










Primary Medical Care Co-Commissioning Committee

**Tuesday 14th March 2017
Duncan Room, Old Market House
3-5pm
Chair:**

AGENDA

No.	Time	Item		Action	Papers
1.	3:00pm	PRELIMINARY BUSINESS (Chair)			
		1.1	Apologies for Absence		
		1.2	Chair's Announcements		
		1.3	Declarations of Interest		
		1.4	Previous minutes/Action points	For Noting	 (1) DRAFT-Primary Medical Care Co-Com  Copy of Action Log-PMCCC (2).xlsx
2.		ITEMS FOR DISCUSSION			
	3:20pm	2.1	Primary Care Transformational Plan 2016-2020 Update -Iain Stewart	For Noting	Verbal Update
		2.2	Primary Care Quality Scheme 2017-19 - Practice Standards and Clawback terms	For Approval	 Primary Care Quality Scheme Highlight Rep  Wirral GP Practices PCQS20172019 Laun
		2.3	PCQS 2016/17 – March 2017 - Highlight Report	For Noting	 Primary Care Quality Scheme 201617 Highl

			- Payments and Appeals		 Primary Care Quality Scheme 201617 Paym
		2.3	Estates Technology and Transformational Fund (ETTF) – Iain Stewart to provide verbal update.	For Noting	Verbal
		2.4	Wirral Primary Care GP Access Hubs – March 2017 Highlight Report	For Noting	 Wirral Primary Care GP Access Hubs Servi
		2.5	NHS England update – Tom Knight PCSE Bulletin	For Noting	 PCSE GP update Feb 2017.pdf
3.			Risk Assessment		
		3.1	Risk Register	For Noting	 Risk Register-PMCCC.xlsx
4.			SUMMARY/ANY OTHER BUSINESS Iain Stewart/Martyn Kent		
DATE AND TIME OF NEXT MEETING: 13 th June 2017 14:00 – 16:00 Duncan Room					

**Wirral Clinical Commissioning Group
Primary Medical Care Co- Commissioning Committee (PMCCC) Minutes**

**Date: 17 January 2017
Time: 3.00pm to 5.00pm
Location: Duncan Room, Old Market House**

Members:

James Kay	Lay Member-Patient Champion, Wirral CCG (Chair)
Alan Whittle	Lay Member-Audit & Governance, Wirral CCG
Nesta Hawker	Director of Commissioning, Wirral CCG
Mike Treharne	Chief Finance Officer, Wirral CCG
Tom Knight	Head of Primary Care, NHS England (Cheshire & Merseyside)
John Adams	Head of Primary Care Finance, NHS England (Cheshire & Merseyside)
Carla Sutton	Contract Manager, NHS England (Cheshire & Merseyside)
Graham Hodgkinson	Director of Adult Social Services, Wirral Council/Health and Wellbeing Board representative
Dr Simon Delaney	GP/Primary Care Clinical Lead
Dr James Sowery	GP/Members Council Chair
Linda Roberts	Lay Member (Quality & Outcomes)

In attendance:

Iain Stewart	Head of Direct Commissioning, Wirral CCG
Martyn Kent	Head of Primary Care Transformation, Wirral CCG
Barbara Dunton	Commissioning Support Manager, Wirral CCG
Sarah Lynch	Administrative Assistant, Wirral CCG

Item no.	Agenda Item	Actions
1	PRELIMINARY BUSINESS	
1.1	<p>Apologies for Absence</p> <p>Apologies were noted from:</p> <p>Lorna Quigley-Director of Quality and Safety, Wirral CCG</p>	
1.2	<p>Chair's Announcements</p> <p>JK explained that he presented a Chair's report from the committee at November's Governing Body.</p>	
1.3	<p>Declarations of Interest</p> <p>For the purpose of transparency: Dr Delaney (GP at Sunlight Group Practice) and Dr Sowery (GP at Egremont Medical Centre) declared an interest in several matters on the agenda. JK noted these but asked both members to contribute to the discussions but refrain from voting on all those matters on which they were potentially conflicted.</p>	

1.4	<p>Minutes/Action Points</p> <p>The minutes were agreed as an accurate representation of the meeting.</p> <p>MK advised that updates in relation to the Wirral Primary Care GP Access Hubs (Action points 14&15) will be discussed in agenda item 3.2.</p> <p><u>Draft Communication and Engagement Strategy for Co-commissioning application (level 3)</u></p> <p>IS discussed the closed action (17) regarding the outcome of the practice vote for Co-Commissioning Level 3. He explained that practices voted against an application being submitted by the CCG for level 3 co-commissioning, and in response to this a draft engagement plan has been produced (included in agenda papers).</p> <p>Q: (addressed to NHS England representatives). Is Level 3 Co-Commissioning still the right route for CCG's? A: Yes NHS England still supports CCG's wishing to move to Level 3 delegated commissioning.</p> <p>Q: Why is engagement with Healthwatch and the Health and Wellbeing Board not due to commence until June 2017? A: It is crucial that we focus on engaging with GP members first before further groups are consulted.</p> <p>Q: How is the engagement process this year different? A: We are looking to engage for a longer period of time and invite GP colleagues from other level 3 delegated CCG's to share their experiences. It is important to be upfront about issues that member practices are fearful of.</p> <p>TK added that lessons learnt from other CCG's who have become level 3 commissioners can be shared with Wirral.</p> <p>Q: Where is the resource to implement the engagement plan? A: The Direct Commissioning team and CCG locality managers will support the plan.</p> <p>The committee agreed they were happy with the proposed engagement strategy and asked that the Primary Care Operational group had oversight of strategy implementation.</p>	
2	ITEMS FOR ASSURANCE AND APPROVAL	
2.1	<p>Primary Care Transformational Plan 2016-2020 (Draft)</p> <p>IS shared the draft plan submitted to NHS England on the 23rd December 2016, he thanked members for their feedback. He added that the plan is still a working document and will be submitted to Governing Body for final approval in April 2017. TK explained that NHS England are currently reviewing local plans and that CCG's will receive feedback shortly. JK commented that there hasn't been enough engagement with stakeholders and the public, IS added that</p>	

	<p>an engagement plan will be produced. NH explained that some aspects of the plan won't affect patients, whereas other areas will so a public consultation will be required.</p> <p>The committee agreed that the paper is to be revisited once feedback from NHS England has been received, alongside an engagement plan. ACTION (IS-18)</p>	
2.2	<p>New Anti-coagulation Locally Commissioned Service</p> <p>BD explained the background of the Anticoagulation LES and updated the group on the changes to the current scheme.</p> <p>Q: Where is the funding for the LES coming from? A: The CCG currently funds the Locally Commissioned Service for practices to deliver. With the switch of patients onto DOACS, the consumables to enable Warfarin INR testing will no longer be needed to be funded at scale, and we expect to see a reduction in these costs.</p> <p>The committee approved the scheme for two years.</p>	
2.3	<p>Primary Care Schemes 2017-19</p> <p>MK shared a paper that sets out the proposed framework for the PCQS 2017/18-2018/19 and asked the committee for approval.</p> <p>Q: Should we invest in areas where the CCG addresses quality? A: We have engaged with member practices, LMC and clinical leads on proposed indicators. There has been some debate on the care home element as not all practices have a care home on their patch, however this is clinically and nationally supported.</p> <p>MK explained the care home element of the scheme in more detail. SD shared his support of the scheme with frailty being a key priority on Wirral.</p> <p>The committee approved the framework and MK added that further financial detail would be brought to the March meeting. ACTION (MK-19)</p>	
3	UPDATES/ITEMS TO BE DISCUSSED	
3.1	<p>Estates Technology and Transformational Fund (ETTF) Highlight Report</p> <p>IS updated the committee on the bids submitted to NHS England for funding, the submission includes 4 estates bids and 6 technology bids. NHS England have asked for further details on the bids and the CCG are now awaiting feedback. If successful, business cases will need to be produced by the end of January for end of March implementation.</p>	
3.2	<p>Wirral Primary Care GP Access Hubs Service-Contracting Update</p> <p>MK asked the committee to approve the contract model for the GP Access Hubs service and presented an options paper. The committee</p>	

	supported issuing two NHS Standard Contracts to the two Wirral GP Federations to commission the service.	
3.3	<p>NHS England Update</p> <p>TK updated the committee on the ongoing issue regarding Primary Care Support Services. He explained that he is currently meeting with Capita on a monthly basis and although nationally there has been an improvement to the service, on a local level there are still issues. A pilot in West Yorkshire for medical records has been unsuccessful and a contingency service has been set up. Future NHSE PCSS reports to be added to agendas going forward. ACTION (SL-20)</p>	
3.4	<p>PMCCC Workplan Review</p> <ul style="list-style-type: none"> • PCQS 2016/17 Highlight Report <p>MK shared the workplan for information with the committee.</p> <p>The committee reviewed the PCQS 16/17 highlight report. MK explained that GP Referrals, use of e-referrals, and Ambulatory Care Sensitive Conditions have reduced as of month 5.</p> <p>The committee noted the performance of the scheme.</p>	
4	ANY OTHER BUSINESS	
4.1	<p>Risk Register</p> <p>The committee reviewed the status of the risks on the register:</p> <ul style="list-style-type: none"> • 16-17-1: The risk is to remain the same • 16-17-2: The risk is to be closed • 16-17-3: The consequence score is to be increased to 3 • 16-17-4: The risk is to remain the same • 16-17-5: The risk is to be removed • 16-17-6: The committee agreed this risk is to be escalated to Governing Body. ACTION (IS-21) 	
5	<p>Date and Time of next meeting</p> <p>Tuesday 14th March 2017 3-5pm Duncan Room, Old Market House</p>	

Primary Medical Care Co-Commissioning Committee Action Log

4	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Annual report to be sent to Governing Body	James Kay	May-17	Not Due
14	08/11/2016	Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification	NHSE to seek advice on the CCGs recommended procurement and contractual approach for the GP Access Hubs service.	Carla Sutton	Jan-17	Outstanding
15	08/11/2016	Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification	Process to be established to gain feedback from patients	Martyn Kent	Jan-17	Outstanding
16	08/11/2016	Primary Care Operational Plan	Extraordinary meeting to be held for final comments on the plan	Martyn Kent	Jan-17	Closed
17	08/11/2016	Co-Commissioning Level 3 Application Update	Outcome of the practice vote to be circulated	Iain Stewart	Jan-17	Closed
18	17/01/2017	Review of Primary Care Transformation Plan (in c Engagment element) following NHSE feedback	Updated version to be reviewed by PMCCC	Iain Stewart	Jun-17	Outstanding
19	17/01/2017	PMC Quality Scheme	Further Financial detail to be brought to March meeting	Martyn kent	Mar-17	Outstanding
20	17/01/2017	NHSE Update	Future NHSE PCSE reports to be added to agendas going forward	Oliver Stewart	Mar-17	Outstanding
21	17/01/2017	Risk Register	Risk to be escalated to Governing Body	Iain Stewart	Mar-17	Outstanding

Primary Medical Care Co-Commissioning Committee Action Log						
No	Date of meeting	Title of Item	Action	Lead(s)	Deadline	Progress Update
1	24/05/2016	NHS England Update	Copies of GP Forward View slides to be circulated to the group	Tom Knight	13/09/2016	Complete
2	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	A workplan is to be created for the operational group to develop and implement.	Tom Knight/Iain Stewart	13/09/2016	Complete
3	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Co-Commissioning Level 2 Agreement between the CCG and NHS England to be shared at the next PMCCC meeting.	Tom Knight	13/09/2016	Complete
5	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	PMCCC dates to be circulated	Sarah Lynch	13/09/2016	Complete
6	24/05/2016	Terms of reference - Primary Medical Care Commissioning Committee (PMCCC)	Amendments to ToR to be made and circulated to the group.	Iain Stewart/Sarah Lynch	13/09/2016	Complete
7	24/05/2016	Terms of reference - Primary Medical Care Operational Group	Amendments to ToR to be made and circulated to the group.	Iain Stewart/Sarah Lynch	13/09/2016	Complete
8	24/05/2016	Primary Care Quality Scheme	Revised paper be circulated via email as soon as possible for members to review	Martyn Kent/Iain Stewart	13/09/2016	Complete
9	13/09/2016	Final Terms of Reference-Primary Medical Care Co-Commissioning Committee	Updated terms of reference will be added to the next agenda for final ratification.	Sarah Lynch	08/11/2016	Complete
10	13/09/2016	Final Terms of Reference-Primary Care Operational Group	Dispute resolution clause to be added into ToR	Sarah Lynch	08/11/2016	Complete
11	13/09/2016	Townfield Health Centre Procurement Update	Update on mobilisation to be shared at the next meeting	Iain Stewart	08/11/2016	Complete
12	13/09/2016	PCQS Performance Report	An update on practice performance will be shared at the next meeting	Martyn Kent	08/11/2016	Complete
13	13/09/2016	GP 7 Day Working Project Initiation Document (PID)	Risk register to be created.	Sarah Lynch	08/11/2016	Complete

Primary Care Quality Scheme (PCQS) 2017-2019

Highlight Report – March 2017

1.0 Purpose

1.1 This paper sets out the GP Practice PCQS performance standards and clawback terms for the PCQS 2017-2019 for approval.

2.0 Background Information

2.1 The PMCCC at its last meeting approved the investment and overall framework for the Primary Care Quality Scheme 2017-2019.

2.2 An investment of £4.5 per registered patient (£1.5million) is being made in the first year and £6 per registered patient (£2million) in the second year at an individual practice level. A further £1.5 (£500k) per registered patient in year 1 and £3 (£1mill) in year 2 is to be invested within the Enhanced Primary Care in Care Homes Locally Commissioned Service.

2.3 It was agreed approval for the PCQS 2017-2019 performance standards would be sought at this PMCCC meeting before the scheme is offered out to individual practices.

2.4 This highlight report should be read in conjunction with the attached draft GP practice launch letter for the PCQS 2017-2019 scheme.

3.0 PCQS Performance Standards & Clawback Terms for Approval

3.1 The table below summarises the individual GP practice standards to be set for the Primary Care Quality Scheme.

PCQS Part A Indicators	Performance Standards	Overall PCQS Part A Payment weighting
1.NHS RightCare Elective Number of GP referrals per 1,000 patients –	Reduction in elective costs associated with GP referrals made between 1 st April 2017 and 31 st March 2018 of £250,000 based on forecast 2016/17 outturn baseline (439 fewer GP referrals across all CCG GP practices). GP practices are set individual targets based on their quartile group according to 2016/17 outturn. Listed below are their percentage apportionments of the target	20% (£0.60)

<p>weighted list sizes)</p> <p>(Routine referrals to general and acute specialties to all providers)</p>	<p>based on their quartile group position – See Appendix A.</p> <p>Quartile 1: No change Quartile 2: 40% of target saving Quartile 3: 60% of target saving</p> <p><u>Payments</u></p> <ol style="list-style-type: none"> 1. 25% payment for achieving >25% of target 2. 50% payment for achieving >50% of target 3. 75% payment for achieving >75% of target 4. 100% payment for achieving >100 of target 	
<p>2. NHS RightCare Non-Elective</p>	<p>Reduction in Non-elective cost of £3,900,000 based on forecast 2016/17 outturn baseline (2,342 fewer NEL admissions across all CCG GP practices).</p> <p>GP practices are set individual targets based on their quartile group according to 2016/17 outturn. Listed below are their percentage apportionments of the target based on their quartile group position –See Appendix A.</p> <p>Quartile 1: 20% of target saving Quartile 2: 30% of target saving Quartile 3: 50% of target saving</p> <p><u>Payment</u></p> <ol style="list-style-type: none"> 1. 25% payment for achieving >25% of target 2. 50% payment for achieving >50% of target 3. 75% payment for achieving >75% of target 4. 100% payment for achieving >100 of target 	<p>40% (£1.20)</p>
<p>3. Medicines Management</p>	<p>(a) Implementation of the Repeat Re-ordering project.</p> <p>(b) Appropriate use of antibiotics:</p> <ol style="list-style-type: none"> 1. Cephalosporins, Quinolones, Co-Amoxiclav % of Items (10% or less of overall total – CCG level) 2. Practices to submit and work to an antibiotic action plan, which would include undertaking an audit. Practices to review this every quarter and submit every 6 months. 3. All GPs, other healthcare professionals and practice staff to consider undertaking relevant e-learning on antimicrobial resistance (AMR) and health care associated infections (HCAI). All practice staff excluding GPs to consider the following :- http://www.e-lfh.org.uk/programmes/antimicrobial-resistance/ All GPs to consider the following:- TARGET: Antibiotic Resistance in Primary Care http://elearning.rcgp.org.uk/course/info.php?popu 	<p>40% (£1.20)</p> <p>split 33.33% across each area – a,b,c,</p>

	<p>p=0&id=167 And TARGET: Managing Acute Respiratory Tract Infections http://www.rcgp.org.uk/courses-and-events/online-learning/ole/managing-acute-respiratory-tract-infections.aspx</p> <p>4. GPs to attend cluster groups to feedback about their individual action plans.</p> <p>(c) A 10% increased uptake of ScriptSwitch recommendations compared to 2016/17. This will be measured by the accepted cost benefit.</p>	
Total		Up to £3 per patient

PCQS Clawback Thresholds

PCQS Area	Clawback Threshold	Clawback Percentage	Maximum Payment
(1) NHS Right Care Elective – GP Referrals	Any deterioration against 2016/17 baseline unless in quartile group 1.	50% of aspirational payment	12p / £40,080
(2) NHS RightCare Non Elective – Non Elective Admissions	Any deterioration against 2016/17 baseline unless in quartile group 1.	50% of aspirational payment	0.24p / £80,160
(3) Medicines Management	<p>a. Non participation in project</p> <p>b. Any deterioration against 2016/17 baseline or non-submission of plan</p> <p>c. Any deterioration against 2016/17 baseline</p>	100% of aspirational payment for a. & 50% for other areas.	0.16p / 53,440
Maximum Payment			71p / £173,680

3.2 If no practices achieved any of the indicators the maximum payment would be £173,680.

4.0 Recommendation

4.1 The Primary Medical Care Co-commissioning committee is asked to approve the performance standards and clawback terms to be set for the PCQS 2017-2019.

Paper written by: Martyn Kent, Assistant Director - Primary Care Transformation

Date: 09/03/17

Appendix A PCQS GP Practice Individual Performance Standards

GP Referrals PCQS Plan - 2017/18

Practice	2016-17 (m10)	2016-17 (FOT)	Weighted Population	Weighted Rate Per 1,000 2016-17	Quartile	Actual Reduction 17-18
N85032	1928	2313.6	8393	276	3rd Quartile	18
N85003	1097	1316.4	4799	274	3rd Quartile	10
N85643	374	448.8	1850	243	3rd Quartile	4
N85059	1116	1339.2	5667	236	3rd Quartile	12
N85058	971	1165.2	5363	217	3rd Quartile	11
N85014	1247	1496.4	6929	216	3rd Quartile	15
N85044	2444	2932.8	13745	213	3rd Quartile	29
N85046	801	961.2	4666	206	3rd Quartile	10
N85028	1571	1885.2	9202	205	3rd Quartile	20
N85002	3101	3721.2	18684	199	3rd Quartile	40
N85008	2606	3127.2	15761	198	3rd Quartile	34
N85013	1644	1972.8	9963	198	3rd Quartile	21
N85005	2165	2598	13149	198	3rd Quartile	28
N85054	873	1047.6	5317	197	3rd Quartile	11
N85640	557	668.4	3433	195	2nd Quartile	3
N85022	615	738	3817	193	2nd Quartile	4
N85001	699	838.8	4343	193	2nd Quartile	4
N85031	1024	1228.8	6416	192	2nd Quartile	6
N85057	383	459.6	2400	191	2nd Quartile	2
N85034	1164	1396.8	7425	188	2nd Quartile	7
N85018	1176	1411.2	7508	188	2nd Quartile	7
N85006	1690	2028	10855	187	2nd Quartile	11
N85053	664	796.8	4295	186	2nd Quartile	4
N85648	523	627.6	3457	182	2nd Quartile	3
N85016	1567	1880.4	10364	181	2nd Quartile	10
N85047	938	1125.6	6285	179	2nd Quartile	6
N85040	1134	1360.8	7638	178	2nd Quartile	7

Y02162	350	420	2381	176	2nd Quartile	2
N85617	669	802.8	4615	174	2nd Quartile	5
Y02569	127	152.4	886	172	2nd Quartile	1
N85012	1687	2024.4	11809	171	2nd Quartile	12
N85027	1889	2266.8	13250	171	2nd Quartile	13
N85625	1831	2197.2	13014	169	2nd Quartile	13
N85633	409	490.8	2976	165	2nd Quartile	3
N85620	1097	1316.4	8034	164	2nd Quartile	8
N85025	826	991.2	6132	162	2nd Quartile	6
N85048	922	1106.4	6852	161	2nd Quartile	7
N85015	1323	1587.6	10220	155	2nd Quartile	10
N85019	1513	1815.6	11749	155	2nd Quartile	12
N85051	1192	1430.4	9381	152	2nd Quartile	9
N85629	756	907.2	5961	152	1st Quartile	0
N85616	616	739.2	4870	152	1st Quartile	0
N85052	350	420	2798	150	1st Quartile	0
N85017	845	1014	6886	147	1st Quartile	0
N85038	917	1100.4	7602	145	1st Quartile	0
N85007	1672	2006.4	13966	144	1st Quartile	0
N85024	1204	1444.8	10286	140	1st Quartile	0
N85023	813	975.6	7202	135	1st Quartile	0
N85020	2172	2606.4	19760	132	1st Quartile	0
N85009	760	912	7012	130	1st Quartile	0
N85037	689	826.8	6470	128	1st Quartile	0
N85634	246	295.2	2487	119	1st Quartile	0
N85021	358	429.6	3799	113	1st Quartile	0

Non-Elective PCQS\Right Care Indicative savings plan 2017\18

GP Code	16/17 FOT	Weighted Practice Size	Weighted Rate Per 1,000	Quartile	PCQS Activity Reduction	Plan for 2017-18	Potential Saving
N85001	990	4530	218.4341197	Q2	16	973	£ 26,959.16
N85002	4268	19530	218.5159376	Q2	70	4198	£ 116,216.69
N85003	1287	4953	259.9265613	Q3	60	1228	£ 99,563.33
N85005	2735	13586	201.3360463	Q1	62	2673	£ 102,996.44
N85006	2484	11079	224.2229467	Q2	40	2445	£ 65,929.15
N85007	2782	14687	189.4205283	Q1	67	2715	£ 111,346.17
N85008	3646	16609	219.5422918	Q2	59	3587	£ 98,836.09
N85009	1608	6708	239.7557713	Q2	24	1584	£ 39,914.95
N85012	2580	11788	218.8473121	Q2	42	2538	£ 70,148.19
N85013	2062	10115	203.8667978	Q1	46	2016	£ 76,686.64
N85014	1564	7020	222.7903214	Q2	25	1539	£ 41,777.32
N85015	1930	10058	191.905618	Q1	46	1884	£ 76,251.99
N85016	2079	9750	213.248251	Q1	44	2035	£ 73,916.59
N85017	1552	6381	243.2104913	Q2	23	1529	£

								37,973.05
								£
N85018	1501	7703	194.8983709	Q1	35	1466	58,394.86	
								£
N85019	2722	11023	246.9653285	Q2	39	2683	65,597.60	
								£
N85020	4490	18903	237.5395896	Q2	68	4423	112,488.98	
								£
N85021	940	3521	267.0215863	Q3	43	898	70,769.80	
								£
N85022	874	3890	224.7657974	Q2	14	861	23,151.33	
								£
N85023	1568	7138	219.6016551	Q2	26	1542	42,478.57	
								£
N85024	2309	9854	234.3400137	Q2	35	2274	58,642.03	
								£
N85025	1456	6130	237.4875632	Q2	22	1434	36,477.51	
								£
N85027	3206	12830	249.8725195	Q3	155	3051	257,894.51	
								£
N85028	2421	9272	261.1479783	Q3	112	2309	186,361.42	
								£
N85031	1606	5940	270.3440251	Q3	72	1534	119,394.02	
								£
N85032	1911	8834	216.3199851	Q1	40	1871	66,970.93	
								£
N85034	1816	7296	248.8562531	Q3	88	1728	146,660.11	
								£
N85037	1383	6271	220.6144369	Q2	22	1361	37,314.92	
								£
N85038	1787	6965	256.5903253	Q3	84	1703	139,996.16	
N85040	1669	7646	218.2969369	Q2	27	1642	£	

								45,498.38
								£
N85044	4451	13539	328.7511282	Q3	163	4288	272,144.06	
								£
N85046	1091	4700	232.1082482	Q2	17	1074	27,969.66	
								£
N85047	1347	6486	207.7503394	Q1	30	1318	49,169.38	
								£
N85048	1479	6841	216.2460694	Q1	31	1448	51,860.86	
								£
N85051	2308	9156	252.0507864	Q3	111	2197	184,048.28	
								£
N85052	666	2804	237.3874763	Q2	10	656	16,685.39	
								£
N85053	905	4273	211.8579207	Q1	19	886	32,397.02	
								£
N85054	1250	5461	228.8358714	Q2	20	1230	32,497.85	
								£
N85057	614	2435	252.1236311	Q3	29	584	48,937.33	
								£
N85058	1379	5654	243.8962887	Q2	20	1359	33,648.73	
								£
N85059	1446	5824	248.2549717	Q2	21	1425	34,657.46	
								£
N85616	1047	4711	222.1795555	Q2	17	1030	28,036.78	
								£
N85617	826	4752	173.8661822	Q1	22	805	36,029.82	
								£
N85620	2004	8069	248.4194339	Q2	29	1976	48,014.92	
								£
N85625	3130	12050	259.7384279	Q3	145	2984	242,213.70	
N85629	1472	5658	260.1397981	Q3	68	1404	£	

								113,730.85
								£
N85633	654	3002	217.94023	Q2	11	644	17,866.16	
								£
N85634	474	2325	203.8687868	Q1	11	463	17,622.83	
								£
N85640	874	3397	257.3096769	Q3	41	833	68,286.45	
								£
N85643	464	1885	246.2245886	Q2	7	457	11,219.10	
								£
N85648	672	3477	193.4282809	Q1	16	657	26,356.46	
								£
Wirral	91782	396511			2342	89440	3,900,000.00	

NHS Wirral Clinical Commissioning Group
 Old Market House
 Hamilton Street
 Birkenhead
 Wirral
 CH41 5AL
 Tel: 0151 651 0011

Date: 15/03/2017

Dear All Wirral GP Practice Managers (For circulation to all practice GPs)

Launch of New Primary Care Quality Scheme 2017-19

I am writing to inform you regarding the launch of the new Primary Care Quality Scheme (PCQS) 2017-2019 which is being offered to all Wirral GP practices to sign up to on a voluntary basis. The scheme aims to deliver greater investment within primary care to improve health outcomes for Wirral GP registered patients. Its design follows the review of the two previous versions of the PCQS, engagement at GP Members meetings and review by the CCG's Clinical Leads. It is also aligned with and a key delivery vehicle for the CCG's Financial Recovery Plan 2017-2019.

The scheme will operate over a 2 year period with a guaranteed £4.5 per registered patient investment in year 1 (£1.5m) and £6 per registered patient investment in year 2 (£2m). The scheme is split across two areas with Part A focusing on individual GP practice standards and Part B delivering an 'at scale' primary care service to care home residents – see table 1 below.

Table 1. PCQS Investment Areas

PCQS Investment Areas	Total Component Value 2017/18	Total Component Value 2018/19
<p>Part A: Individual GP Practice Standards</p> <ol style="list-style-type: none"> 1. Number of GP Referrals per 1,000 patients – weighted list sizes with routine referrals to General and Acute specialties (all providers) 2. Number of Non-Elective Admissions per 1,000 patients – weighted list sizes 3. Medicines Management: <ol style="list-style-type: none"> a. Repeat Reordering b. Anti-biotic Prescribing c. Scriptswitch 	<p>£3 per Wirral GP registered patient</p>	<p>£3 per Wirral GP registered patient</p>

<p>Part B: 'At Scale' Primary Care Enhanced Primary Care in Care Homes Locally Commissioned Service (Dual Registered Care Home Beds managed only in year 1)</p>	<p>£1.5 per Wirral GP registered patient</p>	<p>£3 per Wirral GP registered Patient</p>
<p>Total Investment</p>	<p>£4.5 per Wirral GP registered patient (£1.5m)*</p>	<p>£6 per Wirral GP registered patient (£2m)*</p>

Practice Payments Part A (Year 1 & 2)

Practices will be paid an initial 'Aspirational Payment' worth 40% of the scheme's Part A year 1 value upon sign up in April 2017. A further 'Reward Payment' of up to 60% of the scheme's year 1 Part A value dependent upon achievement of the standards will be paid around April – June 2018. Appendix A provides a full breakdown of the required performance standards and payments for Part A.

The CCG may clawback between 50%-100% of aspirational payments for each area if there is any deterioration in performance against the set clawback criteria (See Appendix B).

GP practices will receive monthly performance data setting out their progress towards delivery of the PCQS Part A standards.

Practice Payments Part B (Year 1 and 2)

Practices signing up to deliver the Enhanced Care Homes Locally Commissioned Service will be asked to claim on a quarterly basis to the CCG for the numbers of beds managed. Any beds with occupancy levels of less than 30% during the claim period should be claimed for at 50% of value.

GP Practice Sign Up (Part A)

To sign up to the PCQS practices are asked to complete the attached form in Appendix C and email a signed copy to: oliver.stewart@nhs.net no later than Friday 31st March 2017. Practices may only sign up to work towards delivery of all Part A standards within the PCQS for 2017-2019. The CCG will review the performance trajectories of the scheme after the first year and make any necessary changes it judges appropriate. GP practices will have the right to cancel their participation in the scheme after year 1 should they choose to do so.

GP Practice Sign Up (Part B)

Those practices that have patients resident in Dual Registered beds and have expressed an interest will be given the relevant contract documentation to sign prior to 1st April 2017.

GP Practice Action Plan, PPG Engagement

Upon sign up GP Practices are asked to develop a summary action plan (see Appendix D) which sets out how they will deliver the scheme (Part A). The plan must be discussed with members of your Patient Participation Group (PPG) and returned to the CCG no later than Friday 12th May 2017.

Collaborative Working

GP practices are encouraged to consider innovative ways to deliver elements of the scheme with other GP practices, groups of practices or GP Federations. For example, this may include peer review of referrals or consideration of inter practice referral arrangements for the Elective Care component.

Clinical Guidelines

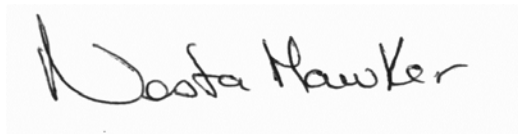
To support delivery of PCQS NHS RightCare Elective and Non-Elective Components an NHS RightCare Good Practice Clinical Guide is contained within Appendix E of this letter.

Appeals Process

A GP practice may appeal their final achievement and/or clawback payments due to exceptional circumstances outside of their control. Any appeal must be put in writing for consideration by the Primary Medical Care Co-commissioning Committee.

Should you have any further questions please contact martyn.kent3@nhs.net or telephone 0151 651 0011 ext 1720.

Yours Sincerely,



Nesta Hawker
Director of Commissioning
NHS Wirral CCG

CC

John Develing – Chief Accountable Officer, NHS Wirral CCG

Dr Sue Wells – Chair, NHS Wirral CCG

Dr Paula Cowan – Medical Director, NHS Wirral CCG

Michael Treharne – Chief Finance Officer, NHS Wirral CCG

Dr Richard Williams - Wirral Local Medical Committee

Dr Abel Adegoke - Wirral Local Medical Committee

Tom Knight, NHS England

Sylvia Cheater, Governing Body Lay Member

Appendix A Primary Care Quality Scheme 2017-19 Part A Overview

PCQS Part A Indicators	Performance Standards	Overall PCQS Part A Payment weighting
<p>1.NHS RightCare Elective</p> <p>Number of GP referrals per 1,000 patients – weighted list sizes)</p> <p>(Routine referrals to general and acute specialties to all providers)</p>	<p>Reduction in elective costs associated with GP referrals made between 1st April 2017 and 31st March 2018 of £250,000 based on forecast 2016/17 outturn baseline (439 fewer GP referrals across all CCG GP practices).</p> <p>GP practices are set individual targets based on their quartile group according to 2016/17 outturn. Listed below are their percentage apportionments of the target based on their quartile group position – see Appendix F.</p> <p>Quartile 1: No change Quartile 2: 40% of target saving Quartile 3: 60% of target saving</p> <p><u>Payments</u></p> <ol style="list-style-type: none"> 1. 25% payment for achieving >25% of target 2. 50% payment for achieving >50% of target 3. 75% payment for achieving >75% of target 4. 100% payment for achieving >100 of target 	<p>20% (£0.60)</p>
<p>2.NHS RightCare Non-Elective</p>	<p>Reduction in Non-elective cost of £3,900,000 based on forecast 2016/17 outturn baseline (2,342 fewer NEL admissions across all CCG GP practices).</p> <p>GP practices are set individual targets based on their quartile group according to 2016/17 outturn. Listed below are their percentage apportionments of the target based on their quartile group position – see Appendix F.</p> <p>Quartile 1: 20% of target saving Quartile 2: 30% of target saving Quartile 3: 50% of target saving</p> <p><u>Payment</u></p> <ol style="list-style-type: none"> 1. 25% payment for achieving >25% of target 2. 50% payment for achieving >50% of target 3. 75% payment for achieving >75% of target 4. 100% payment for achieving >100 of target 	<p>40% (£1.20)</p>
<p>3. Medicines Management</p>	<p>(a) Implementation of the Repeat Re-ordering project.</p> <p>(b) Appropriate use of antibiotics:</p> <ol style="list-style-type: none"> 1. Cephalosporins, Quinolones, Co-Amoxiclav % of Items (10% or less of overall total – CCG level) 2. Practices to submit and work to an antibiotic action plan, 	<p>40% (£1.20)</p> <p>split 33.33% across each area – a,b,c,</p>

	<p>which would include undertaking an audit. Practices to review this every quarter and submit every 6 months.</p> <p>3. All GPs, other healthcare professionals and practice staff to consider undertaking relevant e-learning on antimicrobial resistance (AMR) and health care associated infections (HCAI).</p> <p>All practice staff excluding GPs to consider the following :-</p> <p>http://www.e-lfh.org.uk/programmes/antimicrobial-resistance/</p> <p>All GPs to consider the following:-</p> <p>TARGET: Antibiotic Resistance in Primary Care</p> <p>http://elearning.rcgp.org.uk/course/info.php?popup=0&id=167</p> <p>And</p> <p>TARGET: Managing Acute Respiratory Tract Infections</p> <p>http://www.rcgp.org.uk/courses-and-events/online-learning/ole/managing-acute-respiratory-tract-infections.aspx</p> <p>4. GPs to attend cluster groups to feedback about their individual action plans.</p> <p>(c) A 10% increased uptake of ScriptSwitch recommendations compared to 2016/17. This will be measured by the accepted cost benefit.</p>	
	Total	Up to £3 per patient

Appendix B Primary Care Quality Scheme 2017-19 Part A 'Clawback Terms'

PCQS Area	Clawback Threshold	Clawback Percentage
(1) NHS Right Care Elective – GP Referrals	Any deterioration against 2016/17 baseline unless in quartile group 1.	50% of aspirational payment
(2) NHS RightCare Non Elective – Non Elective Admissions	Any deterioration against 2016/17 baseline unless in quartile group 1.	50% of aspirational payment
(3) Medicines Management	a. Non participation in project b. Any deterioration against 2016/17 baseline or non submission of plan c. Any deterioration against 2016/17 baseline	100% of aspirational payment for a. & 50% for other areas.

Name of GP Practice: _____

Practice Code: _____

I hereby declare that the above named practice agrees to sign up to deliver the Primary Care Quality Scheme 2017-19 (all standards) against the terms set out within the attached launch letter.

Signed on behalf of GP practice: _____

Title: _____

Date: _____

Appendix D Primary Care Quality Scheme 2017-2019 GP Practice Action Plan

Name of GP Practice	
Name of PCQS Practice Lead	
Name of Person completing this form (if different)	
Date of completion	
Email address and telephone number of main contact	

PCQS Standard	Main Actions (bullet points)	Key Milestones (include dates)
NHS RightCare Elective		
NHS RightCare Non-Elective		
Medicines Management		
PPG Engagement	<i>Insert date of meeting and summary of main feedback points</i>	

Appendix E NHS RightCare Elective and Non-Elective Good Practice Clinical Guidelines.

<<To be developed>>

Appendix F PCQS 2017-2019 Individual GP Performance Standards

GP Referrals PCQS Plan - 2017/18

Practice	2016-17 (m10)	2016-17 (FOT)	Weighted Population	Weighted Rate Per 1,000 2016-17	Quartile	Actual Reduction 17-18
N85032	1928	2313.6	8393	276	3rd Quartile	18
N85003	1097	1316.4	4799	274	3rd Quartile	10
N85643	374	448.8	1850	243	3rd Quartile	4
N85059	1116	1339.2	5667	236	3rd Quartile	12
N85058	971	1165.2	5363	217	3rd Quartile	11
N85014	1247	1496.4	6929	216	3rd Quartile	15
N85044	2444	2932.8	13745	213	3rd Quartile	29
N85046	801	961.2	4666	206	3rd Quartile	10
N85028	1571	1885.2	9202	205	3rd Quartile	20
N85002	3101	3721.2	18684	199	3rd Quartile	40
N85008	2606	3127.2	15761	198	3rd Quartile	34
N85013	1644	1972.8	9963	198	3rd Quartile	21
N85005	2165	2598	13149	198	3rd Quartile	28
N85054	873	1047.6	5317	197	3rd Quartile	11
N85640	557	668.4	3433	195	2nd Quartile	3
N85022	615	738	3817	193	2nd Quartile	4
N85001	699	838.8	4343	193	2nd Quartile	4
N85031	1024	1228.8	6416	192	2nd Quartile	6
N85057	383	459.6	2400	191	2nd Quartile	2
N85034	1164	1396.8	7425	188	2nd Quartile	7
N85018	1176	1411.2	7508	188	2nd Quartile	7
N85006	1690	2028	10855	187	2nd Quartile	11
N85053	664	796.8	4295	186	2nd Quartile	4
N85648	523	627.6	3457	182	2nd Quartile	3
N85016	1567	1880.4	10364	181	2nd Quartile	10
N85047	938	1125.6	6285	179	2nd Quartile	6
N85040	1134	1360.8	7638	178	2nd Quartile	7
Y02162	350	420	2381	176	2nd Quartile	2
N85617	669	802.8	4615	174	2nd Quartile	5
Y02569	127	152.4	886	172	2nd Quartile	1

					Quartile	
N85012	1687	2024.4	11809	171	2nd Quartile	12
N85027	1889	2266.8	13250	171	2nd Quartile	13
N85625	1831	2197.2	13014	169	2nd Quartile	13
N85633	409	490.8	2976	165	2nd Quartile	3
N85620	1097	1316.4	8034	164	2nd Quartile	8
N85025	826	991.2	6132	162	2nd Quartile	6
N85048	922	1106.4	6852	161	2nd Quartile	7
N85015	1323	1587.6	10220	155	2nd Quartile	10
N85019	1513	1815.6	11749	155	2nd Quartile	12
N85051	1192	1430.4	9381	152	2nd Quartile	9
N85629	756	907.2	5961	152	1st Quartile	0
N85616	616	739.2	4870	152	1st Quartile	0
N85052	350	420	2798	150	1st Quartile	0
N85017	845	1014	6886	147	1st Quartile	0
N85038	917	1100.4	7602	145	1st Quartile	0
N85007	1672	2006.4	13966	144	1st Quartile	0
N85024	1204	1444.8	10286	140	1st Quartile	0
N85023	813	975.6	7202	135	1st Quartile	0
N85020	2172	2606.4	19760	132	1st Quartile	0
N85009	760	912	7012	130	1st Quartile	0
N85037	689	826.8	6470	128	1st Quartile	0
N85634	246	295.2	2487	119	1st Quartile	0
N85021	358	429.6	3799	113	1st Quartile	0

439

Non-Elective PCQS\Right Care Indicative savings plan 2017\18

GP Code	16/17 FOT	Weighted Practice Size	Weighted Rate Per 1,000	Quartile	PCQS Activity Reduction	Plan for 2017-18	Potential Saving
N85001	990	4530	218.4341197	Q2	16	973	£ 26,959.16
N85002	4268	19530	218.5159376	Q2	70	4198	£ 116,216.69
N85003	1287	4953	259.9265613	Q3	60	1228	£ 99,563.33
N85005	2735	13586	201.3360463	Q1	62	2673	£ 102,996.44
N85006	2484	11079	224.2229467	Q2	40	2445	£ 65,929.15
N85007	2782	14687	189.4205283	Q1	67	2715	£ 111,346.17
N85008	3646	16609	219.5422918	Q2	59	3587	£ 98,836.09
N85009	1608	6708	239.7557713	Q2	24	1584	£ 39,914.95
N85012	2580	11788	218.8473121	Q2	42	2538	£ 70,148.19
N85013	2062	10115	203.8667978	Q1	46	2016	£ 76,686.64
N85014	1564	7020	222.7903214	Q2	25	1539	£ 41,777.32
N85015	1930	10058	191.905618	Q1	46	1884	£ 76,251.99
N85016	2079	9750	213.248251	Q1	44	2035	£ 73,916.59
N85017	1552	6381	243.2104913	Q2	23	1529	£ 37,973.05
N85018	1501	7703	194.8983709	Q1	35	1466	£ 58,394.86
N85019	2722	11023	246.9653285	Q2	39	2683	£

Chair – Dr Sue Wells
Chief Officer – Jonathan Develing

							65,597.60
							£
N85020	4490	18903	237.5395896	Q2	68	4423	112,488.98
							£
N85021	940	3521	267.0215863	Q3	43	898	70,769.80
							£
N85022	874	3890	224.7657974	Q2	14	861	23,151.33
							£
N85023	1568	7138	219.6016551	Q2	26	1542	42,478.57
							£
N85024	2309	9854	234.3400137	Q2	35	2274	58,642.03
							£
N85025	1456	6130	237.4875632	Q2	22	1434	36,477.51
							£
N85027	3206	12830	249.8725195	Q3	155	3051	257,894.51
							£
N85028	2421	9272	261.1479783	Q3	112	2309	186,361.42
							£
N85031	1606	5940	270.3440251	Q3	72	1534	119,394.02
							£
N85032	1911	8834	216.3199851	Q1	40	1871	66,970.93
							£
N85034	1816	7296	248.8562531	Q3	88	1728	146,660.11
							£
N85037	1383	6271	220.6144369	Q2	22	1361	37,314.92
							£
N85038	1787	6965	256.5903253	Q3	84	1703	139,996.16
							£
N85040	1669	7646	218.2969369	Q2	27	1642	45,498.38
							£
N85044	4451	13539	328.7511282	Q3	163	4288	272,144.06
							£
N85046	1091	4700	232.1082482	Q2	17	1074	27,969.66
							£
N85047	1347	6486	207.7503394	Q1	30	1318	49,169.38
N85048	1479	6841	216.2460694	Q1	31	1448	£

							51,860.86
							£
N85051	2308	9156	252.0507864	Q3	111	2197	184,048.28
							£
N85052	666	2804	237.3874763	Q2	10	656	16,685.39
							£
N85053	905	4273	211.8579207	Q1	19	886	32,397.02
							£
N85054	1250	5461	228.8358714	Q2	20	1230	32,497.85
							£
N85057	614	2435	252.1236311	Q3	29	584	48,937.33
							£
N85058	1379	5654	243.8962887	Q2	20	1359	33,648.73
							£
N85059	1446	5824	248.2549717	Q2	21	1425	34,657.46
							£
N85616	1047	4711	222.1795555	Q2	17	1030	28,036.78
							£
N85617	826	4752	173.8661822	Q1	22	805	36,029.82
							£
N85620	2004	8069	248.4194339	Q2	29	1976	48,014.92
							£
N85625	3130	12050	259.7384279	Q3	145	2984	242,213.70
							£
N85629	1472	5658	260.1397981	Q3	68	1404	113,730.85
							£
N85633	654	3002	217.94023	Q2	11	644	17,866.16
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Wirral	91782	396511			2342	89440	£

3,900,000.00

Primary Care Quality Scheme (PCQS)

Highlight Report (March 2017)

1.0 Purpose

- 1.1 This paper provides a performance update on the PCQS for 2016/17 as of month 8 for noting by the committee.

2.0 Key Updates

2.1 (1) PCQS 2016/17 Performance

- 2.2 The month 8 (July-Feb 16) performance dashboard is contained within Appendix A of this report. Key highlights include:

Component One (GP Referrals - WUTH/Spire): - 8.1% below target plan (+ positive)

Component Two (Use of E-Referral): + 8.2% above target plan (56-71%) (+ positive)

Component Three (Good Experience of Making a GP Appointment): GP Patient Survey next undertaken July 2017

Component Four (Anti-biotic Prescribing):

(a) Improving antibiotic prescribing in primary care: 1.5% above target plan (- negative)

(b) Number of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number: 9.7% above target plan (- negative)

Component Five (Engagement with Medicines Management Co-ordinators): Projects underway include: (1) Repeat Medication Reordering (2) Cost Effective review of Ferrous Sulphate Prescribing

Component Six (Ambulatory Care Sensitive Conditions): -15.3% below target plan (+ positive)

3.0 Recommendation

3.1 The Primary Medical Care Co-commissioning Committee is asked to note the current performance for the PCQS 2016/17 as of month 9.

Paper written by: Martyn Kent, Head of Primary Care Transformation

Date: 09/03/17

Primary Care Quality Scheme (PCQS)

Payment & Appeals Process

1.0 Purpose

- 1.1 This paper provides a summary overview of the payment and appeals process for the Primary Care Quality Scheme 2016/17 for approval.

2.0 Payment and Appeals process

- a) All practices performance data will be collected in April 2017 excluding component 3 (Experience of making a GP Appointment) which can only be measured when the National GP Survey results are published in July 2017.
- b) For those practices who are 'guaranteed or highly likely' to achieve their target payments will be made in April 2017. The CCG will reserve the right to clawback any payments were achievement is subsequently not successful.
- c) For practices that are not guaranteed to achieve the target payment will not be made until all data has been collected – approximately May/June 2017
- d) All practices will receive a letter in April 2017 stating their level of achievement and informing them of their right to appeal if they have failed to achieve a target due to extenuating circumstances.
- e) All appeals may only be submitted by practices in writing within 2 weeks of the practices final achievement being notified to them.
- f) Appeals will be considered by Wirral CCGs Primary Care Operational Group who will recommend whether the appeal should be upheld or dismissed. No GP practice members of the Operational Group will be able to adjudicate on their practice's own PCQS achievement.
- g) The Primary Care Operational Group will produce a summary report(s) detailing their appeals recommendations for ratification by the Primary Medical Care Co-Commissioning Committee.

3.0 Recommendation

3.1 The Primary Medical Care Co-commissioning Committee is asked to approve the year end payments and appeals process for the PCQS 2016/17.

Paper written by: Martyn Kent, Assistant Director - Primary Care Transformation

Date: 10/03/17

Wirral Primary Care GP Access Hubs Service

Highlight Report – March 2017

1.0 Purpose

- 1.1 This paper updates the Primary Medical Care Co-commissioning Committee on the progress towards implementation of the new Wirral Primary Care GP Access Hubs service.

2.0 Background Information

- 2.1 The service aims to provide extended GP service access for all Wirral residents at a small number of hub locations between 6.30pm-8pm Monday to Friday and between 10am and 14pm on a Saturday.
- 2.2 The Primary Medical Care Co-Commissioning approved the award of two NHS Standard contracts to both Wirral GP Federations at the last meeting in January 2017 subject to outcomes of a Voluntary Ex-Ante Transparency (VEAT) notice. The contracts would run until 31st March 2018 with two optional annual extension periods.
- 2.3 Both GP Federations have been allocated in total £28,000 to support the project management costs of implementing the service against the CCG's service specification.

3.0 Key Progress Since January 2017

- 3.1 The VEAT notice was advertised in the EU Journal and no challenges to the contract awards were received by other providers.
- 3.2 NHS England informed the CCG that we had been successful in securing £117k of monies for the IT elements of the service. Orders have now been placed with the relevant providers with EMIS having the longest lead in time for installation of 8-12 weeks.
- 3.3 The CCG has requested that both GP Federations work together to implement the service as soon as possible using the project management resources provided.
- 3.4 The CCG has requested pre contract information from both GP Federations to the contract team.

3.5 Both GP Federations have been asked to confirm their state of readiness to implement the service in terms of:

- a) The joint project management arrangements
- b) Operating Models: Delivery sites, capacity and opening timetable.
- c) IT works in conjunction with EMIS and DocMan Vault
- d) Expected Go Live Date

4.0 Recommendation

4.1 The Primary Medical Care Co-commissioning committee is asked to note the progress towards implementing the new service.

Paper written by: Martyn Kent, Head of Primary Care Transformation

Date: 09/03/17

Appendix A Service Delivery Sites Under Consideration

- a) Civic Medical Centre (Bebington) – GPW-Fed Ltd
- b) Claughton Medical Centre – Primary Care Wirral Ltd
- c) Eastham Group Practice – Primary Care Wirral Ltd
- d) Grove Road Surgery – GPW-Fed Ltd
- e) St Hilary Group Practice (Wallasey) – GPW-Fed Ltd
- f) Marine Lake Medical Practice (West Kirby) – Primary Care Wirral Ltd
- g) Miriam Medical Centre (Birkenhead Medical Centre) – GPW-Fed Ltd
- h) Parkfield Medical Centre (New Ferry) – GPW-Fed Ltd
- i) Somerville Medical Centre (Wallasey) – Primary Care Wirral Ltd

Welcome to the February edition of your PCSE bulletin

This bulletin has been emailed to the main contact we hold at your practice only. Please can you share with colleagues in your practice.

In this bulletin, you'll find updates on:

- [Medical records movement](#)
 - New urgent records request form
 - Returning GMS3s
 - West Yorkshire pilot and national rollout
- [Open Exeter: access control and resetting passwords](#)
- [Performers list](#)
- [Payments and pensions administration](#)
- [Supplies returns](#)
- [Removal of violent or aggressive patients from practice lists](#)
- [Managing call and email queries](#)

Medical records movement

New urgent records request form

If you have an urgent clinical need to access information in a medical record, PCSE can facilitate contact between you and a patient's previous GP, to ensure the details are received by the relevant clinician in good time.

Based on feedback from practices, we've produced a new urgent records request form, to provide clarity on the information we need to process your urgent request as quickly as possible. You can download the urgent request form from the [PCSE website](#). Completed forms should be emailed to: PCSE.enquiries@nhs.net putting '**Urgent record request**' in the email subject line.

Returning GMS3s (temporary resident forms)

As a reminder, GMS3 forms can be scanned and uploaded to the records section of the portal. Alternatively, you can now request a label for GMS3 forms through the portal and send the forms in shipping bags. Please note, just one label is needed per shipping bag and you can put multiple GMS3 forms into one bag. See the [PCSE website](#) for further information.

West Yorkshire Pilot and national rollout of the new service

The records movement pilot continues in West Yorkshire, where individually bagged and labelled records are being collected from practices and delivered directly to the new GP practice or into long-term storage. On average, the current record movement time in West Yorkshire is seven working days, from the point it is released by the current practice or from a storage site, to the time it is delivered to the receiving practice.

Last year, we took the decision to extend the pilot, in order to ensure that the information and feedback gathered could be carefully reviewed and considered. This additional time has helped ensure that the new service is proven, safe and effective, and has enabled us to make a number of improvements to the process.

Following on from completion of the pilot, and once we have the necessary assurances, the new service will be rolled out in phases across the country. Phasing the roll out will enable us to carefully control the changes and support practices through the new process. Detailed updates will be provided over the next few months on how and when the new service will be rolled out to each part of the country.

Open Exeter: access control and resetting passwords

Primary contacts for Open Exeter (usually the practice manager) can reset passwords and add other users in their practice directly. Practices already using the facility have found this to be the quickest and easiest way to manage access control within their organisation, and have two Primary Contact accounts in place to support this.

To check if your practice has access to this, please follow these three steps:

1. Log in to Open Exeter
2. Click on the drop down menu under 'Application'
3. If you already have access to set up new users and to reset passwords of existing users then 'Organisation Maintenance' will be one of the applications listed. Please refer to the [How-To-Guide for Organisation Maintenance](#) for more information.

If you find your practice doesn't have this option within the drop down menu, please email us at: pcse.openexeter@nhs.net. We can authorise a primary contact within your practice to access the system. Your primary contact will then be able to reset passwords and add other Open Exeter users for your practice.

If you set up a new user for your practice, it will generate an email to PCSE and we will then authorise the user and issue them with a password.

Open Exeter queries or support requests should be emailed to: pcse.openexeter@nhs.net.

Performers list

PCSE has been working with NHS England to ensure that the process for administering entry and changes to the National Performers List operates more efficiently, and a number of steps have been taken to improve the processing of all performers list applications and changes.

GP registrars

Performers list applications from 2017. Trainees commencing their registrar placements between February and July 2017 (inclusive) will not need to complete and submit an application form. Please see the [PCSE website](#) for further information.

Performers list applications from 2016. All applications, where the full information has been received from GP registrars, have been processed.

We are in the process of sending out an email or letter to applicants confirming NHS England's decision to include them on the National Performers List. If a GP registrar has yet to receive their confirmation email, please can you ask them to contact their deanery in the first instance, to confirm that they have provided the correct contact information to NHS England.

Other performers list requests

We've recently recruited additional staff into the performers list team, which will help improve the processing speed and handling of all types of performers list queries and change requests, such as change of address, or NHS England Regional Local Team.

Working with NHS England, we expect that the majority of outstanding performer list change requests will be processed in March and April 2017, subject to receiving any additional information that may be required.

Impact on pensions adjustments and practice payment reconciliations

As the performer list changes are processed, the PCSE payments team is completing any pension adjustments and associated practice payment reconciliations relating to the change. We expect that the majority of adjustments, where we have all the required information, will be processed in the March pay run, and some will complete in the April pay run. We'll update practices accordingly.

Payments and pensions administration

Making pension contributions by BACs payment.

We would be very grateful for your support in ensuring that all practitioners working in your practice are aware of the guidance for making pension contributions via BACs payments. Details can be found on the [PCSE website](#).

Annual Certificate of Pensionable Income, Type-2 Self-Assessments, and Pensions estimates

As a reminder, submission deadlines are approaching and guidelines are available on the [PCSE website](#).

GP registrar reimbursements

Areas with no lead employer

A new process is in place for gathering the information needed to set up GP registrar reimbursements. Health Education England (HEE) will provide PCSE with the list of all trainees that must be added to the National Performers List, along with a fully completed K4 which HEE will collect from each trainee.

For the February 2017 GP registrar intake, PCSE has arranged for all payments to be processed where we have received the required information from the relevant deanery. HEE is working to gather any outstanding information as a priority. If you have any queries, please contact your deanery in the first instance.

Expenses and indemnity costs from Medical Defence Unions (MDU) should be sent directly to PCSE at: PCSE.enquiries@nhs.net

The mileage calculator issued through deaneries is being updated to reflect 2017 mileage rules, rates and dates. The updated mileage claim form, which should be used for all claims, can be downloaded from the [PCSE website](#). Please note, if you have already submitted claims in 2017 using the 2016 claim form, the amount paid will differ from the claim submitted, as the rates have changed.

Areas with lead employer

The above only applies to areas where there is no lead employer. In areas where there is a lead employer, they will take responsibility for reimbursing salaries, expenses and MDUs. For areas with lead employers, claims for additional trainer's grants should be sent to the NHS England Regional Local Team who will then instruct PCSE to make the payment via a payment schedule.

Childhood Immunisations payments

In line with NHSE Guidance, PCSE should not process manual childhood immunisation payments. It is important that vaccination lists are submitted before the cut-off date. NHS England has advised that any practice who misses the submission date should contact their Regional Local Team (RLT.) Payment would then be made at the RLTs discretion. A guide for practices on childhood immunisation payments is available on the [PCSE website](#).

Supplies

Returning supplies

To organise a collection of unwanted supplies items ordered through PCSE, please go to the *Returns* page on the portal and request a collection. The items will then be collected on your next scheduled CitySprint delivery day.

If you are returning prescription stationery, please enter each range of prescription numbers you are sending back. This is important as it will be used for reconciliation and to track the movement of the prescription forms. You can also return unopened boxes of needles and syringes. Part used boxes of these products should be disposed of using your current arrangements for the disposal of 'sharps'. Please wrap up and seal the products you are returning.

Please do not put supplies items to be returned in the medical records shipping bags, as this will confuse the delivery system and introduce delays.

Removal of violent or aggressive patients from practice lists

If you need to request the immediate removal of a violent or aggressive patient from your practice list, please email us at dedicated email address for this service:

pcse.immediateremovals@nhs.net

Requests will be processed within 24 hours of receipt. Please note that this email address should only be used for patients that require immediate removal from your practice list following violent or aggressive behaviour, and where the police have been involved. For all other patient removals, please email PCSE.enquiries@nhs.net.

NHS England is currently defining a national process for how the patient removal service should be delivered. We'll keep you updated on any changes to the process through these bulletins.

Managing your call and email queries

When you call the Customer Support Centre to log a query, you'll be given a case number. This allows us to track and keep you updated on the progress of your queries more quickly.

Over the next few months, case numbers will also be introduced on all email queries. If you are emailing about an existing case, please can you include your case number in the subject line of the email, to allow us to automatically link your email to your original query. Please can we ask that all email queries from practices are sent from an nhs.net or a business email address.

As a reminder, the contact details for the Customer Support Centre are:

Generic email: PCSE.enquiries@nhs.net

(Please put the service you are contacting us about in the email subject line to help us direct your query as efficiently as possible)

Phone: 0333 014 2884

PO Box: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

Best wishes

Primary Care Support England

NHS WIRRAL CCG

Primary Medical Care Co-Commissioning Committee

Consequence	Likelihood				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Master 16-17

Risk ID	Date added	Risk Description	Consequence	Likelihood	Matrix Score	Key Control Established	Owner	Date of next review	Comments
16-17-1	Sep-16	Wirral GP Access Service IT system dependant on ETTTF funds (118k) being successful.	3	3	9.00	If bid unsuccessful, funding would need to be resourced from the GP IT Development Budget or the services own limited annual budget (340k)	Martyn Kent	Jan-17	NHS England has not announced the outcomes of any cohort 1 ETTTF schemes to any areas across the country to date.
16-17-2	Oct-16	Choice of contract / ability of CCG to commission Wirral GP Access Service	4	4	16.00	(1) Expert advice sought from Primary Care Commissioning CIC on most appropriate contractual option. (2) NHS England consulted regarding their position as to procuring/holding the contract	Martyn Kent	Jan-17	Contracts options appraisal paper on PMCCC 17/01/17 agenda for consideration
16-17-3	Oct-16	Wirral Primary Care Transformational Plan/GPFV Plan: primary care engagement and support	2	2	4.00	Members Engagement Plan	Iain Stewart	Nov-16	Draft plan submitted to NHSE on 23/12/16 - shared with GP member practices on email - in-depth session on draft plan scheduled for January 2017 Members Council meeting
16-17-4	Oct-16	Estates and Technology Transformational Bids: Risk of Estates bids being mothballed due to capital contributions levels being increased e.g. (20%-30% new builds over £1 million and max 66% contribution for improvement grants of less than £1 million)	5	4	20.00	PIDS in development and bidders briefed on new capital contributions	Iain Stewart	Jan-17	Estates Project Initiation Documents requiring further refinement by end February 2017 for consideration to progress to Full Business Case (FBC) status - if requested, FBCs to be completed during April to September 2017
16-17-5	Oct-16	CCG Primary Care Co-commissioning Level 3 Application	2	4	8.00	Co-Commissioning L3 Members Engagement Plan	Iain Stewart	Jan-17	Paper on PMCCC for approval regarding engagement process. Members voted against application in December.
16-17-6	Jan-17	Fragmentation of Primary Care Provider Market may impact detrimentally on CCGs commissioning strategy	4	4	16.00	To be determined	TBD	Mar-17	With the creation of 2 GP Federations and continued factional difficulties within primary care the CCG may be challenged to commission whole population universal services.

Impact Values	
Negligible	1
Minor	2
Moderate	3
Major	4
Catastrophic	5

Probability Values	
Rare	1
Unlikely	2
Possible	3
Likely	4
Almost Certain	5

Green/Yellow/Red Threshold Values	
Green - maximum score	4
Yellow - minimum score	5
Yellow - maximum score	12
Red - minimum score	15

Consequence	Likelihood				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25