

GOVERNING BODY REPORT

1. **Date of Governing Body Meeting:** 17th May 2018
2. **Title of Report:** Primary Care Commissioning Committee Report
3. **Key Messages:**

This report provides an update on the business discussed and decisions made at the Primary Care Commissioning Committee meeting on 15th March 2018:

 - A further audit will be undertaken with practices to understand if the level of patient record transfer by Primary Medical Services has improved.
 - Work has commenced on improving the reporting of patient safety incidents via the Datix system
 - Following a virtual vote, the Membership supported the changes to the constitution that will enable the Clinical Commissioning Group to undertake full delegated commissioning of primary care from 1st April 2018.
 - The Committee reviewed the performance by Personal Medical Services practices against their key performance indicators.
 - The Committee considered the specification for the Commissioning for Innovation and Quality scheme for 2018/19.
4. **Recommendations**
 1. The governing body is asked to note the decisions and recommendations made by the Primary Care Commissioning Committee including:
 - a. The Committee approved the ongoing payment of Personal Medical Services premium to the relevant practices as the key performance indicators had been achieved
 - b. Approved the specification for the Commissioning for Innovation and Quality

scheme, noting minor changes may be required prior to launch.

- 5. Report Prepared By:** Laura Marsh
Director of Commissioning
- Dr Andy McAlavey
Medical Director

Alignment of this report to the clinical commissioning group’s corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	The report provides an update on primary care commissioning decisions in a joint commissioning context with NHS England.
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	The report provides an update on our primary care quality performance and approach to reducing variation in standards of care.
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	n/a
We will commission integrated health and social services to ensure improvements in primary and community care	The report provides an update on delegated commissioning.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	n/a
We will develop our staff, systems and processes to more effectively commission health services	n/a

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

PRIMARY CARE COMMISSIONING COMMITTEE

INTRODUCTION

1. This report provides an update on the business discussed and decisions made at the Primary Care Commissioning Committee meeting on 15th March 2018.
2. Details of the key issues discussed are provided in the following paragraphs.

GP FORWARD VIEW

3. To date nine practices, covering a population of over 62,000 patients, have taken advantage of the Releasing Time For Care Programme locally. It is anticipated that by the end of 2018, twenty eight practices, covering a population of 211,543 patients (80% of practices and 81% of the population) will have benefited from this programme and the outcomes achieved as a result.
4. The Cheshire and Merseyside bid for International GP Recruitment has been successful which includes 9 practices from West Cheshire
5. The Clinical Practice Pharmacist pilot will be going ahead in 9 practices, extended hours and care homes.
6. Four individuals from member practices have had GP Forward View funding approved to undertake an MBA or a Diploma in Advanced Primary Care Management.
7. It was noted that in relation to GP Practice migration to the North West Shared Infrastructure Service, the Clinical Commissioning Group has instigated a delay to allow time for the issues faced by the early implementer practices

PRIMARY CARE QUALITY

8. Primary Care Services; The Committee was informed that the improvement in receipt of missing patient records had not been as significant as the Clinical Commissioning Group had hoped and that a response had now been received from NHS England to say this needs investigating. The recent audit is to be repeated in the same cohort of practices in the next month, to understand if recent lack of improvement is a timing issue and feedback will be received at the next Committee meeting. Assurances are being sought from NHS England that real and credible next steps are provided, as the delay in receiving patient notes is wholly unacceptable from a quality and safeguarding perspective.

9. Work has commenced on improving the reporting of patient safety incidents via the Datix system. Investigations with the software provider have demonstrated that there is significant additional capacity that will allow Practices to continue to report patient safety incidents, but also to support Practices with Care Quality Commission compliance.
10. The Committee discussed two patient incidents that involved controlled drugs. These incidents were both notified to the NHS England Accountable Officer in the Quarterly Occurrence Report as both incidents had caused harm to the patients involved.
 - a. Incident 1 A patient from a care home was discovered on admission to hospital to have two fentanyl patches in situ, when only one was prescribed. The patient's symptoms could have been caused by exposure to levels of fentanyl in excess of the intended dose. The Medicines Management Team are in the process of developing guidance for care homes on the appropriate use and application of these patches, to mitigate risk and learn from this incident report. A response from the provider is outstanding.
 - b. Incident 2. A GP sought advice from a hospice doctor regarding changing the medication in a syringe driver to meet a patient's increasing need for analgesia. The nurses who attended the patient to change the syringe driver deemed that the new dose prescribed was too high and reduced it from that agreed by the two doctors and prescribed by the GP. The patient had then remained in pain overnight. Due to the complex issues raised by this incident, improvement actions are yet to be identified. A response from the provider is outstanding at this time.
11. The primary care support and escalation process focuses on a number of quantitative and qualitative areas. The Committee received the latest iteration of the report containing an update on the progress of this work and the improvements that have been seen in patient pathways since the implementation of the process. Greater scrutiny of screening and immunisation uptake was agreed to be undertaken at the Primary Care Operational Group.

FULL DELEGATION OF PRIMARY CARE

12. In January 2018, the Primary Care Commissioning Committee recommended to the Governing Body that they wished to continue to full delegation.
13. The Governing Body approved the application for the Clinical Commissioning Group to become fully delegated commissioners of primary care on 18 January 2018.

14. In order for the Clinical Commissioning Group to become fully delegated an amendment to the constitution was required to be made and submitted to NHS England by 28th February 2018.
15. The membership was due to discuss the changes to the constitution and was to be asked to agree the changes at the Membership Council on 28 February 2018. As a result of the significant urgent care pressures in the health and care system, the Membership Council meeting was cancelled and a virtual vote took place via email. The result of the vote was: 17 for, 8 against and 9 abstentions.
16. Therefore the Delegation Agreement was submitted to NHS England on 28th February 2018.
17. It was noted by the Committee that the Local Medical Committee had some concerns regarding the changes to the constitution and would be writing to the local area team.
18. The Cheshire-wide Joint Executive Committee met in February and agreed to closer working across Cheshire, in relation to certain functions associated with commissioning primary care. A workshop is being held to agree more detailed proposals regarding delivering these functions collaboratively.
19. Although the NHS England Local Area Team declined to provide dedicated individuals to support the Clinical Commissioning Group during the first year of delegation, it has offered ongoing support from the team for at least the first 6 months. There is a need for additional capacity within the Primary Care Team to support the increased workload associated with the commissioning of primary care. Therefore, agreement has been given to recruit a Primary Care Commissioning Manager to a fixed term post for 12 months.
20. A project plan has been developed to support implementation and a Delegation Steering Group, with membership from NHS England and West Cheshire Clinical Commissioning Group functions such as finance, primary care as well as senior management, has been established.

PRIMARY CARE COMMISSIONING REPORT.

21. The key performance indicators for the practices on personal medical services contracts were previously discussed by the committee with regards to strengthening them, as the funding decreases. The key performance indicators for 2018/19 were approved by the committee at the last meeting. Practices have continued to submit their evidence for the 2017/18 key performance indicators. The Committee recommended approval for continued payment due to the achievement of these indicators by each Practice.
22. A final draft of the Commissioning for Quality and Innovation Scheme for 2018/19 was considered by the Committee, following extensive consultation and clinical engagement. It was noted that the scheme has been significantly slimmed down to focus on a smaller number of key clinical areas, but still retaining a focus on quality. The key recent changes to the scheme were noted

including that the new £1.50 per head funding will be weighted to support frail/elderly. The specification was approved noting that minor changes may still be required before launch.

RECOMMENDATIONS

23. The governing body is asked to note the decisions and recommendations made by the Primary Care Commissioning Committee including:
 - a. The Committee approved the ongoing payment of Personal Medical Services premium to the relevant practices as the key performance indicators had been achieved
 - b. Approved the specification for the Commissioning for Innovation and Quality scheme, noting minor changes may be required prior to launch.

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Medical Director

May 2018