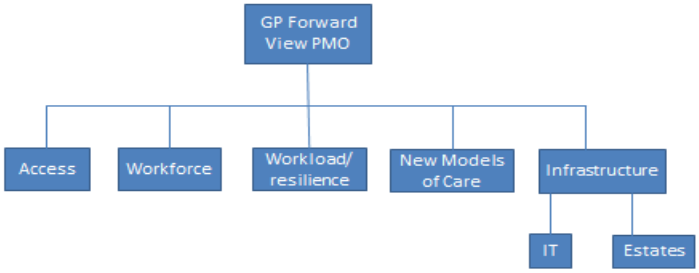
- Shared collective staffing resource to reduce duplication and optimise capacity.
- Sharing of best practice and innovation.
- Reduced bureaucracy.
- Opportunity to do it once and do it well.
- Single reporting arrangements to satisfy NHSE and STP requirements.

3.0 Programme Plan

A single implementation plan has been developed which pulls together the existing plans and milestones from each individual CCG. While there will be a single programme plan, this will not replace the need for local plans which will be incorporated into the plan.

The programme has been structured into the five main work programmes identified in the GPFV (Figure 1.)

Figure 1. Proposed Programme Structure



A high level implementation plan has been developed and is currently being populated with Milestones and actions. The plan will be presented to the Primary Care Committee for approval and assurance.

4.0 Programme leadership

Programme leadership has been identified to support the coordination of a single programme of work across Staffordshire. Lynn Millar is the Director of Primary Care in South Staffordshire and was asked to support the coordination of the GPFV on behalf of the CCGs. Rebecca Woods, Head of Primary Care for Shropshire and Staffordshire is the GPFV Lead for NHSE.

Each work programme has been allocated a programme lead to support the coordination and development of the programme plan working with local teams who will be responsible for the delivery.

While coordination will occur on a pan-Staffordshire basis this does not replace the local leadership, ownership and engagement that is currently in place.

Table one shows the proposed programme leads, local delivery leads and those clinical leads that have been identified to date.

Table 1. Proposed Programme Leadership

Programme Area	Programme Lead	CCG lead	Clinical Lead
GPFV	Lynn Millar	Sarah Blenkinsop Sarah Jeffery Kirsten Owen	Dr John Gilby Dr Paddy Hannigan Dr Charles Pidsley
Access	Mark Rayne	Cheryl Hardisty/Sarah Blenkinsop Kirsten Owen Mark Rayne	TBC TBC TBC
Workforce	Rebecca Woods	Sarah Blenkinsop Tracey Cox Kirsten Own	TBC Dr Janet Eames TBC
Workforce/resilience	TBC	Sarah Blenkinsop Sarah Jeffery Kirsten Owen	LMC TBC TBC
Infrastructure – IT	Andy Hadley	Andy Hadley Nicola Austerberry Julie Hughes	Dr Asif Ahmed Dr Steve Fawcett TBC
Infrastructure – Estate	Phil Brenner	Eleanor Wood Sarah Blenkinsop Julie Huges	TBC TBC TBC

5.0 Reporting and Monitoring

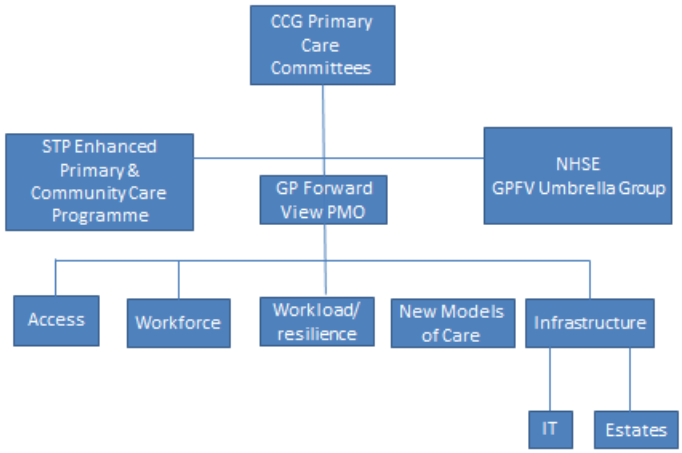
There is an expectation that the responsibility for the delivery of the GPFV will be steered by the Governing Bodies, alongside GP representatives from the LMC and Federations.
The PMO will work with local teams to reflect the governance arrangements within each CCG through the Primary Care Committees

Figure 2. describes proposed reporting and monitoring arrangements to the relevant Primary Care Committee. The PMO will produce a monthly highlight report that will be presented to the Primary Care Committee as required by the Primary Care lead.

Any changes to the programme plan will be discussed locally and a change request made to the relevant Primary Care Committee.

The PMO will also provide assurance to the STP EPCC Programme Board and also the NHSE GPFV Umbrella Group which monitors progress across the whole of the NHSE North Midlands.

Figure 2. Proposed GPFV reporting arrangements



6.0 Roles and Responsibilities

Responsibility for monitoring and reporting the Programme will be through the GPFV PMO. CCGs remain statutorily responsible for the local design and delivery of the GPFV. The PMO does not have the authority to make decisions pertaining to any individual CCG.

Financial responsibility remains with the CCGs which each individual CCG receiving an allocation to deliver the GPFV across their registered practice populations. There is no expectation that this resource will be pooled or used to deliver the GPFV in another area. The PMO approach does not replace existing communication and engagement processes and there is an expectation that local leads will continue to engage with primary care, patients and other stakeholders.

7.0 Recommendation

The Primary Care Committee are asked to:

- Approve the proposed approach to the programme management of the GPFV
- Approve the proposed governance arrangements.
- Receive future programme updates and confirm frequency of reporting arrangements.
- Receive overarching GPFV Delivery plan
- Note the roles and responsibilities.

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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 July 2017

Subject:	General Practice Forward View – Workflow Optimisation							
Board Lead:	Lynn Millar - Director of Primary Care							
Officer Lead:	Sarah Jeffery - Head of Primary Care Development							
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

To inform the committee of the advantages of the training programme and the intended roll out plan in relation to Workflow optimisation for the three South Staffordshire CCG's. This forms part of the work programme in regards to the GPFV plan for the three CCG's

KEY POINTS:

- As part of the Five Year General Practice Froward View (GPFV) a new national three year 'Releasing Time for Patients' programme to reach every GP practice in the country to free up to 10 percent of GPs' time was to be introduced. These are referred to as the 10 high impact actions.
- This paper is specifically in relation to High impact action 5 – productive work flows and the three south Staffordshire CCG's training programme
- The paper outlines the benefits for GP Practices for example, freeing up to 40 minutes of clinical time per day per GP
- HERE have been commissioned to deliver training over the three South Staffordshire CCG's
- Engagement has been undertaken with our member practices across the three CCG's
- A training programme has been drafted and training will have commenced for all practices across the three CCG's by 31 March 2018

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	Freeing up GP capacity to allow more time with patients
More focus on prevention	Freeing up GP capacity to allow more time with patients
Involving everyone for improved health and care	Training for clerical staff to play a more active role

Empower and support patients to take control of their own health	N/A
Services supporting people to make informed decisions	N/A

IMPLICATIONS:

Legal and/or Risk	N/A
CQC	N/A
Patient Safety	Training package covers governance and indemnity
Patient Engagement	Patient engagement as part of the GPFV
Financial	None- funding already allocated by NHSE to support training package
Sustainability	Train the trainer approach following yearly support
Workforce/Training	4 full days for clerical staff ½ day for GP's

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committees Meeting in Common is asked to:
Receive the paper and note the contents for information

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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General Practice Forward View – Productive Workflows

1. Background and Introduction

As part of the Five Year General Practice Froward View (GPFV) a new national three year 'Releasing Time for Patients' programme was introduced to reach every practice in the country freeing up to 10 percent of GPs' time. These are referred to as the 10 high impact actions. This paper is specifically in relation to High impact action 5 – productive work flows. As set out in the GPFV published in April 2016, Brighton and Hove have a number of practices who had developed a robust protocol to allow clerical staff to read, code and where appropriate take action on incoming clinical correspondence, rather than the GP having to deal with every letter. In excess of 300 practices nationally have now been trained and have implemented this redirection of workflow with substantial positive changes demonstrated. Now on average, only 20 percent of letters previously directed to a GP require their direct input. It is estimated that this is saving an average of 40 minutes of each GP's time per day, with no significant events in the first 15,000 letters processed. Feedback clearly demonstrates reduced workload pressures and with the time savings generated, increased opportunity for activities related to direct patient care. Training includes clear mechanisms to provide internal governance and auditing of activity. GPs report being satisfied with the safety of the approach, the improved quality of coding and the release of their time. Clerical staff report that they are confident to run the new process and describe renewed job satisfaction.

2. Benefits

The benefits of the training programme include the following:

- Accurate and consistent information entered on medical records
- Stewardship of the patient journey (including DNA checks, blood test booked there and then, follow up appointment resolved)
- Clinician time saving an estimated up to 40 mins per day per full time GP
- Up skilling and professional development of the practice team
- Increased resilience within practice and between practices
- Ability to review other back office functions and share learning
- Access to regular data to support continual improvement
- Change management programme successfully implemented and maintained
- Greater impact for risk stratification and risk modeling
- Consistent data entry and easier audit potential across the geographical footprint
- Local practice resilience increased
- Network of administrators across the area
- Catalyst for a wider conversation about collaboration between practices
- A method of learning where 1 administrator and 1 GP can work together to transform practice

3. Training and support for Practices

3.1 National

As part of the GPFV financial resource was awarded to fund training for general practice clerical/administrative staff. HERE are the only approved creditors of this training recognised nationally. HERE are a not for profit membership organisation made up of GP's Nurses, Practice Managers and clerical staff. HERE delivered the training in Brighton and Hove and have since successfully trained over 300 practices.

3.2 Local

NHSE locally invested to commission HERE to deliver the training across the Staffordshire footprint. Delivery at scale provides economies in regards to cost and consistency.

3.3 Training offer

HERE offer the following:

- Workflow Optimisation training - 4 full days for administrators and ½ day for GP Champions
- A year of implementation support
- Supporting collaboration across teams, organisations and buildings
- Signed Contract (preparation required, expectations, and benefits)
- Pre training support (remote and in person) to scope implementation method and support required
- User Manuals
- CPD accreditation
- Remote GP Champion support
- Resource Centre and Online Forum
- Long term personalised support to communities to develop learning environment
- Workflow Optimisation is an opportunity to bring practices together to work in a collaborative way. This supports administrators to build communities of practice around Workflow Optimisation to share and embed learning. This opens other opportunities to learn together

3.4 Assurance and Governance:

- GP Champion role within each practice who will support the administrator to develop their skills through supervision for a six months period following training
- Implementation of Medication Protocols
- Robust Audit and Feedback Process
- Significant event collection
- Medico-legal assurance the training programme is covered by legal indemnity
- Collective improvement structure with community of administrators continuing to feed into the process

3.5 Change Programme

The change programme follows a process of:

- Design – working with local teams to understand priorities and design the best roll out plan
- Train – has a design phase and tailors specific training to the skills of practice teams
- Embed – follow up and ongoing support tailored to suit the individual needs of the practices
- Learn – Collation of the analysis of data generated by the practice to drive transformation. Identification of areas for development
- Improve – acting upon the analysis developed to build resilience and supported groups of learners and practices.

3.6 Local Engagement

The three South Staffordshire CCG's have engaged with all of its members through membership board meetings and engagement events. The response has been overwhelmingly in favour of supporting the training programme to be implemented locally. Practices and the staff see the benefits in releasing time to care for patients.

4.0 Next Steps

Following engagement with practices a draft training plan has been developed with full rollout of training to be completed by 31st March 2018. The Primary Care Committees in Common are asked to note the contents of the report for information.

References and useful websites:
NHSE Five Year GPFV https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
HERE http://hereweare.org.uk/what-we-do/workflow-optimisation/

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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 July 2017

Subject:	Delegated Commissioning Month 3 2017/18							
Board Lead:	Lynne Millar							
Officer Lead:	Anne Perry							
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

To inform the Board of the Month 3 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 3 2017/18.
The current financial positions are :-

- Cannock Chase CCG is reporting an underspend of £36,850.
- Stafford & Surrounds CCG is reporting an underspend of £25,281.
- South East Staffordshire & Sesidon Peninsula CCG is reporting an underspend of £9,673

In terms of any underspend which may arise NHS England will not be looking to claw any of that back, 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

Delegated Co-commissioning – Finance Report – June 17

Cannock Chase CCG (04Y)

The current financial position for Cannock Chase CCG at Month 3 2017/18 is £37k underspent, below is the summary position by expenditure category:-

Narrative	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	146,364	36,578	36,578	0	146,364
Enhanced Services	514,328	128,549	119,970	-8,579	514,328
General Practice APMS	262,342	65,584	66,048	464	262,342
General Practice GMS	10,005,757	2,501,757	2,516,624	14,867	10,005,757
General Practice PMS	2,772,821	689,043	735,333	46,290	2,772,821
Other GP Services	811,464	147,558	62,391	-85,167	811,464
Premises Costs Reimbursements	1,388,087	408,269	403,543	-4,726	1,388,087
QOF	1,751,837	435,726	435,726	0	1,751,837
Grand Total in Ledger at Month 3	**17,653,000**	**4,413,064**	**4,376,214**	**-36,850**	**17,653,000**

All allocation transfers have been actioned in Month 3 as previously reported.

Enhanced Services is showing a year to date underspend due to budget being included for all practices for Extended Hours.

The year to date overspends on both General Practice GMS and General Practice PMS are due to budget phasing issues and will be adjusted for Month 4 reports.

Other GP Services are showing a year to date underspend due to no known commitments against reserves.

We are continuing to forecast a breakeven position until more data becomes available further into the year.

Delegated Co-commissioning – Finance Report –June 17

Stafford & Surrounds CCG (05V)

The current financial position for Stafford & Surrounds CCG at month 3 2017/18 is £25k underspent, below is the summary position by expenditure category:-

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	756,894	189,215	189,215	0	756,894
Enhanced Services	504,306	126,056	125,515	-541	504,306
General Practice GMS	11,279,870	2,773,718	2,779,397	5,679	11,279,870
General Practice PMS	3,180,484	772,407	778,455	6,048	3,180,484
Other GP Services	626,598	216,606	175,610	-40,996	626,931
Premises Costs Reimbursements	1,862,038	647,632	652,161	4,529	1,862,038
QOF	2,033,810	502,286	502,286	0	2,033,810
Grand Total	**20,244,000**	**5,227,920**	**5,202,639**	**-25,281**	**20,244,333**

All allocation transfers have been actioned in Month 3 as previously reported.

The year to date overspends on both General Practice GMS and General Practice PMS are due to budget phasing issues and will be adjusted for Month 4 reports.

Other GP Services are showing an under spend due to no known commitments against reserves.

Premises costs reimbursements overspend is due to the Rates QIPP.

We are continuing to forecast a breakeven position until more data becomes available further into the year.

Delegated Co-commissioning – Finance Report – June 17

South East Staffs & Seisdon Peninsular CCG (05Q)

The current financial position for South East Staffs & Seisdon Peninsular CCG at month 3 2017/18 is £10k underspent, below is the summary position by expenditure category:-

EXPENDITURE

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)
Dispensing & Prescribing	238,675	59,643	59,643	-	238,675
Enhanced Services	749,601	187,359	185,937	-1,422	749,601
General Practice APMS	881,205	220,300	221,593	1,293	881,205
General Practice GMS	15,397,909	3,826,122	3,833,005	6,883	15,397,909
General Practice PMS	4,081,709	1,014,110	1,036,875	22,765	4,081,709
Other GP Services	1,087,430	319,530	258,903	-60,627	1,087,430
Premises Costs Reimbursements	1,644,550	631,206	652,641	21,435	1,644,550
QOF	2,774,921	693,680	693,680	-	2,774,921
Grand Total	**26,856,000**	**6,951,950**	**6,942,276**	**-9,673**	**26,856,000**

All allocation transfers have been actioned in Month 3 as previously reported.

The year to date overspends on both General Practice GMS and General Practice PMS are due to budget phasing issues and will be adjusted for Month 4 reports.

Other GP Services are showing an under spend due to no known commitments against reserves.

Premises costs reimbursements overspend is due to the Rates QIPP.

We are continuing to forecast a breakeven position until more data becomes available further into the year.

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REPORT TO: Primary Care Commissioning Committees Meeting in Common TO BE HELD ON: 26 July 2017

Subject:	GP Resilience Programme update (16/17 and 17/18)							
Board Lead:	Lynn Millar – Executive Director of Primary Care							
Officer Lead:	Tracey Cox – Senior Primary Care Development Manager							
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

The purpose of the report is to provide the Primary Care Committee with an update in regard to the GP resilience programme in terms of 2016/17 and 2017/18.

KEY POINTS:

The GP resilience programme aims to deliver a menu of support to help practices to become more sustainable and resilient, better placed to tackle challenges they face now and in the future, and securing continuing high quality care for patients.

16/17 resilience programme

- £114,000 funding allocated across the 3 CCGs covering 16 practices
- Evaluation feedback in terms of outcomes and learning will start to be fed back in September 2017 against the practice MoU submitted. Full case study will be due in March 2018.

17/18 resilience programme

- 14 practices submitted an expression of interest with several bids for funding within those expressions of interest
- 11th July initial panel took place with representatives from NHS England, CCGs, LMC and Supporting Change in General Practice team
- Work underway to match expressions of interests agreed to be taken forward against the funding available (approximately £150,000 across the Staffordshire and Shropshire area)
- Practices will be written to soon to inform them of the outcome of that panel.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	Resilience funding has the potential to contribute to any of the CCG goals
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	There is a risk that the funding allocations are not utilised effectively or add benefit
CQC	Can support CQC inspections
Patient Safety	Can support general practice patient safety
Patient Engagement	N/A
Financial	There is a risk that the funding is not utilised effectively.
Sustainability	The GP resilience programme supports general practice sustainability
Workforce/Training	The GP resilience programme can support workforce and training to provide practice sustainability.

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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Introduction

The GP resilience programme aims to deliver a menu of support to help practices to become more sustainable and resilient, better placed to tackle challenges they face now and in the future, and securing continuing high quality care for patients.

NHS England local delivery teams will lead on the programme with CCGs and LMCs working in close collaboration to support this.

In 2016/17, a total of £16m was available nationally, with £8m available every year thereafter until March 2020.

Menu of support

Due to the varying difficulties faced within general practice for practices to become more sustainable and resilient, a wide range of support could be needed. A menu of support was developed varying from immediate help for practices facing urgent pressures through to transformational support. The menu includes:

- Rapid intervention and management support for urgent support to practices at risk of closure
- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance e.g. operational HR, IT, management and finance
- Coaching / supervision / mentorship as appropriate to identified needs
- Practice management capacity support
- Coordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practices or groups of practices
- Personal resilience training

2016/17 – process and funding allocated

Practices were initially asked for expressions of interest for funding guided by the menu of support either as a single practice, groups of practices or locality (considering collaborative / working at scale).

Following this a panel assessment took place with representation from NHS England, the CCGs and LMC to prioritise funding or identify where funding may have been expected from practices but no expressions of interest received.

To enable funding to be targeted as well as supporting the practices where expressions of interest had been submitted, practices were ‘buddied up’ and asked to work together in terms of the funding allocated to gain some economies of scale.

A total of £114,000 was allocated across the 3 CCGs broken down as follows:

8 practices supported in Cannock Chase CCG
3 practices supported in Stafford and Surrounds CCG
5 practices supported in South East Staffs and Seisdon CCG

Practices were asked to complete a MoU requiring them to report on how the funding has been targeted. This evaluation feedback is required in September 2017 with a full case study due in March 2018.

2017/18 – process and timescales

Practices were asked for expressions of interest for funding guided by the menu of support either as a single practice, groups of practices or locality (considering collaborative / working at scale options) by a deadline of 21st June (to ensure that NHS England deadlines were met).

Following this deadline, a total of 14 bids were received across Stafford and Surrounds, Cannock Chase and South East Staffs CCGs, although multiple requests for funding are within the expressions of interest.

A panel was held on 11th July to work through all expressions of interest received with representatives from NHS England, the CCGs, the LMC and the Supporting Change in General Practice team in terms of a prioritisation process. Further work will now be undertaken for any expressions of interest that are able to be taken forward and within the budget available of approximately £150,000 available for Staffordshire and Shropshire. NHSE and the CCGs will shortly be writing to all practices to inform them of the outcome of the panel.

A number of practices will be offered support from the Supporting Change in General Practice team around some diagnostic work particularly in terms of workforce modelling and change management support (specifically following mergers).

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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 26 July 2017

Subject:	National GP patient survey results - published July 2017							
Board Lead:	Lynn Millar – Executive Director of Primary Care							
Officer Lead:	Tracey Cox – Senior Primary Care Development Manager							
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**		**Information**	✓

PURPOSE OF THE REPORT:

The purpose of this report is to provide the Primary Care Committee with an overview of the CCGs results of the national GP patient survey published in July 2017.

KEY POINTS:

The National GP patient survey is an independent survey run by IPSOS Mori on behalf of NHS England. The survey gives patients the opportunity to share their experience of their GP practice and practices can use the results to improve their patient experience.

The latest survey results were published on 7th July relating to questionnaires completed between January to March 2017. The survey is currently annual. Practice can review their individualised results and CCGs have been provided with individual slide packs to show trends against previous years.

Link to CCG slide packs: https://gp-patient.co.uk/Slidepacks2017

Response rate July 2017:

National	Cannock Chase CCG	Stafford and Surrounds CCG	SESSP CCG
37.5%	41%	48%	42%

A table is provided within the body of this paper highlighting trends for the CCGs for a number of areas compared to the previous year and an executive summary has also been provided which has been taken from the national statistical briefing indicating a decline of satisfaction results nationally in line with the decline seen across the 3 CCGs.

The results of the survey will be used to inform the GP quality dashboard in terms of quality improvement and assurance by practice level and results will also be discussed during individual GP visits taking place from the autumn.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	N/A
More focus on prevention	N/A
Involving everyone for improved health and care	The national patient survey aims to involve patients to provide experience of their GP practice and results are used to inform service improvement.
Empower and support patients to take control of their own health	N/A
Services supporting people to make informed decisions	N/A

IMPLICATIONS:

Legal and/or Risk	N/A
CQC	CQC inspections take the national GP patient survey into account
Patient Safety	N/A
Patient Engagement	Patient experiences to inform and contribute towards GP practice service improvement
Financial	N/A
Sustainability	N/A
Workforce/Training	Results of the survey may inform specific training requirements

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Committee is asked to receive the report and note the results of the National GP Patient Survey for the 3 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?			✓

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	National	Cannock Chase CCG		Stafford and Surrounds CCG		SESSP CCG	
	July 2017	July 2017	July 2016	July 2017	July 2016	July 2017	July 2016
Overall experience of your GP surgery (good)	85%	83%	84%	85%	88%	85%	87%
Ease of getting through to the surgery by phone (easy)	68%	67%	71%	70%	74%	65%	68%
Helpfulness of receptionists (helpful)	87%	86%	87%	87%	87%	86%	88%
Success in getting an appointment (yes)	84%	84%	85%	86%	89%	85%	85%
Overall making an appointment experience (good)	73%	72%	73%	72%	75%	70%	74%
Confidence and trust in GP (yes)	95%	94%	95%	95%	98%	95%	96%
Confidence and trust in nurse (yes)	97%	97%	98%	97%	97%	98%	98%
Opening hours satisfaction (satisfied)	76%	75%	76%	75%	76%	76%	77%

Cannock Chase CCG:

- Reduction of % seen across the 8 areas above
- Ease of getting through by phone satisfaction particularly shows a decline of satisfaction by 4%
- Satisfaction for 2 of the areas are still in line with the national average

Stafford and Surrounds CCG:

- Reduction of % seen across 6 of the 8 areas above, 2 areas have remained static
- 5 of the 6 areas have decreased by over 3%
- Satisfaction for 6 of the areas are still either in line with or above the national average

SESSP CCG:

- Reduction of % seen across 6 of the 8 areas above, 2 areas have stayed static
- Overall appointment experience particularly shows a decline of satisfaction by 4%
- Satisfaction for 5 of the areas are still either in line with or above the national average

Executive summary from statistical briefing 6th July 2017

"Patients' overall experience of the GP surgery and overall experience of making an appointment has declined (this decrease follows on from a brief improvement in 2016). There has been a decline (of varying degrees) for most of the measures relating to experience of care and services in this survey. Despite this, at least 8 out of 10 patients report a positive overall experience of their GP surgery (84.8%), and at least 7 out of 10 patients report a positive overall experience of booking appointments (72.7%).

There are likely to be a number of factors that contributed to the decline in the overall experience of the GP surgery, including declines in experience of making an appointment, an increase in GP surgery waiting times (that is time to be seen following appointment time) and a slight fall in the positive perception of GP competencies. Patients being given enough time by their GP during a consultation witnessed the greatest decline of the competencies compared to 2016 (and the greatest year on year decline seen in this measure since 2012). This contrasts with the relatively small decline seen in this measure for nurses. However it must be noted that trust and confidence in GPs remains high and showed little deterioration since 2016.

Experience of making an appointment is a key factor contributing to the decline in overall experience; this coincides with deterioration in several key areas. Falls in satisfaction with access to GP surgery; fewer patients reported that getting through to the surgery on the phone was easy and patients were less satisfied with the opening hours. The largest decline in this area however was the frequency with which patients saw their preferred GP, although at the same time, fewer patients have a preferred GP."

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REPORT TO: Primary Care Commissioning Committee Meeting in Common

TO BE HELD ON: 26th July 2017

Subject:	Draft Primary Care Quality Assurance Process								
Board Lead:	Lynn Millar – Executive Director of Primary Care Heather Johnstone – Executive Director for Nursing, Quality & Safety								
Officer Lead:	Lynn Tolley – Head of Nursing, Quality & Safety. Tracey Cox – Senior Primary Care Development Manager.								
Recommendation:	**Approval/ Ratification**		**Assurance**		**Discussion**	✓	**Information**		

PURPOSE OF THE REPORT:

The purpose of this report is to provide the Primary Care Commissioning Committee with an overview of the draft proposed arrangements for primary care quality assurance process for discussion.

KEY POINTS:

- The draft primary care quality assurance schedule has been drafted via a task and finish group with the Staffordshire CCGs primary care and quality teams and NHS England following delegated commissioning.
- Reporting and assurance of Primary Care quality is part of the NHS England Delegated Functions to the Primary Care Commissioning Committee (PCCC)
- Primary care dashboard is already in place including a review meeting on a quarterly basis between NHSE and the CCGs. This meeting will be further strengthened including the inclusion of a quality team representative.
- Quarterly report proposed to JQC to provide challenge and scrutiny, not assurance.
- High level quarterly report proposed to PCC committee following JQC to provide assurance
- The schedule will also be discussed in the next JQC meeting in August 2017.

CCG GOALS:

Change the culture: • **Hospital to home** • **Professional to patient**	Primary care contributes to all CCG goals
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	N/A
CQC	Primary care quality assurance takes CQC inspection outcomes into account and supports these processes.
Patient Safety	Primary care quality processes will contribute to high quality and patient safety
Patient Engagement	N/A
Financial	N/A
Sustainability	N/A
Workforce/Training	N/A

RECOMMENDATIONS/ACTION REQUIRED:

The Primary Care Commissioning Committee is asked to discuss the proposal in relation to primary care quality assurance.

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

Primary Care Quality Assurance Schedule

1. Background

Although, practices as providers are accountable for the quality of services they deliver and are required to have their own quality monitoring processes in place; NHS England, and the CCGs as commissioners will have a shared responsibility for quality assurance from 1st April 2017 onwards. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality such as participating in practice visits, CCG wide training events and reporting of incidents.

2. Purpose

The purpose of the schedule is to outline the Shropshire and Staffordshire CCGs' approach to quality and safety for primary care general practice including to:

- Articulate a shared understanding of quality assurance for primary care general practice
- Set out the accountability structure and quality reporting structures as part of a phased approach to support the primary care general practice commissioning arrangements under delegated commissioning
- Describe the robust process that the Shropshire and Staffordshire CCGs will follow to assure quality in primary care general practice
- Develop a consistent approach to the management, monitoring and improvement of quality in primary care general practice

3. Scope of schedule

This schedule applies across all GP member practices within the Shropshire and Staffordshire area. It is a standalone quality schedule that sits within the overarching MOU for delegated commissioning. It outlines the actions and processes the individual CCGs, as commissioners with delegated responsibilities, working in partnership with NHS England North Midlands (NHSE NM) will undertake in supporting improvement, assessment/ monitoring and then ultimately assurance of the quality of care provided by Shropshire and Staffordshire GP practices.

This is phase 1 of 3, to develop robust assurance processes and information flows to enable CCGs to be assured of General Practice quality.

Phase 2 – Dashboard enhancement, June 2017–September 2017; developing the dashboard metrics to provide an enhanced quality view including areas of other practice driven activity such as referral rates, prescribing etc. Develop alternative data collection methodologies and technical solutions for sharing the dashboard, with practices.

Phase 3 – Information sharing, September 2017-March 2018; this phase will look to develop enhanced intelligence reporting and develop information sharing processes, which is currently out of scope of this schedule. This process will need to be carefully considered and agreed between NHSE NM and the CCGs.

4. Out of scope

4.1 Performers list

The management of the performers list remains as a reserved function of NHS England and responsibilities for the functions relating to the individual performers remain with NHSE NM.

Whilst the CCGs acknowledge that the individual performers data, in terms of referrals to the Professional Advisory Committee, any subsequent referrals and outcomes to the Performer List Decision Panel, is not part of the responsibilities which will transfer to the CCG post Delegated Commissioning, there is a direct collation between the performer management and the sustainability of individual General Practice.

In line with the delegation agreement, NHSE NM and the CCGs will need to develop arrangements in order to work collaboratively when exercising its reserved functions, including how it proposes to address GP performer issues (clause 8.6.). The development of these arrangements will form part of the second phase of the Primary Care Quality Assurance work.

4.2 Complaints management

NHSE NM retains its function in relation to complaints management and will be responsible for taking decisions in relation to the management of complaints. However a robust information sharing process needs to be in place to ensure that complaints are fed in to the overall monitoring of general practice quality.

5. Defining quality

The commonly acceptable definition of “quality” in the NHS describes three dimensions that must be present to provide a high quality service;

- **Clinical effectiveness;** quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient’s health outcomes.
- **Safety;** quality care is delivered in a way that reduced the risk of any avoidable harm and risks to a patient’s safety
- **Patient experience**; quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what a patient (or their representative) wants or needs, with compassion, dignity and respect.

Quality assurance is the systematic and transparent process of checking to see whether a product or service being delivered is meeting specified requirements. The processes through which the CCGs will assure itself of primary care (medical services) quality are described in the following sections.

6. Quality monitoring

General Practice quality is currently monitored using a variety of hard and soft intelligence data sources; some of the data is available publically and some is internal use only; equally

the frequency of the data can also vary between annually, 6 monthly, quarterly and monthly. The hard intelligence data reporting timetable is determined by national data publications and this can also range from monthly, to between 6 - 12 months at the time of the data being reported in the dashboard, calendar of published data is attached to this Quality Schedule. The Quality Dashboard is developed by NHSE NM Quality team on a regular basis updating sections with any recently published data, from national data sets, locally sourced information or recent Care Quality Commissioning Reports.

6.1 General practice quality dashboard

NHSE NM Quality lead in conjunction with NHSE and CCGs Primary Care teams have developed a single quality dashboard which combines a number of metrics across the three domains of quality incorporating information from the following sources:

- **Care Quality Commission (CQC)** – inspection outcomes overall and across the 5 domains
- **Contract indicators –** General Practice Higher Level Indicators, General Practice Outcome Standards, QOF, breach/remedial notices, premises, contract succession
- **Patient experience** – GP patient survey, complaints, friends and family test
- **Patient safety** – number of incidents, number of controlled drugs, outcome of any performer referrals to the GMC
- **Public health -** Vaccinations and immunisations, cancer screening
- **Soft intelligence** – NHS Choices, patient opinion, health watch social media[1].

There are a range of metrics that make up the quality dashboard; the information from the different metrics and soft intelligence will be aggregated to stratify practices into different levels of risk status. This will identify the level of support and monitoring appropriate for each practice.

7. Support and escalation

The following describes the process and escalation in relation to the Primary care Quality assurance, it is expected that the actions from the preceding stage have been completed before moving on to the next stage.

Status	Suggested Triggers	Potential CCG actions
No concerns	• CQC rating – Outstanding/Good • GP webtool GPOS 'higher achieving' or 'achieving' • GP webtool HLIS no negative outliers • No concerns identified in a range of indicators of high quality care • Practice reporting incidents, no incidents indicating serious patient safety issue • Positive feedback from GP Patient Survey	**Stage 1 – Routine monitoring and support** • Sharing best practice • CCG quality/contract visits • **Escalate as appropriate**

[1] Whilst anecdotal or individual feedback can be difficult to quantify, this can offer invaluable insights into the quality of a provider

Emerging concerns	• CQC rating - Requires improvement or Inadequate in 1 or more domain • Some concerns identified in a range of indicators of high quality care • GP webtool GPOS 'approaching review' • GP webtool HLIS 1 – 4 negative outliers • Practice reporting incidents and some concern relating to patient safety from incidents or practice not reporting incidents • Some areas demonstrating variance from CCG and national results in GP Patient Survey • Nature / seriousness of upheld complaints • Emerging factors that could impact on future service delivery (e.g. retirements) • Practice applied to close list (accepted or denied) • Significant reductions / increases in list size • Financial health (£/wtd patient compared with peers, annual % reduction in core funding from PMS/MPIG) • Premises issues/compliance • Potential non-compliance with contract requirements • Anticipated changes in external environment (e.g. significant population growth) • Potential impact on practice from PAG/PLDP investigations •	**Stage 2 – Light touch support work with practice** • Quality / performance review meetings as required • Triangulate intelligence • Risk assess and manage the issue/s as necessary • Continue enhanced monitoring • Consider sharing intelligence with the practice and work with the practice proactively to understand and begin to plan future of services • Share concerns relating to individual performance with NHS England Fitness to Practice team for the Performance Advisory Group (PAG) • CCG/NHSE learning • **Escalate / de-escalate as appropriate**
Investigation of concerns and potential resolution	• CQC rating – Overall - Requires improvement • Significant concerns identified in a range of indicators of high quality care and escalated for investigation / resolution • GP webtool GPOS 'review identified' • GP webtool HLIS 5 or more negative outliers • Practice not reporting incidents and / or incidents indicating serious patient safety issue/s • Many areas demonstrating variance from CCG and national results in GP Patient Survey • Practice not implementing or achieving agreed outcomes of earlier planning • Imminent risk of service continuity through disruption or closure (e.g.	**Stage 3 – Investigation of concerns and action plan resolution** • Regular quality / performance review meetings • Agree CCG actions in response to each case • Raise concerns with practice for response • Deep dive into practice – desktop or through quality / contract review visit • Request copy of practice improvement plan • Review and quality assure practice improvement plan • Support practice develop and deliver improvement plan • Rapidly work with the practice to reduce / eliminate risks to service continuity

	resulting from PLDP/GMC action, failure to secure adequate insurance, premise issues)	• Develop and implement mitigation plans should the risk of service delivery be considered unresolvable • Share concerns relating to individual performance with NHS England Fitness to Practice team for the PAG • CCG/NHSE learning • **Escalate / de-escalate as appropriate**
Formal action / intervention to ensure resolution	• CQC rating – Overall - Inadequate • Significant concerns identified in a range of indicators of high quality care and following investigation requires formal action (e.g. contractual action) to support resolution • Immediate service continuity issue (e.g. practice premise unavailable due to flood/fire)	**Stage 4 – Formal action of intervention and action plan to ensure resolution** • Support practice develop and deliver improvement plan • Contractual action (remedial / breach notice) to formalise required improvement • Formally seek evidence of improvement and compliance with contractual actions • Quality / contract review visit to confirm completion of improvement plan • Develop contingency plan to secure continuity of patient services • Escalate to Quality Surveillance Group (QSG) • Immediately work with practice/s to resolve immediate service continuity issue • Share concerns relating to individual performance with NHS England Fitness to Practice team for the PAG • CCG/NHSE learning • **De-escalate as appropriate**

Practices would not routinely escalate from stage 1 straight to stage 4; it is expected that practices will escalate and de-escalate through the various stages and that the actions of the previous stages have taken place.

8. Governance

Reporting and assurance of Primary Care quality is part of the NHS England Delegated Functions to the Primary Care Commissioning Committee (PCCC) with the duty to:

6.2.4 Undertaking reviews of primary medical services in the area

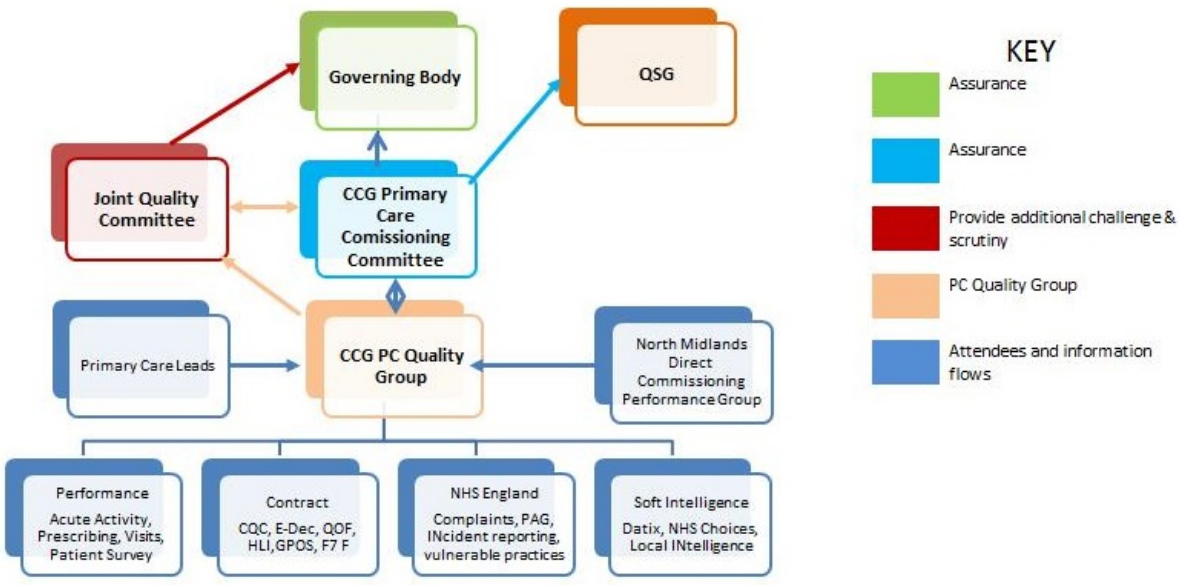
6.2.5 Decisions relating to the management of poorly performing GP practices.

The PCCC is assurance committee, not an operational working group and in order to provide this assurance Primary Care Quality will need be monitored and managed through a separate group.

Some CCGs will have established governance arrangements which they are able to incorporate the review of primary care quality, others will want to establish a group to monitor and manage primary care quality.

Whichever arrangement the CCG establishes, the dashboard of quality metrics and any other quality related general practice information, such as soft intelligence reported via NHS Choices or other forums will contribute and support primary care quality monitoring and reporting. This will continue through the current quarterly dashboard review meetings.

8.1 Primary Care Governance framework



The section 9.1 describes the Primary Care Quality Assurance Process, which will be followed by the CCGs and NHS England, rather than describing a particular group or meeting. In agreeing to the same process and principles, across Shropshire and Staffordshire we can be assured that Primary Care Quality is being consistently monitored and managed.

8.2 Primary care quality review process

The Primary Care quality review process will use the source data provided by Primary Care Quality Dashboard and other information which has been shared in order to identify potential or actual risk to Primary Care Medical Services quality.

The CCG Quality dashboard review process will be managed by each CCG individually however, the outcome should be the same which is to agree the actions to be taken and provide assurance to the PCCC on the quality of Primary Care Medical Practices. As required the CCG Quality dashboard review process should escalate quality concerns to the Primary Care Commissioning Committee.

Any immediate Primary Care Medical Practices quality concerns, that puts patients at risk of harm, must be flagged to the Chief Nurse and Director Of Nursing, Quality and Safety immediately in order to ensure that safety of patients. Any urgent mitigating actions should be taken with discussion and agreement with the CCG and NHS England North Midlands.

8.3 Reporting

High level report will be shared with the PCCC at the public meeting and the minutes of the meeting will be shared in the confidential section of the PCCC.

Other reporting of Primary Care Quality will be in line with the CCG quality strategy and local CCG governance arrangements.

9. Primary Care Quality Information

The Quality Dashboard is developed by NHSE NM Quality team on a regular basis updating sections with any recently published data.

9.1 Data sources

Metric	Data release date	Status	Source
CQC	Once reports are published	Public	http://www.cqc.org.uk/
GP Higher Level Indicators (HLI)	**Quarterly update** Some indicators are updated quarterly some QOF related ones annually (October)	GP Staff, CCGs & NHS England teams	https://www.primarycare.nhs.uk/
GP Outcomes Standards (GPOS)	**Quarterly update** Some indicators are updated quarterly some QOF related ones annually (October)	GP Staff, CCGs & NHS England teams	https://www.primarycare.nhs.uk/
Quality Outcomes Framework (QOF)	Annually (October)	Public	http://qof.digital.nhs.uk/
GP Patient Survey	Annually (July)	Public	https://gp-patient.co.uk/
Friends & Family Test	Monthly	Public	https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
Complaints received by NHS England	Monthly	NHS England teams & CCGs	Data sent to CCGs and NHS England Quality team
Incidents	Monthly	NHS England teams & CCGs	Data can be accessed by CCGs and NHS England Quality team via: http://nww.steis.doh.nhs.uk/steis/steis.nsf/main?readForm https://report.nrls.nhs.uk/nrlsreporting/

9.2 Calendar of published data to support reporting arrangements on when data is updated and available to inform the dashboard reviews

Metric	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
CQC	√	√	√	√	√	√	√	√	√	√	√	√
GPHLI	√			√			√			√		
GPOS	√			√			√			√		
QOF										√		
GP Patient Survey							√					
FFT	√	√	√	√	√	√	√	√	√	√	√	√
Complaints reported to NHSE	√	√	√	√	√	√	√	√	√	√	√	√
Incidents	√	√	√	√	√	√	√	√	√	√	√	√

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