

PRIMARY CARE COMMISSIONING COMMITTEE

Monday, 22 June 2015 11.00 am

Wigan Borough CCG Boardroom - Wigan Life Centre

AGENDA

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1	Welcome/Apologies		Gary Cook		Record
2	Declarations of Interest		All		Record
	Individuals will declare any interest that they have in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group in writing to the Governing Body as soon as they are aware of it and in any event no later than 28 days after becoming aware				
3	Minutes of Previous Meeting held on 28 April 2015		Gary Cook	1 - 6	Approve
4	Actions from Previous Meeting held on 28 April 2015		Gary Cook	7 - 8	Approve
5	Primary Care Committee Workplan		Paul Lynch	9 - 12	Receive
6	Overview of Primary Care Plans		Paul Lynch	13 - 16	Receive
7	APMS/PMS Update		Martyn Kent	To Follow	Receive
8	Finance Update		Gayle Wells	Verbal Report	Receive

9	Estates Update		Julie Southworth	17 - 22	Receive
10	NHS England Update		Jane Pilkington	Verbal Report	Receive
11	Primary Care Workforce Strategy Proposal		Paul Lynch	23 - 28	Receive
12	Any Other Business				
13	Date and Time of next meetings attached for discussion				
	Tuesday 1 September 10.30 – 12.30 Tuesday 3 November 10.30 – 12.30 Friday 29 January 2016 1.00 – 3.00 Friday 1 April 2016 11.00 – 1.00				

OPEN MEETING

First Meeting of the Primary Care Commissioning Committee
Held on Tuesday 28 April 2015 at 11.00am in Meeting Room 17, Wigan Life Centre

Present:

(Chair) Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
 Frank Costello, Governing Body Lay Member (FC)
 Trish Anderson, Chief Officer (TA)
 Mike Tate, Chief Finance Officer (MT)
 Julie Southworth, Director of Quality & Safety (JS)
 Gen Wong, GP Representative (GW)
 John Marshall, Associate Director for Strategy and Collaboration (JM)
 Martyn Kent, Assistant Director for Strategy and Collaboration, Localities (MK)
 Laura Browse, NHS England Representative (LB)
 Ann Gough, NHS England Representative (AG)
 Ruth Walkden, Healthwatch Representative (RW)
 Gayle Wells, Acting Assistant Chief Finance Officer (GWells)
 Tim Collins, Assistant Director of Governance (TC)

In Attendance:

Julie Pemberton - Minute Taker (JP)

	AGENDA	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 11.00am formally welcoming all attendees to the first meeting of the Primary Care Commissioning Committee (PCCC). Introductions around the table. No members of the public were present.	
2.	Apologies for Absence	
	No apologies received	
3.	Declarations of Interest	
	GC advised the meeting that individuals must declare any interest that they have in relation to decisions made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it, and in any event no later than 28 days after becoming aware. No declarations of interest were offered.	

4.	Committee Terms of Reference	
	<p>The Committee Terms of Reference (TOR) were circulated for discussion and approval. GC asked the members for observations and comments.</p> <p>FC asked as to how many GPs were required. It was confirmed that Dr Gen Wong was the GP representative with Dr Adam Devaney as his deputy.</p> <p>Further additions to the membership were discussed:</p> <ul style="list-style-type: none"> • One independent GP, together with GW. TA commented that local GP membership was very important to bring the local primary care voice. Any conflicts of interest would be managed and if necessary GW would be excluded from any conflicting vote. • Local Authority representative officer or elected member with an interest in the health agenda. • Flexible membership to allow development of the committee, once the scope of work has been ascertained. • NHS England representation to be added to the TOR. • Patient representation to be added to the TOR. <p>Discussion followed as to the frequency of the meetings.</p> <p>It was agreed that the Committee would meet bi-monthly, with the next meeting being towards the end of June 2015.</p> <p>Should any urgent decisions need to be made between meetings, it was agreed that the decision could be delegated to an executive officer with consultation with the Chair.</p> <p>Primary Care Operation Group also meets fortnightly.</p> <p>Guidance from NHS England states that the committee may delegate tasks which it may see fit.</p> <p>MT confirmed that within the CCG Governance rules, committees may delegate tasks and also take Chairman's action.</p> <p>Quoracy and voting rights to be discussed further when the full membership is agreed. Any member with voting rights must be accountable for the decisions made.</p> <p>TA to discuss voting rights with Oldham CCG colleagues to share best practice.</p> <p>TC to amend the TOR accordingly.</p>	<p>TA</p> <p>TC</p>

5.	Delegation Agreement & Side Letter	
	<p>Circulated for information.</p> <p>On the 1 May 2014, NHS England announced that it was inviting CCGs to expand their role in primary care commissioning and invited expressions of interest from the CCGs outlining their preference for this expansion of primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.</p> <p>WBCCG applied for delegation, was successful and the document was signed off on the 26 March 2015. Along with the Co-Commissioning Delegation Agreement WBCCG submitted a side letter stating that the signed agreement was on the provision that the undermentioned local rules were finalised to our satisfaction:</p> <ul style="list-style-type: none"> • Local Financial Rules and Principles. • Local Memorandum of Understanding. • Staffing Models. After clarification from the NHS England Legal Team, it was ascertained that the CCG did not have to choose only one of the three staffing models, assignment, secondment or employment, but could pursue a hybrid of these models. This point was included within the side letter. <p>The Committee received the report.</p>	
6.	MOU with the Area Team	
	<p>Circulated for information.</p> <p>The Memorandum of Understanding with NHS England Greater Manchester Contracts Team is an agreement to outline responsibilities, under primary care co-commissioning of NHS England (Greater Manchester) and clinical commissioning groups after 1 April 2015, mainly in respect of those duties currently carried out by the NHS England (Greater Manchester) GP Contracts Team.</p> <p>The Committee received the report.</p>	
7.	Update on the APMS/PMS Review	
	<p>MK updated the Committee on the Alternative Provider Medical Services (APMS) and Personal Medical Services (PMS) GP Contracts explaining the contractual issues that the CCG needs to address which affect both PMS and APMS GP contracts in Wigan.</p> <p>Wigan has 7 APMS Contracts and 23 PMS Contracts.</p>	

	<p>APMS Contracts: It is proposed that the CCG undertakes an options appraisal on each APMS contract for approval at the July 2015 Governing Body Meeting. A 3 month stakeholder consultation would then be undertaken between July and September 2015. A Primary Care Co-Commissioning Working Group will be tasked with undertaking options appraisals on all issues affecting both PMS and APMS practices.</p> <p>PMS Contracts: The CCG is required to work with NHS England (GM) on a review of all PMS Contracts by April 2016. It is planned that the new PMS Contract will be implemented on 1 October 2015 and will fund the provision of core services at the equivalent GMS rate thereby achieving a consistent and equitable level of funding across GMS and PMS Contracts.</p> <p>Initially it is expected that practices will fall into 1 of 2 categories:</p> <ul style="list-style-type: none"> • Practices that provide no additional services above 'Core' GMS and there will be no or minimal financial impact. (5 practices projected to fall into this category). • Practices for which there will be a financial impact. (18 practices projected to fall into this category). <p>Meetings with individual practices are scheduled for April and May 2015 to discuss further.</p> <p>FC requested that for future meetings the papers be circulated with the agenda to allow members time to read them.</p> <p>MK to provide an update to this Committee at the June meeting.</p> <p>Decision to be made at the June meeting for onward recommendation to the July Governing Body.</p> <p>The Committee received the report.</p>	<p style="text-align: center;">MK</p> <p style="text-align: center;">ALL</p>
8.	Finance Update	
	<p>WBCCG has been approved under delegated commissioning arrangements to assume full responsibility for contractual GP performance management, budget management and the design and implementation of local incentive schemes from 1 April 2015.</p> <p>In November 2014, the CCG was provided with baseline data from NHS England (North), Lancashire and Greater Manchester (L&GM) based on the full year 2014/15 projected costs for those lines of expenditure which were expected to be delegated.</p> <p>This was an indicative budget of around £40m. Financial performance reports have been received in both January and February 2015 and to date have shown an under</p>	

	<p>spend position against the indicative budget.</p> <p>GWells further briefed the meeting on the Delegation Agreement, the current position at April 2015 and the key issues to date.</p> <p>Further finance update reports will be presented at future meetings</p> <p>The Committee received the report.</p>	
9.	Role of Primary Care Operations Group	
	<p>The Primary Care Operations Group is an implementation group that meets every 2 weeks to expedite actions and report progress to this committee.</p>	
10.	Any Other Business	
	<p>LB advised the Committee that under 13.26 of the Delegation Agreement it is stated that within 2 months of the date of each financial year, the CCG must prepare a plan setting out how it proposes to exercise the delegated functions in that financial year and in each of the next 2 financial years or longer should NHS England require.</p> <p>Business Plan to be available for the June meeting.</p> <p>Section 7a agreement. Public Health England. Jane Pilkington will liaise with Trish Anderson.</p>	JM
13	Date and time of next meeting	
	<p>Future dates to be arranged and circulated to the Committee.</p>	JP

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Actions from the WBCCG Primary Care Commissioning Committee (PCC) held on Tuesday 28 April 2015

	Agreed actions from 28 April 2015	Responsibility	Deadline
4. Terms of Reference	TA to discuss voting rights with Oldham CCG Colleagues to share best practice. TC to amend the TOR	TA TC	June 2015
7. APMS/PMS Contracts	Further update to the June meeting. Decision to be made relating to the onward recommendations to the July Governing Body Meeting.	MK ALL	June 2015 June 2015 Agenda
10. AOB	Prepare plan setting out how the CCG proposes to exercise the delegated functions in the financial year and in each of the next 2 financial years or longer should NHS England require. Business Plan to be available for the June meeting. Future dates of the PCC to be arranged and circulated.	JM JP	June 2015 asap

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MEETING: Primary Care Commissioning Committee

Item Number: 5.

DATE: 22nd June 2015

REPORT TITLE:	Primary Care Committee – Workplan 2015-16
CORPORATE OBJECTIVES ADDRESSED:	4. Function as an organisation that consistently delivers its statutory duties
REPORT AUTHOR:	Paul Lynch – Assistant Director, Strategy & Collaboration
PRESENTED BY:	Paul Lynch – Assistant Director, Strategy & Collaboration
RECOMMENDATIONS/DECISION REQUIRED:	To note the committee workplan
<p>EXECUTIVE SUMMARY</p> <p>The enclosed document sets out a workplan for the committee for 2015-16. This includes items that the committee will consider as standing items and those items that it will review and approve at specific points through the year.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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**WBCCG
PRIMARY CARE COMMITTEE 2015/16**

	June	August	October	December	Feb-16
Date of meeting	22	TBC	TBC	TBC	TBC
Agenda ready:	15	TBC	TBC	TBC	TBC
Members	Chair	Chair	Chair	Chair	Chair
	Deputy Chair	Deputy Chair	Deputy Chair	Deputy Chair	Deputy Chair
	Chief Operating Officer	Chief Operating Officer	Chief Operating Officer	Chief Operating Officer	Chief Operating Officer
	CFO	CFO	CFO	CFO	CFO
	Director of Quality and Safety	Director of Quality and Safety	Director of Quality and Safety	Director of Quality and Safety	Director of Quality and Safety
	Wigan Council representative (non voting)	Wigan Council representative (non voting)	Wigan Council representative (non voting)	Wigan Council representative (non voting)	Wigan Council representative (non voting)
	Healthwatch Wigan representative (non voting)	Healthwatch Wigan representative (non voting)	Healthwatch Wigan representative (non voting)	Healthwatch Wigan representative (non voting)	Healthwatch Wigan representative (non voting)
Attendees	Locality GP representation	Locality GP representation	Locality GP representation	Locality GP representation	Locality GP representation
	Associate Director - Strategy & Collaboration	Associate Director - Strategy & Collaboration	Associate Director - Strategy & Collaboration	Associate Director - Strategy & Collaboration	Associate Director - Strategy & Collaboration
Papers for Agenda	Estates Update	Finance Update	Finance Update	Finance Update	Finance Update
	Primary Care Contracts Assurance Process	Update from Primary Care Operations Group	Update from Primary Care Operations Group	Update from Primary Care Operations Group	Update from Primary Care Operations Group
	PMS/APMS Review Update	1st Quarter Self Certification - For Information	Primary Care Workforce Strategy	Review of MOU with Area Team	Primary Care Commissioning Intentions 16/17
	Finance Update	NHS England Update	NHS England Update	NHS England Update	SCEOS 16-17
	Update from Primary Care Operations Group			Primary Care Strategy Update	NHS England Update
	Primary Care Standards				Review of Committee Terms of Reference
	Committee Workplan				
	NHS England Update				
	Information items:	Information items:	Information items:	Information items:	Information items:
	Minutes from previous Committee meeting	Minutes from previous Committee meeting	Minutes from previous Committee meeting	Minutes from previous Committee meeting	Minutes from previous Committee meeting
	Minutes from Primary Care Operations Group	Minutes from Primary Care Operations Group	Minutes from Primary Care Operations Group	Minutes from Primary Care Operations Group	Minutes from Primary Care Operations Group

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MEETING: Primary Care Commissioning Committee

Item Number: 6.

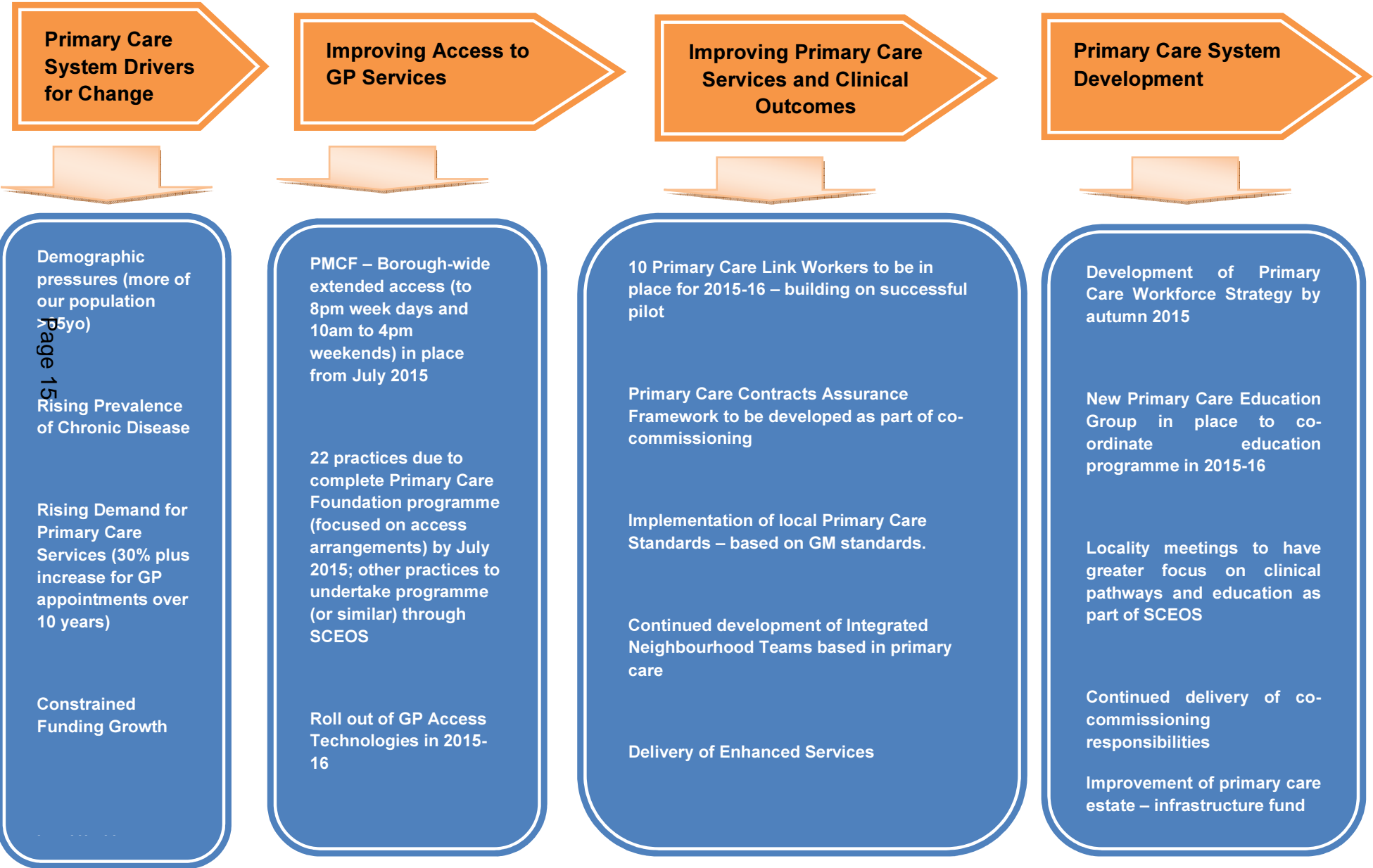
DATE: 22nd June 2015

REPORT TITLE:	Primary Care Plan on a Page 2015-16
CORPORATE OBJECTIVES ADDRESSED:	4. Function as an organisation that consistently delivers its statutory duties
REPORT AUTHOR:	Paul Lynch – Assistant Director, Strategy & Collaboration
PRESENTED BY:	Paul Lynch – Assistant Director, Strategy & Collaboration
RECOMMENDATIONS/DECISION REQUIRED:	To note the Primary Care Plan on Page 2015-16
EXECUTIVE SUMMARY	
The enclosed document summarises the key initiatives in Primary Care in 2015-16	
FURTHER ACTION REQUIRED:	None
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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Primary Care 2015-16 Plan on a Page

Primary Care Priority Reform Areas



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MEETING: Primary Care Committee

Item Number: 7.

DATE: 22 June 15

REPORT TITLE:	Alternative Provider Medical Services (APMS) & Personal Medical Services (PMS) Reviews Highlight Report
REPORT AUTHOR:	Martyn Kent (Assistant Director Strategy and Collaboration)
PRESENTED BY:	Martyn Kent
RECOMMENDATIONS/DECISION REQUIRED:	- note the contents of the Highlight Report and agree to receive papers for both APMS and PMS contract reviews at the August 2015 meeting.
<p>EXECUTIVE SUMMARY</p> <p>The paper provides an update on the APMS and PMS GP contract reviews currently taking place within Wigan in the form of a Highlight Report.</p>	
FURTHER ACTION REQUIRED:	None



**Alternative Provider Medical Services (APMS) & Personal Medical Services (PMS)
Reviews
Highlight Report
Primary Care Committee
Monday 22nd June 2015**

1.0 Purpose

1.1 This Highlight Report provides an update to the Primary Care Committee on the progress made regarding the current APMS and PMS GP contract reviews in Wigan.

2.0 Context

2.1 The Primary Care Committee received a paper at its April 2015 meeting which set out issues and outlined the approach to the review of APMS and PMS contracts in Wigan.

2.2 APMS contracts are being reviewed as they are time limited and following a recent extension are due to expire in September 2016. The PMS review is to support a national planning guidance instruction to NHS England Local Area Teams to review all their PMS contracts by April 2016.

3.0 APMS Update (Health Needs Assessment Phase)

3.1 Joint Service Review (JSR) meetings with provider contract holders scheduled for w/c 15th June were cancelled by NHS England. A desktop review exercise with accompanying telephone conference calls are to be undertaken instead (prior to 8th July 2015).

3.2 Briefing meetings are scheduled to take place with neighbouring APMS GP practices on 17th, 18th and 19th June 2015. The meetings are informal and designed to give them a briefing on the APMS review process. They will also allow GP practices to communicate any issues that they think might inform the CCG's primary care commissioning intentions. For example, communicating any intentions GP partners may have regarding retirement in the short term.

3.2 A CCG APMS Contract Workshop is taking place on 8th July 2015 to review the health needs assessment information collated to date. The group will also provide input to the development of a paper to outline the next stage APMS contract consultation steps for the August 2015 Primary Care Committee.

4.0 PMS Update

4.1 A total of 5 practice meetings have now taken place with further meetings scheduled for 25th June 2015.

4.2 To date only 1 PMS GP practice has returned a proforma to the CCG which sets out their views on additional services they provide over and above the core GMS GP contract level.

4.3 Following completion of the individual unit GP practice meetings the CCG will produce an update paper for consideration at the August 2015 Primary Care Committee. The paper

will outline the approach to considering if any services evidenced by the practices as above core GMS contract should be commissioned by the CCG.

5.0 Recommendation

- 5.1 The Primary Care Committee is asked to note the contents of the Highlight Report and agree to receive papers for both APMS and PMS contract reviews at the August 2015 meeting.

MEETING: Primary care Co-Commissioning Committee

Item Number: 9.

DATE: 22nd June 2015

REPORT TITLE:	Estates Work Programmes
REPORT AUTHOR:	Julie Southworth
PRESENTED BY:	Julie Southworth
RECOMMENDATIONS/DECISION REQUIRED:	For Information
EXECUTIVE SUMMARY <p>This document aims to provide some clarity on the current processes in place to deal with capital for developments.</p> <p>The document highlights the criteria by which support is given to capital bids by the CCG.</p> <p>The report also details all the activity currently being undertaken with regard to Estates where the CCG has a role in the decision making.</p> <p>It is becoming increasingly apparent that all capital bid schemes will be filtered by the CCG for approval before they are submitted and approved by NHS England.</p> <p>A policy paper will be drafted for Governing Body approval.</p> <p>Part 2 provides a set of criteria for the approval process which will be submitted for approval together with the policy for Governing Body approval.</p> <p>Part 3 details a flow chart to progress bids and proposals through the internal CCG governance.</p>	
FURTHER ACTION REQUIRED:	None
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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GP Practice:

Practice Number:

Premises:

Note	Assessment Criteria	Met Criteria? Y or N with explanation (CCG to complete and date)	Practice Response (Practice to complete and date)	CCG Assurance? Y or N
1	PID demonstrates clearly that expenditure is on the improvement of the practice estate.			
2	All proposed changes are described fully within the PID.			
3	The PID is signed to confirm that the practice will be required to meet any increase service charges as a result of this change.			
4	The PID is signed to acknowledge that if the funding is deemed to be capital grant, the practice will be required to provide 1/3 rd of the funding (including VAT).			
5a	Full costs are detailed within the PID including			
	- the capital required			
5b	- the revenue consequences			
5c	- fixtures and fittings costs			
5d	- IT requirements			

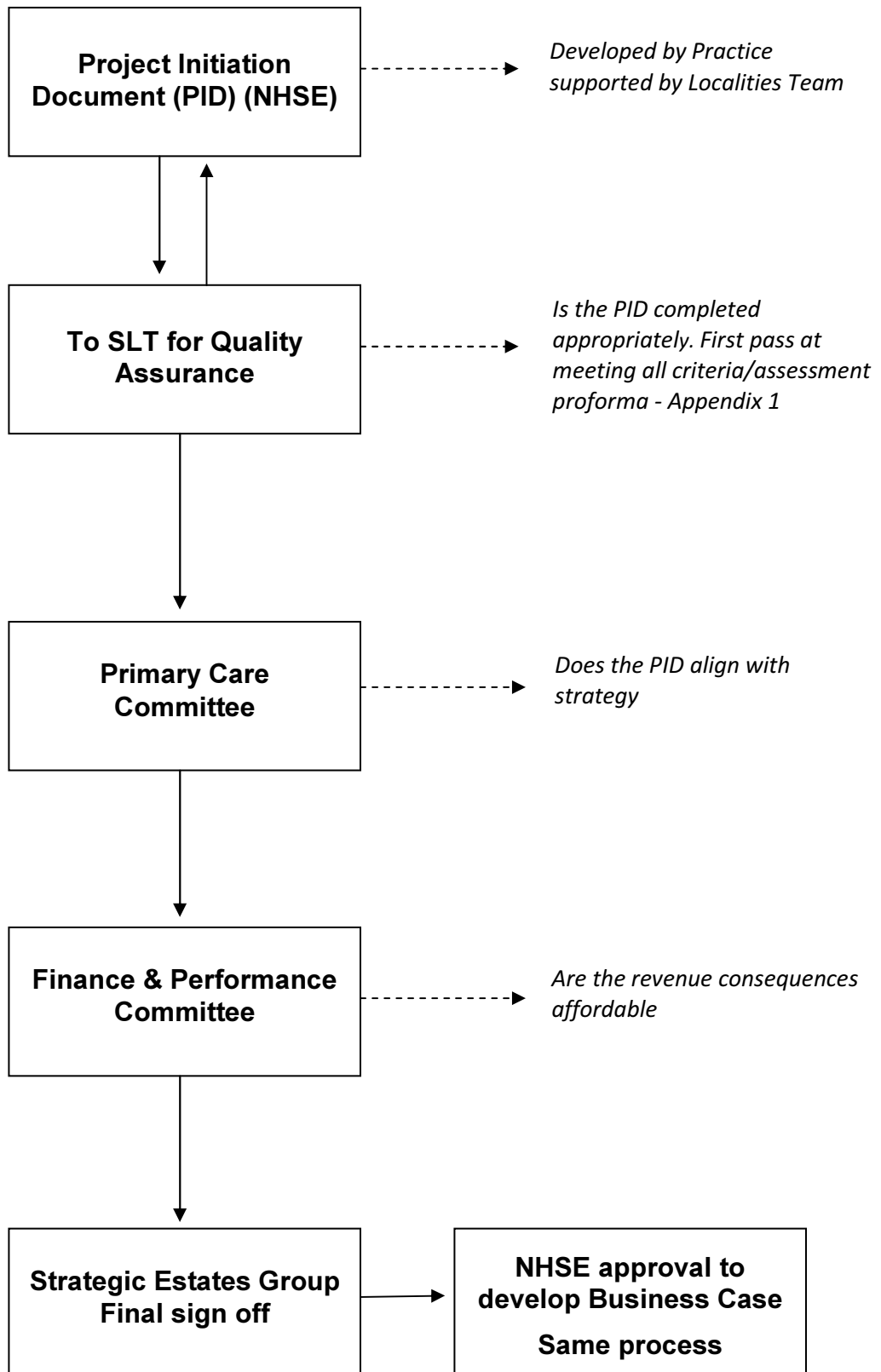
6	Where the PID is for greater than £20k, there is evidence that the GP practice has provided the costing based upon evidence from a contractor.			
7	The PID is physically signed by all stakeholders to the scheme.			
8	Is there alignment with the CCG Commissioning Plan and the Primary Care Strategy?			
ADDITIONAL CRITERIA TO BE ASSESSED ONCE THE ABOVE ARE ALL GREEN				
9	Will the scheme complete in the year of approval?			
10	CQC Compliance?			
11	Health and Safety compliance?			
12	Improved Access?			
<p>PASSED ASSURANCE (CCG Sign and Date)</p> <p>Primary Care Committee</p> <p>Finance and performance Committee</p> <p>Strategic Estates Group</p>				

Notes

Note 1 – Improvement expenditure needs to be shown clearly. This is to meet the requirements of the Premises Directions 2013. Any expenditure incurred which is a form of maintenance or refurbishment due to normal wear and tear should not be claimed via PID as it should be funded from the District Valuer assessed rent reimbursements.

Note 4 – Capital Grants are required to be supported financially by the practice at 34% of the total cost of the works inclusive of VAT in line with Premises Directions.

WIGAN BOROUGH CCG CAPITAL BID APPROVAL PROCESS



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MEETING: Primary Care Commissioning Committee

Item Number: 11.

DATE: 22nd June 2015

REPORT TITLE:	Proposal to Develop a Primary Care Workforce Strategy
CORPORATE OBJECTIVES ADDRESSED:	1. Supporting our population to stay healthy and live longer in all areas of the Borough
REPORT AUTHOR:	Paul Lynch – Assistant Director, Strategy & Collaboration
PRESENTED BY:	Paul Lynch – Assistant Director, Strategy & Collaboration
RECOMMENDATIONS/DECISION REQUIRED:	To note the proposal to develop a primary care workforce strategy
<p>EXECUTIVE SUMMARY</p> <p>The enclosed document is a proposal to develop a workforce strategy for Primary Care. It is being submitted to GP Locality meetings in June 2015 to invite member practices to support the development of such a strategy.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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Proposal: Developing a Primary Care Workforce Strategy for Wigan Borough

1. Purpose

1.1 The purpose of this paper is to set out a proposal to develop a Primary Care Workforce Strategy for the Borough. This proposal is being presented to GP localities to gain feedback on whether member practices would support the CCG developing such a strategy.

2. Context

2.1 The CCG's Commissioning and Primary Care strategies and the NHS Five Year Forward View see primary care playing the lead role in the delivery of an integrated, out-of-hospital system of care. In order to do this, the primary care system needs to be strengthened – both in terms of capacity and capability. An essential part of this will be a primary care workforce that is equipped to meet this challenge.

2.2 We recognise that the local primary care workforce, mirroring the national picture, is facing considerable pressure. This pressure can be particularly seen in the difficulties that practices have in recruiting and retaining staff. We also know that a significant proportion of our local primary care workforce is nearing retirement age; the number of vacancies across practices is growing; and individual practices often lack the time and resources to carry out workforce planning.

2.3 These challenges have been recognised nationally. Health Education England (HEE) has established a Primary Care Workforce Commission, which is due to report in July 2015. HEE, NHS England, the RCGP and the BMA have also developed a ten-point action plan 'The New Deal for General Practice'. Our plans will draw on the work being done nationally, but we also recognise that more immediate, local solutions are needed.

3. The Offer from the CCG

3.1 The CCG is clear that we need a strong, vibrant primary care workforce to deliver our local strategy. The CCG can play an important role in matters where action needs to be taken at scale – which is often not possible for individual practices. For example, the CCG may be able to play a role in facilitating workforce and training initiatives where a Borough-wide scale allows practices to access high quality provision at a lower cost.

4. The Ask from GP Practices

4.1 The CCG is willing to play a significant role in supporting the development of the primary care workforce. At the same time, we will expect practices to work in different ways in order to deliver the strategy. This could involve practices working collaboratively to share staff and other resources and practices being willing to share information with the CCG in order to assist workforce planning across the whole of primary care.

5. What the Strategy Could Include

5.1 The overarching aim of the strategy will be to make Wigan Borough a nationally recognised 'Good Place to Work' in General Practice. There will be some early measures that we could take to contribute towards this and there will be other measures that will be longer term in nature.

Early Measures

5.2 Some early initiatives (for implementation when the strategy is approved) could include:

- An assessment of the current local workforce against the future desired model to allow identification of the gaps/barriers to achieving this;
- Assisting practices to advertise vacancies on NHS Jobs, the CCG website and other local websites, and a CCG offer to broker joint recruitment between practices – for clinical and non-clinical posts;
- CCG support to assist practices in negotiating an arrangement for coverage with one Occupational Health provider – at a lower cost;
- Support for practices to access online mandatory training – through Skills for Health and other routes
- Support for Practice Managers to access the Institute for Leadership and Management (ILM) course at Wigan College;
- Enhancing the current training and education programme for primary care staff – clinical and non-clinical;
- Incentivising GPs to the area through opportunities to play a leading clinical role in pathway redesign projects;
- Practice Nurse Training Placements – currently one practice in the Borough offers these – there may be a role for the CCG in supporting practices to expand the number of placements. We would also look at developing pre-registration nursing placements.

Longer Term Solutions

5.3 Some of the longer term solutions (for implementation within months of the strategy's approval) could include:

- Collective agreement among GP practices to standardise the rates paid for locums and other members of the primary care workforce – potentially through CCG sponsorship of 'locum banks';
- 'Golden Hellos' for GPs coming to work in the CCG area – to be paid back if the GP leaves Wigan Borough within three years of taking up post;
- Practices working in different ways – with individual GPs working across a number of practices. GPs may then adopt a 'team approach' to working with groups of GPs specialising in a particular area. This may include the Public

Health aspect of the GP role – for example, preventative work; the Non Elective element of the role – illnesses, flare ups; and the Elective side of the role – including chronic condition management;

- Clear local pathways for career and professional development for clinical and non-clinical staff – including leadership programmes. These pathways would be integrated with workforce plans across providers and commissioners in the economy, including secondment opportunities, etc.
- CCG support for practices to secure a HR provider to deliver back office functions across all practices, including standardised recruitment processes.

5.4 In addition, we will also take opportunities offered by regional and national programmes for the primary care workforce being developed by NHS England and HEE. These potentially include:

- Proposals for an additional year of post Certificate of Completion of Training (CCT) for areas where it is difficult to recruit trainees. The additional year would focus on areas such as clinical specialities of interest (for example, psychiatry or dermatology) or leadership development – through completion of an MBA.
- Investment in pilot training hubs where groups of GP practices can offer inter-professional training to primary care staff and proposals for Enhanced Training Practices being developed by Health Education North West;
- Support for pilots of new ways of working in primary care – including physician associates, medical assistants, advanced practitioners and others. These roles would work across hospitals, community services and primary care and would support GPs in managing their workload.

6. Next Steps

6.1 We recognise that in order to develop and implement a successful workforce strategy we will need to have the support and commitment of our member practices. This proposal has been developed in order to seek this support.

6.2 If member practices are supportive of developing the strategy, work will commence over the summer of 2015 with a view to completing the strategy in the autumn. The plan will contain a clear description of how the initiatives within it will be phased in.

6.3 As part of the strategy development, consideration will need to be given to how any commitments made in the strategy will be resourced.

6.4 Consideration will also need to be given to the respective roles of the CCG, practices, federations and national and regional organisations as part of the process.

Paul Lynch

Assistant Director -Strategy & Collaboration (Localities)

June 2015

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