

Primary Care Commissioning Committees Meeting in Common

to be held on 19 December 2017, 10.00 – 11.30 pm
 Amerton Room, the HUB, Eastgate Street, Stafford

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	-	10.00
2.	Apologies	Verbal	HI	-	
3.	Quoracy	Verbal	HI	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc. 01	HI	I	
5.	Minutes of the Meeting held on 21 November 2017	Enc. 02	HI	A	
6.	Actions Sheet	Enc. 03	HI	A	

Assurance

7.	Risk Register	Enc. 04	SJ	I	10.15
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Strategic Matters

8.	Medicines Optimisation	Verbal	SB	I	10.30
9.	Budget Report	Enc. 05	AP	I	10.45
10.	Notice to Subcontract all Clinical Matters – Lakeside Medical Practice	Verbal	DJ/LM	I	11.00

Items for Information

11.	Questions from Members of the Public		All	D	11.15
12.	Glossary of terms - Glossary of Terms	Enc. 06	All	I	
13.	Date, Time and venue of next meeting 31 January 2018 at 2.00 pm Rudyard Room, Staffordshire Place 1, Stafford ST16 2LP	-	All	A	11.30

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 Peninsular CCG, Stafford & Surrounds CCG.

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Primary Care Commissioning Committees Meeting in Common

Wednesday 22nd November 2017

2:00-3:30

Aquarius Ballroom Victoria Shopping Park, Victoria St, Hednesford, Cannock
 WS12 1BT

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

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
Eleanor Wood (EW), Senior Primary Care Development Manager (Lichfield Locality) SES&SP CCG		✓	*	*	✓		*	✓	*				
Rebecca Wood, Head of Commissioning Primary Care, NHSE		*	*	*	✓		*		*				
Sally Young (SY), Assistant to the Chief Executive, CC, SES&SP and S&S CCGs		✓	*	*	✓		✓	✓	*				
Jess Wood (JW), Executive Assistant – Minute Taker, S&S CCG				✓					*				
Andrew Morrall, Primary Care Contract Manager, NHSE		✓							*				
Phil Morgan, GP Forward View Project Manager, NHSE		✓							*				
Lynn Tolley, Head of Nursing, Quality and Safety, CC, SES&SP and S&S CCGs					✓		✓		*				
Adele Edmondson, Comms & Engagement, MLC SU					✓		*		*				
Kimberli Mckinlay, Head of Commissioning Finance, CC, SES&SP and S&S CCGs					✓		*		*				
Dave Skelton, Financial Controller, CC, SES&SP and S&S CCGs							✓		*				
Thomas O'Hann, PWC							✓		*				
Ian Saberton, Primary Care Development Manager, CC, SES&SP and S&S CCGs							✓		*				
Bethany Ballinger (BB), Primary Care Administrator – minute taker								✓	✓				

		Action
1	Welcome by the Chair AHe opened the meeting and welcomed members.	
2	Apologies Apologies were received from Lynne Smith, Lynn Tolley, Harry Ireland, Sally Young, Eleanor Wood, Dr Mo Huda, Dr John James and Rebecca Woods.	
3	Quoracy The meeting was not quorate for Stafford and Surrounds CCG and South East Staffordshire & Seisdon Peninsula CCG due to apologies received from Lynne Smith and Harry Ireland.	
4	Declarations of Interests and actions taken to manage conflict No further conflicts of interest were declared.	
5	Minutes of the Meeting held on 26 October 2017 AHe requested that her initials are consistent throughout the minutes.	
	Actions Sheet Please see the updated action sheet.	
6	Risk Register SJ presented the risk register and provided an update on the following:	

	Action
<p>Risk 281: At the previous meeting it was requested that the company name is removed from the risk register and it was confirmed that the name has now been removed. SJ also highlighted that the Local Estates Forum will be taking place in November and an update will be provided and brought back to the meeting in December.</p> <p>Risk 276: In regards to the Violent Patient Scheme SJ highlighted the Primary Care Team is currently reviewing the service specification and the associated costs to develop the scheme further. This poses a large financial implication, and a paper will be presented at the Membership/Locality Boards to source whether any practices are keen to offer the scheme.</p> <p>It was confirmed Alderwood Practice are happy to manage the patients in the interim period, however the main issue is around home visit requests. Other options can be explored; AVS will not take the service on currently however when the AVS contracts are renewed in the future this could be implemented into the contract.</p> <p>Risk 273: The Wound Care service specification is going to be presented to the FPC and PCC in December 2017.</p> <p>Risk 271: In regards to the Medicines Optimisation Team vacancies it was confirmed interviews are scheduled to take place next week and the gaps were largely in SESSP. The team should be to full capacity following recruitment.</p> <p>PH highlighted that there has been a number of comments raised during the practice visits regarding practice pharmacists, PH suggested sending some information to practices to explain. It was highlighted the technicians have been carrying out searches remotely rather than within the practice. LM suggested inviting other members of the Medicines Optimisation Team to the Membership/Locality Board.</p> <p>AH highlighted positive feedback had been made at the Lichfield and Tamworth District Group regarding pharmacists within the practice.</p> <p>Action: BB to invite Sam Buckingham to the PCC Meeting in December 2017.</p> <p>Risk 258: SJ highlighted the practice is awaiting their CQC re-inspection and there is an expectation that the risk will reduce due to the action plan being completed. DJ confirmed the inspection has already taken place and the report is under development by the internal CQC mechanisms.</p> <p>Risk 257: It was highlighted that the Conflict of Interest Registers are being updated and a further update will be presented in December 2017. PH queried whether it is necessary for this risk to remain on the risk</p>	<p>BB</p>

		Action
	<p>register and that risks should be on-going risks.</p> <p>NC highlighted a type error (10/10/10). NC felt the risk as it stands is no longer a risk.</p> <p>The committee agreed to remove Risk 255.</p> <p>Risk 227: An update will be due in December 2017.</p> <p>Risk 205: SJ highlighted this links with the Enhanced Service Review and no further action is to be taken at this time. LM requested to trigger this action and bring back to the next meeting.</p> <p>Risk 27: An update will be due in December 2017.</p> <p>Risk 21: An engagement action plan has been put into place and feedback as to whether the actions have successfully engaged with the membership will be received in January.</p> <p>NC felt that the risk did not link directly with the PCC and NC suggested accepting this as a global risk. NC felt there is no engagement between the Membership/Locality Boards and the PCC. LM believes this is because engagement is mainly through the Primary Care Team.</p> <p>SH highlighted a similar debate was held at the Communications and Engagement Committee and SJ confirmed she is going to be attending the Communications and Engagement Committee in the future.</p> <p>Action: BB to include 360 Survey on Locality Board Agendas.</p> <p>It was highlighted that the CCG Quality Visits are taking place; the Primary Care Team are visiting practices and carrying out analysis. LM suggested that the team links with Commissioning and Quality to see if anything can be raised from the point of view.</p> <p>PH suggested using the NHS Mandate around peer reviews; PH confirmed NHS England was told that the CCG would contact those practices with high referral rates. It was confirmed TC has developed a Primary Care Quality Report which will be presented at the Membership Boards. PH suggested that there is an expectation from the PCC that all practices receive a Quality Visit, SJ highlighted the number of practices in Cannock means it may not be possible to visit every single practice . PH requested that a summary report is completed and presented to the PCC once all of the visits have been carried out.</p> <p>No additional risks were added to the risk register.</p>	BB
7	Locality Tracker	

		Action
	<p>SJ presented the Locality Tracker and highlighted the aim of the document is to provide assurance on what the CCG's position is in terms of meeting the targets set out in the GPFV.</p> <p>A larger document has been produced as part of the assurance process from NHS England which sets out the 6 CCG's targets combined. This provides a line by line account of all items with the GPFV action plans implementation dates and owners. It was felt it did not need to be circulated to this committee</p> <p>The current position of the localities was highlighted and LM confirmed a document was presented previously which set out all of the targets.</p> <p>SJ informed members the tracker was a working document and would change monthly.</p> <p>It was highlighted this document is specific to the 3 CCG's.</p> <p>SJ presented some of the highlights in regards to the tracker. In Workflow Training; - 33 practices have now started the training and a number of practice staff are booked onto the training this month. 27 practices have undertaken active signposting training for receptionists</p> <p>In terms of workforce, lots of practices or combined groups of practices have started to invest in different roles such as physician associates and urgent care practitioners.</p> <p>Mark Rayne continues to lead on access within the six organisations and has recently undertaken some engagement events with localities.</p> <p>All practices are on one clinical system and seven of the nine localities are able to share records to effectively deliver care at scale.</p> <p>The locality tracker also identifies the good work being undertaken through the membership and locality agreements in terms of clinical improvements.</p> <p>Work has been completed following the action plan and the next steps will be to share the document with patient council and circulate and gain involvement from the patient district groups; SJ asked SH what she would perceive to be the best way to communicate the document with patients.</p> <p>AHe queried whether this has been communicated to practices and PH believes that a simple message has not been circulated.</p> <p>SH highlighted that some practices have answer phone messages when patients telephone the practice which explain the process for things such as receptionist sign posting and redirecting to other services. SJ highlighted it is important to note that if a recommendation is made for a patient to use alternative services this does not take away the patients right to see their own GP away.</p> <p>The workflow training has been well received and PH highlighted the importance of making sure every practice is participating.</p>	

		Action
	<p>PH requested that the document is made more strategic and GPFV is a standing agenda item at the PCC. A suggestion was made to arrange a meeting with Emily Ross and Zara Jones to develop a dashboard and SH requested a statement from the Committee.</p> <p>JT suggested reviewing patient choices to monitor reviews and SJ highlighted that practices review their own feedback. PH highlighted that CQC request patient feedback is considered in terms of GPFV delivery.</p> <p>JT queried who the villages are in the Cannock locality and it was confirmed these are: Cheslyn Hay, Norton Canes, Essington and Great Wryley. A map will be included in the report in the future.</p> <p>NC believes this item should remain as a standing agenda item and it should be included on the risk register.</p> <p>LM highlighted that access is a high priority on the Prime Ministers list and that Primary Care has to be re-commissioned by the end of next year.</p> <p>NC raised a query in regards to a standard approach to the name of this meeting is required and PH confirmed as a statutory requirement the committee must remain as Primary Care Committees Meeting in Common.</p> <p>SH confirmed she will be adding Primary Care to the Patient District Group agendas, and LM will develop a standard approach to circulating information to patient groups. AHe requested that LM adds the numbers to the dashboard.</p>	
8	<p>General Data Protection Regulations</p> <p>RH presented an update on the General Data Protection Regulations and RH believes the IG Team in the CSU are going to be arranging training to highlight the changes and how they will affect CCG staff. Training will also be given to Practice Managers.</p> <p>PH requested that this is presented at the Locality and Membership Boards. The information is to be included in the bulletins and added to the website.</p>	
9	<p>Budget Report</p> <p>AP presented the Budget Report and confirmed this is the month 7 position.</p> <p>It was highlighted that no transfers have been made from NHS England. The underspend/overspend for each CCG were highlighted:</p> <ul style="list-style-type: none"> • Cannock Chase CCG are reporting an underspend of around £7316 • Stafford and Surrounds CCG are reporting an overspend of £405 • South East Staffordshire & Seisdon Peninsula CCG are reporting an overspend of £10479 <p>AP confirmed the overspends are going to continue to be monitored and</p>	

		Action
	<p>the CCG's are continuing to forecast a break-even position at the end of the year.</p> <p>It was highlighted that rent and rate charges have been applied and AP will be contacting Mike Sargeant at NHSE for more information.</p> <p>The numbers for PMS needs to reviewed collectively and show the transition from GMS to PMS; it was highlighted that in the future reports may need to be updated as they will be ledger driven.</p> <p>JT requested clarification around GP services, and AP confirmed these relate to reserves, seniority payments and locum costs. It was reiterated that this is a ledger driven report and AP explained this does not show transparency.</p> <p>NC suggested in terms of premises there is a piece of work to be done to highlight and predict any underspend/overspend which may impact upon the end of year forecast.</p> <p>For QOFF, dispensing and prescribing the books are balanced and therefore these have not been looked at. DJ confirmed the budget is received in April and NC queried whether this can be managed by the PCC; AP confirmed it would be possible to review whether historically there has been any unexpected underspend/overspend. AP to provide feedback.</p> <p>LM requested a finance report on the national funding received. AP explained this would be easy as there is a separate GPFV funding stream.</p>	
10	<p>Questions from Members of the Public No questions were received from the member of the public who was in attendance.</p>	
11	<p>Glossary of terms - Glossary of Terms</p> <p>Action: General Data Protection Regulations (GDPR) to be added to the Glossary of terms.</p>	VR
12	<p>Date, Time and venue of next meeting 19 December 2017 at 10:00am, Amerton Room, the HUB, Eastgate Street, Stafford</p> <p>AH and JT reported apologies for the next meeting.</p>	

**PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON
ACTION LIST**

Ref:	MEETING DATE	REFERENCE	AGENDA ITEM	ACTION	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
77	22/11/2017	6	Risk Register	BB to include 360 Survey on Locality Board Agendas.	Bethany Ballinger	
76	22/11/2017	6	Risk Register	BB to invite Sam Buckingham to the PCC Meeting in December 2017.	Bethany Ballinger	
75	26/10/2017	10	360 Feedback Action Plan	HI to meet with AH to discuss engagement with the locality boards.	Harry Ireland	Update: 22/11/17 AH-e confirmed she has not been in contact with HI, HI currently on AL. Action on-going.
69	26/07/2017	8	GPFV Workflow	Further update on the workflow following the roll out of training with Brighton & Hove at the January meeting	SJ	Update: 22/11/17 Item not due until January 2018.
68	26/07/2017	7	Risk Register	Risk 20 - Plan on a page to be submitted to October Meeting	EW	Update 26/10/17: Item on the Oct 2017 agenda, however POP not being submitted until Nov 2017 due to the delay in practices signing up to EMIS Enterprise.
74	26/10/2017	8	Quality Report	BB to confirm the workforce plan is included on the business cycle.	Bethany Ballinger	Update: 09/11/17 BB checked the business cycle and the workforce plan is not included. BB to check with TC to determine which month the workforce plan needs to be presented. Add workforce plan to December agenda. Action closed.
73	26/10/2017	8	Quality Report	TC to develop a comprehensive assurance report to highlight the work on-going to improve practices CQC ratings.	Tracey Cox	Update: 15/11/17 TC presenting the report in December 2017. Action closed.
72	26/10/2017	7	Risk Register	Primary Care Team to attend the risk group to highlight risk 276.	Sarah Jeffery	Update: 22/11/17 Items to be discussed during the meeting. Action closed.
71	26/10/2017	7	Risk Register	EW to review whether the risks (271 and 256) can be merged.	Eleanor Wood	Update: 22/11/17 Items to be discussed during the meeting. Action closed.
70	26/10/2017	7	Risk Register	EW to investigate what is being done nationally around estates.	Eleanor Wood	Update: 22/11/17 Items to be discussed during the meeting. Action closed.
67	26/07/2017	7	Risk Register	Risk 227 - AH to provide an update on discharge letters to September meeting This relates to discharge letters from Heart of England NHS Foundation Trust being sent electronically via the Central Hub	AH	Update: 26/10/17 Item discussed during the meeting; AH working with Docman to resolve issues. Action closed.
66	22/06/2017	7	360° feedback	Discussions to continue and an action plan developed to identify how to improve clinical engagement. Action Plan to be shared with the Membership Boards and Locality Boards.	All / EW	Update 26/10/17: EW brought the feedback and the action plan to the Oct 2017 meeting. Action closed.
65	22/06/2017			EW to identify indicators and generate an action plan following the review of the 360° survey.		EW



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REPORT TO: Primary Care Commissioning Committee Meeting held in Common

TO BE HELD ON: 19 December 2017

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

PURPOSE OF THE REPORT:

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

KEY POINTS:

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

The main summary points are:

- There are a total of 10 risks relating to primary care,
 - There are six risks scoring 8 – 12 (High),
 - There are no risks scoring 15 (Extreme) or above,
 - There are no risks being reported to Governing Body.
- There has been one changes to a risk score, this is:
 - RR271: Vacancies within Medicines Optimisation Team following staff departures and MoC restructure. The score has decreased from 9(High) to 6 (moderate).
- There is one risk requested for closure, this is:
 - RR258: Landywood Lane Surgery in Cannock have received an inadequate CQC inspection rating. The score has decreased from 6 (moderate) to 1(low).
- The three risks discussed at November's meeting have been reviewed and the overall scores have been decrease to 4 (moderate) and are now closed. These are:
 - RR257: Risk of General Practitioners conflict of interest arising as a result of GPs assuming delegated responsibility for commissioning services.
 - RR256: Risk that funds previously utilized by NHS England for commissioning of General Practice will not be sufficient.
 - RR255: Risk of the CCGs not having the resource/capacity and expertise to assume

delegated commissioning responsibility of general practice.

All of the above risks are still waiting to be reviewed by the Risk Group; the date of the next meeting is 16 January 2018.

CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • 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
<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>

Risk ID	Description Of Risk	Risk Status	Objective	Associated BAF Risks	Clinical Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Mitigating Action (Internal)	Future Actions (Internal)	Assurance (Internal)	Current Consequence	Current Likelihood	Current Risk Score	CCG	Risk Owner	Exec Risk Lead	Last Review Date	Date of Next Review
281	A private company are offering to take over GP practice lease's. This poses a risk to the CCG around being tied in to long and expensive leases.	Active	Sustainable Primary Care Service	Failure to support and develop sustainable Primary Care and General Practice. #103	No	3	3	9	09/11/2017 - Work is continuing. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. NS\houghr 10/10/2017 11:35:45 - 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - LMC advised of issue in order to ensure that practices are aware of the risks that may be associated to having a company take over the lease of the building as this could reduce flexibility around the estate.	09/11/2017 - Continuing work with Local Estates Forum and LMC. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raise with the Local Estates Forum and LMC in order to raise the issue and to develop a solution.	09/11/2017 - Work is continuing with the Local Estates Forum and the LMC. Commissioners have to agree the terms of lease prior to a sale and therefore there is no risk of unexpected rent increases. 17/10/2017 - Continue working with Local Estates Forum and LMC on way forward. 10/10/2017 - Risk Group reviewed and supported risk 14/09/2017 - Raised at Local Estates Forum and the group is considering how this could be taken forward.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG) Executive Director of Primary Care	09/11/2017	07/12/2017	
276	A Cannock Chase GP practice currently provides the violent patient scheme on behalf of the 3 CCGs. The practice have raised issues regarding undertaking home visits for patients out of the Cannock Chase area, this currently affects three patients as such, the Practice is considering pulling the service as they do not feel this is a sustainable option in the future. The risk is that if the practice no longer wishes to continue providing this, all patients currently under this scheme will not be registered with a GP resulting in these cohort of patients possibly utilizing other services such as A&E, MIU etc.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.	Failure to support and develop sustainable Primary Care and General Practice. #103	Yes	3	3	9	NS\houghr 07/12/2017 15:38:10 - 07.12.2017 - Service specification has been received and costs associated. A paper is being developed. NS\Eleanor.Spalding 14/11/2017 20:07:55 - A service specification and prices paid by other CCG's have been requested. A paper is being developed to discuss the issue at Membership /locality boards to generate further interest in the scheme. Discussions also due to take place with the individual practice to determine if they have ideas/ suggestions on a possible solution NS\Eleanor.Spalding 17/10/2017 11:15:45 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. NS\Tracey.Revill 18/09/2017 11:55:48 - 18.09.2017 - Admin review, BAF risk updated. NS\houghr 13/09/2017 11:36:27 - The CCG is still liaising closely with the practice and are undertaking an options appraisal. NS\coxr 28/07/2017 12:47:09 - Conversations have taken place with the practice on possible options but this has yet to be resolved. Therefore an options appraisal and quality impact assessment is to be produced working closely with the CCG quality team on the process for doing this.	07.12.2017 - A paper is being developed and will be presented to Membership/Localty Boards during Jnauary during 2017. 14/11/2017 - A service specification and prices paid by other CCG's have been requested and will be reviewed once received. A paper is being developed to discuss the issue at Membership /locality boards to generate further interest in the scheme. Discussions also due to take place with the individual practice to determine if they have ideas/ suggestions on a possible solution 17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 18.09.2017 - Admin review, BAF risk updated.	14/11/2017 - Alternative solutions are being looked in to this is being undertaken in conjunction with member practices and through gaining information from other CCGs. 17/10/2017 - Conversations have taken place with the AVS provider to consider picking this up. Under their current contract they are unable to due to the impact on the KPIs. A further discussion is due to take place. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Practice currently continuing with the service however the options appraisal and quality impact assessment when produced will develop a way forward in continuing this service for this cohort of patients. Also reported at Primary Care Committee.	3	3	9	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Jeffery Sarah (CCG) CCCC Executive Director of Primary Care	07/12/2017	15/01/2018	

273	The new service specification for wound care has identified a service gap within the community. This could lead to general practices not delivering this service due to no payment available for the service. This may result in patients not receiving treatment they require and an added financial cost to the CCG where additional payment may be required for the GPs or an alternative provider deliver this service.	Active	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England. The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View. Failure to support and develop sustainable Primary Care and General Practice. #103	Yes	1	5	5	NS\houghr 07/12/2017 15:48:48 - 07.12.2017 - Service specification remains in development. An options paper for funding of wound care in primary care is being developed and will be presented to January Primary Care Committee. NS\raynma1 15/11/2017 13:56:04 - Specification in development by task and finish group, Finance and options appraisal paper being developed with Clinical and finance colleagues to be presented to 19th December primary care committee and 25th January Governing Body meetings. membership group being updated and is represented in the task and finish group membership. NS\raynma1 11/10/2017 11:59:20 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. NS\Tracey.Revill 18/09/2017 11:58:56 - 18.09.2017 - Admin review, BAF risk updated. NS\Tracey.Revill 18/09/2017 09:42:16 - The wound care task and finish group has been meeting and updates on progress presented to Cannock Membership Board by Mark Rayne and Dr Mo Huda on 8th August. Members happy with progress. next task and finish group scheduled for 14th September, virtual work happening between meetings to review and develop areas 12/07/2017 13:25:18 NS\raynma1 - 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 15:40:29 NS\houghr - 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. NS\houghr 31/05/2017 08:20:43 - 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.	07.12.017 - The options paper is to be presented to Primary Care Committee followed by Finance & Performance Committee during January 2018. 15/11/2017 - Specification and options appraisal paper is in the process of development and will be shared with the Executive Director of Primary Care before presentation to December Primary Care Committee and January Governing Body 11/10/2017 - Primary Care aspect of the service specification being developed by working group members following task and finish group 14th September. Review of financial modeling options scheduled for 18th October with Lynn Millar, Dr Mo Huda, Dr Paddy Hannigan, Nurse facilitators and Ann Perry Finance. plans to share specification and finance request to November FPC meeting and specification with locality and membership groups in November. 18/09/2017 - Admin review, BAF risk updated. 18/09/2017 - The next wound care task and finish group meeting is planned for 14th September, the group is undertaking work in the meantime to review and develop this area including financial modeling , development of the specification and development of a business case for FPC	15/11/2017 - Potential risk of disengagement is currently being mitigated by members involvement in working group and regular communications with the membership group 11/10/2017 - Cannock members involved in task and finish group. Locality and membership groups regularly updated on progress. 18.09.2017 - Admin review, BAF risk updated. 18/09/2017 - Membership board was provided with an update on task and finish group progress on 8th August and were happy with progress	3	3	9	Cannock Chase CCG	Rayne Mark (CCG) SASCCG	Executive Director of Primary Care	07/12/2017	15/01/2018
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.	Proposed Closure	The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England. The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and ensure the delivery of safe and sustainable primary care. Failure to deliver the control total; #99; Failure to identify quality/safety risks impacting patient outcomes/patient experience. #105	Yes	3	3	9	NS\Samantha.Buckingham 08/12/2017 11:08:42 - Interviews were held for the 8a medicines optimization positions on 22nd and 23rd of November and we were successfully able to recruit to 4wte of the Swte positions offered (one applicant who was offered the role declined to accept). HR are managing the pre-employment checks and it is anticipated that the new members of staff will be in post from March 2018 dependent upon current notice periods. NS\houghr 15/11/2017 09:26:15 - 15/11/2017 - The roles have been advertised and interviews are to be held 22nd and 23rd November. NS\Samantha.Buckingham 12/10/2017 16:11:21 - 14/10/2017 remaining vacancies are 8a practice pharmacists. Vacancy control approval received and external job adverts to go out w/c 16/10/2017. NS\Tracey.Revill 18/09/2017 12:02:16 - 18.09.2017 - Admin review, BAF risk updated. NS\Samantha.Buckingham 14/09/2017 09:00:36 - 14/09/2017: The 8b Senior Medicines Optimisation Pharmacist has now been recruited to and is in post. The vacant 8a Practice Pharmacist roles have been approved through vacancy control panel and will be going out to advert by Friday 22nd September. 10/07/2017 09:20:17 NS\Samantha.Buckingham - 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 08:50:40 NS\houghr - 17/05/2017 The recruitment process to the vacant role of Heads of Medicines Management is underway. NS\houghr 13/04/2017 10:17:13 - Medicines optimisation team are prioritising workload of current team structure to ensure delivery of key areas. Review of structure of MO team beneath Band 8a level and recruitment will begin on agreed structure in April 2017. Medicines Optimisation Information Support Technician post has been recruited to improve capacity within the current team. Where capacity will affect QIPP schemes, these have been identified and the financial implications taken into consideration.	15/11/2017 - The roles have been advertised and interviews are to be held 22nd and 23rd November. 18.09.2017 - Admin review, BAF risk updated. 14/09/2017 - 8a vacancies to be advertised w/c 18th September 2017.	18.09.2017 - Admin review, BAF risk updated. 17/05/2017 The recruitment process to the vacant role of Heads of Medicines Management is underway.	3	2	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Buckingham Samantha (CCG) SASCCG	Executive Director of Primary Care	08/12/2017	08/01/2018
258	Landywood Lane Surgery in Cannock have received an inadequate CQC inspection rating (visit date 22nd September 2016, report published 16th January 2017) and placed into special measures for a period of 6 months at which time the CQC will reinspect the practice to consider if sufficient improvements have been made. The risk is that the practice does not improve enough to meet the requirements placed on them by the CQC and there is potential for their registration and contract to be revoked leaving just over 1900 patients without general practice provision and creating pressure on the surrounding GP practices if a list dispersal needs to take place.	Active	The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View. Failure to support and develop sustainable Primary Care and General Practice. #103	Yes	3	3	9	06/12/2017 - CQC re-inspection for High Street Surgery (incorporating Landywood Lane Surgery as now merged) took place on 5th October 2017 (report published 22/11/17). The rating is now good overall and good across all 5 domains. 09/11/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element.	06/12/2017 - Quality monitoring to continue as per any other GP practice in the area. 09/11/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 06/10/2017 - Awaiting CQC inspection following the practice merging with High Street Surgery. 18/09/2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element. CCG and NHSE to continue to provide support as and when required.	06/12/2017 - CQC re-inspection has provided assurance that this risk can now be closed following the merger between Landywood Lane Surgery and High Street Surgery. 09/11/2017 - The CQC inspection is expected to provide assurance that the risk has been reduced following the merger with High Street Surgery. 06/10/2017 - The CQC inspection is expected to provide assurance that the risk has been reduced following the merger with High Street Surgery. 18.09.2017 - Admin review, BAF risk updated. 13/09/2017 - Landywood Lane has now merged with High Street Surgery on 30th June. A CQC visit will be taking place imminently to assess the Landywood Lane element which should provide assurance.	1	1	1	Cannock Chase CCG	Cox Tracey (CCG)	Executive Director of Primary Care	06/12/2017	12/01/2018

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 Performance).	Active The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and to deliver the control total.; Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	4	3	12	11/12/2017 - 1 practice has now been migrated to Docman 10 so will be active with EDT from HEFT. 2 sites remain inactive due to ongoing issues at sites with Docman but dates are planned for the migration to be complete. Should be complete on 14/12/17 & 24/01/18. The 2 sites will continue to receive discharges via paper until migration complete. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. 17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper.	11/12/2017 - 1 practice has now been migrated to Docman 10 so will be active with EDT from HEFT. 2 sites remain inactive due to ongoing issues at sites with Docman but dates are planned for the migration to be complete. Should be complete on 14/12/17 & 24/01/18. The 2 sites will continue to receive discharges via paper until migration complete. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. 17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - Plan for site issues to be resolved via varying local implementation or schedule in a system upgrade to Docman 10 (cloud based and will resolve current issues)	11/12/2017 - 1 practice has now been migrated to Docman 10 so will be active with EDT from HEFT. 2 sites remain inactive due to ongoing issues at sites with Docman but dates are planned for the migration to be complete. Should be complete on 14/12/17 & 24/01/18. The 2 sites will continue to receive discharges via paper until migration complete. The CCG continues to progress a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint). Engagement with providers and formation of a detailed business case continues. 17/10/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. The CCG is working with Docman to secure some install dates for a new version of their product that would enable these connections (Docman 10). Potentially installed November/December. The 3 sites will continue to receive discharges via paper. The CCG is also leading a strategic resolution for all electronic discharges for Staffordshire providers (whilst also connecting with Birmingham/Black Country footprint) which has been presented and agreed at Staffordshire Digital Design Authority and will now be moved into a formal business case for sign off through STP Digital Workstream board. 18/09/2017 - 3 sites remain inactive due to ongoing issues at sites with Docman. These issues are being picked up operationally and once resolved the sites will be completed. The 3 sites will continue to receive discharges via paper. Once last few sites are complete risk can be closed.	3	2	6	South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Primary Care	11/12/2017	31/01/2018
205	The CCG is responsible for the reinvestment decision regarding the reinvestment of the PMS premium. The financial consequences of the PMS contract changes may exceed the premium and cause a financial pressure for the CCG. In addition, there may be an issue around service continuity if practices choose to cease services as a result of the review.	Active The CCGs have a statutory duty to remain within the Revenue Resource Limit in 2017/2018 and must ensure that they remain within an agreed control total set by NHS England.; The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; Failure to deliver the control total.;#99	No	4	4	16	07.12.2017 - A Task Group including an Executive Director and Clinicians is to be established to develop PMS reinvestment opportunities for 2018/19. A paper will be brought to Primary Care Committee in January 2018. 09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly.	09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - A yearly review process will be undertaken to ensure that the services identified are continuing as planned and the premium funds the services appropriately not putting any risk on the CCG or practices.	09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 09/11/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 17/10/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 14/09/2017 - No further action at this stage. The PMS premium will continue to be monitored and the re-investment made accordingly. 03/07/2017 - The released premium has been agreed with the membership and approved by the Primary Care Committee in common. A yearly review process will be undertaken to ensure that the funding is appropriate.	3	2	6	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Wood Eleanor (SES & SP CCG)	Executive Director of Primary Care	07/12/2017	15/01/2018
27	There is a risk that providers do not update directory of services and make slots available to enable primary care to utilise the choose and book / e-referral system which in turn may cause patient treatment delays and missing referrals by not using this automated system.	Active The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.; The CCGs have a statutory duty to improve the quality of services, to promote continuous improvement and to deliver the control total.; Failure to identify quality/safety risks impacting patient outcomes/patient experience.;#105	Yes	3	4	12	11/12/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). The CCG is involved with both UHNM and BHFT programmes. The CCG have engaged with members that are not utilizing the service where it is available and support is being provided with these sites beginning to use ERS more or have a plan to begin usage. Communications continue to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG continues to build engagement with out of area providers as they have been further behind Staffordshire providers in starting their switch off programmes. These actions will address the overall risk of slot issues and availability. 17/10/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes.	11/12/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). The CCG is involved with both UHNM and BHFT programmes. The CCG have engaged with members that are not utilizing the service where it is available and support is being provided with these sites beginning to use ERS more or have a plan to begin usage. Communications continue to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG continues to build engagement with out of area providers as they have been further behind Staffordshire providers in starting their switch off programmes. These actions will address the overall risk of slot issues and availability. 17/10/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites. Pick up specific issues where practices are not engaging with the system which is supported via the removal of fax machines. 18/09/2017 - Continue to support the Paper Switch off Programme and communicate this programme to member practices to ensure engagement across all sites.	11/12/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). The CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible. Communications will be more regular to memberships to advise on services that become available so we can support usage moving forwards. The expectation is now that we will be at 80% usage by next August, with 100% usage achieved by October 2018 as no paper referrals will be accepted by all providers in relation to consultant led services, OPs and 2ww. Fax machines have now started to be removed as an option to refer to providers with this being a managed removal to ensure practices are able to implement effective processes to ensure no delays in sending information where required. The CCG is now getting updates from providers outside of Staffordshire who have also started their paper switch off programmes. 18/09/2017 - The CCGs are now working with NHS Digital, NHS England and providers to deliver a Paper Switch off Programme that will increase the availability of services on e-referrals (ERS). This CCG is involved with both UHNM and BHFT programmes which have now had their first kick off. The CCG will continue to engage with members that are not utilizing the service where it is possible.	2	4	8	Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG	Hadley Andy (CCG) SESCCG	Executive Director of Finance	11/12/2017	31/01/2018

20	<p>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.</p>	<p>Active</p> <p>The CCGs have a duty to support and develop safe and sustainable primary care that meets the Five Year Forward View.;</p> <p>The CCGs have a statutory duty to ensure a safe and effective urgent care system which</p> <p>Failure to identify quality/safety risks impacting patient outcomes/patient experience.:#105</p>	<p>Yes</p>	<p>3</p>	<p>4</p>	<p>12</p>	<p>14/11/2017 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required.</p> <p>17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices.</p> <p>18/09/2017 - A management plan has been developed to support GP practices with outpatient variation</p>	<p>14/11/2017 - To continue with quality visits highlighting variation and having discussions with practices as necessary.</p> <p>17/10/2017 - Quality visits are now in progress and this will be an opportunity to discuss variation with practices. A process of peer reviews is also taking place to support practices.</p> <p>18/09/2017 - management plan will include peer to peer clinical support development and targeted education</p>	<p>14/11/2017 - Quality visits are continuing with practices within each CCG where variation is discussed. The CCG is also supporting practices to undertake greater analysis where required.</p> <p>18/09/2017 - outcomes to be reviewed of the management plan and OP referrals monitored</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG</p>	<p>Jeffery Sarah (CCG) CCGCG</p>	<p>Executive Director of Primary Care</p>	<p>14/11/2017</p>	<p>11/01/2018</p>
21	<p>The risk is the failure to maintain clinical engagement of Membership.</p>	<p>Active</p> <p>The CCGs have a statutory duty to promote engagement including arrangements for consultation in changes to services inline with national guidance.;</p> <p>The CCGs have a duty to support and develop safe and sustainable primary care that</p> <p>Failure to support and develop sustainable Primary Care and General Practice. #103</p>	<p>No</p>	<p>4</p>	<p>3</p>	<p>12</p>	<p>07.12.2017 - A representative of Care Team is to attend Communication and Engagement Committee. The 360 degree feedback from GPs on the CCG engagement is expected during January 2018.</p> <p>07.12.2017 - Admin update - risk description amended.</p> <p>14/11/2017 - Action plan continues to be implemented</p> <p>17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation.</p> <p>18/09/2017 - A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee</p>	<p>07.12.2017 - Awareness at Membership/Locality meetings during December and January is being made to prompt for completion of the 360 degree survey.</p> <p>14/11/2017 - Action plan continues to be implemented</p> <p>17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation.</p> <p>18/09/2017 - A development plan on engagement is being undertaken by the Primary care team to address the issues related to the 360 degree report. report to Septembers Primary Care Committee</p>	<p>07.12.2017 - Awareness at Membership/Locality meetings during December and January is being made to prompt for completion of the 360 degree survey.</p> <p>14/11/2017 - Action plan continues to be implemented</p> <p>17/10/2017 - An action plan on membership engagement following the 2017 360 degree report has been developed and is in the process of implementation.</p> <p>18/09/2017 - implementation of action plan from 360 report</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Cannock Chase CCG; Stafford & Surrounds CCG; South East Staffordshire and Seisdon Peninsula CCG</p>	<p>Jeffery Sarah (CCG) CCGCG</p>	<p>Executive Director of Primary Care</p>	<p>07/12/2017</p>	<p>15/01/2018</p>



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REPORT TO: Primary Care Commissioning Committees Meeting in Common

TO BE HELD ON: 19th December 2017

Subject:	Delegated Commissioning Month 8 2017/18						
Board Lead:	Lynn Millar						
Officer Lead:	Anne Perry						
Recommendation:	Approval/ Ratification		Assurance		Discussion		Information ✓

PURPOSE OF THE REPORT:

To inform the Board of the Month 8 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 8 2017/18.

The current financial positions are :-

- Cannock Chase CCG is reporting an underspend of £10,537.
- Stafford & Surrounds CCG is reporting an underspend of £11,521.
- South East Staffordshire & Seisdon Peninsula CCG is reporting an underspend of £9,924.

In terms of any underspends which may arise NHS England will not be looking to recover, as the budget has been devolved to CCG's.

The funding cannot be transferred out of Primary Care to other areas of the CCG.

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

CCG GOALS:

Change the culture: <ul style="list-style-type: none"> • 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:

<p>The Primary Care Commissioning Committee is asked to receive the report.</p>
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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
<i>We are honest, accessible and listen</i>
<i>Care and respect for all</i>
<i>Quality is our day job</i>
<i>We innovate and deliver</i>

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

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

2017/18 Delegated Co-Commissioning – Finance Report – Nov 17
Cannock Chase CCG (04Y)

Summary

The current financial position for Cannock Chase CCG at Month 8 2017/18 is £10,537 under spend, below is the summary position by expenditure category:-

Table 1 - Delegated Co Commissioning budgets

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Dispensing & Prescribing	146,364	97,528	91,629	-5,899	146,364	0	
Enhanced Services	514,328	327,594	311,364	-16,230	514,328	0	See table 1.4.
General Practice APMS	264,198	176,127	177,959	1,832	264,198	0	See table 1.3.
General Practice GMS	10,043,032	6,647,365	6,669,021	21,656	10,043,032	0	See table 1.3.
General Practice PMS	3,058,821	2,005,731	1,956,163	-49,568	3,058,821	0	See table 1.3.
Other GP Services	586,333	496,057	498,405	2,348	586,333	0	See table 1.1.
Premises Costs Reimbursements	1,388,087	950,643	985,967	35,324	1,388,087	0	See table 1.2.
QOF	1,751,837	1,164,822	1,164,822	0	1,751,837	0	
TOTAL	17,753,000	11,865,867	11,855,330	-10,537	17,753,000	0	

Summary drill down

Table 1.1 - Other GP Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Medical Fees	3,204	2,136	6,080	3,944	3,204	0	
PCO Locum Adop/Pat/Mat	53,424	35,616	35,616	0	53,424	0	Accrued to Budget due to no payments received at Month 8
PCO Other	123,879	387,583	387,583	0	123,879	0	Budget £106,460 CQC Fees, £17,076 Balance to Allocation, £343 Balance of IAT
PCO Seniority	141,436	70,722	69,126	-1,596	141,436	0	Accrued to Budget on practices with known queries. PCSE sorted most of the queries in Month 8 just a few outstanding
TOTAL	321,943	496,057	498,405	2,348	321,943	0	

Table 1.2 - Premises Costs Reimbursements

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Premises Actual Rent	739,915	488,771	584,256	95,485	739,915	0	Revised 2017/18 figures have been received from NHSPS which is currently causing an overspend M1-8
Premises Clinical Waste	42,828	28,552	28,552	0	42,828	0	
Premises Cost Rent	82,074	54,712	54,716	4	82,074	0	
Premises Notional Rent	141,894	94,586	103,108	8,522	141,894	0	
Premises Other	135,028	90,016	56,951	-33,065	135,028	0	Showing an underspend mainly due to practice costs coming in lower than anticipated
Premises Rates	234,008	185,830	149,029	-36,801	234,008	0	Revised 2017/18 figures have been received from NHSPS which is currently causing an underspend M1-8
Premises Water Rates	12,340	8,176	9,356	1,180	12,340	0	Revised 2017/18 figures have been received from NHSPS which is currently causing an overspend M1-8
TOTAL	1,388,087	950,643	985,967	35,324	1,388,087	0	

Table 1.3 - General Practice APMS/GMS/PMS

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Baseline Adjustment	3,038,968	2,011,472	2,013,304	1,832	3,038,968	0	
Contract Value	42,791	9,552	9,560	8	42,791	0	
Global Sum	9,529,980	6,299,468	6,300,089	621	9,529,980	0	
MPIG Correction Factor	60,542	46,255	44,049	-2,206	60,542	0	Overall Underspend on General Practice is due to the Premium Funding
OOH	0	1	751	750	0	0	
Premium	693,770	462,475	435,391	-27,084	693,770	0	
TOTAL	13,366,051	8,829,223	8,803,144	-26,079	13,366,051	0	

Table 1.4 - Enhanced Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Extended Hours	200,015	133,283	112,787	-20,496	200,015	0	Budget set for 2 practice which haven't signed up for this enhanced service
Learning Disability	91,000	45,500	53,410	7,910	91,000	0	Accruing to budget as little information has gone through the ledger and a lot of Health Checks are done in the final quarter of the year.
Minor Surgery	208,861	139,179	139,931	752	208,861	0	Budget not set high enough for one practice.
Violent Pats	14,452	9,632	5,236	-4,396	14,452	0	Budget set too high for this practice
TOTAL	514,328	327,594	311,364	-16,230	514,328	0	

2017/18 Delegated Co-Commissioning – Finance Report – Nov 17
South East Staffordshire & Seisdon Peninsular CCG (05Q)

Summary

The current financial position for South East Staffs & Seisdon CCG at Month 8 2017/18 is £9,924 under spent, below is the summary position by expenditure category:-

Table 1 - Delegated Co Commissioning budgets

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Dispensing & Prescribing	238,675	159,023	159,023	0	238,675	0	
Enhanced Services	749,601	470,525	440,355	-30,170	749,601	0	See table 1.1.
General Practice APMS	881,205	587,465	587,465	0	881,205	0	See table 1.2.
General Practice GMS	15,397,909	10,202,232	10,263,395	61,163	15,397,909	0	See table 1.2.
General Practice PMS	4,217,709	2,761,830	2,681,027	-80,803	4,217,709	0	See table 1.2.
Other GP Services	694,280	579,730	559,617	-20,113	694,280	0	See table 1.3.
Premises Costs Reimbursements	1,644,550	1,167,677	1,227,676	59,999	1,644,550	0	See table 1.4.
QOF	2,774,921	1,849,270	1,849,270	0	2,774,921	0	
Grand Total	26,598,850	17,777,752	17,767,828	-9,924	26,598,850	0	

Summary drill down

Table 1.1 - Enhanced Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Extended Hours	401,342	267,490	246,569	-20,921	401,342	0	Underspent due to some 4 practices stopping from 1st October due to ½ day closing and budget being set for a couple of practices which haven't signed up.
Learning Disability	174,404	87,202	63,560	-23,642	174,404	0	Underspent due to information on CQRS as to the amount of patients on practice LD Register which require an annual health check
Minor Surgery	173,855	115,833	130,206	14,373	173,855	0	M1-6 reconciliation was carried out and the payment on accounts altered from Nov - Mar to reflect information submitted by the practice
TOTAL	749,601	470,525	440,355	-30,170	749,601	0	

Table 1.2 - General Practice APMS/GMS/PMS

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Baseline Adjustment	1,187,163	773,275	900,813	-44,693	914,417	-272,746	Underspent on 4 practice lines under the contract value
Contract Value	3,483,956	2,290,826	2,345,321	0	3,756,702	272,746	opposite entry sitting on Baseline Adj line
Global Sum	14,304,911	9,473,636	9,499,399	25,763	14,304,911	0	Overspent due to list size adjustment in October
MPIG Correction Factor	209,625	139,717	139,750	33	209,625	0	
OOH	0	14	14	-0	0	0	
Premium	1,311,168	874,059	646,590	-743	1,311,168	0	
TOTAL	20,496,823	13,551,527	13,531,887	-19,640	20,496,823	0	

Table 1.3 - Other GP Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Medical Fees	3,804	2,536	2,660	124	3,804	0	
PCO Locum Adop/Pat/Mat	214,080	142,699	142,699	0	214,080	0	
PCO Other	131,605	238,289	238,289	0	131,605	0	
PCO Seniority	309,866	172,934	152,696	-20,238	309,866	0	Accrued to budget for all practice where there are currently queries with regards to seniority. For all other practices reporting year to date actual.
Additional Staff Payments	34,925	23,273	23,273	0	34,925	0	
TOTAL	694,280	579,731	559,617	-20,114	694,280	0	

Table 1.4 - Premises Costs Reimbursements

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Premises Actual Rent	927,974	618,579	718,270	99,691	927,974	0	Revised 2017/18 figures have been received from NHSPS which is currently causing an overspend M1-8
Premises Clinical Waste	62,724	41,816	41,816	0	62,724	0	
Premises Cost Rent	31,722	21,145	26,551	5,406	31,722	0	
Premises Notional Rent	138,717	92,463	72,063	-20,400	138,717	0	Underspent due to pending rent reviews going through
Premises Other	146,766	71,482	82,713	11,231	146,766	0	Burntwood Health & Wellbeing costs coming in higher from NHSPS than budgeted
Premises Rates	309,487	304,149	268,220	-35,929	309,487	0	Budget set at 16/17 value for 3 practice and when we received the 17/18 bills they were lower
Premises Water Rates	27,160	18,043	18,043	0	27,160	0	
TOTAL	1,644,550	1,167,677	1,227,676	59,999	1,644,550	0	

2017/18 Delegated Co-Commissioning – Finance Report – Nov 17
Stafford & Surrounds CCG (05V)

Summary

The current financial position for Stafford & Surrounds CCG at Month 8 2017/18 is £11,521 underspent, below is the summary position by expenditure category:-

Table 1 - Delegated Co Commissioning budgets

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Outturn (£)	Forecast Variance (£)	Comments
Dispensing & Prescribing	756,894	504,570	504,570	0	756,894	0	
Enhanced Services	504,306	324,861	322,802	-2,059	504,306	0	See table 1.1.
General Practice GMS	11,279,870	7,479,852	7,502,457	22,605	11,279,870	0	See table 1.2.
General Practice PMS	3,255,484	2,123,694	2,028,628	-95,066	3,255,484	0	See table 1.2.
Other GP Services	343,953	233,154	272,603	39,449	343,953	0	See table 1.3
Premises Costs Reimbursements	1,862,038	1,303,836	1,327,386	23,550	1,862,038	0	See table 1.4
QOF	2,033,810	1,355,798	1,355,798	0	2,033,810	0	
Grand Total	20,036,355	13,325,765	13,314,244	-11,521	20,036,355	0	

Summary drill down

Table 1.1 - Enhanced Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Extended Hours	259,478	172,943	172,604	-339	259,478	0	
Learning Disability	67,620	33,810	32,060	-1,750	67,620	0	
Minor Surgery	177,208	118,108	118,139	31	177,208	0	
TOTAL	504,306	324,861	322,802	-2,059	504,306	0	

Table 1.2 - General Practice APMS/GMS/PMS

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Baseline Adjustment	165,908	94,473	150,928	56,455	165,908	0	
Global Sum	10,806,314	7,164,176	7,171,658	7,482	10,806,314	0	Overall Underspend on General Practice is due to the Premium Funding
MPIG Correction Factor	37,076	24,706	24,717	11	37,076	0	
Contract Value	2,870,322	1,883,061	1,930,180	1,374	2,870,322	0	
ODH	69,942	46,631	886	0	69,942	0	
Premium	585,792	390,499	252,715	-137,784	585,792	0	
TOTAL	14,535,354	9,603,546	9,531,085	-72,461	14,535,354	0	

Table 1.3 - Other GP Services

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Independent Sector	0	-14	0	14	0	0	
Medical Fees	3,600	2,400	3,330	930	3,600	0	
Other Public Sector	68,000	45,335	45,335	0	68,000	0	
PCO Locum Adop/Pat/Mat	54,636	36,424	49,194	12,770	54,636	0	Overspent due to submitted claims over budget
PCO Other	69,643	74,970	74,970	0	69,643	0	
PCO Seniority	148,074	74,039	99,774	25,735	148,074	0	Accrued to budget for all practice where there are currently queries with regards to seniority. For all other practices reporting year to date actual.
TOTAL	343,953	233,154	272,603	39,449	343,953	0	

Table 1.4 - Premises Costs Reimbursements

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast (£)	Forecast Variance (£)	Comments
Premises Actual Rent	1,214,172	809,407	828,014	18,607	1,214,172	0	Revised 2017/18 figures have been received from NHSPS which is currently causing an overspend M1-8
Premises Clinical Waste	43,836	29,224	29,224	0	43,836	0	
Premises Cost Rent	74,352	49,568	43,103	-6,465	74,352	0	
Premises Notional Rent	310,463	206,962	208,794	1,832	310,463	0	
Premises Other	38,962	7,568	7,698	130	38,962	0	
Premises Rates	173,760	196,793	209,380	12,587	173,760	0	Overspent due to budget not being set for M83052 Weeping Cross for their Health Centre site which is recharged from SSOTP and Beaconside which is likely to cause an FOT overspend of £13923.83
Premises Water Rates	6,493	4,314	1,173	-3,141	6,493	0	
TOTAL	1,862,038	1,303,836	1,327,386	23,550	1,862,038	0	

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

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

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

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