NHS
Wakefield
Clinical Commissioning Group

PROBITY COMMITTEE

21 MAY 2019
9:30AM, BOARDROOM, WHITE ROSE HOUSE

AGENDA

No.	Agenda Item	Lead officer
1.	Apologies for Absence – Anna Hartley	**Richard Hindley**
2.	Declarations of Interest	**Richard Hindley**
3.	i) Minutes of the meeting held on 26 March 2019 ii) Action sheet from the meeting held on 26 March 2019	**Richard Hindley**
4.	Matters arising	**Richard Handley**
5.	Probity Committee Effectiveness Survey	**Amrit Reyat**
6.	Probity Committee Annual Report 2018/19	**Amrit Reyat**
7.	Probity Committee Annual Work Plan 2019/20	**Amrit Reyat**
8.	Wakefield Practice Premium Contract 2018/19 Performance Report	**Chris Skelton**
9.	Wrenthorpe Branch Closure – Assurance Report	**Chris Skelton**
10.	Primary Care Network Configuration	**Chris Skelton**
11.	Improving Performance of Learning Disabilities health Checks – Information Only	**Chris Skelton**
12.	Matters to be referred to other committees or Governing Body	**Richard Hindley**
13.	Any Other Business The Committee is recommended to make the following resolution: *"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)".*	

14. Date and Time of Next Meeting
23 July 2019, 3:00pm, The Boardroom, White Rose House

NHS Wakefield Clinical Commissioning Group

PROBITY COMMITTEE

Minutes of the Meeting held on 26 March 2019

Present:	Dr Greg Connor	Executive Clinical Advisor
	Suzannah Cookson	Chief Nurse
	Diane Hampshire	Registered Nurse
	Richard Hindley	Lay Member (Chair)
	Mr Hany Lotfallah	Secondary Care Specialist
	Jonathan Webb	Interim Chief Finance Officer
In Attendance:	Dominic Blaydon	Associate Director Primary Care Commissioning
	Sharon Daniel	Quality Support Manager
	Nichola Esmond	Healthwatch Representative
	Natalie Knowles	Primary Care Support Manager
	Amrit Reyat	Governance and Board Secretary
	Chris Skelton	Head of Primary Care Co-Commissioning
	Pam Vaines	Minute Taker

18/152 Apologies

Apologies were received from Mel Brown, Stephen Hardy, Richard Watkinson, Anna Ladd, Anna Hartley, Cllr Pat Garbutt and Ruth Unwin.

18/153 Declarations of Interest

There were no declarations of interest made.

18/154 (a) Minutes of the meeting held on 27 November 2018

The minutes from the meeting held on 27 November 2018 were agreed as an accurate record.

It was noted that the agenda for the meeting on 26 March 2019 incorrectly stated that the minutes and action sheet from the meeting held on 23 January 2018 would be reviewed. The minutes and action sheet reviewed by the Committee were from the meeting held on 27 November 2018.

(b) Action sheet from the meeting held on 27 November 2018

The action sheet was noted.

18/155 Matters Arising

There were no matters arising discussed.

18/156 Annual Practice Visits Report

Natalie Knowles and Sharon Daniel presented the paper describing the findings of the annual practice visits held in 2018/19.

Sharon Daniel explained that 35 practice visits had taken place, with specific reference to key areas, including access, medication, patients with learning disabilities, engagement in New Models of Care and Core Contracts.

Natalie Knowles highlighted the involvement of Patient Representative Groups in the flu campaigns run by a number of practices.

Several practices were highlighted as requiring assistance with Care Navigation process. They will be supported by Conexus.

Diane Hampshire commented that the report was informative and useful, it would have been helpful to have specific numbers and references. For example, the report states that 'where practices have been identified as requiring further support, members of the Primary Care, Quality and Resilience Academy teams are available to offer support and advice', the Committee would have found it useful to understand the number of practices involved.

Suzannah Cookson commented that there needed to be greater consideration of the targets referred to in the report are sufficiently challenging.

It was agreed that future reports will contain more detail and will be linked to the main functions of the CCG.

Mr Lotfallah asked for clarification regarding the two remaining practices which had not had a practice visit. The Committee was informed that one practice visit is due to be completed in April 2019 and the CCG continued to work with the remaining practice.

Richard Hindley sought assurance regarding resilience and succession planning and would like future reports to include this topic.

Natalie Knowles confirmed that the 2018/19 visits looked at the whole service and included an overall of resilience and succession planning.

Dr Connor informed the Committee that two other changes will feed into the new round of visits – practice two year development plans and the CCHG performance framework.

Jonathan Webb asked how the report was to be used. Chris Skelton explained that the report was to be shared with commissioners and that where necessary; practices would be signposted to the appropriate support.

Chris Skelton informed the Committee that teams within the CCG often refer issues

to the Primary Care Team and the Committee could therefore be assured that information sharing is embedded within the organisation.

It was acknowledged that whilst feedback from the Practice Visits was provided to individual practices, there is scope for sharing learning at Network level and beyond. This will be developed over time.

Richard Hindley asked for an updated report in the revised format, to be presented at a future meeting.

It was **RESOLVED** that:

- The Probity Committee received the annual practice visits assurance report for 2018/19
- The Probity Committee agreed to receive a further report on the practice visits undertaken in 2019/20

18/157 Primary Care Strategy

Dominic Blaydon presented the draft Primary Care Strategy, supported by a presentation, for comment prior to consideration by the Governing Body for final approval.

The Primary Care Strategy reflected the challenges of an aging and growing population, increased demand for out of hospital health provision and an aging healthcare workforce.

The Strategy established two key objectives; strengthening GP practices and supporting integration. The Strategy identifies three levels;practice, network and district level) and five key priorities: Core GP teams, Primary Care Home, Consolidation of community urgent care services, care navigation and interface between specialist and primary care.

The Strategy has been developed to improve resilience and strengthen the interface between primary and secondary care.

To support the work of the Strategy, Dominic Blaydon explained that there were five Enablers – Wakefield GP Resilience Academy, Conexus GP Confederation, Connecting Care Hubs, Population Health Management and a new local contract to replace the Premium Contract.

Dominic Blaydon explained that feedback had been received on the draft Primary Care Strategy and that the final draft would be presented to Governing Body in May for approval. A Project Initiation Document has been made available to share with members at their request.

Suzannah Cookson asked whether Bradford Community Trust had been contacted regarding prevention, specifically in relation to children's services. Dominic Blaydon explained that children's services had not been explicitly reflected in the document and that this would be addressed.

Diane Hampshire also commented on the lack of reference to children's services in

the Strategy and suggested that a carers section be included in the patient satisfaction.

Nichola Esmond sought clarification regarding the governance process for Primary Care Home, specifically whether the leadership team has a system- wide approach. Dominic Blaydon explained that robust governance arrangements within the Primary Care Hub will be established. From there all key stakeholders across the system will link into those arrangements to ensure the governance processes are effective. An event has been organised for 30 April 2019 to disseminate how this will operate.

Nichola Esmond suggested that thought be given to the funding of volunteer organisations and patient involvement, commenting that it was not always financially viable for these groups to take part on an equal footing to other, larger stakeholders. Dominic Blaydon accepted the restrictions in the process and confirmed that work was required to ensure equal consideration to the priorities of all stakeholders.

Richard Hindley highlighted that the documentation and the presentation demonstrated a slightly different emphasis on certain information, specifically in relation to the enablers. Dominic Blaydon confirmed that details of the enablers are currently being finalised and that the presentation to Governing Body will present a clear picture of the enablers.

Richard Hindley sought assurance regarding patient and public involvement in the Strategy. Dominic Blaydon confirmed that there had been attendance at PIPEC and the revised Strategy would reflect the comments received. He acknowledged that learning had been identified regarding the need to engage with patients and public at an earlier stage in future develpments.

Dr Connor commented that the draft strategy would be updated with all the feedback received and this will be combined in a way that gives the document a single narrative voice.

Richard Hindley suggested that the presentation articulated the position regarding engagement with stakeholders more clearly than the documentation.

Suzannah Cookson commented that the recent the Chief Nurse conference included a patient story which emphasised the importance placed on the NHS by individuals. People with long term conditions will have a great deal of knowledge which could be taken into account if the CCG engaged with them more thoroughly.

It was **RESOLVED** that:

i. The Probity Committee supported the priorities set out in the Primary Care Strategy ahead of final approval by the Governing Body in May 2019.

18/158 GP contract 5 year framework and commissioning intentions 2019/20 and beyond (Presentation)

Chris Skelton provided a review of the GP 5 Year Forward framework for the GP

Contract and the link to the NHS Long Term Plan. A presentation was used to support the discussion.

Chris Skelton explained that technical guidance has yet to be published and that it is proposed to continue with the current arrangements until 1 July when all national guidance will apply.

The Committee was informed that there will be a state-backed indemnity scheme for general practice which will mean that individual practices will no longer need to obtain separate indemnity cover. This will be beneficial at network level, as it will provide consistency going forward.

Chris Skelton explained that from July 2019 a pharmacist and a social prescriber will be available within each Network and that other services that support and enhance primary care will be developed.

The Academy will continue to support practices and video appointments will be rolled out across the patch from 2021/22.

The Committee were provided with timescales for next steps:

- Primary Care Allocations (Revised) – 21 March 2019
- Technical Guidance – 29 March 2019 (Provisional)
- Q1 Scheme commences – 1 April 2019
- Probity Committee – 21 May 2019
- Plans for 1 July 2019 and beyond – 1 July 2019

Diane Hampshire sought confirmation that the indemnity scheme would cover practice nurses and was assured that the scheme would cover anyone employed by the practice.

Chris Skelton explained that there will be a number of funding streams for GP practices, including the non-discretionary element of the NHS England allocation, reinvestment of the PMS premium (via WPPC Contract), practice development and local enhanced services.

The Network offer is £1.50 per patient per Network, which is mandated nationally. Networks have been given autonomy to determine how to spend this funding.

Chris Skelton discussed the approach to roll-over current commissioned schemes into Q1 2019/20 and make changes to commissioning arrangements implemented on 1 July 2019 in line with the national contract changes.

It is expected that the revised contract for Q2 onwards will be discussed at Probity Committee in May 2019.

Chris Skelton informed the Committee that Care Homes are currently aligned at practice level; however plans are in place to restructure this as the national guidance requires this to be done at Network level.

Chris Skelton also discussed the further relationship with Conexus GP Confederation and the ongoing support provided by the CCG through the MoU.

Jonathan Webb informed the Committee that NHS England have recently confirmed the allocation uplift for 2019/20 which is substantially less than expected. CCGs will contribute to the new indemnity scheme and although this was expected, it has impacted on the funding shortfall. A number of CCG's in Yorkshire and Humber are lobbying NHS England regarding the adverse impact on funding allocations. Technical guidance is expected shortly. The Committee would be updated on this once it has been received.

It was **RESOLVED** that:

i. The Probity Committee noted the national changes to the GP Contract for the next 5 years.
ii. The Probity Committee approved the commissioning approach to extend the current local contractual arrangements for three months from 1 April 2019 ahead of introducing new contractual arrangements.
iii. The Probity Committee discuss and comment on the provisional commissioning intentions from 1 July 2019 onwards
iv. The Probity Committee received and approved the commissioning intentions from 1 July 2019 onwards at the Probity Committee in May 2019.

18/159 Wakefield Integrated Urgent Primary Care Provision

Dominic Blaydon explained that over the last six months, work on the Urgent Primary Care Strategy had been undertaken as part of the Primary Care Strategy. An integrated model which provided a 24/7 clinical assistance service was being developed. The aim was to co-locate the services of GP care and the walk-in centre and develop an integrated urgent care model located at the Pontefract Urgent Treatment Centre.

The CCG's aim to undertake a tender process to implement a new service from April 2020.

Dominic Blaydon explained that the current providers have not yet developed a model that meets the needs of the Wakefield population. Diane Hampshire asked whether, given these circumstances, it was appropriate to ask the current providers to develop the future model. Jonathan Webb asked whether it would be appropriate to launch the tender process or enter into a dialogue with providers.

Dr Connor responded that the current provision is complex with a number of overlaps. This has resulted in patient confusion regarding the services offered. In addition, the GP Access Fund element of the National GP Contract will grant funding at Network level for Urgent Primary Care Provision, which will add further complexities.

Jonathan Webb suggested that it might not be possible to co-locate GP Care and the Walk-in Centre and asked whether this was a vital element of the future provision. Dominic Blaydon explained that the aim was to have a consistent service for all residents. A two-site option could be considered, dependent on the proposals put forward.

Nichola Esmond asked how the proposed provision differs from the existing service. Dominic Blaydon responded that there are currently two providers offering different services from two sites. The aim is to provide a consistent service across the District with a single process.

Nichola Esmond emphasised that people appreciate access to a site in Wakefield city centre, She acknowledged that there had been a number of consultations prior to changes at Pontefract Hospital and it had been agreed that there should not be any future consultations on the same topic. However Nichola suggested that a public engagement session should take place if there are any proposals to move the service outside the city centre.

Jonathan Webb noted that the Walk-in centre is significantly used by people who live outside the Wakefield area. It would therefore be necessary to understand the implications of a possible location change as part of any proposal.

The Committee were informed that the current providers of the Walk-in Centre (Local Care Direct) are in negotiations with the Landlord regarding the current lease. It may therefore be necessary to re-locate the Walk-in Centre due to leasing issues. However, this would not necessarily mean relocating outside the city centre.

Suzannah Cookson supported the requirement to determine the level of use at both current locations before any decisions are made. She recommended that young people should be considered when making any decision regarding patient engagement.

Nichola Esmond reiterated the need to hold public engagement should there be any suggestion that the service could be delivered from a different location. Dr Connor stressed that all patients will need to be clearly informed of any change in delivery.

Richard Hindley noted the tight timescales and sought assurance that they were realistic. Dominic Blaydon acknowledged the pressures involved in completing this task on time. He stressed the importance of commissioning the 'right' urgent care provision.

It was **RESOLVED** that:

i. The Probity Committee noted the progress that has been made on the development of an urgent primary care service model

18/160 Probity Committee Self-assessment

Amrit Reyat explained the requirement for all CCG committees to carry out an annual self-assessment. The 2018/19 assessment will be in two sections. The first is a discussion between the Chair of the Committee and the Governance and Board Secretary. A checklist will then be shared with committee members and regular attendees.

The process has been scheduled to commence the week beginning 1 April 2019 and the findings will be presented at the May 2019 meeting.

It was **RESOLVED** that:

i. The Probity Committee noted the process for the completion of the 2018/2019 Probity Committee Self-Assessment questionnaire to consider the effectiveness of the Probity Committee.

ii. The Probity Committee noted this is an annual process undertaken by all CCG committees to ensure that they are operating effectively. This is reported in the annual report.

18/161 Wakefield Practice Premium Contract 2018/19 – Quarter 3 Performance Report

Chris Skelton explained that the paper had been prepared for the cancelled January 2019 Probity Committee meeting meaning that the data therefore referred to Q3. The Quarter 4 paper will be presented at the May meeting.

Chris Skelton confirmed that the three practices which had achieved below 25/30 in relation to the access domain are smaller practices and had met with patient requests for appointments. They did not therefore comply with the KPI requirements but provided evidence of patient satisfaction with appointment access.

Chris Skelton clarified that Natalie Knowles had worked with the struggling practices to seek additional assurances. The aim has been to improve patient experience and safety.

Jonathan Webb sought confirmation that practices were being supported not to accept repeat prescription requests by telephone. Dr Connor confirmed that this is the case and explained that the advice had been given to –

- avoid errors due to confusion relating to complicated medicine names;
- reduce delays in telephone access as calls for repeat prescriptions contribute to delays for patients trying to access GPs for other reasons such as appointments or results etc.

It was **RESOLVED** that:

- The Probity Committee noted the progress in regards to performance against the Wakefield Practice Premium contract up to Quarter 3.
- The Probity Committee agreed the KPI payments in regard to the KPI001 for Quarter 3.

18/162 Estates Update – with specific reference to Castleford Health Centre

Chris Skelton explained that NHS Wakefield CCG has appointed an external individual to review the proposals for Castleford Health Centre. The options are to refurbish the existing site or to build new premises on an adjoining site.

Changes are required to provide additional capacity in the area.

Committee members were reminded that Mid Yorkshire Hospitals NHS Trust provide a number of services from the Health Centre.

The existing practices prefer the option of a new build.

NHS Property Services are the landlords and are looking at options for a refurbishment to be funded by the CCG.

Chris Skelton explained that the next step would be to clarify the space required by the GP practices and other providers.

Chris Skelton commented that the City Fields development will include a centre which could include GP/Health provision but this has not been confirmed. Discussions are taking place with practices to establish whether they could provide services from this site.

Chris Skelton confirmed that he would continue to keep the Probity Committee informed of progress and will share detailed plans as soon as possible.

Jonathan Webb commented that the Castleford practises have a clear view of the best way to develop the health centre. They are not as engaged in the process as much as they need to be and so the CCG will need to work with them to ensure they are fully engaged going forward.

It was **RESOLVED** that:

i. The Probity Committee noted the update

18/163 Matters to be referred to other committees or Governing Body

The following papers were to be referred to other Committees:

i. The minutes of this meeting would be shared with the Governing Body.

18/164 Any Other Business

Richard Hindley noted that Cllr Pat Garbutt and Nichola Esmond were standing down from Probity Committee in 2019/20. He thanked them both for their contribution and commitment over the period of their tenure.

18/165 Date and Time of Next Meeting

Tuesday 21 May 2019, 9:30 to 11:30am, Boardroom, White Rose House

Agenda item: 3ii

NHS Wakefield Clinical Commissioning Group

ACTION POINTS FROM PROBITY COMMITTEE
HELD ON 26 MARCH 2019

Minute No	Topic	Action required	Who	Date for completion	Progress
18/031	Outwood Park Branch Closure	Update with reference to request to discontinue the provision of patient transport from Wrenthorpe to Outwood Park	Chris Skelton	May 2019	Agenda Item
18/133	Maybush CQC report	Letter of thanks and acknowledgement to the practice for the work they have undertaken	Mel Brown	May 2019	To be discussed in matters arising
18/156	Annual Practice Visits Report	An updated report containing specific detail to be provided mid-year.	Natalie Knowles and Sharon Daniel	September 2019	
18/158	GP Contract	WPPC3 draft contract and commissioning intentions	Chris Skelton	May 2019	Private Agenda Item
18/160	Probity Committee Self Assessment findings	Findings of Committee Self-assessment carried out April 2019	Amrit Reyat	May 2019	Agenda Item

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Title of meeting:	**Probity Committee**	**Agenda Item:**	**5**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Probity Committee Effectiveness Survey**	N/A	
Purpose (this paper is for):			

Decision	✓	Discussion		Assurance		Information	

Report Author and Job Title:	**Ruth Unwin, Director of Corporate Affairs**
Responsible Clinical Lead:	**Not Applicable**
Responsible Governing Board Executive Lead:	**Ruth Unwin, Director of Corporate Affairs**

Recommendation :

It is recommended that the Probity Committee

i) Notes the findings of the Probity Committee Effectiveness Survey

ii) Agree any follow up actions

Executive Summary:

Annual effectiveness surveys are carried out for all sub-committees of the Governing Body. Members and regular attendees of the Probity Committee were asked to complete the survey and there was a 53% response rate.

There were two parts to the survey. Part One was a checklist relating to committee processes and was completed by the Chair and the Governance and Board Secretary. This checklist is designed to elicit a simple yes or no answer to each question.

Part two is designed to gauge the committee's effectiveness by taking the views of the committee members across a number of themes. The majority of respondents found the committee to be effective and were satisfied with the level of information provided.

The following are some of the positive feedback from members:

- Members felt that the committee has set itself a series of objectives for the year.
- The committee are aware of the key sources of assurance and who provides them.
- The members make up the right balance of experience, knowledge and skills to fulfil the role of Probity Committee.
- 100% of respondents felt comfortable within the Probity Committee environment to be able to express their views, doubts and opinions.
- Probity committee declares conflicts at the start of every meeting and appropriate action is taken when relevant matters are discussed.

Following the negative responses the following proposed action was identified:

- At the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc. This is to be included when discussing the item “Any matters to be referred to the Governing Body or other committee” is discussed
- At the end of each meeting the committee discuss links with other committees in relation to clinical governance, quality and risk management. This is to be included wen discussing the item “Any matters to be referred to the Governing Body or other Committee” is discussed.

Following the results of the survey it is proposed that the Probity Committee reflect on the ‘disagree’ survey responses to consider any other actions need to take place to understand and improve the role and purpose of the Committee.

Link to overarching principles from the strategic plan:	

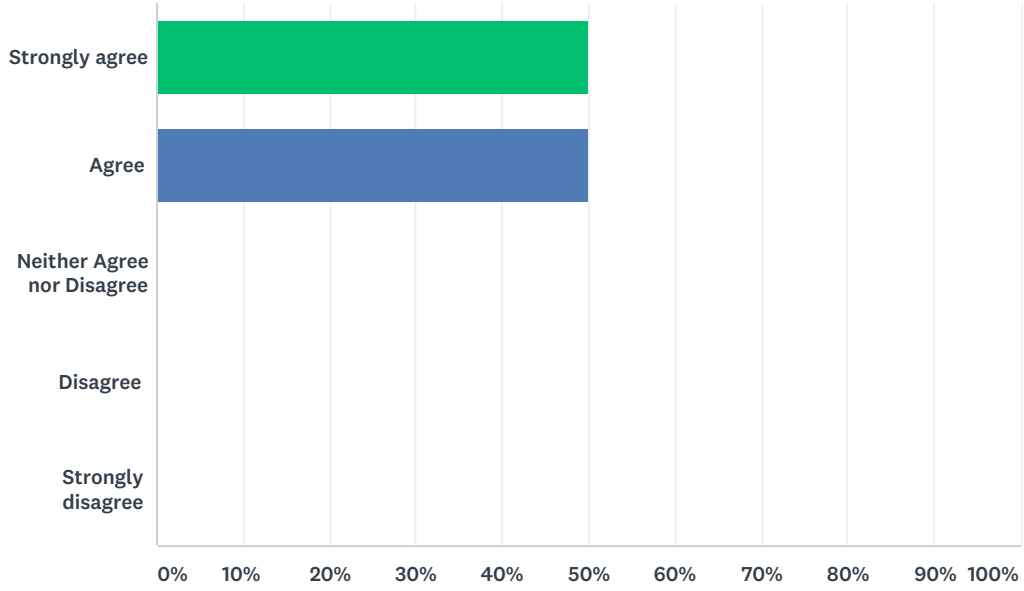
Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
Transforming to become a sustainable financial economy	
Organising ourselves to deliver for our patients	✓

Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable
Management of Conflicts of Interest:	The Probity Committee provides a strategic and advisory role to the Governing Body. Matters are referred to other committees for decision to enable free discussion without the risk of conflicts of interest arising.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable
Previously presented at committee / governing body:	No
Reference document(s) /	A full copy of the survey results can be accessed at Appendix 1

enclosures:	
Risk Assessment:	None identified
Finance/ resource implications:	None identified

Q1 The Probity Committee has set itself a series of objectives for the year.

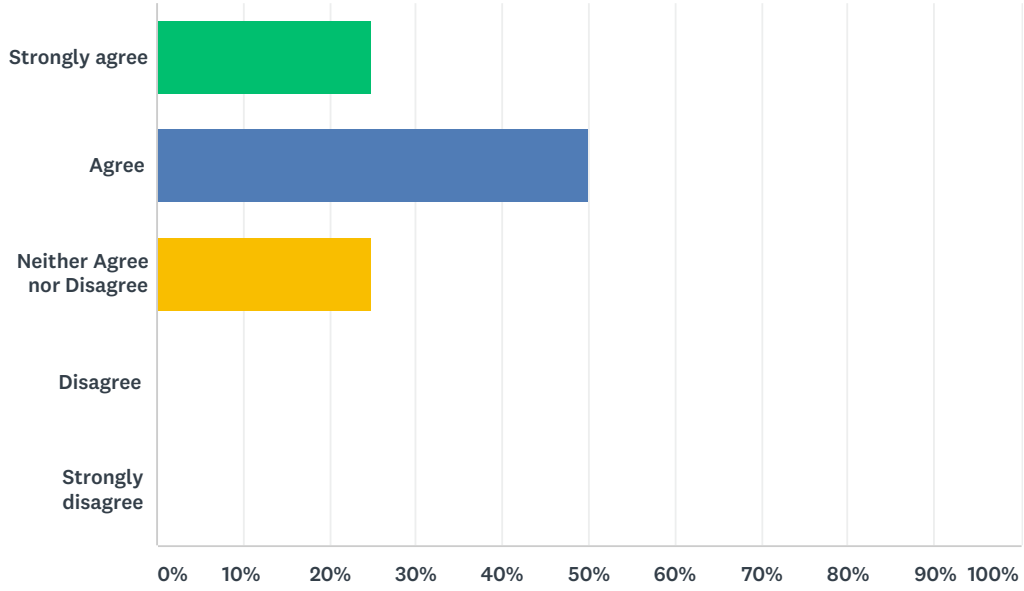
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q2 Probity Committee has made a conscious decision about the information it would like to receive.

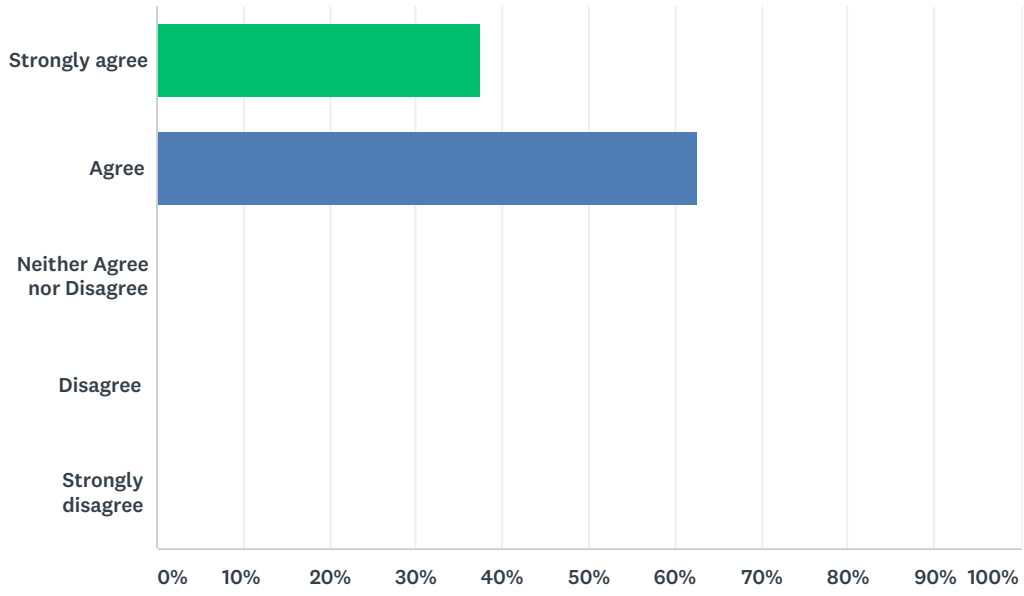
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	2
Agree	50.00%	4
Neither Agree nor Disagree	25.00%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q3 Committee members contribute regularly across the range of issues discussed.

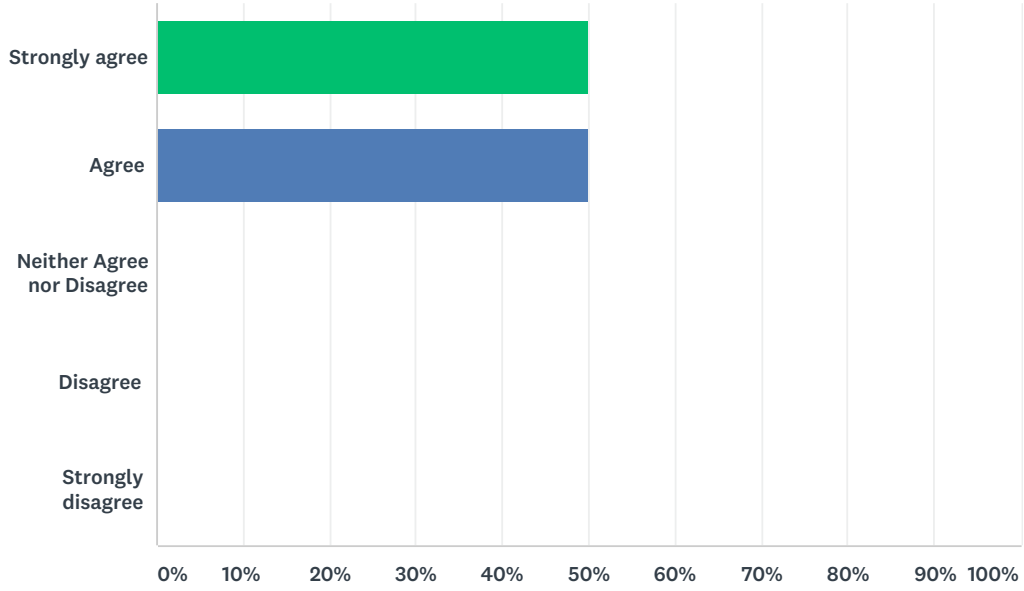
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	37.50%	3
Agree	62.50%	5
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q4 Probity Committee are aware of the key sources of assurance and who provides them.

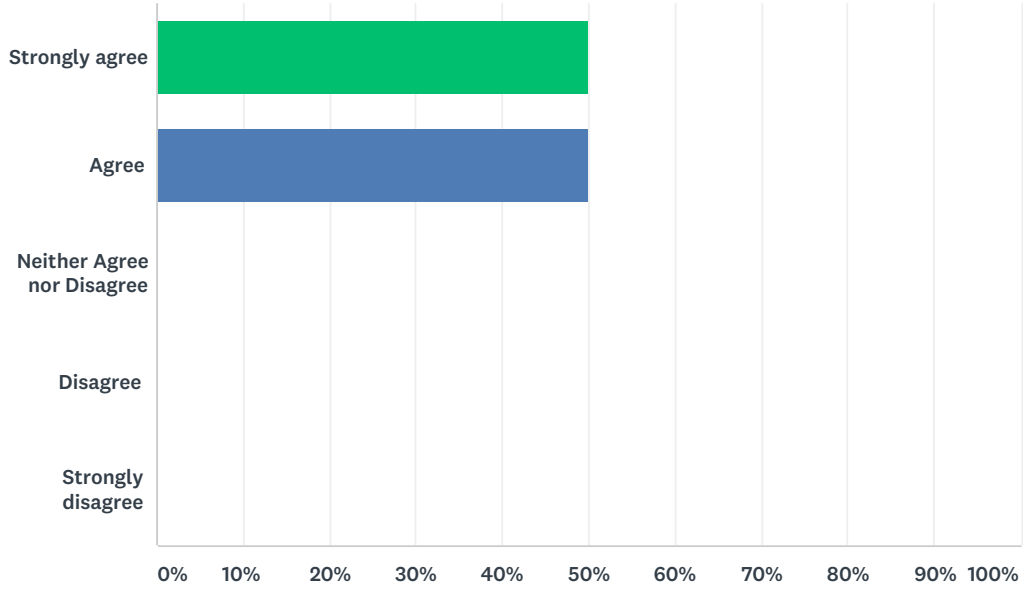
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q5 The committee receives assurances from third parties who deliver key functions to the organisation

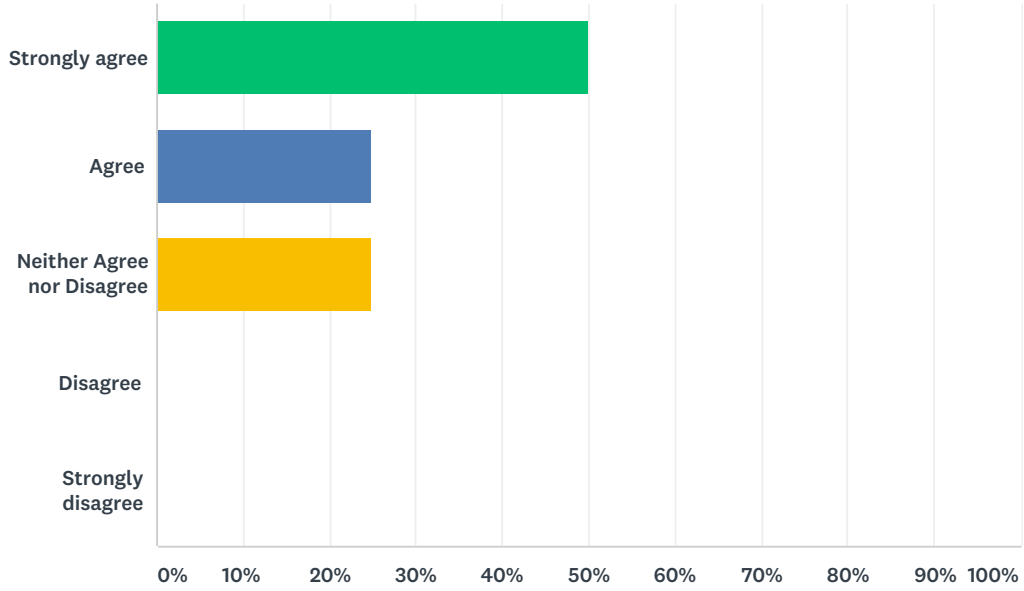
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q6 Equal prominence is given to both quality and financial assurance.

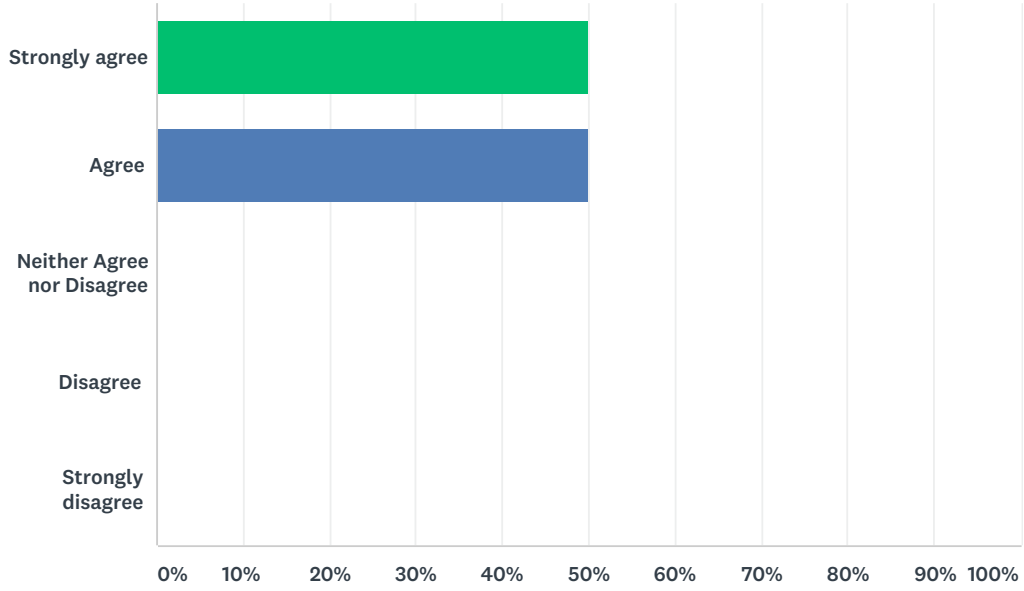
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	25.00%	2
Neither Agree nor Disagree	25.00%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q7 Probity Committee has the right balance of experience, knowledge and skills to fulfil its role.

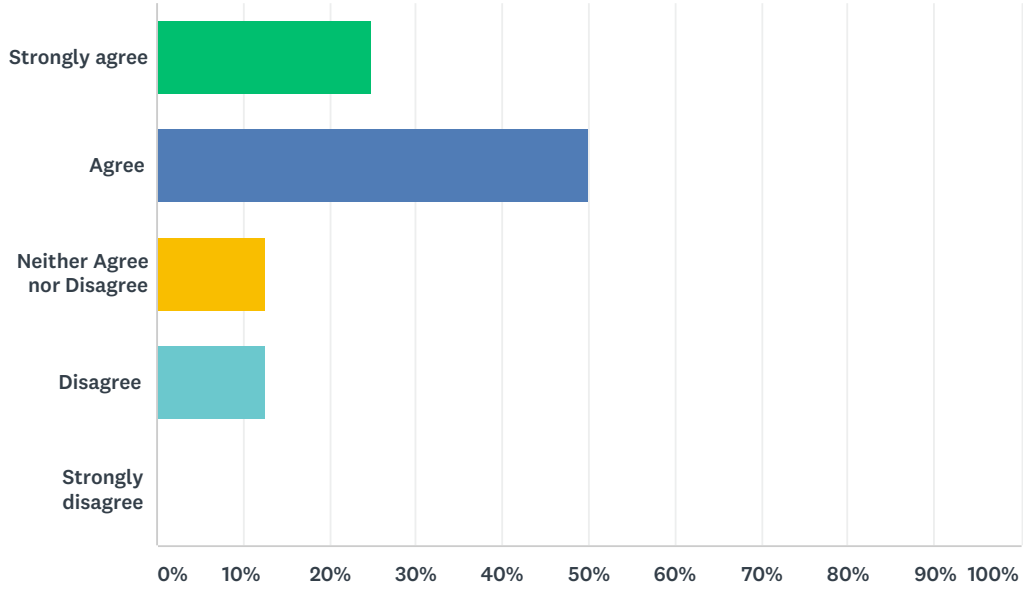
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q8 Probity Committee has structured its agenda to cover quality, data quality, performance targets and financial control

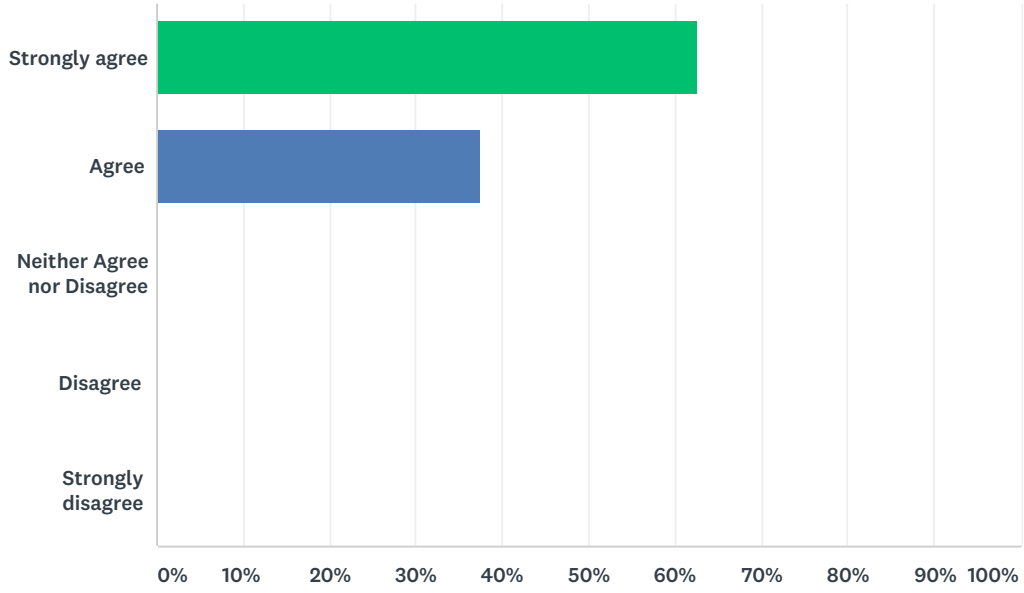
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	2
Agree	50.00%	4
Neither Agree nor Disagree	12.50%	1
Disagree	12.50%	1
Strongly disagree	0.00%	0
Total Respondents: 8		

Q9 The committee ensures that the relevant executive director/head of service/manager attends meetings to enable it to secure the level of understanding of the reports and information it receives.

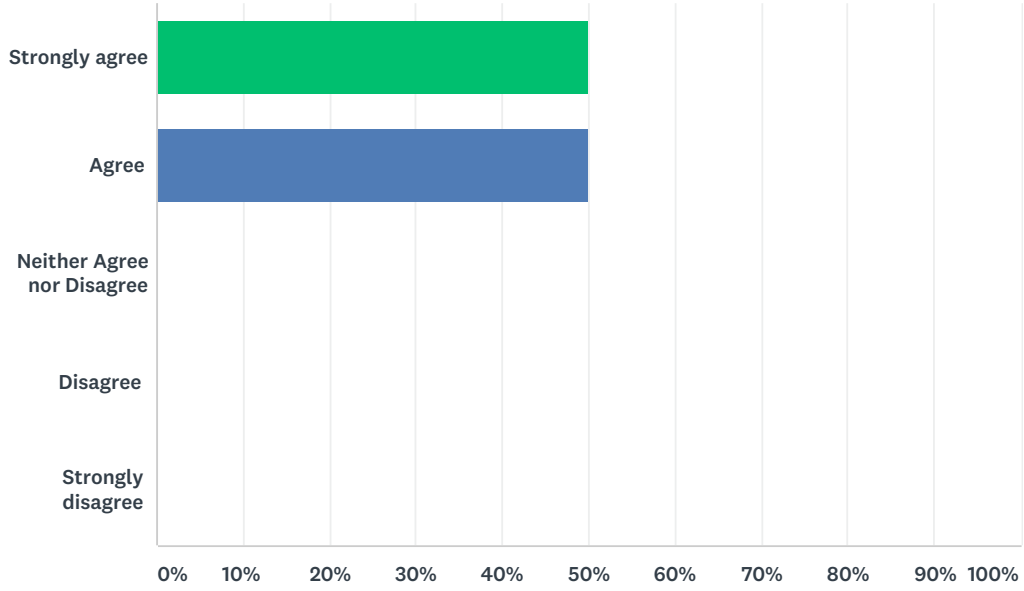
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	62.50%	5
Agree	37.50%	3
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q10 Management fully briefs the committee on key risks and any gaps in control

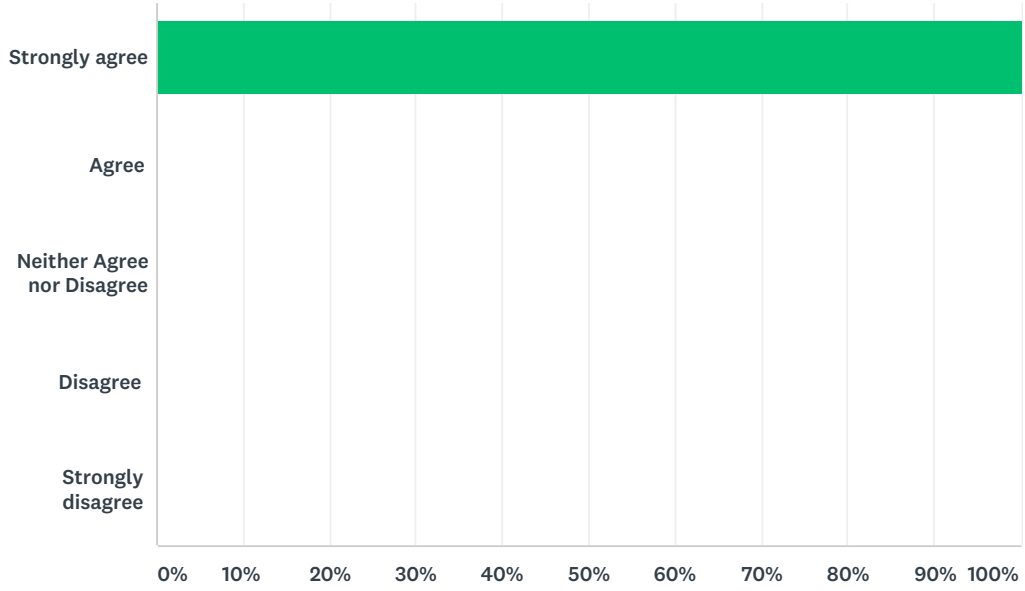
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q11 I feel sufficiently comfortable within the Probity Committee environment to be able to express my views, doubts and opinions.

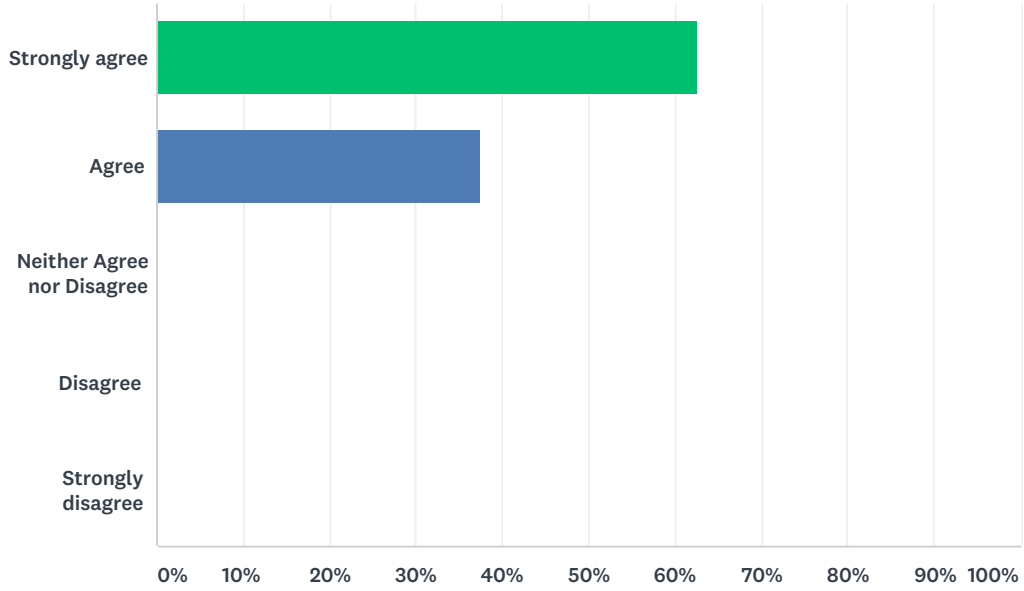
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	100.00%	8
Agree	0.00%	0
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q12 When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.

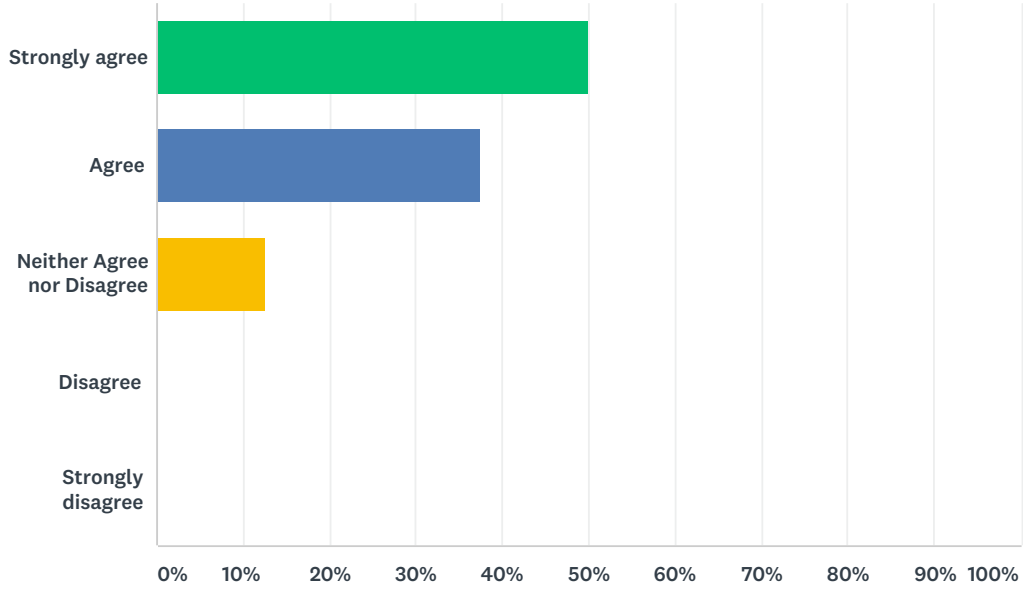
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	62.50%	5
Agree	37.50%	3
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q13 The quality of committee papers received allows me to perform my role effectively.

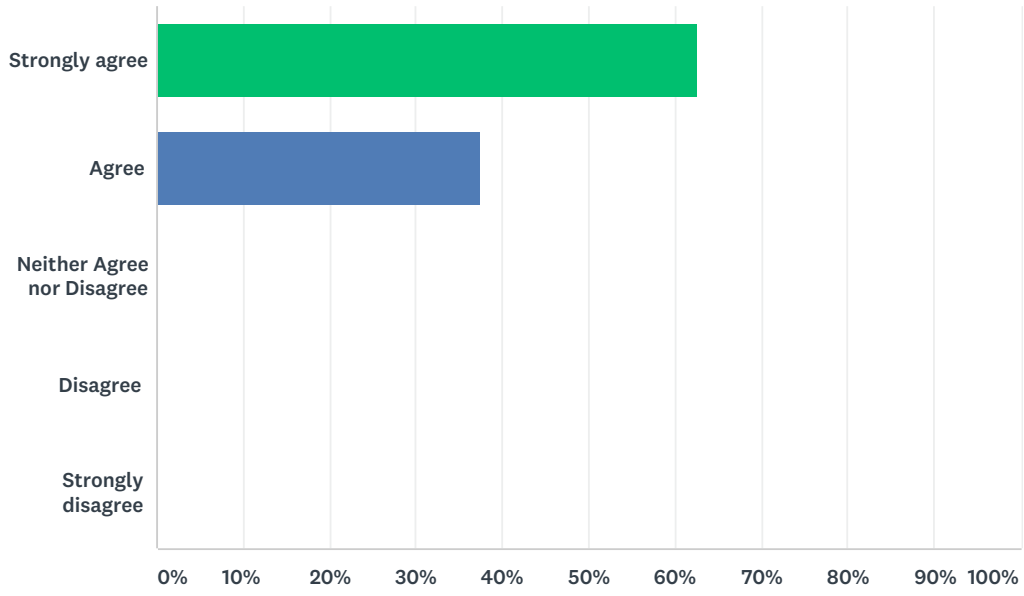
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	37.50%	3
Neither Agree nor Disagree	12.50%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q14 I receive papers in enough time to allow me to prepare fully before meetings of the committee.

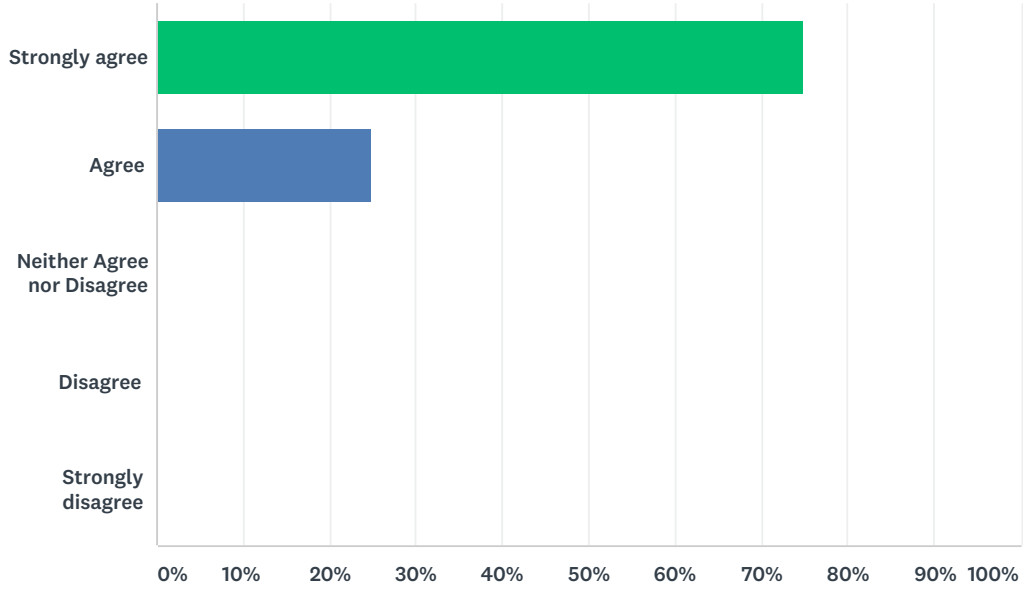
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	62.50%	5
Agree	37.50%	3
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q15 Conflicts are declared at the start of every meeting and appropriate action is taken when relevant matters are discussed.

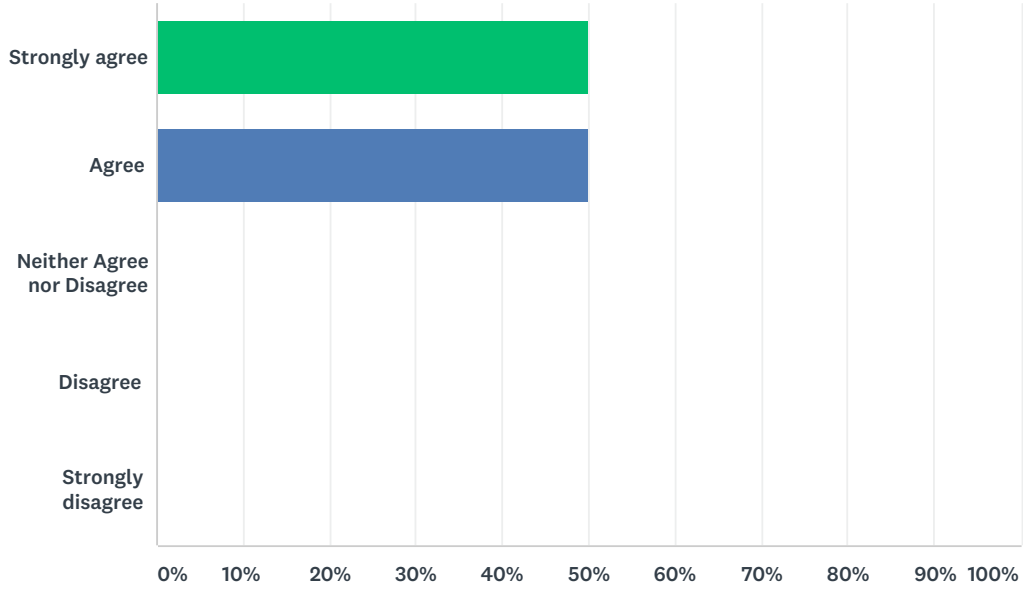
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	6
Agree	25.00%	2
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q16 Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.

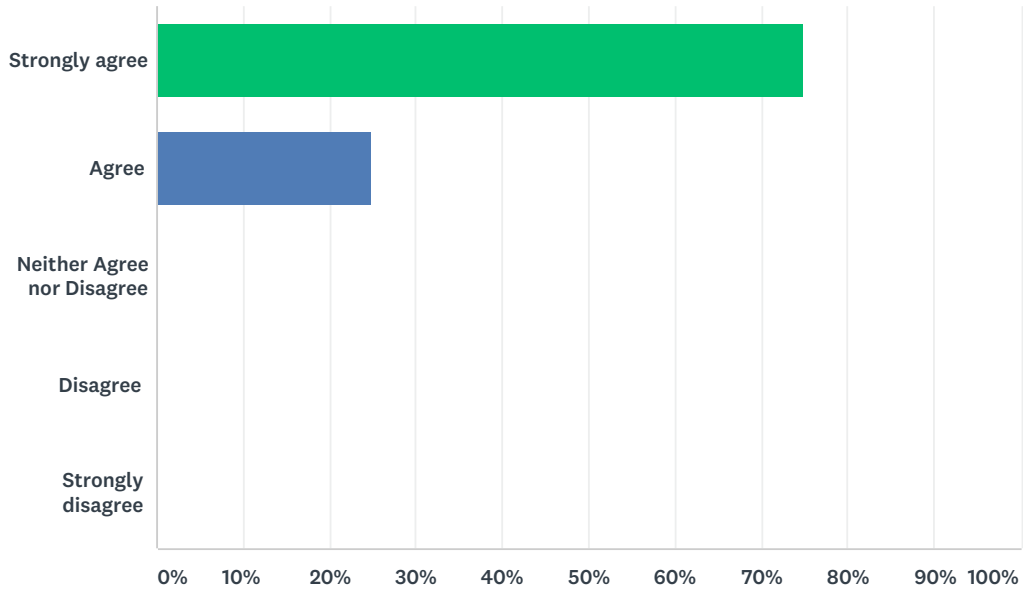
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q17 Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.

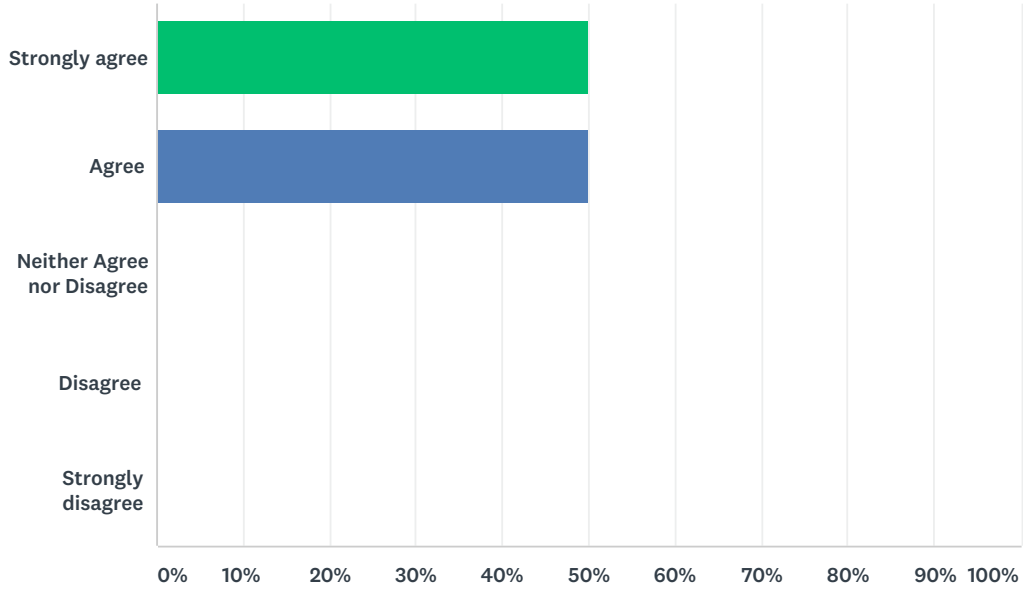
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	6
Agree	25.00%	2
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q18 Each agenda item is ‘closed off’ appropriately so that I am clear what the conclusion is; who is doing what, when and how, and how it is being monitored

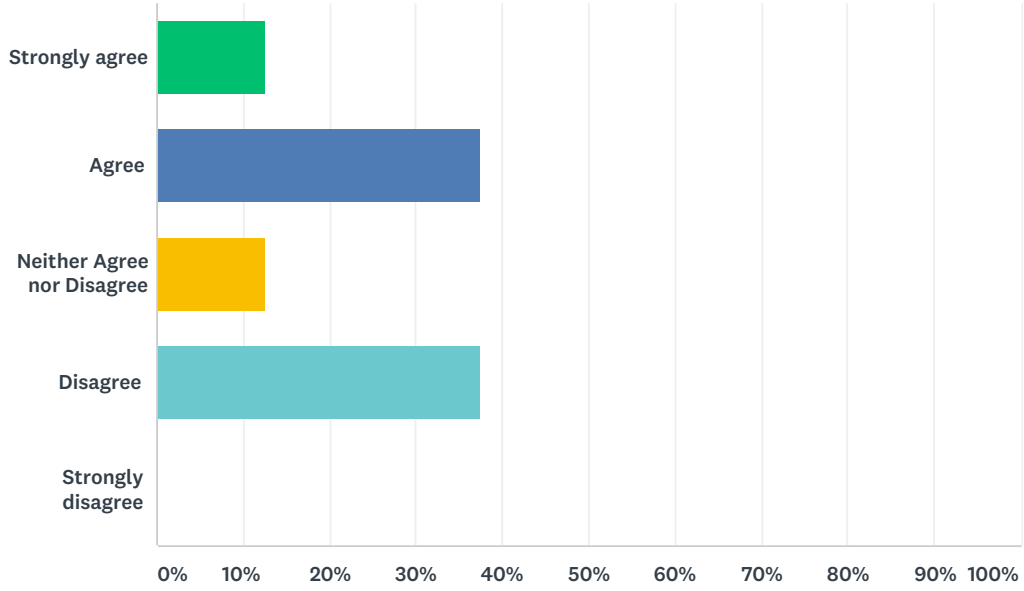
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	50.00%	4
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q19 At the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.

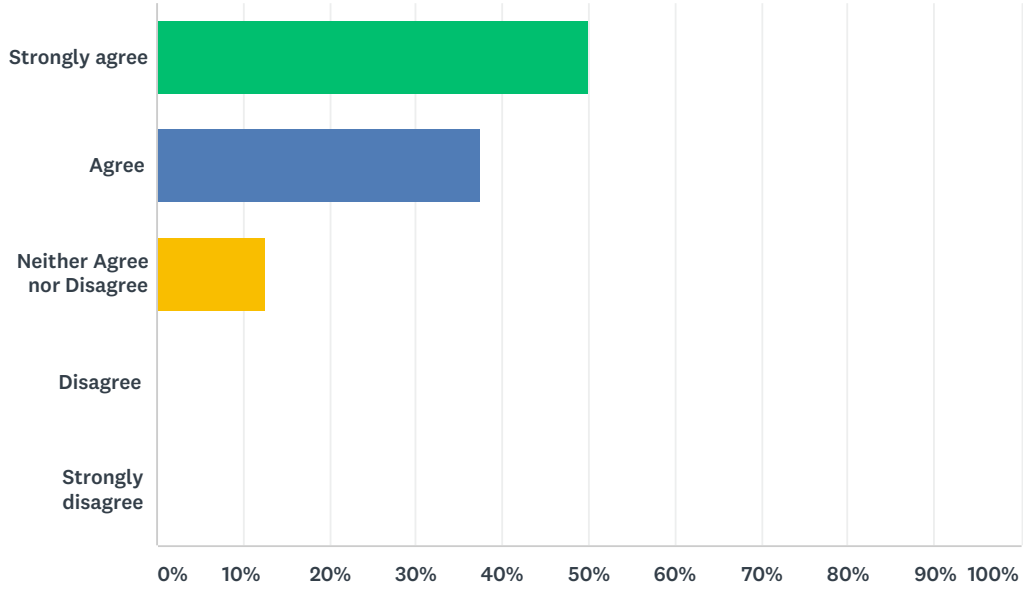
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	12.50%	1
Agree	37.50%	3
Neither Agree nor Disagree	12.50%	1
Disagree	37.50%	3
Strongly disagree	0.00%	0
Total Respondents: 8		

Q20 The committee provides a written summary report of its meetings to the governing body

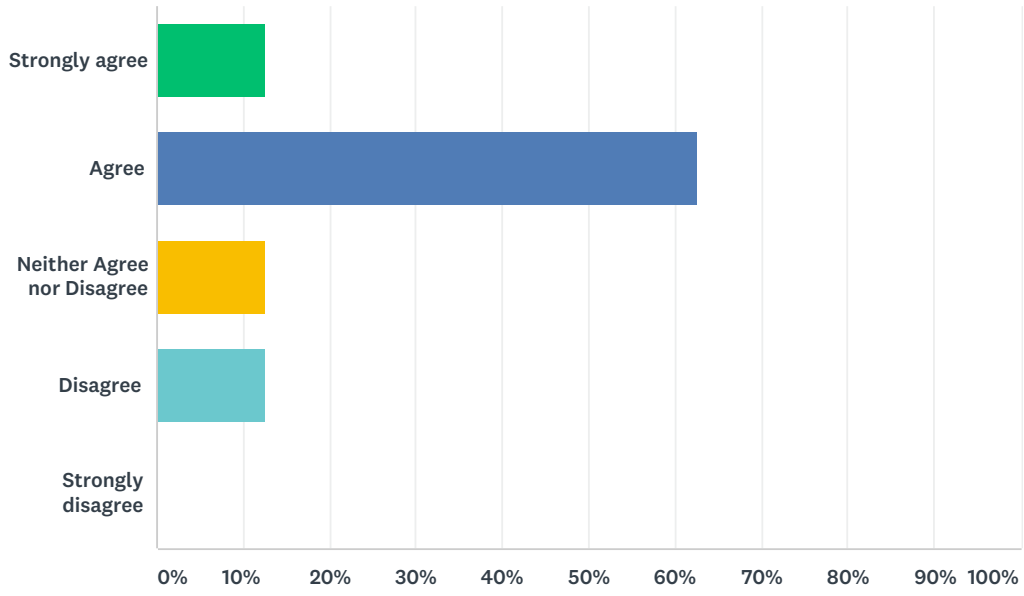
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	4
Agree	37.50%	3
Neither Agree nor Disagree	12.50%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q21 The governing body challenges and understands the reporting from this committee

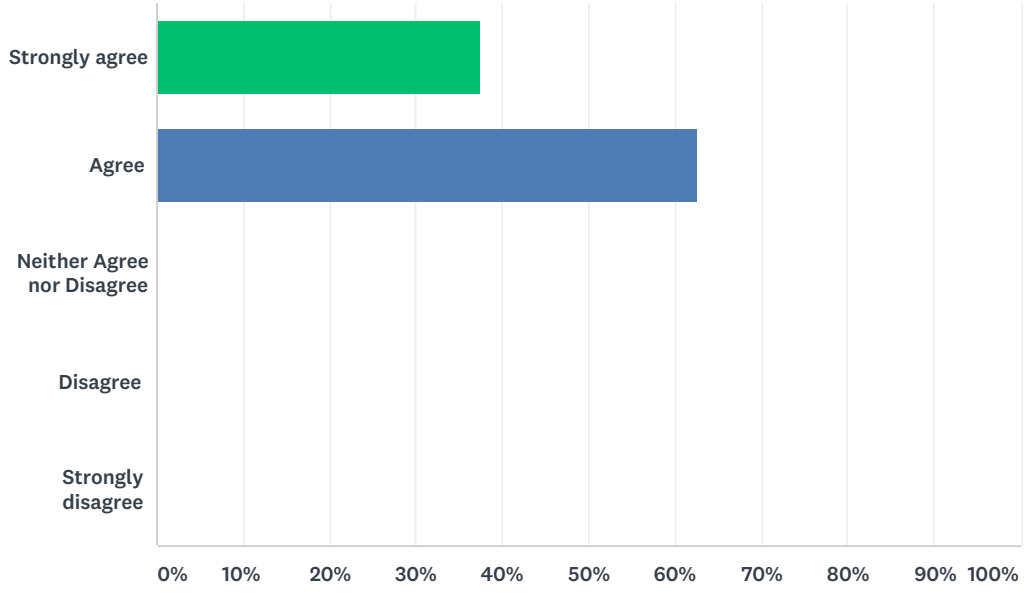
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	12.50%	1
Agree	62.50%	5
Neither Agree nor Disagree	12.50%	1
Disagree	12.50%	1
Strongly disagree	0.00%	0
Total Respondents: 8		

Q22 Probity Committee challenges management and other assurance providers to gain a clear understanding of their findings.

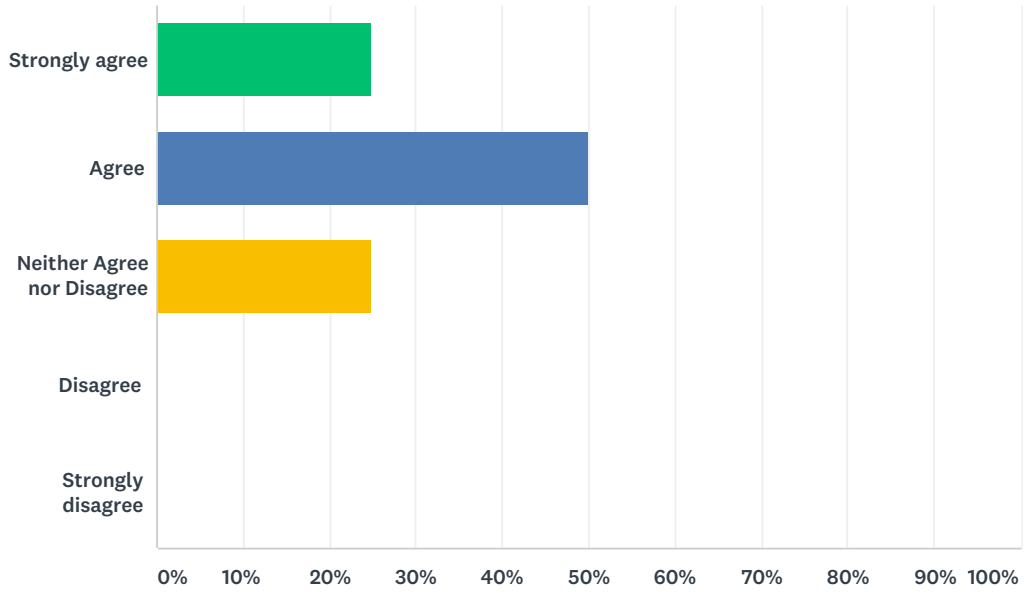
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	37.50%	3
Agree	62.50%	5
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q23 Probity Committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality and risk management.

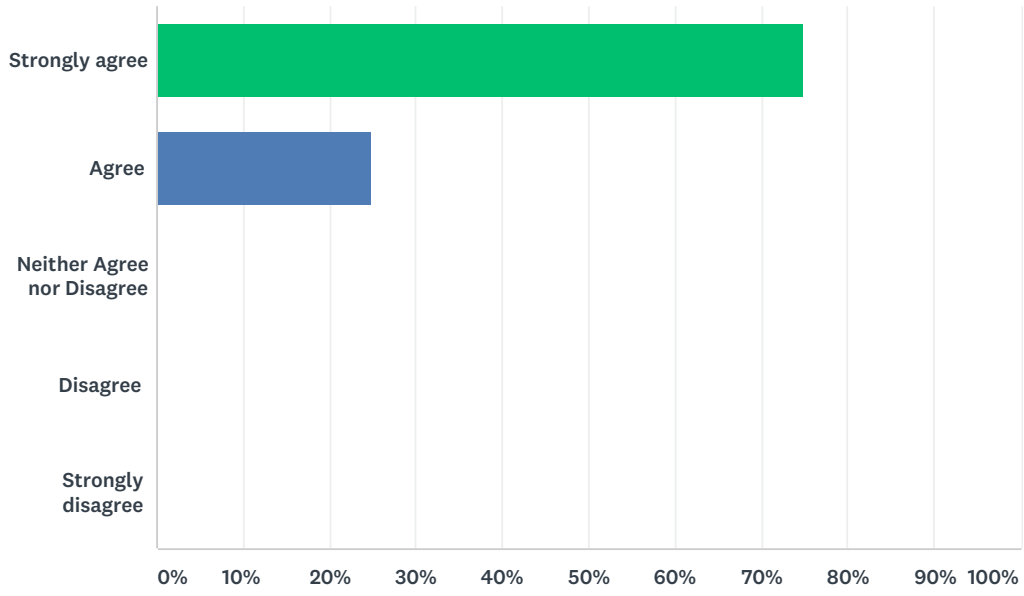
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	2
Agree	50.00%	4
Neither Agree nor Disagree	25.00%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q24 The Probity Committee chair has a positive impact on the performance of the committee.

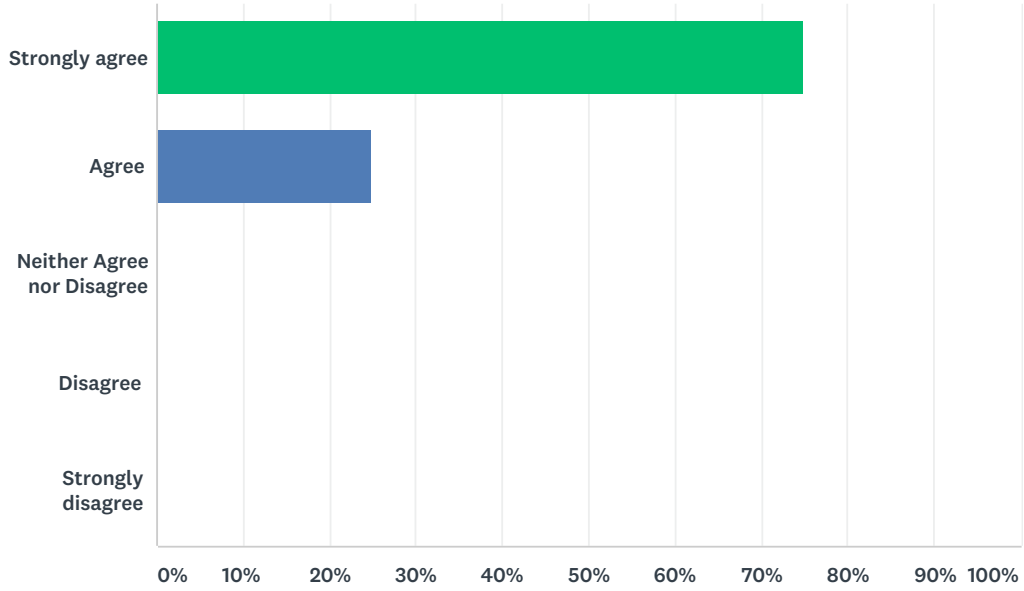
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	6
Agree	25.00%	2
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q25 Committee meetings are chaired effectively.

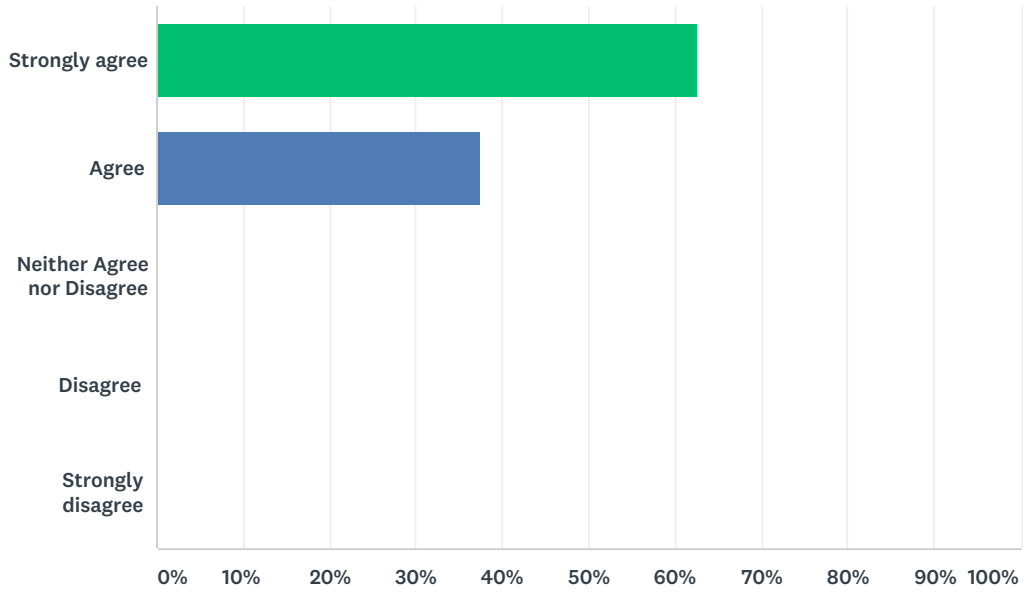
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	6
Agree	25.00%	2
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q26 The Probity Committee chair is visible within the organisation and is considered approachable.

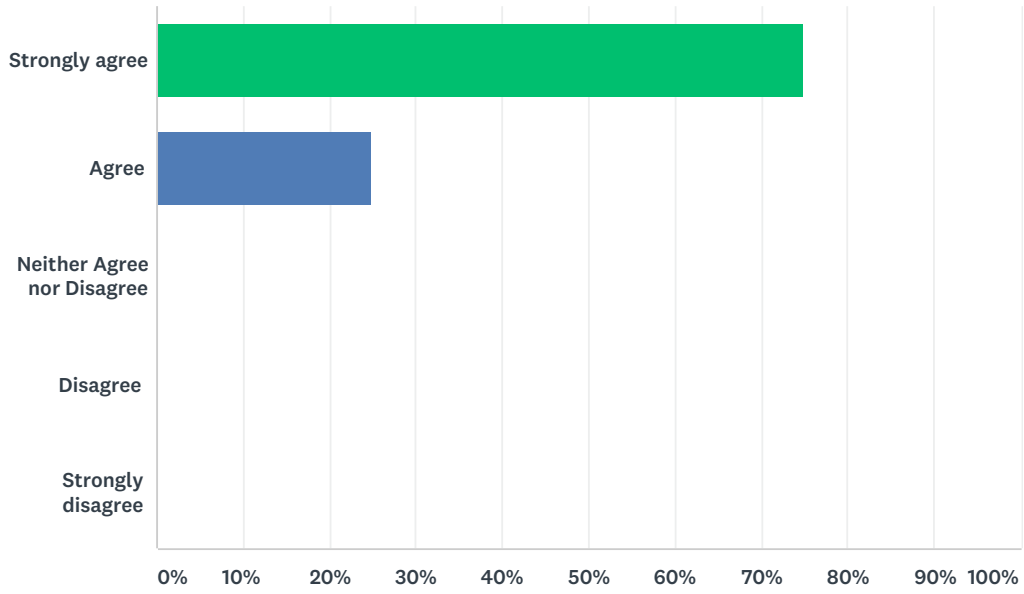
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	62.50%	5
Agree	37.50%	3
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q27 The committee chair allows debate to flow freely and does not assert his own view too strongly.

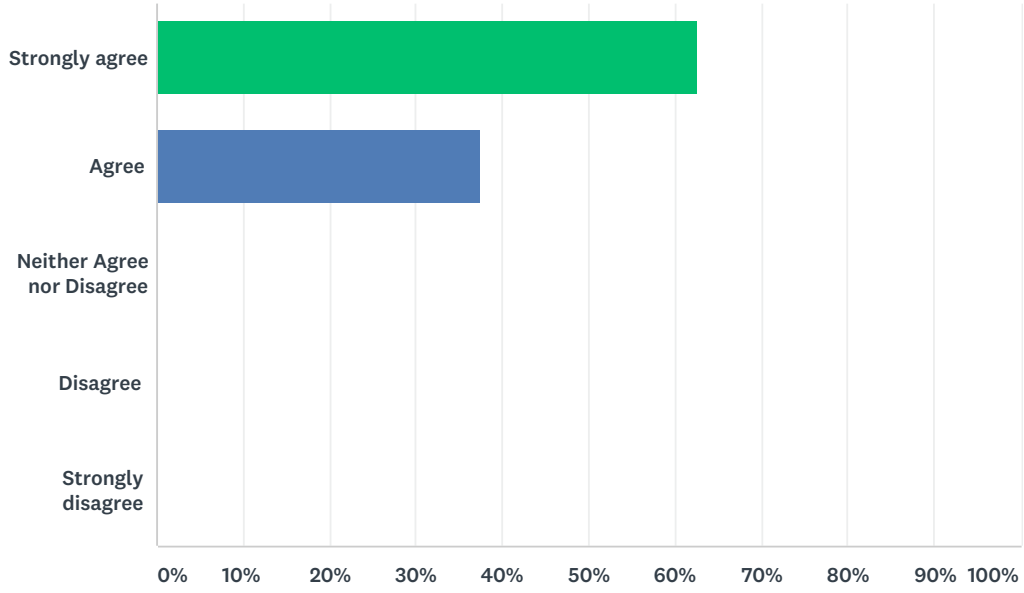
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	6
Agree	25.00%	2
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

Q28 The committee Chair provides clear and concise information to the governing body on the activities of the committee and the implications of all identified gaps in assurance/control.

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	62.50%	5
Agree	37.50%	3
Neither Agree nor Disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 8		

NHS
Wakefield
Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**6**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
Paper Title:	**Probity Committee Annual Report 2018/19**	Private	
		N/A	

Purpose (this paper is for):	Decision		Discussion		Assurance	✓	Information	✓

Report Author and Job Title:	**Amrit Reyat, Governance & Board Secretary** **Richard Hindley, Chair – Integrated Governance Committee**
Responsible Clinical Lead:	**Not applicable**
Responsible Governing Board Executive Lead:	**Ruth Unwin, Director Corporate Affairs**

Recommendation :

Members of the Committee are invited to comment on this annual report, and subject to any necessary amendments, recommend the annual report to the Governing Body.

Executive Summary:

This report presents a summary of the activities of the Probity Committee throughout the financial year 2018/19. It will provide the Governing Body with assurance about the effectiveness of the Committee. It concludes that the Committee has complied with its terms of reference and fulfilled its duties.

Subject to comments from members of the Probity Committee, the Annual Report will be presented to the Governing Body in July 2019.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓
New Accountable Care Systems to deliver new models of care	✓
Collective prevention resource across the health and social care sector and wider social determinant partners	✓
Expanded Health and Wellbeing board membership to represent wider determinants	✓
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	✓
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	✓
Transforming to become a sustainable financial economy	✓

	Organising ourselves to deliver for our patients ✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable
Management of Conflicts of Interest:	None identified
Assurance departments/ organisations who will be affected have been consulted:	Chair of the Finance Committee
Previously presented at committee / governing body:	Not applicable
Reference document(s) / enclosures:	Appendix One – 2018/19 Probity Committee Work-plan
Risk Assessment:	None identified – all items included within terms of reference have been considered by the Committee.
Finance/ resource implications:	None identified.

Probity Committee – Annual Report 2018/19

1. Purpose

This report presents a summary of the activities of the Probity Committee throughout the financial year. It is intended to provide the Governing Body with assurance about the effectiveness of the Committee.

2. Overview of Committee

The Probity Committee was established to facilitate decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body. The Committee shall carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act but may be extended (subject to approval from the Governing Body) to other areas which present a conflict of interest.

2.1. Duties within the Terms of Reference

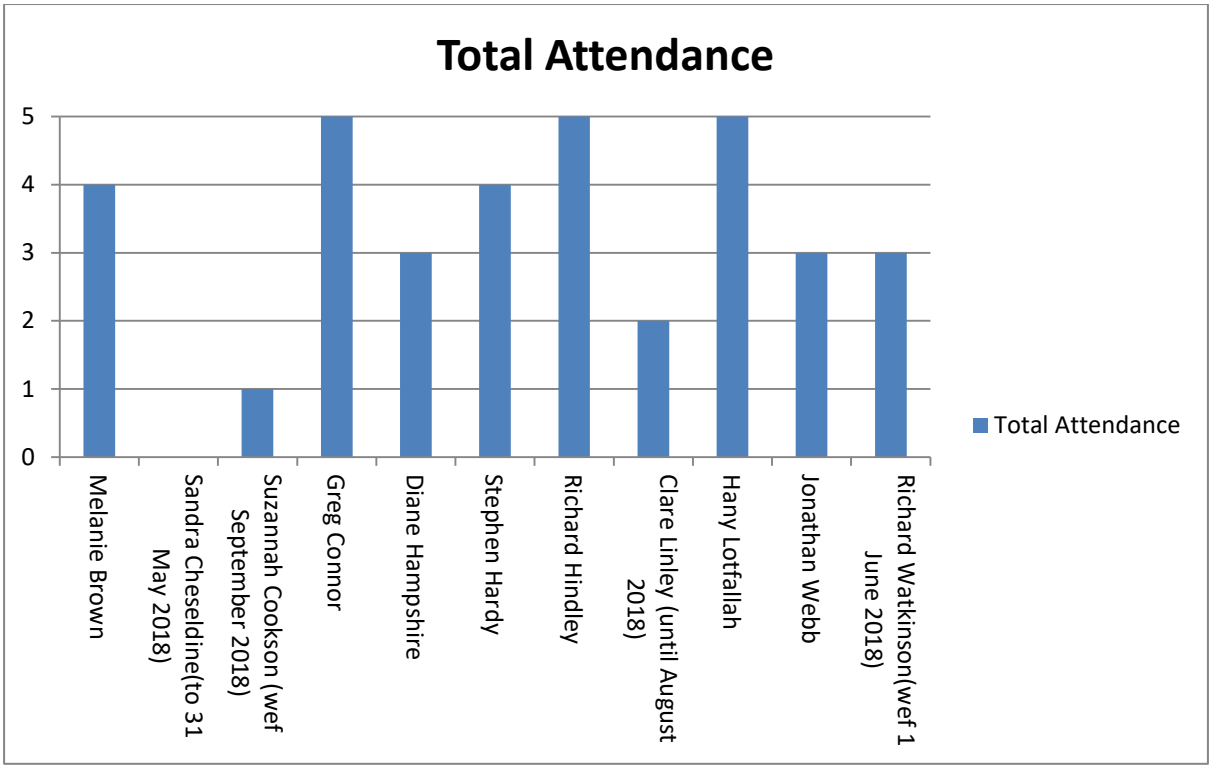
- Make decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body.
- Seek to increase quality, efficiency, productivity and value for money and to remove administrative barriers in primary medical services in Wakefield district.
- Make decisions on the review, planning and procurement of primary medical services in Wakefield district, under delegated authority from NHS England.
- Approve the Network Development Framework (NDF), any subsequent amendments proposed and/or any successor schemes to the NDF.
- Consider proposals made by the NDF Scrutiny Panel and approve payments made to Member practices in accordance with the NDF.
- Seek assurance that the NDF delivers intended benefits and thus represents value for public money.

2.2. Membership and meetings

The Committee has five meetings during the period 1 April 2018 to 31 March 2019.

Members of the Probity Committee:

Melanie Brown
Dr Greg Connor
Stephen Hardy
Clare Linley (until August 2018)
Richard Watkinson (from 1 June 2018)
Jonathan Webb (from 8 May 2018)
Sandra Cheseldine (until May 2018)
Diane Hampshire
Richard Hindley
Hany Lotfallah



2.3. Communication from the Committee

The minutes of meetings of the Probity Committee are presented to the Governing Body on a regular basis.

3. Principal activities

3.1. Delivery of the Work Programme

The Probity Committee work-plan for 2018/19 was approved by the Committee in March 2018. A copy of the work plan confirming progress is attached which highlights in green the papers received and discussed from April 2018 to March 2019. No areas of concern have been identified.

4. Conclusion

This report provides assurance that the Committee has complied with its terms of reference and fulfilled its duties (detailed in section 2.1 above) during the period 1 April 2018 to 31 March 2019.

5. Recommendation:

a) Members of the Governing Body are invited to note the annual report from the Probity Committee

PROBITY COMMITTEE WORKPLAN 2018/19						
					2019	
TOPIC	29-May	14-Aug	29-Sep	27-Nov	22-Jan	26-Mar
Committee work-plan and reporting					meeting cancelled	
Approval of Probity Committee Workplan 2018/19 (to be reviewed prior to drafting agenda)	✓	✓	✓	✓	✓	✓
Monitoring implementation of work programmes/action plans (**AS REQUIRED**)						
Probity Committee self assessment	✓ action plan					✓
Review committee terms of reference		✓				
Annual committee report to Governing Body	✓					
Report to Audit Committee meeting : progress against work-plan	✓		✓			
Send minutes to Governing Body	✓	✓	✓	✓	✓	✓
Primary Care Strategy						
Monitor GP Forward View (including Primary Care Objectives 2018/19)	✓ (performance and development report)	✓			✓	✓
GP Care Wakefield			✓		✓	
Co-Commissioning Operational						
Ongoing management and performance of GMS, PMS and APMS contracts	✓	✓	✓	✓	✓	✓
Commissioning of primary medical services **(AS REQUIRED)**	✓	✓				
Approve GMS, PMS and APMS contract breach/remedial notices and removing a contract (**AS REQUIRED**)						
Approve newly designed enhanced services and review performance (**AS REQUIRED**)						
Consideration of request for a branch closure (**AS REQUIRED**)		✓ Wrenthorpe	✓ Wrenthorpe	✓ Wrenthorpe	✓ Wrenthorpe	
Consideration of request for a practice merger (**AS REQUIRED**)	✓ Ferrybridge/E Court					
Practice List Closure **(AS REQUIRED)**	✓ 6mth review Crofton					
Consideration of contract end dates (APMS) (**AS REQUIRED**)						
Performance reporting of QOF		✓				
discretionary' payments (**AS REQUIRED**)						
Performance review of Wakefield Practice Premium Contract (WPPC)	✓	✓		✓		✓
SEND - Learning Disabilites Health Check (included in WPPC)		✓		✓		✓
Practice Resilience - Strategic Update	✓		✓		✓	
Other items which present a conflict of interest						
Decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body (**AS REQUIRED**)						
Approve the Improvement in Prescribing Scheme						✓ **part of gp report**
Estates and Technology Transformation Fund - Premises Update	✓			✓		✓ Castleford HC
Approval of revised Interim Provider Policy		✓				
Approve the development and implementation of schemes which support the develoment and resilliance of General Practice **(AS REQUIRED)**						
Care Home Vanguard		✓	✓			
commissioning decisions (outpatients and diagnostics) for contracts that expire in 2018 [wef August 2018]		✓			to be discussed early 2019	
New MCP Contract						
Decisions regarding MCP Contract and Procurement (**AS REQUIRED**)						

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**7**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Probity Committee Annual Work Plan 2019/20**	N/A	

Purpose (this paper is for):							
Decision	✓	Discussion		Assurance		Information	

Report Author and Job Title:	**Amrit Reyat, Governance and Board Secretary**
Responsible Clinical Lead:	**Not Applicable**
Responsible Governing Board Executive Lead:	**Ruth Unwin, Director of Corporate Affairs** **Richard Hindley, Chair – Probity Committee**

Recommendation (s):

It is recommended that the Probity Committee

i) Approve the work-plan for 2019/20

Executive Summary:

The Probity Committee advises and supports the Governing Body in facilitating decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body. In particular functions relating to the commissioning of primary medical services.

The work-plan supports agenda planning for the committee and helps to ensure that all responsibilities delegated by the Governing Body are covered by the committee.

The work-plan for 2019/20 is presented to Probity Committee for approval.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
Transforming to become a sustainable financial economy	

	Organising ourselves to deliver for our patients ✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable
Management of Conflicts of Interest:	The Probity Committee advises and supports the Governing Body in facilitating decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body.
Assurance departments/ organisations who will be affected have been consulted:	Circulated for comment to lead managers (with items listed on the work-plan).
Previously presented at committee / governing body:	No
Reference document(s) / enclosures:	Appendix One: Work-plan 2019/20
Risk Assessment:	None identified
Finance/ resource implications:	None identified

DRAFT PROBITY COMMITTEE WORKPLAN 2019/20							
	2019				**2020**		
TOPIC	21-May	23-Jul	24-Sep	26-Nov	28-Jan	24-Mar	
Committee work-plan and reporting							
Approval of Probity Committee Workplan 2019/20 (to be reviewed prior to drafting agenda)	✓	✓	✓	✓	✓	✓	
Monitoring implementation of work programmes/action plans (**AS REQUIRED**)							
Probity Committee self assessment	✓					✓	
Review committee terms of reference		✓					
Annual committee report to Governing Body	✓						
Report to Audit Committee meeting : progress against work-plan	✓		✓				
Send minutes to Governing Body	✓	✓	✓	✓	✓	✓	
Primary Care Strategy							
Progress on Primary Care Strategy	✓	✓			✓		
GP Care Wakefield		✓		✓		✓	
Co-Commissioning Operational							
Ongoing management and performance of GMS, PMS and APMS contracts	✓	✓	✓	✓	✓	✓	
Commissioning of primary medical services **(AS REQUIRED)**	✓	✓					
Approve GMS, PMS and APMS contract breach/remedial notices and removing a contract (**AS REQUIRED**)							
Approve newly designed enhanced services and review performance (**AS REQUIRED**)							
Consideration of request for a branch closure (**AS REQUIRED**)							
Consideration of request for a practice merger (**AS REQUIRED**)							
Practice List Closure **(AS REQUIRED)**							
Consideration of contract end dates (APMS) (**AS REQUIRED**)							
discretionary' payments (**AS REQUIRED**)							
Performance review of locally commissioned Primary Care Services		✓		✓		✓	
Practice Resilience - Strategic Update		✓	✓		✓		
Other items which present a conflict of interest							
Decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body (**AS REQUIRED**)							
Estates and Technology Transformation Fund - Premises Update		✓		✓		✓	
Approval of revised Interim Provider Policy		✓					
Approve the development and implementation of schemes which support the develoment and resilliance of General Practice **(AS REQUIRED)**							
Commissioning decisions (outpatients and diagnostics) for contracts that expire in 2018 [wef August 2018]		✓			✓	✓	
Primary Care Home - approval	✓						

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**8**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Wakefield Practice Premium Contract 2018/19 Performance Report**	N/A	

Purpose (this paper is for):							
Decision	✓	Discussion		Assurance	✓	Information	✓

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Probity Committee;

- Receive the final performance report against the Wakefield Practice Premium Contract for 2019/20 and 70p Incentive Scheme.
- Agree the KPI payments in regard to the KPI002 for Quarter 4.

Executive Summary:

The purpose of this report is to follow on from the previous Q3 performance report, and provide a summary of performance for the final annual overturn at Year End. This paper also provides assurance in regards to KPI delivery, contract monitoring and the approach taken by the CCG in contract management.

The report describes the progress being made in all areas of the contract including access, medicines, diabetes, heart and respiratory. As well as describing the overall performance management approach. Furthermore the report discusses the progress made in regards to the GP Incentive Scheme.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	

	<table><tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Not applicable.
Reference document(s) / enclosures:	Not applicable.
Risk Assessment:	Not applicable.
Finance/ resource implications:	Payments due under the Wakefield Practice Premium Contract totalling £1.4m and 70p per patient funding for the GP Incentive Scheme.

NHS WAKEFIELD CCG

PROBITY COMMITTEE

WAKEFIELD PRACTICE PREMIUM CONTRACT 2018/19 Q4 PERFORMANCE REPORT

Introduction & Context

In January 2018, the Probity Committee agreed to the terms of the Wakefield Practice Premium Contract for 2018/19 following an extensive review of the previous contract. Given the financial context and feedback from commissioners and providers a new contract was agreed with the aims of;

- focus on improving patient care
- exceed core contract requirements and national achievement levels
- build on what works
- minimise bureaucracy for practices and the CCG
- make workload proportional to available funding

The total investment under this contract for 2018/19 was £1.62m, reduced from £3.2m in 2016-18.

Purpose

The purpose of this report is to follow on from the previous Q3 performance report, and provide a summary of performance for the final annual overturn at Year End. This paper also provides assurance in regards to KPI delivery, contract monitoring and the approach taken by the CCG in contract management.

Contractual Performance

Access Domain

All practices are now compliant with the requirements under this domain, 100% of practices have an access policy on their website. As previously reported all practices have achieved both KPI's in respect of the 4-hour triage standard.

For Access 4 practices were required to provide the following services to its practice population; B12 injections, suture removal, wound care, ear irrigation, phlebotomy, spirometry and ECG. The requirement stated practices should be within 15% tolerance of the March 2018 baseline, 29 Practices achieved this standard. The remaining seven practices were below the 15% tolerance at year-end and had activity levels less than the CCG average within the reporting period. Following discussions with practices and further analysis, the data in this area is relatively sensitive and a target baseline is hard to acquire to give robust results due to historic

coding arrangements. The CCG will be contacting the practices to gain assurance on their processes for providing access to the 7 areas in this requirement where the standard was not met.

Medicines Domain

All practices continue to deliver the shared care drugs service with secondary care, during the year there were a small number of specific queries in relation to transfer arrangements which were successfully resolved between practices and the medicines optimisation team. In regards to Medicines 2, 39.19% of patients who are taking repeat medications are registered to order prescriptions online; this has increased from the previous quarter.

Practices are performing well in regards to electronic prescribing with 68.76% of prescriptions across the district being issued electronically; this continues to improve and Wakefield CCG performs well in comparison with other CCGs. All but one practice achieved the target of above 40% of prescriptions being issued electronically. One practice did not achieve this target due to the high number of dispensing patients registered within the practice, as of 31/12/2018 they had 3636 patients on repeat dispensing which were outside the requirements of the contractual standard.

In regards to eRD, 9 practices did not make a percentage improvement and their number of prescriptions issued by eRD was below the CCG average. There are some limitations to the data as it has been extracted from NHS Digital prescriptive data. The data was analysed over a monthly average with signification variation each month/number of items claimed. Practices have worked in conjunction with Clinical Pharmacists to make progress in this area. Network 5 has found it difficult to recruit a Clinical Pharmacist and 3 practices within this Network did not meet the requirements. We will gain assurance from the 9 practices with how they will comply with the national contractual standard for the implementation of eRD for 2019/20.

Learning Disabilities Domain

As discussed in Q3 all practices have submitted a Learning Disability Self declaration audit which have been approved. We have monitored the LD health check performance with 32 practices having achieved over 50% of the contractual standard, three practices did not achieve 50% for which a KPI payment relates.

Cancer Domain

Practices in Network One and Two are being supported by the Cancer champions in regards to sharing good practice with following up patients who do not respond to the national screening programme with learning shared with networks across the district. At Q3, 76% of patients who had not responded had been sent a subsequent invite

from their registered GP practice increasing to 93.91% at Year end. This will be a rolling programme based on the responses received by practices from the screening programme. In conjunction with the Cancer Champions the impact on screening rates will be reviewed once this information is available.

Diabetes Domain

The requirements in the diabetes domain focus on prevention. In Wakefield there were 10,220 patients classified as at high risk of developing diabetes, which increased to throughout the year. Practices were required to ensure a register of patients identified with non-diabetic hyperglycaemia was maintained and that onward referral to the NHS England National Diabetes Prevention Programme was made. Given the levels of referral as previously reported practices were asked to temporarily suspend referring patients however this has now recommenced.

The practices were also monitored on the 8 care processes with 18 practices reporting an improvement from the previous year, 12 practices were below the CCG average of 82.95% for coverage of all 8 care processes and also reported a reduction from the previous year. Overall the CCG performs well in comparison to its peers in this area. The main areas across the practices which were not achieved were foot risk, BMI and Microalbuminuria. We will contact the practices to discuss mitigating circumstances and the processes in place for the 8 care processes with agreements on how they can improve on the outcomes for 2019/20.

Heart Domain

The heart domain 1 aims to increase the number of males with a CHA2DS2-VASc score of 1 or more who are treated with anticoagulation. 93% of male patients in Wakefield who are at increased risk of strokes are now being treated with anticoagulant therapies, with the aim of reducing the risk of stroke. The average across the district is 91% which has improved by 77% from Q1. Evidence shows patient that are on the appropriate treatment have a lower risk of stroke. It is important to note that female patients are already treated through the quality and outcomes framework hence why they have not been included within this contract.

Heart domain 2 focusses on patients newly diagnosed with hypertension who have had a Q-Risk recorded and are treated with statins. 87% of newly diagnosed hypertensive patients in Wakefield have had an assessment of risk in regards to cardiovascular disease, of those patients with a risk score of >10%, 74% (557) of patients across the district have been treated with a statin, this has improved by 45% in Q1.

Respiratory Domain

The CCG is working closely with Public Health Colleagues in regards to consistency of Spirometry diagnosis. For this indicator, those practices with spirometry results which required further assessment have been contacted and given additional

support in conjunction with a Respiratory consultant from Mid-Yorkshire Hospital Trust.

Practices are required to ensure that patients on the COPD registers have a spirometry recording consistent with diagnosis. There are a few exceptions to this but should be documented with an appropriate rationale. There has been a 40% reduction of patients on COPD registered without a spirometry recording consistent with a COPD diagnosis. The main reason the number hasn't reduced further is due to Primary Care Clinicians not feeling comfortable with removing a diagnosis made by Secondary Care. There are discussions ongoing to support the diagnosis coding between Primary and Secondary Care and how this can be streamlined.

In the at-risk asthma requirement, 96% of patients across the district have been contacted for review, within asthma the CCG also set a requirement to reduce the number of patients on >16 Short Acting Beta-agonist (SABA's, often known as relievers) within 12months – 16 practices increased in this area, 6 made no improvements and 13 made a reduction, The data is taken over a rolling 12 months with different patients being included throughout the year. Overall the Asthma registered has increased from 23577 in Q1 to 25905 in Q4. 1.02% of patients on the register in Q1 were treated with >16 SABA's within 12 months this did increase in Q4 to 1.15%.

Fewer than 7 ICS (inhaled Corticosteroids, often known as preventers) was also monitored, 11 practices made reductions from their baseline with 16 practices increasing or making no change. As with the prescription of SABA's, the number of ICS's prescribed in Q1 against the registered asthma population was 1.80% which increased to 2% in Q4.

We have worked with the Medicine Management Team to explore the reasons this number has increased rather than decreased as predicted and ways we can improve these figures in General Practice.

KPI Management

Under the terms of the contract there are three KPIs which make up 10% of the contract value. These are;

KPI	Requirement	Value	Submission
KPI001 - A3	The practice completes an audit tool provided by the CCG as evidence of achieving the 4 hour triage standard for patients who request same day care.	5% (2.5% - Audit Q1 & 2.5% - Audit Q3)	July 2018 January 2019
KPI002 - LD1	The practice provides a learning disabilities health check to 50% of patients on the learning disabilities register.	2.5%	April 2019
KPI003 -	The practice completes a self-	2.5%	October 2018

LD2	declaration template, which provides commissioner with evidence and assurance, that the terms under the requirements have been met.		

For payment for the delivery of KPIs, practices will be required to demonstrate that each KPI has been achieved by the submission dates listed above. Each KPI has a weighted value which will correspond to the payment received where practices successfully achieve the KPIs as shown above.

KPI002 – The number of Learning Disabilities health checks completed in Q1 to Q4 is included as appendix A. The CCG is worked closely with those affected practices to ensure they were on track to meet the 50% target by year end. The CCG has contacted the practices who failed to achieve this KPI to discuss what processes they have in place to complete LD health checks. The 33 practices meeting that KPI will receive payment in line with the contractual requirements.

Contract and Performance Management

In addition to the reporting and KPIs the standards under the Wakefield Practice Premium Contract are discussed during our Practice Assurance visits. This includes those areas of the contract where practices are performing well and areas for further development. Where necessary, the primary care team will agree with providers an action plan to ensure improved performance.

Year End Review

To ensure robust year-end performance reporting practices data was reviewed and analyse as a collective achievement. Whilst we have reported a number of practices were not compliant with some standards this performance was spread across different standards for difference practices. The table in Appendix 2 details practices performance. Those practices with greater than 4 outliers were identified for review as described in this report for further assurance in regards to compliance with contractual standards.

Following discussions and engagement with practices we have received assurance that practices have made the necessary improvements in performance from their year-end position. Some practices have provided mitigating circumstances to not achieving in some areas and we will agree an action plan with those practices to ensure on going performance.

GP Incentive scheme (70p Scheme)

In July 2018 Probity Committee endorsed an approach to general practice resilience in Wakefield. These were intended to reduce the risk of service failure by increasing collaboration between practices and general practice and the wider ICS. We have reviewed the requirements of the scheme which included PCH, enhanced mental

health reviews, hypertension case findings and two year practice plans. All practices participated within the PCH requirement with the leadership teams presenting their 3 priorities identified from the population health data. All practices submitted a 2 year practice plan and these have been reviewed by the Primary Care Development Team and feedback will be provided to the practices.

We asked practices as a first stage to the Healthy Hearts programme to increase the recorded prevalence of hypertension by identifying those on an antihypertensive medication but not on a register and code them correctly and secondly to identify those with four or more readings of BP above 140/90. For the Enhanced Mental Health Reviews practices were asked to ensure that those patients on their SMI QOF (MH002) register receive a full comprehensive physical health check. We have received assurances that this work is now completed and therefore the remaining 50% funding payments will be made.

Recommendations

It is recommended that Probity Committee;

- Note the progress in regards to performance against the Wakefield Practice Premium contract for the final annual overturn.
- Agree the KPI payments in regard to the KPI002 for Quarter 4.

Natalie Knowles
01/05/2019

Appendix A – KPI002 Learning Disabilities Health Check Performance

Code	Practice	LD Register as of 31/1/2019	Q1	Q2	Q3	Q4	Total	Percent	TO MEET TARGET
B87027	NEW SOUTHGATE SURGERY	62	1	14	12	10	37	60%	TARGET MET
B87025	CASTLEFORD MEDICAL PRACTICE	50	3	0	3	27	33	66%	TARGET MET
B87022	HOMESTEAD CLINIC	104	23	20	40	8	91	88%	TARGET MET
B87020	CHAPELTHORPE MEDICAL CENTRE	76	5	8	26	23	62	82%	TARGET MET
B87017	TRINITY MEDICAL CENTRE	115	0	4	17	41	62	54%	TARGET MET
B87031	CHURCH STREET SURGERY	61	16	10	13	12	51	84%	TARGET MET
B87019	STANLEY HEALTH CENTRE	62	4	1	18	40	63	100%	TARGET MET
B87007	NORTHGATE SURGERY	59	13	8	10	4	35	59%	TARGET MET
B87015	STUART ROAD SURGERY	59	2	14	10	18	44	75%	TARGET MET
B87011	FRIARWOOD SURGERY	45	7	6	5	1	19	42%	TARGET NOT MET
B87005	RIVERSIDE MEDICAL CENTRE	89	11	6	10	21	48	54%	TARGET MET
B87600	QUEEN STREET SURGERY	2	0	0	0	1	1	50%	TARGET MET
B87018	HENRY MOORE CLINIC	60	16	10	11	5	42	70%	TARGET MET
B87040	PROSPECT SURGERY	47	7	2	2	17	28	60%	TARGET MET
B87021	ASH GROVE SURGERY	75	7	3	36	3	49	65%	TARGET MET
B87016	WHITE ROSE SURGERY	280	65	53	49	35	202	72%	TARGET MET
B87008	LUPSET HEALTH CENTRE	99	7	3	14	30	54	55%	TARGET MET
B87006	DR S P SINGH & PARTNERS	74	3	25	7	13	48	65%	TARGET MET
B87003	COLLEGE LANE SURGERY	49	6	29	2	4	41	84%	TARGET MET
B87602	PATIENCE LANE SURGERY	10	0	0	3	5	8	80%	TARGET MET
B87028	CROFTON HEALTH CENTRE	48	6	8	8	6	28	58%	TARGET MET
B87004	WARRENGATE MEDICAL CENTRE	54	9	16	6	6	37	69%	TARGET MET
B87039	KINGS MEDICAL PRACTICE	51	11	8	9	11	39	76%	TARGET MET
B87032	STATION LANE MEDICAL CENTRE	66	10	10	7	17	44	67%	TARGET MET
B87026	THE GRANGE SURGERY	80	7	19	10	3	39	49%	TARGET NOT MET
B87012	MAYBUSH MC	56	3	2	3	16	24	43%	TARGET NOT MET
B87009	ST THOMAS ROAD	75	13	9	18	19	59	79%	TARGET MET
B87001	MIDDLESTOWN MEDICAL CENTRE	19	1	3	2	6	12	63%	TARGET MET
B87033	NEWLAND SURGERY	18	5	1	3	1	10	56%	TARGET MET
B87013	OUTWOOD PARK	46	7	14	8	6	35	76%	TARGET MET
B87036	Dr DIGGLE AND PHILLIPS	36	4	3	5	9	21	58%	TARGET MET
B87002	ORCHARD CROFT MEDICAL CENTRE	30	0	0	5	13	18	60%	TARGET MET
B87030	HEALTHCARE FIRST PARTNERSHIP	84	6	3	3	32	44	52%	TARGET MET
B87044	ALVERTHORPE SURGERY	14	2	0	0	9	11	79%	TARGET MET
B87042	TIEVE TARA	36	2	13	3	13	31	86%	TARGET MET
		2191					1466	67%	

This table shows the LD patients on practices register, how many checks were delivered in Quarter 1-4 extracted from CQRS and whether they have met the end of year 50% target. The practices in green have met their target and the practices in red did not.

**Note – Data is provisional and does not include all practices due to national changes in data collection.

Appendix 2 – Table of Achievement

Code	Practice Red = >4 Outliers Green = <2 Outliers	Standards Achieved (18 in total)	Number of outliers
B87027	NEW SOUTHGATE SURGERY	14	4
B87044	ALVERTHORPE SURGERY	14	4
B87019	STANLEY HEALTH CENTRE	10	8
B87013	OUTWOOD PARK MEDICAL CENTRE	12	6
B87022	HOMESTEAD CLINIC	15	3
B87602	PATIENCE LANE SURGERY	15	3
B87039	KINGS MEDICAL PRACTICE	16	2
B87600	QUEEN STREET SURGERY	13	5
B87025	CASTLEFORD MEDICAL PRACTICE	14	4
B87028	CROFTON HEALTH CENTRE	16	2
B87012	MAYBUSH MEDICAL CENTRE	15	3
B87017	TRINITY MEDICAL CENTRE	14	4
B87004	WARRENGATE MEDICAL CENTRE	15	3
B87003	COLLEGE LANE SURGERY	16	2
B87018	HENRY MOORE CLINIC	14	4
B87015	STUART ROAD SURGERY	12	6
B87005	RIVERSIDE MEDICAL CENTRE	16	2
B87011	FRIARWOOD SURGERY	14	4
B87006	Dr SINGH AND PARTNERS	15	3
B87009	St. THOMAS ROAD	13	5
B87032	STATION LANE MEDICAL CENTRE	12	6
B87033	NEWLAND LANE SURGERY	9	9
B87036	Drs DIGGLE & PHILLIPS	18	0
B87016	WHITE ROSE SURGERY	14	4
B87026	THE GRANGE SURGERY	13	5
B87021	ASH GROVE SURGERY	15	3
B87042	TIEVE TARA MEDICAL CENTRE	17	1
B87007	NORTHGATE SURGERY	13	5
B87002	ORCHARD CROFT MEDICAL CENTRE	18	0
B87031	CHURCH STREET SURGERY	14	4
B87040	PROSPECT SURGERY	15	3
B87001	MIDDLESTOWN MEDICAL CENTRE	14	4
B87020	CHAPELTHORPE MEDICAL CENTRE	15	3
B87008	LUPSET HEALTH CENTRE	15	3
B87030	HEALTH CARE FIRST PARTNERSHIP	16	2

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**9**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Wrenthorpe Branch Closure – Assurance Report**	N/A	

Purpose (this paper is for):							
Decision	✓	Discussion		Assurance	✓	Information	✓

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Probity Committee

- Receives assurance in regards to the implementation of the mitigating actions of the branch surgery at Wrenthorpe
- Supports the practices decision to end the transport service as outlined.

Executive Summary:

This report follows previous papers presented to the Probity Committee in August, September and November 2018 following the committee's decision in March 2018 to agree the closure of Wrenthorpe branch Surgery.

The purpose of this report is to provide the committee with assurance of the mitigations following the Wrenthorpe Branch closure. This report also includes the positive impact of the access arrangements and utilisation rates of the transport service and the proposals for this service going forward.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring	

	<table><tr><td>safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Discussions with the Practice Patient Participation Group. Local Elected member engagement by the practice.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Probity Committee, March, August, September and November 2018
Reference document(s) / enclosures:	Not applicable.
Risk Assessment:	Not applicable.
Finance/ resource implications:	Not applicable.

NHS WAKEFIELD CCG

PROBITY COMMITTEE – 21 MAY 2019

WRENTHORPE BRANCH CLOSURE - ASSURANCE REPORT

Purpose

The purpose of this report is to provide the committee with assurance of the mitigations following the Wrenthorpe Branch closure. This report also includes the positive impact of the access arrangements and utilisation rates of the transport service and the proposals for this service going forward.

Following the committee's decision in March 2018 to agree the closure of Wrenthorpe, Officers of the CCG have been working closely with Outwood Park Medical Centre in regards to the mobilisation plan and implementation of mitigations.

This report follows previous papers presented to the Probity Committee in August, September and November 2018.

Access Arrangements

As part of the branch closure process the practice highlighted a number of staffing changes aimed at improving access for patients. The practice undertook recruitment into a series of roles including two Advanced Nurse Practitioners, Clinical Pharmacist and Pharmacy Technician.

These roles are now well embedded into the practice team and this is resulting in a positive impact on access at the practice. As such the practice reports that patients are now making positive comments about the service and has received no complaints in regards to access. The patient group have also corroborated this information.

In terms of routine appointments, as many of the home visits are now carrying out by Advanced Nurse Practitioners this has provided an additional 4 GP appointments per day per doctor to carry out routine appointments. These are over and above what was in the system before the ANPs started in October 2018.

The practice is continuing to release appointments on a rolling basis to ensure that patients have more responsive access to GP appointments.

The practice's additional reception apprentices are now fully trained and undertake telephone calls and seeing patients on the front desk which continues to improving access for patients to book appointments, collect prescriptions and handle queries.

Patient Survey

The CCG has requested additional information in regards to overall access and services at Outwood Park Medical Centre as a result of the branch closure. The practice has provided additional information including the number of patient contacts. This has demonstrated that 3.13% increase in the number of patient contacts (758)

between September and December 2018 in comparison to the previous year. The practices overall list size growth for that year was 0.35% (December 2017/December 2018).

The practice also demonstrated an increase in the number of practice visits within the same period which has increased by 170 however this is not attributable to the Branch Closure and likely to reflect the aging population.

The Ipsos Mori survey carried out in early 2018 highlighted that only 47% of respondents were satisfied with general practice appointment times (117 respondents). In response to this, the practice has conducted its own survey following the improvements in access that have been made. The results from the 102 respondents have showed that;

- Of the 102, 69 people said they found it easy to book an appointment (67 %)

- Of the 69 saying this, 47 (46%) said they found the process for booking their appointment easier than previously, 21 % said they found no change and 32% found the process difficult.

The practice have developed an action plan based on this patient feedback supported by the CCG to ensure improvements in the areas identified by the survey.

Transport

The practice has continued to deliver the patient transport service since the closure of the branch surgery in September 2019. As part of the assurance to the CCG, the practice has reported monthly the number of transport offers and acceptances for the service. They are summarised in the table below;

Month	**Offered**	**Accepted**	**% Utilisation**
September – Month 1	43	4	9%
October – Month 2	23	3	13%
November – Month 3	39	0	0%
December – Month 4	20	1	5%
January - Month 5	29	2	7%
February – Month 6	25	1	4%
March – Month 7	22	2	9%
	28	2	7%
	229	**15**	**6.55%**

Given the low rates of utilisation the practice have proposed to end the transport service at the end of June. The practice has given assurance to the CCG that those patients who are unable to attend surgery would receive a visit. The practice has also confirmed that there is no system impact of this work on the practice or have a negative impact on patient care.

The transport service was a critical part of the mitigations for the branch closure and was welcomed by the local community. As a result of the practice proposing to end this, additional assurance has been sought from the practice in regards to the local patient group. The chair of the PPG has written a letter of support which is included as Appendix A.

Recommendations

It is recommended that Probity Committee;

- Receives assurance in regards to the implementation of the mitigating actions of the branch surgery at Wrenthorpe
- Consider the practices proposals in regards to the transport service and decide if the transport service should be ended.

Chris Skelton
Head of Primary Care Co-Commissioning
3 May 2019

Appendix A

To whom it may concern

I have been the Chair of Outwood Park Medical Centre PPG, also the Chair of Wrenthorpe Community Association for several years.

The PPG meetings are always well attended. The surgery involves us in many decisions made at the surgery at each meeting.

We were informed about the proposed closure of Wrenthorpe Surgery and agreed with the proposal put forward by the practice

Myself and other PPG members supported Surgery staff in the public meetings .We were informed at our PPG meetings of ways after the closure that Patients could be helped to maintain their care. One way we were told about, was the Patient Transport service. The Group all agreed that this was an excellent idea.

Each meeting since the closure of Wrenthorpe we have been informed of its uptake. After 6 months we were disappointed to hear the uptake was about 7% -in fact only 10 patients in 6 Months had actually taken up the service. We were assured all patients who could have benefited from the service were offered it.

We all felt at the last meeting this service is not practical to carry on any longer.

The appointment of 2 Nurse Practitioners has been very beneficial and helps many patients. Peter came to our meeting to explain his role of carrying out the majority of home visits, which otherwise a GP would have to do. I understand that Vicky who is based in the Surgery helping the duty Doctor with Triage has been much appreciated by patients and their relatives.

Mrs Margaret Mitchell

NHS
Wakefield
Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**10**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Primary Care Network Configuration**	N/A	
		If private, insert here reason for inclusion as a private paper	

Purpose (this paper is for):	Decision	✓	Discussion		Assurance		Information	

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Probity Committee;

- Note the process undertaken by the CCG in line with the Primary Care Networks DES guidance for the sign-off of Primary Care Networks.
- Accepts the recommendation of the Panel to sign-off the Primary Care Network configuration for Wakefield.

Executive Summary:

The purpose of this report is to set in context Primary Care Networks within Wakefield and the future direction of travel. The report describes the requirements of the CCG in signing-off the Primary Care Network configuration and the process undertaken to review the submissions made.

This report also includes a summary of definitions between the differing terms used to describe Primary Care Networks and the subtle differences between terminologies.

Finally, the report includes the proposed Primary Care Network Configuration for Wakefield CCG.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	

	<table><tr><td>Expanded Health and Wellbeing board membership to represent wider determinants</td><td></td></tr><tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Not applicable.
Reference document(s) / enclosures:	Primary Care Network Guidance (Appendix 1) Primary Care Network Configuration for Wakefield (Appendix 2)
Risk Assessment:	Not applicable.
Finance/ resource implications:	No direct payments attributable to the configuration but networks will be entitled to financial resources as part of the GP Contract.

NHS WAKEFIELD CCG

PROBITY COMMITTEE – 21 MAY 2019

PRIMARY CARE NETWORKS

Background & Context

Wakefield has long history of collaboration between general practices and has established GP Networks dating back to 2011. These networks have developed over time dependant up on local ambitions and national directions of travel including the formation of federations and the Confederation across the district.

In 2018, the CCG in line with the West Yorkshire and Harrogate ICS plans commenced the rollout of Primary Care Networks via a chosen model of Primary Care Home. In January 2019, the NHS Long Term Plan and the GP Five Year Contract Framework further cemented these requirements through contractual agreements and the Network Contract Directed Enhanced Service.

Purpose

The purpose of this paper is to describe the process the CCG has followed in the review and approval of Primary Care Networks within the Wakefield as defined in the Network Contract DES Requirements which can be found as Appendix A.

Definitions

Currently a lot of the language used to describe Primary Care Home is interchangeable and therefore confusing to people who are not familiar with the concept. The following provides a description and context to these definitions.

Core Practice Networks

A core practice network is a group of geographically contiguous practices which forms a core component of a primary care network.

This term derives from the national GP contract. There are seven core practice networks in Wakefield District and together they include all the practices which comprise Wakefield CCG.

Primary Care Network

A Primary Care Network (PCN) is a unit of planning and collaboration, mandated by the NHS Long Term Plan, which brings together a practice network with representatives of those service providers who are collectively looking after that

population.

PCNs are an essential building block of Integrated Care Systems. They will be underpinned by a new Network Contract (Directed Enhanced Service) held by the Core Practice Networks and backed by financial entitlements. All PCNs will have a Network Agreement which sets out collective rights and obligations as well as how the PCN will partner with non-practice stakeholders.

The seven PCNs in Wakefield District have the same registered population footprint as the Core Practice Networks.

Primary Care Home

Primary Care Home (PCH) is one model of PCN developed by the National Association for Primary Care (NAPC) and operating in 200+ sites around England. There are four key characteristics that make up a PCH:

1. An integrated workforce, which cuts across primary, secondary and social care
2. A focus on personalisation and improving population health outcomes
3. Alignment of clinical and financial drivers
4. Provision of care to a defined, registered population of between 30,000 and 50,000.

Adopting the PCH model brings access to well-developed case studies, implementation and evaluation tools and leadership support. All seven PCNs in Wakefield District are currently affiliated to the NAPC as PCH sites in order to access these resources.

GP Federation and Confederation

A GP federation is a corporate vehicle established by a group of general practices and a GP confederation is a corporate vehicle established by a group of GP federations.

The reasons why practices choose to federate were outlined in a national survey of members of the Royal College of General Practitioners in May 2010 and include strengthening the capacity of practices to develop new services out of hospital, to make efficiency savings/economies of scale (for example in back office functions or the procurement of practice services), to improve local service integration across practices and other providers, to strengthen clinical governance and improve the quality and safety of services and to develop training and education capacity.

There are five GP federations in Wakefield District and together they have formed one GP Confederation called Conexus Healthcare Ltd. They help to provide at-scale infrastructure and support services to general practice in Wakefield District.

Review Panel

A review panel was established for the purposes of providing sign-off for Primary Care Networks. The panel included CCG Primary Care Commissioners and the Wakefield LMC to comply with the formal requirements of the DES. It is important to note, that as part of our work in developing Primary Care Home, networks were asked to present their intentions to the CCG along with wider stakeholders in February. Therefore a light-touch approach was taken given that much of the information required was already established and agreed prior to the DES publication.

The Panel considered the following requirements

- Identify any issues with the proposed PCNs, both within individual PCN submissions, and when considering their registered population area as a whole.
- Ensuring 100 per cent population coverage is achieved.
- Ensuring that the registration requirements have been met and that all PCN footprints make long term sense for service delivery and in the context of the GP contract framework.

Wakefield Primary Care Homes

Following the review Panel the configuration and alignments were agreed and recommended for sign-off by the committee. These are included as Appendix B.

Recommendations

It is recommended that the Probity Committee;

- Note the process undertaken by the CCG in line with the Primary Care Network DES Guidance for the sign-off of Primary Care Networks.
- Accepts the recommendation from the panel to sign off the Primary Care Network configuration for Wakefield.

Appendix A – Primary Care Network DES Guidance

https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-guidance-2019-20-v1.pdf

Appendix B – Primary Care Home Configuration

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**11**
Date of Meeting:	**21 May 2019**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Improving Performance of Learning Disabilities Health Checks – PAPER FOR INFORMATION ONLY**	N/A	

Purpose (this paper is for):

Decision		Discussion		Assurance		Information	✓

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Probity Committee

- Note contents of this report.

Executive Summary:

The report describes the actions taken and the corresponding improvements in the delivery of the learning disabilities health check scheme since the action plan was implemented.

Following the inspection, a comprehensive action plan was developed between Primary Care and Learning Disabilities commissioners to address the lack of uptake in the delivery of the LD Health check and reported through Probity Committee.

The CCG has included the continuation of the enhanced targets for learning disabilities health checks for 2019/20 to ensure continued performance improvement. The target achievement will increase from 50% in 2018/19 to 75% for 2019/20.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	

	A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
	Transforming to become a sustainable financial economy	
	Organising ourselves to deliver for our patients	✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.	
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.	
Management of Conflicts of Interest:	Not applicable.	
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.	
Previously presented at committee / governing body:	Probity Committee.	
Reference document(s) / enclosures:	Not applicable.	
Risk Assessment:	Not applicable.	
Finance/ resource implications:	Payments due under the Wakefield Practice Premium Contract in regards to achievement.	

NHS WAKEFIELD CCG

PROBITY COMMITTEE – 21 MAY 2019

IMPROVING PERFORMANCE FOR LEARNING DISABILITIES HEALTH CHECKS

Introduction

The Wakefield system underwent a Special Educational Needs and Disabilities (SEND) inspection between the 12 and 16 June 2017. The purpose of this inspection is to see how well the local area fulfils their responsibilities in regard to children and young people with special educational needs and/or disabilities. The inspections are undertaken jointly between Ofsted and CQC.

The report does not allocate a traditional rating but does provide commissioners with strengths, areas for development and if required significant weaknesses in terms of services provided and commissioned. The report highlighted that the CCG had an area of development and the wording the report states that the CCG does not have oversight of the effectiveness of annual health checks for young people aged 14 to 25 who have learning disabilities. As a result, the report concluded that local area leaders do not have a clear enough view of this group of young people's health needs.

The report describes the actions taken and the corresponding improvements in the delivery of the learning disabilities health check scheme since the action plan was implemented.

Actions

Following the inspection, a comprehensive action plan was developed between Primary Care and Learning Disabilities commissioners to address the lack of uptake in the delivery of the LD Health check. This included raising awareness, addressing concerns with specific practices not delivering the service and including performance targets within local commissioning schemes. Engagement with practices and clinical commissioners also took place to reiterate the value of the health check and the positive improvements on health outcomes as a result.

The Action Plan is included as Appendix A.

Oversight

A part of our internal assurance a quarterly report was provided to our Probity Committee to provide ongoing performance information in regards to progress. These papers can be found in Appendix B.

Performance

The table below shows the percentage performance achieved prior to and over the inspection period.

		Aged 10-17 Years	Aged 18-24 Year	ALL AGES
2015/16	Year Prior to Inspection	**0%**	**15.1%**	**26.5%**
2016/17	Year of Inspection	**0%**	**15.9%**	**20.9%**
2017/18	1st Year after Inspection	**51.9%**	**58.5%**	**51.7%**
2018/19*	2nd Year after Inspection	*Data not yet available*	*Data not yet available*	**67%**

In 2017/18 practices achieved an overall coverage of 51.7%. In context, the year-end performance for 2016/17 for the CCG was 20.9%. In total 2177 health checks were delivered during the financial year 2017/18 with an additional 566 taking place in comparison to the previous year. Given that the Learning Disabilities scheme is not currently mandatory this shows the commitment of our GP Practices to improve performance.

To ensure continued improvement in performance, the CCG included a series of additional requirement in regards to learning during 2018/19. So far, the CCG has assurance from practices in regards to achievement of with performance of 67% at the end of 2018/19.

The final performance data nationally is not yet published for 2018/19, however in comparison to 2017/18 the national uptake was 55.1% and 51.3% across Yorkshire and the Humber.

It is important to note that not all learning disabilities patients qualify for a learning disabilities health check. There is an expectation that those with moderate, severe and very severe disabilities receive a check but those with mild learning disabilities should be offered a health check where clinically appropriate. As such it is not envisaged that any practice would achieve 100%.

Conclusions/Next Steps

The CCG has included the continuation of the enhanced targets for learning disabilities health checks for 2019/20 to ensure continued performance improvement. The target achievement will increase from 50% in 2018/19 to 75% for 2019/20.

Chris Skelton
Head of Primary Care Co-Commissioning
3 May 2019

Appendix A – Action Plan

Descriptor	Action	Responsible Lead	Deadline	Progress Tracker
Provide a full briefing to the Wakefield CCG governance committee that has oversight of all GP contracts in Wakefield with a draft action plan to address the areas of development	Develop a brief paper for September probity committee. Asking the committee to agree the action plan and to have oversight of this process. Implement monitoring of progress for the area for development quarterly at probity committee.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	30th September 2017	**22/09/2017 – On agenda for Probity Committee 28th September 2017.**
Ascertain the number of patients registered patients with Learning Disabilities aged between 14-25	Identifying the cohort of patients to be offered and agree that list with the Learning Disabilities Team as set out in the Enhanced Service requirements.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	22nd September 2017	**22/09/2017 – Initial data extracted from GP practice systems to identify cohort of patients, there are approx. 440 patients with LD in this cohort**
Directed Enhanced Service for Learning Disabilities – Practice Sign-up to deliver the scheme	Work in conjunction with NHS England to establish which practices have signed-up to deliver the NHS Health Check Programme	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	22nd September 2017	**22/09/2017 – information about practice sign-up obtained identifying three practices who haven't signed up to deliver the service.** **19/10/2017 – Practices now signed up**
Engage with those Practices who have not signed up to the enhanced services and as lead commissioner of the DES to understand the barriers to this.	Review NHS England Share point identifies those who have signed up as well as those practices who have chosen not to participate.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	20th October 2017	**22/09/2017 There are only three practices not signed up, it is envisaged that two of those practices these will sign up imminently and a meeting has been arranged with the final practice to discuss this further.** **19/10/2017 – Practices now signed up**
Explore with NHS England the ability to commission other practices to provide Learning Disabilities Health Checks on behalf of practices who have not signed up.	Agree an approach to facilitate payment to practices for undertaking a health check on behalf of another who is not providing the service.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	29th September 2017	**22/09/2017 – NHS England are currently exploring if a practice can sub-contract the LD checks enhanced service. There is likely only one practice that might need to do this.**
Ensure that, in accordance with the Enhanced service, support is provided to practices to; • Identify and agree the patients requiring health checks • Access to support resources are utilised, (i.e. clinical templates/template letters)	Provide support from CCG IT/data colleagues to assist practices though the use of system searches and register checks. Ensuring that the national/local clinical template is available to all practices and is utilised for accuracy in coding for data collection purposes.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	29th September 2017	**22/09/2017 – Meeting arranged with Mid Yorks LD Team and practice managers to give an update on the requirements of the Enhanced Service and its requirements. Practice Manager reps have also been approached to promote/share ideas about effective delivery from those who do it well.**

Provide additional Learning disabilities training sessions which includes; - Evidence base and clinical value of health checks - Performance data - Core requirements - Coding of health checks/use of clinical template to collate consistent information	Work jointly with learning disabilities commissioners/NHS England to ensure that training is provided and incorporates the performance of the CCG in terms of health checks and performance improvements that are required.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	31st October 2017	**22/09/2017 – Marie Gibb to attend the district wide Practice Manager Session on 26 September to raise awareness and discuss training sessions**
Provide additional support to practices by; Sharing good practice from those who achieve a high number of health checks completed.	Facilitate discussions with Practice Manager representatives on approaches to share best practice. Sharing 'how-to' guides published by the Royal College of General Practitioners (RCGP). Develop a Wakefield Guide to the Learning Disabilities health check to work alongside the RCGP toolkit.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	26th September 2017	**22/09/2017 – information shared with Practice Manager reps (26/09) and feedback to be obtained on the best way to progress this with practices.**
Identification of a Clinical Champion for Learning Disabilities	Though network/federation chairs and the confederation, seek to identify a clinical champion for Learning Disabilities.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	1st December 2017	**09/11/2017 – This was discussed at Network Chairs meeting and discussions will take place at network meetings to identify a named person**
Ensure that GP Practices have designated staff members responsible for ensuring that the health check programme is delivered and performance is improved	Each practice to identify a GP, Nurse and Admin lead for the Learning Disabilities programme who has undertaken the necessary training as set out in the enhanced service.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	1st October 2017	**07/11/2017 – Discussed at Practice Manager sub group meeting. Training sessions have been set up with 20 practices and further training being developed in conjunction with the Workforce Academy. Practices emailed to advise on LD Leads.**
Practice Verification Visits	Discuss performance against the Learning Disabilities health check scheme at practice verification visits to review current performance and action plan where further improvement is required.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG / Liz Blythe – Head of Primary Care Development – Wakefield CCG	22nd September 2017	**22/09/2017 – LD performance added to practice verification visits template.**
Agree with Practices realistic improvements in the number of health checks completed.	Practices to submit numbers of health checks to be completed for Q3 and Q4 of 2017/18. Seek assurances about how this will be achieved.	Liz Blythe – Head of Primary Care Development – Wakefield CCG	16th October 2017	**19/10/2017 – Discussions with practices taking place to ascertain realistic improved performance.**
Implement performance requirements and measures into Primary Care Contracts from 2018/19	Make the Learning Disabilities scheme a mandatory requirement as part of the primary care commissioning arrangements. Set new performance measures against health checks to ensure that this provides improved quality as well as value for money.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	31st March 2018	**01/03/2018 – Contract agreed with LMC including LD requirements.**

Engaging with Primary Care raise awareness and promote further uptake of the health check	Learning Disabilities Health Check Scheme to be discussed at Practice Manager meeting & Network Chairs. Implement the Learning Disabilities Pilot to encourage update across all GP Practices.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG / Liz Blythe – Head of Primary Care Development – Wakefield CCG	26th September 2017	**Discussed at both Practice Manager Meeting and Network Chairs in September 2017.**
Undertake audit in conjunction with practices to assess the effectiveness of Learning Disabilities Health Checks	Implement the Health Checks for People with Learning Disabilities: An Audit tool produced in conjunction with the Department of Health to ensure that the health checks provided by GP practice are effective and lead to improve outcomes for these patients.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	June 2018	**Audit templates submitted and reviewed by CCG in November 2018 – All practices compliant with standards.**
Accountability, scrutiny and oversight of monitoring of progress on this SEND area of development.	Provide Probity committee with a quarterly update against this action plan.	Chris Skelton – Head of Primary Care Co-Commissioning – Wakefield CCG	Quarterly Updates; March 2018 August 2018 November 2018 March 2019	**Updates provided to Probity Committee as per the dates scheduled. (See attached Papers below)**

Appendix B –Governance Reports

Probity Paper – March 2018

Learning Disabilities
Health Check Perform

Probity Paper – August 2018

WPPC Q1
Performance PUBLIC.

Probity Paper – November 2018

WPPC Six Month
Performance Report F

Probity Paper – March 2019

WPPC Q3
Performance Report.(