

**JOINT COMMISSIONING COMMITTEE (PUBLIC)  
MEETING TO BE HELD ON THURSDAY 03 NOVEMBER 2016  
13:45 TO 14:30, WNCCG MEETING ROOMS, HERON HOUSE**

No.	Item	Presenter	Enclosure	Purpose
1.	<u>Present / Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
3.	<u>Minutes of Meeting held on 01 September 2016</u>	Chair	Enclosure B	Approve
4.	<u>GP Services Month 6 Finance Report</u>	Emma Cox	Enclosure C	Note
5.	<u>CCG Primary Care Update</u>	Jenni Northcote	Enclosure D	Note
6.	<u>Primary Care Co-Commissioning Update</u>	Jenni Northcote	Enclosure E	Note
7.	<u>Enter and View Report</u>	Jenni Northcote	Enclosure F	Note
8.	<u>NHSE (West Midlands) Primary Care Update</u>	Martina Ellery	Enclosure G	Note
<b>Next Public (Virtual) Meeting: Thursday 05 January 2017, 13:45 – 14:30 WNCCG Meeting Rooms, Heron House</b>				

Role	Number of Votes Held
<b>NHS England – Total Votes 3</b>	
Locality Director (or representative)	1
Head of Primary Care (or representative)	1
Contracts Manager (or representative)	1
<b>Warwickshire North CCG – Total Votes – 3</b>	
Lay Member for Audit and Governance	1
Lay Member	1
Chief Finance Officer (Executive) or Deputy	1
Director with responsibility for Primary Care Contracting (Executive)	0
GP who is a partner in a WNCCG Member Practice	0
CCG Primary Care Quality Lead (GP)	0
<b>Observers – Total Votes – 0</b>	
Healthwatch Representative	0
Health and Wellbeing Board Representative	0
LMC	0

The voting rights of each member are set out in the table above. NHS England and Warwickshire North CCG shall hold an equal number of votes. In the event of a vote the casting vote will be as follows:

- CCG members of the joint committee will have the casting vote on any decisions pertaining to one of their statutory functions.
- NHS England members of the joint committee will have a casting vote on any decisions pertaining to one of their statutory functions.

A quorum shall be 5 of the members of the Committee, including 1 Lay Member, 2 NHS England Representatives and 1 CCG Executive and 1 GP representative.

ENC A - NHS ENGLAND AND WARWICKSHIRE NORTH CCG CO-COMMISSIONING JOINT MEETING - REGISTER OF INTERESTS SUMMARY

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
<b>Voting Members NHS England</b>					
David Williams	03/09/2015	Locality Director/Interim Chair	Revolving Doors Agency	Trustee	Withdrawal from any debate in which the Revolving Doors Agency is being considered.
Martina Ellery	03/09/2015	Deputy Head of Primary Care	None declared	None declared	No action required
Anna Nicholls	31/03/2016	Senior Contract Manager NHS England	None declared	None declared	No action required
<b>Voting Members NHS Warwickshire North CCG</b>					
Graham Nuttall	17/09/2015	Lay Member	Graham Nuttall Associates Limited	Healthcare Estates Consultancy	Further declaration to be made on any specific projects identified which impact on the CCG.
			Bulkington Village Centre	Trustee and Board Member	Withdrawal from any debate in which the Bulkington Village Centre is being considered.
Neil Hart	20/08/2015	Lay Member, Audit and Governance, Deputy Chair	Queen Elizabeth Hospital, Birmingham	Public Member	Withdrawal from any debate in which the Queen Elizabeth Hospital is being considered as a potential provider.
Chris Lonsdale	01/06/2016	Chief Finance Officer	None declared	None declared	No actions required.
<b>Non-voting Members NHS Warwickshire North CCG</b>					
Jenni Northcote	05/02/015	Director of Partnership and Engagement	None declared	None declared	No actions required.
Dr Deryth Stevens	27/08/2015	Chair	Dordon and Polesworth Group Practice	Partner in Practice	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
			Dordon and Polesworth Surgery	Member of Primary Care Warwickshire Federation	Withdrawal from debate on commissioning a service that could be delivered by Primary Care Warwickshire.
			Linden Nursing Home Group	Business Partner in General Practice has financial interest in the Group.	Withdrawal from debate on commissioning services specifically from this nursing home group.
			Heart of England NHS Foundation Trust	Husband works for University of Birmingham on contract with the Trust.	Withdrawal from debate on commissioning a service from HoE NHS FT in a speciality where husband has a direct involvement
			Astra Zeneca, Eli Lilly, MSD	Husband receives honoraria for lectures from these companies.	Withdrawal from debate on commissioning a service specifically from these companies.

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
Dr Inayat Ullah	19/06/2016	Practice Network Lead Nuneaton and Bedworth	Woodlands Surgery	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
				#onething Campaign' Health Checks undertaken by Practice	Withdrawal from debate on payments for #onething campaign health checks.
<b>Non-voting Observers</b>					
Dave Weston	14/04/2015	GP, Warwickshire Local Medical Committee Representative	Atherstone Surgery	Partner in Practice	Terms of Reference (including Committee Membership, voting rights and invited observers) combined with Meetings held in Public mitigate the risk. Withdrawal at the discretion of the Chair.
			Atherstone Surgery	Member of the Primary Care Warwickshire Federation	
			Atherstone Research Group	Joint Partner/Director of the Group	
			Atherstone In-practice pharmacy	Joint and equal ownership with other Partners in practice	
			The Recovery Partnership	One Partner in Practice has special interest working for the Partnership	
<b>In attendance:</b>					
Charmaine Hawker	03/09/2015	NHS England Assistant Head of Finance (Primary Care)	None declared	None declared	No action required
Rebecca Bartholomew	21/01/2015	Chief Quality Officer	None declared	None declared	No actions required.
Andrea Green	03/09/2015	Chief Officer	North Staffordshire Combined Healthcare NHS Trust- aspirant Foundation Trust.	Public Member	Withdrawal from any debate in which the North Staffordshire Combined Healthcare Trust is being considered as a potential provider.
Dr Christopher Pycok	20/08/2015	Secondary Care Specialist Doctor	South Worcestershire Health and Care (Community) NHS Trust	Locum Consultant Physician	Withdrawal from any debate in which the South Worcestershire Health and Care (Community) NHS Trust is being considered as a potential provider.
Dr Godwin T. Igodo	07/04/2016	Clinical Lead	GP Led Healthcentre Camp Hill	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
			Ripples Healthcare	Director	Withdrawal from any debate in which Ripples Healthcare is being considered as a potential provider.
Arshad Khan	21/04/2016	Clinical Lead	Station Street Surgery	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
Maria Maltby	19/09/2016	Head of Corporate Affairs	None declared	None declared	No actions required.

**JOINT COMMISSIONING COMMITTEE (PUBLIC)  
UNCONFIRMED MINUTES OF THE MEETING HELD ON  
THURSDAY 1 SEPTEMBER 2016, WNCCG MEETING ROOMS, HERON HOUSE  
13:45 TO 14:30**

1.	<u>Present</u>	<u>Initials</u>
1/1	<p>Voting Members:</p> <p>Graham Nuttall – Lay Member, WNCCG (Chair)</p> <p>David Williams – Locality Director, NHS England</p> <p>Anna Nicholls – Senior Contract Manager (Primary Care), NHS England</p> <p>Neil Hart – Lay Member, Audit and Governance, Deputy Chair, WNCCG</p> <p>Anthony Chapman – Deputy Chief Finance Officer (Deputising for Chris Lonsdale)</p> <p>Emma Cox – Senior Finance Manager, NHS England</p>	<p>GN</p> <p>DW</p> <p>AN</p> <p>NH</p> <p>AC</p> <p>EC</p>
1/2	<p>Non-Voting Members:</p> <p>Jenni Northcote – Director of Partnership and Engagement, WNCCG</p> <p>Arshad Khan – Clinical Lead, WNCCG – (Deryth left and it was agreed Arshad could stand in – normally ‘in attendance’)</p>	<p>JN</p> <p>AK</p>
1/3	<p>Non-Voting Observers:</p> <p>Dave Weston – GP, Warwickshire Local Medical Committee Representative (LMC), WNCCG</p>	<p>DWe</p>
1/4	<p>In Attendance:</p> <p>Bekki Sperry – PA/Administrator, WNCCG (Minutes)</p>	<p>RS</p>
	<u>Apologies</u>	
1/4	<p>Martina Ellery</p> <p>Chris Lonsdale</p> <p>Charmaine Hawker</p> <p>Deryth Stevens</p> <p>Andrea Green</p> <p>Rebecca Bartholomew</p> <p>Godwin Igodo</p> <p>Chris Bain – Healthwatch</p>	<p>ME</p> <p>CL</p> <p>CH</p> <p>DS</p> <p>AG</p> <p>RB</p> <p>GI</p> <p>CB</p>
2.	<u>Declarations of Interests</u>	<u>Action</u>
2/1	None Declared	

3.	<u>Minutes of Previous Meeting</u>	<u>Action</u>
3.1	<u>Minutes of meeting held</u>	
3/1/1 3/1/2  3/1/3  3/1/4 3/1/5 3/1/6 3/1/7	<p>The Committee <b>agreed</b> the minutes from 5<sup>th</sup> May 2016 meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Developments for expansion - new builds in Nuneaton and Bedworth. <ul style="list-style-type: none"> <li>- JN advised that NHS England and WNCCG have had a number of conversations in relation to Weddington and Bermuda. The estates forum is coming up in terms of different opportunities also. At the moment there are small monies available but the issue is – does this mean a new building for them, or enhancement and integrated delivery from the site in relation to the service to the population. We are continuing discussions as currently as a CCG we have not yet made any firm decisions.</li> <li>- DWi confirmed that the reasons for CCG needing time to discuss this is that although the original money is capital money, the ongoing costs is to be met by the CCG so this need to be taken into account.</li> </ul> </li> </ul> <p><u>Action Tracker</u></p> <p>Item 8 – complete, remove from tracker.</p> <p>Item 9 – on agenda this month, remove from tracker.</p> <p>Item 10 - on agenda this month, remove from tracker.</p> <p>Item 11 - on agenda this month, remove from tracker.</p>	
4.	<u>Enhanced Services</u>	Anna Nicholls
4/1  4/2  4/3  4/4	<p>AN presented the enclosure noting that at the last committee meeting, the committee requested comparison against last year. The chart now lists this, and to draw particular attention to: update of learning disabilities, the details are the same. The update for planned admissions and out of hours is that sign up closed end of June.</p> <p>NH enquired for M8400 whether the GP listed as retired should now list a change of name. AN advised that all practices have a code, to prevent confusion we use the M code to identify not practice name.</p> <p>AC stated that there seemed to be a difference on sign up and taking part and delivering, and enquired when we would have indications of practices undertaking work. It was agreed that a high level report could be brought to a future meeting.</p> <p>The committee <b>noted</b> the report.</p>	
5.	<u>GP Services Month 4 Finance Report</u>	Emma Cox
5/1	AC presented the report highlighting that the allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.8m. The forecast outturn is £21.8m delivering a breakeven position.	

5/2	AC explained that provision had been made for planned admissions and changes to the Global Sum forecast outturn had required a drawdown of £61k against the 0.5% contingency leaving a balance available of £48k.	
5/3	AC also added that for key metrics there was still 1% remaining uncommitted.	
5/4	NH enquired what would happen if the £48K reserve goes to zero and we are only at month seven. EC confirmed that NHS England would manage the shortfall using the reserve.	
6.	<b><u>CCG Primary Care Update</u></b>	Jenni Northcote
6/1	JN briefed the committee on the main key points of the report: <ul style="list-style-type: none"> <li>• Estates Transformation and Technology Fund</li> <li>• Primary Care Strategy</li> <li>• Estates Strategy</li> <li>• Patient Participation Group Forum</li> <li>• Interdisciplinary Hub Development</li> <li>• Age UK Social Prescribing Pilot</li> <li>• Closer Working with Coventry and Rugby CCG</li> <li>• Co-Commissioning Primary Care</li> <li>• CQC Inspections</li> <li>• Member Engagement</li> <li>• Protected Learning Time</li> </ul>	
6/2	The Committee discussed the report. Specifically:	
6/3	<b>Estates and Technology Transformation Fund (ETTF)</b> JN advised that Estates and Technology Transformation Fund (ETTF) applications were submitted and we have had conversations with NHS England on clarifications in relation to this.	
6/4	DWi confirmed that national directive was that new build schemes would not included in these plans.	
6/5	AC requested confirmation if NHS England would be providing additional revenue and capital funding for GP Wi-Fi. DWi confirmed this would be the case in 2017/18.	
6/6	<b>Closer working with CRCCG</b> NH asked if the closer working would impact on the JCC committee meeting. DWi confirmed that given WNCCG and CRCCG were at different levels with regards to PCC, this would be discussed further before a decision is made.	
6/7	<b>CQC Inspection</b> – The Committee welcomed the positive feedback from the CQC inspection.	
6/8	The Committee <b>noted</b> the report.	
7.	<b><u>Enter and View Report</u></b>	Jenni Northcote
7/1	Healthwatch colleagues have presented this at recent PPG meetings. The previous update from Healthwatch was that looking at local indicators this report summarises all the enter and view undertaken during the period and the intention going forward is to provide updates on this.	

7/2	It was noted that a number of good practice was highlighted at some practices.	
7/3	GN asked if this information could be shared with practices. JN confirmed that it could, and would also available on the Healthwatch website.	
<b>8.</b>	<b><u>Update on Pharmacy Procurement</u></b>	David Williams
8/1	DWi confirmed that there is a national consultation on pharmacy working and a regional reduction had been set for the financial year. The outcome of the pharmacy consultation will be published.	
8/2	JN asked if the consultations would affect the pharmacy chains rather than the independent. DWi confirmed that mostly it was chains in towns and independent in villages so that is a challenge we face.	
8/3	DWi confirmed that a national Policy would be published. An update would be provided to a future meeting.	
<b>9.</b>	<b><u>NHSE (West Midlands) Primary Care Update</u></b>	Martina Ellery
9/1	Review of Hubs: The first review of the hubs had taken place and would be ongoing with CCGs until April 2017.	
9/2	GP Forward View: work is continuing at pace on this and we will be disseminated once the information was available. A meeting was held with CCG colleagues last week to explore options for workstreams to proceed with the forward view together.	
9/3	IMH: NHS England have been providing support to this on the 4 sites and assisting with making the most effective use of resources across the four sites.	
9/4	Primary Care Commissioning Report – a bi-annual return would be required in future and would reduce previous ad-hoc reporting.	
9/5	Committee members requested that in future reports that less acronyms be used.	
<b>10.</b>	<b><u>Application for a Variation to Contract</u></b>	Martina Ellery
10/1	A 24 hour retirement is set for 12 <sup>th</sup> November with a return for 14 <sup>th</sup> November.	
10/2	NH asked how many partners would this cover and would DWi remain a partner.	
10/3	DWi confirmed that he will remain a partner and this would not affect his LMC duties.	
<b>11.</b>	<b><u>GP Patient Survey Report – Results Summary and CCG Response</u></b>	Jenni Northcote
11/1	Details of the GP Patient survey were coming through. Detailed information has been provided and key learning needs to be identified. We are in line with the National benchmark for surveys which is encouraging in terms of the CCG demographic.	
11/2	The main areas of challenges have stayed the same, appointment times and waiting times, practice opening times and Out of Hours in terms of take up and utilisation on IT opportunities.	



11/3	JN suggested that the next steps for this would be to ensure this learning is absorbed into the Primary Care network with our members.	
11/4	NH asked if this could be compared to the Healthwatch survey to see if any trends could be highlighted. JN stated that this would be possible. JN added that this would be a large piece of work with no additional value at this time. JN assured the committee that learning would be taken from this survey report and actions taken.	
<b>12.</b>	<b><u>Any Other Business</u></b>	
12/1	JN highlighted that there was a new framework and self-assessment for patient-public involvement that needed to be completed and submitted to NHS England and enquired if the Committee wished to see the outcome.	
12/2	The committee confirmed that it would wish to see the outcome of the self-assessment.	
	<b>DATE AND TIME OF NEXT PUBLIC MEETING:</b> <b>Thursday 6<sup>th</sup> October 2016, 13:45 – 14:30, WNCCG Meeting Rooms, Heron House, 13:45 – 14:30</b>	

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<b>Report To:</b>	Joint Commissioning Committee
<b>Report Title:</b>	GP Services Month 6 Finance Report
<b>Report From:</b>	Emma Cox (NHS England)
<b>Date:</b>	3 November 2016
<b>Previously considered by:</b>	

<b>Purpose of the report:</b>
To update the committee on the 2016/17 Month 6 Forecast expenditure for GP Services for Warwickshire North CCG.
<b>Key Points:</b>
<ul style="list-style-type: none"> <li>The report details the month 6 forecast position for GP Services for Warwickshire North CCG, there has been no movement from the month 4 forecast position.</li> <li>A full forecast review will be carried out in month 7, in line with the NHAIS quarterly updates and will be reported to the next Joint Commissioning Committee.</li> <li>£48k of the original 0.5% contingency remains for in year cost pressures, the CCG should now develop plans for contingency utilisation should it become available, this will be reviewed in month 7.</li> </ul>
<b>Recommendation(s):</b>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the contents of this report</li> <li>Develop plans for contingency usage should it become available</li> </ul>

<b>WNCCG Objectives</b> (delete "✓" as appropriate):	
To improve health, health outcomes and reduce inequalities	To make the best use of resources ✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	None
Equality and diversity issues	None
Legal and regulatory issues	None
Patient Engagement Issues	None



**Warwickshire North CCG  
2016/17 GP Services  
Month 6 Finance Report**

# **Warwickshire North CCG GP Services Budget**

## **Month 6 2016/17**

Version number: 1

First published: 24.10.2016

Prepared by: Emma Cox, NHS England West Midlands

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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## 1 2016/17 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.8m. The forecast outturn is £21.8m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

The CCG is not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

There have been no movements for the month 6 forecast position as shown in the table below;

	Month 4 FOT	Month 6 FOT	Variance
	£'000s	£'000s	£'000s
General Practice APMS	1,116	1,116	0
General Practice GMS	14,394	14,394	0
General Practice PMS	0	0	0
QOF	2,413	2,413	0
Enhanced Services	1,143	1,143	0
Dispensing/Prescribing Fees	582	582	0
Premises Cost Reimbursements	1,368	1,368	0
Other Premises	62	62	0
Other GP Services	490	490	0
PMS Premium	0	0	0
1% Non Recurrent Transformation Fund	218	218	0
0.5% Contingency	48	48	0
<b>TOTAL</b>	<b>21,834</b>	<b>21,834</b>	<b>0</b>

A full forecast review is being carried out in month 7 to take into consideration the following;

- Recalculation of Global Sum Payments and APMS Contract payments based on the October 2016 updated list sizes
- Review of DES Forecasts based on activity to date
- Review of Premises Forecasts based on payments to date
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications

The month 7 position will be reported to the next Joint Commissioning Committee.

## 2 Access to 2016/17 Primary Care Reserves

The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2016/17 planning metrics.

In line with national guidance the 1% Non-Recurrent Transformation Fund must remain uncommitted to support cost pressures within the wider health economy.

The 0.5% contingency is currently being held to support in year cost pressures within the CCG's GP Services position and will be reviewed quarterly, at month 6, £48k of the contingency remains available, this will be reviewed in month 7. The CCG should now develop plans for contingency utilisation should it become available.

## 3 Conclusion

NHS England West Midlands will be monitoring the financial position of the GP Services budget allocated the CCG and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.

## 4 Recommendations

The Committee is asked to:

- Note the contents of this report
- Develop plans for contingency usage should it become available

**Charmaine Hawker**  
**Head of Finance (Direct Commissioning/Primary Care Assurance)**  
**NHS England West Midlands**



<b>Report To:</b>	Joint Commissioning Committee (JCC)
<b>Report Title:</b>	Primary Care Update September and October 2016
<b>Report From:</b>	Jenni Northcote : Director Partnership and Engagement
<b>Date:</b>	3 November 2016
<b>Previously considered by:</b>	N/A

<b>Purpose of the report:</b>
To brief the JCC on the key primary care developments progressed this period
<b>Key Points:</b>
<p>The briefing outlines the key areas of engagement and development progressed with primary care this period and features:</p> <ul style="list-style-type: none"> <li>▪ Finance;</li> <li>▪ Estates including ETTF update;</li> <li>▪ General Practice Forward view;</li> <li>▪ Interdisciplinary HUB update;</li> <li>▪ Social prescribing update;</li> <li>▪ Co-commissioning position ;</li> <li>▪ PPGF update;</li> <li>▪ PLT update;</li> <li>▪ Member Engagement update.</li> </ul>
<b>Recommendation:</b>
The Joint Commissioning Committee is requested to <b>NOTE</b> the update.

<b>WNCCG Objectives</b> (delete "✓" as appropriate):			
To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓
Quality, risk and assurance issues	Included in report		
Equality and diversity issues	N/A		
Legal and regulatory issues	N/A		
Patient Engagement Issues	Included in report		

# Primary Care Update to Joint Commissioning Committee: September and October 2016.

## Introduction:

This report provides an update on the primary care developments taken forward this period and is intended to provide the JCC with an over view of the specific work streams / business relating to primary care:

**Finance Update:** The CCG has continued to retain and build good relationships between the finance lead with responsibility for primary care practices. During this period the key reporting update on primary care finance is set out below:

- **Monthly Reconciliations:** Data continues to be provided by practices on a on a monthly basis in order for a more timely reconciliation to take place. Reducing the large variations that have occurred in the past.
- **Shared Care Drugs:** Ongoing discussions internally on methodology and approach towards mechanism of reimbursement – per person per drug or per person per year.
- **15/16 reconciliation payments:** These, where able, have now been made in full. Practices whose reconciliations showed monies owed to the CCG have been contacted and a process of recovery of monies begun.

## Estates Transformation & Technology Fund:

The CCG submitted 8 bids to the NHS England portal at the end of June 2016. Originally there was £750m available nationally over 3 years for ETTF schemes; this fund has now been reduced to £404m. The total value of Scheme bids received in the West Midlands at the end of June 2016 was £297m. If the available funding were split on a capitation basis across the West Midlands the Coventry and Warwickshire-wide STP footprint would receive: £1.8m (Cohort 1) and £5.3m (Cohort 2). Due to the fund being oversubscribed NHSE co-ordinated a review of schemes across STP foot prints to allocate proposals into 3 time-based cohorts over the period 2016/2017 - 2020/2021. NHS England stipulated that New build schemes which did not have planning permission or land already acquired were automatically allocated to Cohort 3 is expected by NHS England to be “demand-led” however no funding has been confirmed.

Warwickshire North CCG withdrew request for £0.562m due to the identification of alternative funding sources. These were Schemes relating to GP IT systems and agile working supported by IT infrastructure. NHS England have supported in principal Warwickshire North Scheme bids totalling £0.786m (Cohort 1) and £1.143m (Cohort 2); a total of 7 bids; with a further 3 proposals supported in principal but allocated to Cohort 3 which currently does not have any confirmed funds. The allocation of schemes by Cohort is detailed below:

### Warwickshire North CCG ETTF Scheme Bids Split by Cohort

Scheme Description	Scheme Type	Cohort 1 £000	Cohort 2 £000	Cohort 3 £000
New Health Centre in Hartshill	New Build	175	1,143	
Agile Working and End of Life Services	Technology	160	<b>Reduced by £300k</b>	
Woodlands Transformation	Building Modification and Technology	381		
Single GP IT System	Technology	<b>withdrawn</b>		
Integrated Community Hub (Whitestone Surgery and Partners)	New Build			1,400
Re-configuration of Riversley Road Surgery	Building Modification	70		
Development of a primary care center in Weddington	New Build			1,300
Development of a primary care Centre in rural North Warwickshire	New Build			1,300
<b>Total Bids</b>		<b>786</b>	<b>1,143</b>	<b>4,000</b>

- Weddington and Rural North Warwickshire proposals which were submitted by the CCG as outline proposals linked to future perceived demand and capacity deficits associated with housing developments and were speculative proposals at this stage; and subject to further discussions with member practices around capacity.

The CCG has been informed by NHS England that further guidance will be circulated outlining requirements and expectations on how to proceed with schemes in cohort 1 outlining what is required during the due diligence process. NHS England have specifically stated that no scheme is approved until due diligence has been completed. Practices have also been advised that improvement grants will not be paid in full and practices are expected to contribute 34% with NHS England contributing a maximum of 66%. Furthermore, no funds will be available up front. Kerry Biggs (Primary Care Premises Manager at NHSE) is in the process of contacting Practices who are identified as Improvement Grants in Cohort 1 to arrange a visit to discuss the schemes and ensure they understand the due diligence process.

#### **Primary Care Strategy & General Practice Forward View:**

The CCG attended the GPFV workshop facilitated by NHSE and subsequently updated member practices on the range of support programmes available. The key support programmes are:

#### General Practice Resilience Programme

- *Retained Doctor Scheme – 2016 Enhancement*

- *General Practice Development Programme*
- *Time for Care*
- *General Practice Improvement Leader Programme*
- *Training for Reception & Clerical Staff*
- *Practice Manager Development*
- *Online Consultation Systems*

#### *New Care Models Funding*

#### *Vulnerable Practices Fund*

#### *Clinical Pharmacists in General Practice*

The CCG has submitted a prioritised list of practices for the General Practice Resilience Fund and has liaised with the LMC, the GP Federation and member practices' to agree prioritisation criteria.

The CCG and member practice representatives have also met to agree the focus for using the development funds for Practice Managers and Clerical Training. The CCG is proposing to focus on managing clinical correspondence more effectively and productively to release GP time. The CCG intends to co-ordinate this training across practices and will also seek to develop a HUB champion to support implementation of a membership wide policy around clinical correspondence management and the adoption of the LMC's traffic light system on GP work requests particularly in respect to secondary care.

The CCG also intends to work with member practices to put in an expression of interest for the 'Time for Care' programme available to CCG's.

Finally 12 WNCCG practices have accepted the offer of PCC support available under the Vulnerable Practice Programme; however a number of these practices are yet to finalise the support programme for their practice and sign the MOU with PCC which releases the allocated funds. The CCG will work with NHSE to maximise take up of this support over the next month.

**Estates Strategy:** The Local Estates Forum (LEF) met on the 9<sup>th</sup> September and discussed provider estate planning priorities, local housing developments and local borough development plans and work on estates being progressed by the STP.

Further work has been progressed on the option scenarios for Weddington and initial discussions have taken place with practice at the October members meeting. It has been agreed to co-ordinate the collection of specific information across practices relating to their future estates and work force plans and ability to absorb housing development growth. This information will feed into to the CCGs options assessment for Weddington. A meeting of practices within the immediate vicinity of Weddington development – 2 mile radius will be invited to a meeting to discuss the scenario options. This meeting is open to other practices who feel they could be impacted by the Weddington development – however the meeting is intended to provide an opportunity to come to an agreed view between local practices and the CCG on realistically how any new patients can reasonably be absorbed by existing practices.

A meeting was also held with GEH to explore their initial plans for GEH site utilisation and a meeting was also held with a local developer who had shown interest in developing the Nuneaton Council House site and who has approached several local practices to assess local practice appetite for relocation to a multi-purpose development which could potentially provide co-location premises for approximately 8- 10 GP's.

The Manor Court practice has expressed concerns regarding the continued uncertainty of their lease with CWPT and the CCG has raised this concern with the Director responsible for estates. The CCG has also added the lease issue at the Manor Court to the CCG risk register and is in the process of writing to CWPT formally about the CCG's concerns regarding the continued uncertainty and perceived risk to primary care sustainability locally. The Manor Court are due to meet with CWPT imminently and the CCG will await the outcome of these discussions before escalating this matter further as appropriate.

**Patient Participation Group Forum:** Concerns have been raised by some members of the PPGF regarding member practices commitment to Patient Participation Groups (PPG). The PPGF have queried what expectations are set out under the GMS contract in respect to supporting PPGs and attending PPG meetings. Pear Tree PPG held their AGM in September which was attended by Director Partnership Engagement and the CCG's PPI lead. The key themes discussed at the meeting included access to services from rural communities, concerns re transport and centralisation of services at GEH and our UHCW, as well as access to GP appointments, the impact of local housing developments on primary care and disposal of community health estates assets. These concerns have been feedback into the appropriate forums.

**Interdisciplinary Hub development:** The CCG has continued to support the developing inter-disciplinary working around GP practice cluster. All HUBs have met at least once during this period and there was a focus on Demetria, GP referrals, continued interest in rolling out social prescribing, risk stratification and discussions about maximising utilisation of CERT. A new opportunity has been identified with Friendship Housing who have developed an outreach relapse prevention offer which will be presented as a pilot opportunity to HUB 3 in the first instance. This intervention is focused on providing outreach relapse prevention, mental health resilience and coping strategies for individuals at risk of escalating mental health needs - as a pre crisis intervention.

**Age UK Social Prescribing Pilot:** The Age UK social prescribing pilot continues to gain momentum and feedback on the impact of the social prescribing offer continues to be very positive from patients, partner organisations and the practices hosting the pilot. A patient story was presented to the Governing Body in September outlining the impact of the joint work between the MDT and the social prescribing intervention. The case study demonstrated the impact of the practical support and navigation offered through social prescribing. The business case on social prescribing and pilot evaluation report is currently being drafted to go through CF&P and the CCG is working hard to identify funding opportunities to secure continuity and roll out across all practices and HUBs.

**Co-Commissioning Primary Care:** Following the member's council held in September a vote on the options for commissioning Primary Care Medical services was supported by member practices. Voting took place between 10<sup>th</sup> October and closed on the 24<sup>th</sup> of October. Further detail on the outcome of the vote and the associated recommendations are

detailed in the Governing Body report prepared for consideration by Governing Body on the 3<sup>rd</sup> November.

**Member Engagement:** There have been two members' engagement meetings held in September and October. The September meeting focused on commissioning intentions and Co-Commissioning whilst the October meeting focused on the general practice forward view and a discussion on the impact of local planning implications for local practices as well as standing agenda items including CCG finance update and Public Health update.

**Protected Learning Time:** The CCG continues to facilitate PLT session the meeting in September focused on End of Life and Palliative Care including the proposed pilot of the Black Pear IT system to support the palliative care register. The October session was designated an 'In House' PLT session and as such was left to member practices to focus on their individual practice learning requirements. Issues have been raised over the November PLT session due to the go live date for the newly procured 111 and out of hours service. Future dates for PLT have also been raised by the coordinating commissioner as an area for discussion as the WNCCG dates do not align with SWCCG. However, WNCCG undertook consultation with members to change its PLT dates to reflect system resilience considerations and gave due notice to the coordinating commissioner.

Jenni Northcote  
Director of Partnership and Engagement  
Warwickshire North CCG  
October 2016

<b>Report To:</b>	Joint Commissioning Committee
<b>Report Title:</b>	Outcome of membership vote on Options for Primary Care Commissioning
<b>Report From:</b>	Jenni Northcote : Director Partnership and Engagement
<b>Date:</b>	3 November 2016
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Governing Body – Chief Officers report, 01 September 2016</li> <li>• Executive Group, 08 September 2016 ( presentation)</li> <li>• Members Meeting, 08 September 2016</li> <li>• Members Council, 29 September 2016</li> <li>• Member Practice consideration between 10 October 2016 and 24 October 2016</li> <li>• Governing Body, 03 November 2016</li> </ul>

### **Purpose of the report:**

To inform the Joint Commissioning Committee of the outcome of the Member Practice vote relating to the future of Primary Care Co-Commissioning arrangements.

### **Key Points:**

On 07 January 2015, the Members Council voted to support the CCG moving to joint commissioning arrangements with NHS England for primary care from 01 April 2015 with a view to delegated commissioning of primary care from 01 October 2015, or 01 April 2016 if an in-year change was not permissible. NHS England subsequently advised that an in-year change was not possible and consequently the CCG continued with existing joint commissioning arrangements throughout 2015/2016.

Taking on delegated commissioning of primary care is not mandatory however national policy suggests that it is the direction of travel favoured by NHS England. The CCG has therefore kept the approach under review.

The CCG's Constitution states that all decisions relating to approval of applications to the NHS Commissioning Board (NHS England) on any matter concerning changes to the CCG's Constitution are reserved for the Membership. At a Members' Council meeting held on 29 September 2016 (16 out of 28 practices represented), Members endorsed a proposal to conduct a Member Practice vote on the option to move to full delegation for commissioning of primary medical services. Members present at the meeting also determined the information required by practices to inform their views.

Following the Members' Council Meeting, practices were provided with a comprehensive information pack to enable discussion within their practices and views to be formed. The information pack included a range of materials including; national context and local background; implications relating to transfer of responsibilities; due diligence requirements; and critical timelines.

Additional documents provided, as requested by Members, included Frequently Asked Questions – including responses to specific questions raised by member practices; An Independent assessment of the benefits and risks associated with taking on delegated functions produced by Royal College of General Practitioners and NHS Clinical Commissioners, the CCG's DRAFT Management of Conflicts of Interest Policy; and the CCG's most recent Financial Performance Report.

Members were asked to choose one of the following options:

- Continue to jointly commission primary care with NHS England (NHSE) in 2017/18;

or

- Apply to NHS England to move to delegated commissioning of primary care from 1 April 2017 – continuing with the proposals supported by members approved in January 2015.

Member voting took place between 10 October 2016 and 24 October 2016 and the outcome of the vote was:

<b>Totals</b>	
<b>Total Number of CCG Member Practices</b>	28
<b>% of practices which participated in the vote</b>	93%
<b>No. of Votes to Continue Joint Delegation arrangements</b>	16
<b>No. of Votes to Apply to NHS England for Full Delegation</b>	10
<b>No of practices where no vote was received</b>	2

The outcome of the vote therefore represents a majority of Member Practices in favour of continuing with existing joint delegation arrangements.

**Recommendation:**

It is recommended that the Joint Commissioning Committee:

- **NOTE** the outcome of the majority member vote to continue to jointly commission primary care with NHS England in 2017/18;

**WNCCG Objectives** (*delete "✓" as appropriate*):

To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓

Quality, risk and assurance issues	Risk AF04 on the Assurance Framework.  Taking on delegated commissioning of primary care is not mandatory however national policy suggests that it is the direction of travel favoured by NHS England. The CCG will keep its position under review.
Equality and diversity issues	None arising from this report.
Legal and regulatory issues	None arising from this report.
Patient Engagement Issues	The Patient Group Forum has been informed of this process as have wider stakeholders including Health Overview Scrutiny Committee.



<b>Report To:</b>	Joint Commissioning Committee
<b>Report Title:</b>	Healthwatch Warwickshire Enter and View Reports - summary
<b>Report From:</b>	Jenni Northcote: Director of Partnership and Engagement
<b>Date:</b>	3 November 2016
<b>Previously considered by:</b>	N/A

<b>Purpose of the report:</b>
Legislation allows Healthwatch Warwickshire to ‘Enter and View’ any premises within Warwickshire where health and/or social care activities are delivered. To date 21 practices have been reviewed in Warwickshire North and this is a summary of this activity.
<b>Key Points:</b>
Healthwatch Warwickshire can conduct Enter and View Visits to the following services: <ul style="list-style-type: none"> <li>▪ Care Homes;</li> <li>▪ GP Surgeries;</li> <li>▪ Dental Services;</li> <li>▪ Opticians;</li> <li>▪ Pharmacies;</li> <li>▪ Day Care Centres;</li> <li>▪ Hospitals.</li> </ul> <p>This report covers the 21 GP practices that have been reviewed to date. The report makes a number of suggestions based on the output so far.</p>
<b>Recommendation:</b>
Note the content of this report and endorse the next steps proposed.

<b>WNCCG Objectives</b> (delete “✓” as appropriate):			
To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓
Quality, risk and assurance issues			
Equality and diversity issues			
Legal and regulatory issues			
Patient Engagement Issues			

# **Healthwatch Warwickshire Enter and View Reports - summary**

**November 2016**

## ■ Introduction

Legislation allows Healthwatch Warwickshire to 'Enter and View' any premises within Warwickshire where health and/or social care activities are delivered. This means that Healthwatch Warwickshire can conduct Enter and View Visits to the following services:

- Care Homes
- GP Surgeries
- Dental Services
- Opticians
- Pharmacies
- Day Care Centres
- Hospitals

This legislation, The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) allows for 'authorised representatives' from local Healthwatch's to enter and view any premises where health and/or social care are delivered and to observe the carrying on of activities on those premises.

## ■ Background and Context

The purpose of an Enter and View Visit is to give the opportunity for 'Authorised Representatives':

- To see and hear for themselves how services are provided
- To collect the views of service users
- To collect the views of carers and relatives of service users
- To observe the nature and quality of services
- To report findings and associated recommendations – good and bad – to providers, Care Quality Commission, Local Authority, NHS commissioners, Healthwatch England and other relevant partners
- An Enter and View visit is not an inspection; it is complementary to the work of the Care Quality Commission and the County Council.

The full list of reports can be found on the Healthwatch Warwickshire website: [www.healthwatchwarwickshire.co.uk/?page\\_id=431](http://www.healthwatchwarwickshire.co.uk/?page_id=431)

## 1. Results – GP Enter and View reports

The first visits took place in April 2015 with the latest, at Camp Hill GP Led Health Centre in September 2016. To date 21 out of the 28 practices has been completed. 2016. The outline results are displayed in the six tables below. The additions from previous reports are highlighted in red.

## Tables

	Question One			
	How would you rate your GP surgery on the appointment booking system?			
	Excellent	Good	Average	Poor
Bulkington	n/a	38	1	4
Chancery Lane	n/a	17	3	4
Dorden	n/a	20	31	11
Cole House Surgery	9	8	3	0
Hazelwood	n/a	27	17	13
Manor Court	n/a	24	26	10
Old Mill	n/a	46	11	5
Pear Tree	n/a	20	19	7
Red Roofs	n/a	15	10	9
Station Str	n/a	25	1	0
Gables	n/a	3	11	5
The Grange	n/a	41	19	6
Whitestone	n/a	26	6	3
Woodands	n/a	36	1	0
Leicester Road Surgery	5	12	3	0
Atherstone Surgery	10	16	10	5
Arbury Medical Centre	3	11	6	10
Camphill GP Led Health Centre	1	4	3	6
Chapel End Surgery (Dr Ganapathi)	3	4	1	0
Riversley Road Surgery	19	6	2	1
The Surgery (Bulkington)	9	5	2	0

	Question Two			
	How would you rate your GP surgery on surgery opening hours?			
	Excellent	Good	Average	Poor
Bulkington	n/a	34	8	1
Chancery Lane	n/a	23	1	0
Dorden	n/a	42	18	2
Cole House Surgery	12	7	1	0
Hazelwood	n/a	46	8	1
Manor Court	n/a	51	9	0
Old Mill	n/a	58	3	1
Pear Tree	n/a	38	8	0
Red Roofs	n/a	27	6	2
Station Str	n/a	22	7	0
Gables	n/a	14	4	0
The Grange	n/a	57	5	0
Whitestone	n/a	32	3	0
Woodands	n/a	35	1	0
Leicester Road Surgery	7	13	0	0
Atherstone Surgery	7	28	4	0
Arbury Medical Centre	3	25	2	0
Camphill GP Led Health	5	9	0	0
Chapel End Surgery (Dr	4	3	1	0
Riversley Road Surgery	15	13	0	0
The Surgery (Bulkington)	5	10	1	0

	Question Three			
	How would you rate your GP surgery on cleanliness/ hygiene?			
	Excellent	Good	Average	Poor
Bulkington	n/a	43	0	0
Chancery Lane	n/a	23	0	0
Dorden	n/a	16	2	0
Cole House Surgery	11	8	1	0
Hazelwood	n/a	56	1	0
Manor Court	n/a	57	2	1
Old Mill	n/a	61	1	0
Pear Tree	n/a	45	1	0
Red Roofs	n/a	34	1	0
Station Str	n/a	28	1	0
Gables	n/a	17	1	0
The Grange	n/a	66	0	0
Whitestone	n/a	36	0	0
Woodands	n/a	37	0	0
Leicester Road Surgery	14	5	1	0
Atherstone Surgery	20	18	1	1
Arbury Medical Centre	6	18	6	0
Camphill GP Led Health Centre	3	10	1	0
Chapel End Surgery (Dr Ganapathi)	5	2	1	0
Riversley Road Surgery	19	9	0	0
The Surgery (Bulkington)	8	8	0	0

	Question Four			
	How would you rate your GP at the surgery?			
	Excellent	Good	Average	Poor
Bulkington	n/a	37	4	0
Chancery Lane	n/a	21	2	0
Dorden	n/a	50	10	1
Cole House Surgery	18	1	1	0
Hazelwood	n/a	48	6	0
Manor Court	n/a	52	7	0
Old Mill	n/a	53	8	0
Pear Tree	n/a	43	2	0
Red Roofs	n/a	31	5	0
Station Str	n/a	27	0	0
Gables	n/a	16	2	0
The Grange	n/a	53	10	0
Whitestone	n/a	33	2	0
Woodands	n/a	35	1	0
Leicester Road Surgery	11	7	1	0
Atherstone Surgery	25	12	3	0
Arbury Medical Centre	9	19	2	0
Camphill GP Led Health	3	10	1	0
Chapel End Surgery (Dr	8	0	0	0
Riversley Road Surgery	22	5	0	0
The Surgery (Bulkington)	7	7	1	0

	Question Five			
	How would you rate the overall quality, care, treatment and service from your surgery?			
	Excellent	Good	Average	Poor
Bulkington	n/a	36	5	1
Chancery Lane	n/a	22	1	0
Dorden	n/a	49	11	1
Cole House Surgery	18	2	0	0
Hazelwood	n/a	51	5	0
Manor Court	n/a	49	10	1
Old Mill	n/a	56	6	0
Pear Tree	n/a	44	2	0
Red Roofs	n/a	31	4	1
Station Str	n/a	26	3	0
Gables	n/a	13	5	0
The Grange	n/a	57	9	0
Whitestone	n/a	30	2	2
Woodands	n/a	33	4	0
Leicester Road Surgery	14	6	0	0
Atherstone Surgery	20	16	2	0
Arbury Medical Centre	14	13	2	1
Camphill GP Led Health Centre	4	6	3	1
Chapel End Surgery (Dr Ganapathi)	7	1	0	0
Riversley Road Surgery	21	5	1	0
The Surgery (Bulkington)	8	8	0	0

	Question Six			
	Service Improvement recommendations made for each surgery			
Bulkington	3			
Chancery Lane	3			
Dorden	3			
Cole House Surgery	1			
Hazelwood	2			
Manor Court	3			
Old Mill	2			
Pear Tree	3			
Red Roofs	2			
Station Str	1			
Gables	6			
The Grange	2			
Whitestone	1			
Woodands	2			
Leicester Road Surgery	?			
Atherstone Surgery	?			
Arbury Medical Centre	5			
Camphill GP Led Health	7			
Chapel End Surgery (Dr	2			
Riversley Road Surgery	4			
The Surgery (Bulkington	3			

## 2. Key Findings

These reports help to give a snapshot based on the interviews that take place at a practice on a given day. Practice staff work with Healthwatch in reviewing the reports and they look to address any negatives that rise from the findings and if necessary where the verbatim comments highlight certain issues. The full reports for each practice are available on the Healthwatch website.

A review of the practices show that with those interviewed, many rate their care as good or excellent and many give good scores to the practice. There a number of standout practices that have been added in this report including Riversley Road Surgery and Arbury Medical Centre who all received high numbers of excellent ratings from patients on their GP and on the overall quality care and treatment from the surgery.

The worst scores across the board were those that were received for the GP appointment booking system and it is suggested that this is looked at given the widespread poor marks received although the new additions did have improved scores compared with older reports.

## Concluding Remarks:

This information provides a good overview of how patients find the care given at local GP practices. The Healthwatch Enter and View reports can be used to triangulate information received from other quarters to give an overall helicopter view of GP practices in Warwickshire North. Stand out practices should be praised for their efforts and perhaps used as exemplars for other practices within the CCG.

### 3. Next Steps

The Director of Partnership and Engagement is the Executive Lead has already indicated that new Enter and View reports will be summarised and presented as part of the existing Patient and Public Intelligence Dashboard. Also there will be an overall database of scores kept so that at any one time these can reviewed to check for trends with GP care in Warwickshire North.

### Recommendations

Note the content of this report and endorse the next steps proposed.

DRAFT



<b>Report To:</b>	Joint Commissioning Committee
<b>Report Title:</b>	NHS England (West Midlands) Primary Care Update
<b>Report From:</b>	Martina Ellery (NHS England)
<b>Date:</b>	03 November 2016
<b>Previously considered by:</b>	N/A

<b>Purpose of the report:</b>
To provide Joint Commissioning Committee with an update on key Primary Care themes.
<b>Key Points:</b>
<ul style="list-style-type: none"> <li>• <b>Sustainability and Resilience Program</b> <ul style="list-style-type: none"> <li>○ RLO have now submitted the 222 prioritised practices to the central team</li> </ul> </li> <li>• <b>Biannual Extended Access Data Collection</b> <ul style="list-style-type: none"> <li>○ Submission from <b>3 October 2016 to 31 October 2016</b> inclusive.</li> </ul> </li> <li>• <b>PCSE Update</b> <ul style="list-style-type: none"> <li>○ NHS England have implemented a turnaround team, led by Jill Matthews. A Medical Director has recently been appointed to support the process.</li> </ul> </li> </ul>
<b>Recommendation(s):</b>
The committee is asked to <b>NOTE</b> the contents of the report.

<b>WNCCG Objectives</b> (delete "✓" as appropriate):	
To improve health, health outcomes and reduce inequalities	To make the best use of resources ✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	None
Equality and diversity issues	None
Legal and regulatory issues	None
Patient Engagement Issues	None

## **PCSE: GP Update October 2016**

Welcome to the latest update from PCSE. As of 4 October 2016, I have taken on the role of Managing Director of PCSE and I look forward to working with my colleagues and NHS England to improve the support we provide to you.

I recognise that recent months have been challenging as services transfer from local offices to the new sites, and as we work through the early stages of our change programme. Thank you for the patience you have shown over this period. There have been many learnings and we are making changes. There is much more to do and we want to assure you that we are absolutely committed to providing an efficient and effective support service to you and your practice.

I have worked closely with many GP practices and local primary care organisations in the past, and I understand the frustrations and the impact when things don't work as needed. As a priority I will be spending time in practices understanding issues and ensuring you get the services you expect. An enormous amount of activity is underway to make sure the required improvements are made. We will continue to keep you regularly informed of progress through these updates and through your [local NET representatives](#).

Best wishes

Simon England  
Managing Director, Primary Care Support Services

### **In this bulletin you will find an update on:**

- Planned changes to some CitySprint routes
- Distribution of MREs for first time registrations - outside of the West Yorkshire pilot
- Changes to the tracking labels - for practices in the West Yorkshire pilot
- Updated supplies returns process
- Performers list
- GP registrar reimbursements
- Getting in touch

### **Planned changes to some CitySprint routes**

As outlined in the last GP Update, there will be changes to some of the CitySprint collection / delivery routes from 31 October 2016.

**If there is a change to your collection / delivery day, or if you will move from a morning to an afternoon slot or vice versa, we will let you know by email this week.**

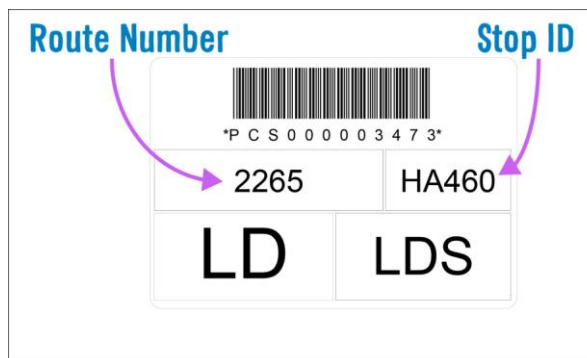
Emails will be sent to the Main Contact we hold for each practice. Please look out for these emails so you are able to brief your staff and avoid unexpected deliveries / collections, and to ensure that you have sufficient time to make adjustments at your practice.

These route changes will help address the issues that some practices have experienced due to them being closed when the CitySprint collection/deliveries take place. We will also considerably reduce the number of practices visited on some routes to ensure that all practices receive a regular weekly records collections / delivery and supplies delivery service.

The advantage to practices will be a more reliable and consistent service, allowing for greater flexibility to respond to urgent requests.

The route changes will affect the day on which around 30% of practices are visited from week commencing 31 October.

All practices will notice a change to the route number and stop ID printed on the tracking labels attached to the shipping bags and supplies boxes delivered to your practice. The example below highlights the information that will change. You do not need to do anything.



#### Arrangements for branch practices

Where branch practices have requested a regular records collection, there'll be a change to their collection day. Delivery of records will still be made to the main site only. If you'd like to change the site all your records are delivered to, please email [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) and put 'Data manager branch change' in the Email Subject Line.

#### **Medical Record Envelopes (MREs) for first time** (outside of the West Yorkshire pilot)

The distribution of MREs for patients registering with a GP practice for the first time (i.e. babies and new entrants to the NHS) will recommence shortly. PCSE will also send a confirmation letter of registration directly to the patient's home address.

Practices will receive MREs for patients registered since March 2016 in a separate drop off to their normal records collection and delivery. You'll then start receiving new MREs on a regular basis, as part of your usual CitySprint records collection and delivery. Further information will be provided in the November GP Update and on our [website](#).

#### **Improvements to the tracking labels (update for practices in the West Yorkshire pilot)**

Practices in the pilot area have fed back that they wanted a solution for updating patient information on the front of the Medical Record Envelopes (MREs.) As of this week, we're changing the tracking labels to enable them to peel off any updated patient information and attach it to the MRE. The current label text "DO NOT ATTACH TO BAG" will be replaced with "May be attached to Lloyd George Envelope"

West Yorkshire pilot practices also fed back that they would rather the tracking labels be provided in alphabetical order of patient last name rather than by deduction date. As of this week, you'll start seeing tracking labels being delivered alphabetically for easier handling.

### Updated supplies returns process

If for any reason you need to return items, this can be managed by clicking on the **Returns** link in the PCSE portal.

Previously, there was only the option to return either unopened needles and syringes or prescription pads. This week, we've introduced an additional category 'other' in the 'returns type' drop down section in the portal, so other types of items can be returned.

Once you submit the request for a return, CitySprint will arrange for the collection on one of your regular delivery days. You don't have to do anything else once the items have been collected.

### Performers list

Our continued priority is to ensure that all applicants are included on the performers list in a timely way. We've put extra resource and training into the team processing applications, and we've introduced email updates to applicants at specific stages in their application so that they are kept informed of the status of their application.

### GP registrar reimbursements

We're aware there have been some delays in reimbursement of salaries and / or training grants in certain areas. This is as a result of gaps in the data we've received and due to the high volume of individual queries.

PCSE continues to make urgent payments to practices awaiting salary reimbursements where required (including back-pay calculations) and we expect to complete these in time for scheduled registrar payment runs in October. NET team representatives will be in contact with individual practices where there are gaps in information we hold in order to complete this activity. If you have any questions regarding outstanding registrar salary reimbursements, please contact your [local NET representative](#).

### Getting in touch

#### Contacting PCSE

This week, services will transfer from Welwyn Garden City and the former NHS SBS Leicester and Greenwich offices. This means that by the end of the week (20 October) the PCSE Customer Support Centre will be the single point of contact for all services for the majority of our service users. If you previously used our Preston or Clacton offices, please continue to do so. All our contact details can be found [here](#).

We're making improvements to the way we manage calls into the Customer Support Centre. All callers will be allocated a case number, so we can track progress and keep you updated on the progress of your query more quickly. We're also in the process of introducing a triaging system, where calls categorised as *urgent* will be prioritised for investigation and resolution.

#### PCSE website

Over the past week, we've refreshed the content and layout of the [PCSE website](#). It's now packed with information on how to access your service as well as answers to some of the most frequently asked questions coming from service users. We'd welcome feedback on the refreshed site and suggestions on additional information you'd like to see on there. If you

have any comments or suggestions for future website improvements, please share these with your [local NET representative](#).

### **Contact details for locum payments and pensions**

The majority of GP locums nationally should now be sending any post for PCSE, including claim forms, receipts or cheques to our Customer Support Centre. Address: Primary Care Support England, PO Box 350, Darlington, DL1 9QN. The only exception to this is for Locums who have historically used our Preston and Clacton offices. Locums who previously sent post for PCSE to these offices should continue to do so. Contact details can be found [here](#). If individuals are currently experiencing delays in cheques being cashed, please contact the Customer Support Centre at: [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) and put 'Locum cheque query' in the email subject line.

### **Meet us at the NEC this week**

We're attending the National Association of Primary Care (NAPC) Best Practice Conference which takes place 19 & 20 October at the Birmingham NEC. We'll be on stand D8 and would welcome the opportunity to meet you and discuss any questions you may have.

With best wishes,  
Primary Care Support England

## NHS England (West Midlands) Primary Care Update – October 2016

### **Sustainability and Resilience Programme – GPRP**

Local teams (DCO) have been asked to confirm practice selections for the GPRP by 18<sup>th</sup> October 2016. Following a meeting with all CCGs and a large number of self-referrals, a list with over 220 practices was submitted to the central team.

We will be working with our CCGs in the coming months to ensure that support is made available to practices that need it most in order to support sustainability across health economies.

### **Biannual Extended Access Data Collection**

From October 2016, as set out in regulations, every GP practice in England will be required to submit an online return twice a year through the Primary Care Web Tool: [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) within a new module titled “Biannual Extended Access” (enclosed). This will set out what access to appointments the practice offers to patients either itself or through other arrangements, seven days a week.

This module will be made automatically available to GP practice staff who currently have ability to submit mandatory data returns to NHS England, and will be available in the website when the collection opens.

The first return will be open for submission from **3 October 2016 to 31 October 2016** inclusive. We have received a number of queries from practices about the return – it is important that CCGs route queries to NHSE in order to complete this in a timely manner.

Further guidance is available on the NHS England’s website: <https://www.england.nhs.uk/commissioning/gp-contract/>.

### **PCSE Update**

NHS England have implemented a turnaround team, led by Jill Matthews. A Medical Director has recently been appointed to support the process.

#### Current issues:

- GP Trainees (the team has suggested that this issue only affects 50 trainees, but local teams have suggested that this should be closer to 100s)
- Medical records movement still not efficient
- Subject Access reports delayed

The team have put in place improvement plans to work to. Latest update attached.