

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 6 September 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update on the Primary Care Operational Management Group
Public or Private:	The report is suitable for the Public meeting
Relevance to CCG Priority:	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Planning for the CCG Primary Care provision to be fit for purpose in line with NHSE recommendations
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Fulfilling the delegated responsibility of jointly managing primary care



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Operational Management Group met on Tuesday 23rd August – this report is a summation of the discussions which took place.

2. MAIN BODY OF REPORT

Primary Care Quality Update

Mike Hastings and Sarah Southall are to review the possibility of incident Review Training for GPs.

Dr Mehta as LMC Chair added a reminder in the LMC newsletter for GPs to review, sign and return their contracts. All GP contracts are now signed.

Notes of the Clinical Reference Group

Draft notes from the Clinical Reference Group meeting, held on 13th July 2016, were shared for information.

Service Level Agreement and Specification for Zero Tolerance Scheme

Mike Hastings noted the service level agreement and specification for Zero Tolerance Scheme had been shared with the group previously for comments and two comments have been received. This will be shared with the team at NHSE.

It was highlighted Wolverhampton needed to decide on the long term and interim approach they will take. It was suggested to approach VoCare to provide interim solution, however being mindful they are not currently commissioning this service.

Discussions took place whether there should be a uniformed approach across all neighbouring CCGs or if all CCGs should have a specification amended to suit their local arrangements, such as Providers and Finance. Dr Mehta raised his concerns with the difference between the specifications and suggested the specification needed to include defined steps of what the GPs are responsible for and what actions they need to take. It was agreed that a flow chart outlining the steps within the process would be included within the specification.

Yvette Delaney from CQC queried if practices provide patients with warnings in relation to their behaviour. Gill Shelley stated if patients are violent and aggressive the Practice can remove the patient straight off their practice list. Yvette asked in terms of verbal aggression in her experience visiting practices the process varies as some practices provide the patients with warnings and their letters can often escalate the problem. Gill Shelley mentioned Primary Care Support Service would write to patients when they are being removed from a practice list. Sarah Southall suggested the issue of providing written warnings to patients could be raised at the next



Practice Managers Forum with the idea of setting up standardised letters across all GP Practices.

The group agreed the Service Level Agreement and Specification for Zero Tolerance Scheme needed to be escalated to the Primary Care Joint Commissioning Committee and a decision needs to be made on where it will be circulated and the need to put in an interim solution in place.

Estates Update

Gary Thomas informed the Committee the ETTF response has now been delayed until November 2016.

RWT - are planning to withdraw services from the Ashmore, Bushbury and Pennfields sites as part of their estates rationale process. The group raised the concerns around the safety of staff and practices and the vulnerability if they withdraw from these premises. It was also highlighted around the implications for the CCG as they will have to pay for any void costs.

BCF - have had the opportunity to review the Steps to Health site, which they are happy with and now in the process of re-modelling to determine the cost/funding.

Bilston Urban Village - NHS Property Services are asking the CCG to commit that they will build health services on this land. There is a risk to the CCG on how they respond to this request because at present the CCG cannot provide this level of assurance. Mike Hastings queried that NHS Property Services are asking the CCG to commit to the market rent and top up rent, Gill Shelley advised that Gary Thomas to speak with Kerry Biggs for clarification.

Tudor Road – the process for accessing funding for Tudor Road has been confirmed to allow the building work to be undertaken so Dr Christopher can move into these premises.

Black Country STP – currently undertaking an utilisation of premises, including premises information any void costs.

CQC Update

All of Wolverhampton CQC inspections will be completed by the 6th December 2016, this will include Whitmore Reans and Penn Manor whose rating would require improvements. The only practice who will not be visited due to a change in registration is Caerleon Surgery.

It was confirmed Mrs Pahwa has now been taken off the contract and 3 new partners have joined. The name change has been registered with CQC.



YD noted that the CCG need to be mindful if Practices are thinking about joining vertical integration, that the CQC be kept informed as the process of changing registration is not a straight forward process. YD noted if Practices are thinking of joining vertical integration if this after the 1st October CQC will not be able to process the registration.

Primary Care Quality Assurance

Collaborative Project Working Group Notes

Sarah Southall shared the Collaborative Working Project Group meeting notes for information, it was highlighted the 6 Practices have been identified to be visited within the first phase of the collaborative contract review visits. The Practices that have been identified are those that are not giving the CCG cause of concern and have not been visited for a while by NHS England through their contract review visits as their visit took place at the beginning of the latest phase of visits. The monitoring tool that will be used during the visits has been crossed checked against the monitoring tool that NHS England has previously used.

There will be a two year visit programme that will be developed and will be shared for discussion at the next meeting. Sarah Southall noted that she would like to share the programme and process with LMC and agreed to share with Dr Mehta.

Review of Primary Care Matrix

Jane Worton informed the group as agreed from the previous meeting that Public Health contributions have been included. It was noted there is nothing to report from exception from David Birch for medicines management and the joint practice visits will be added to the Matrix as soon as they take place.

Primary Care Quality Update

Infection Prevention – in quarter 2 there have been visits to Caerleon Surgery, All Saints Surgery and Bilston Health Centre. There have been 0 MRSA bacteraemia attributed to WCCG in 2016/17 year to date.

Medicines Alerts – there have been 9 safety alerts received within the month of July 2016. The assurance they switch-script system is now place.

Friends and Family Test - There are two practices (Penn Manor and All Saints Surgery) who continually fail to submit data, even after support has been offered. Manjeet Garcha asked Gill Shelley if there is anything from a statutory contractual point of view that they would apply in this situation. Discussions took place around the next steps as the practices have been supported and are aware of the contractually requirements. It was agreed the practice would be notified that they would be given 1 month notice to improve on the performance, if no improvement



has been made it will be escalated to the Primary Care Joint Commissioning Committee recommending a breach notice.

Quality Matters – there are 3 new quality issues reported within month, 8 on-going and 2 have been closed. Mike Hastings asked if quality matters has been broken down by practice per month as this will give an early indication if there are any problems such as IG breaches. Manjeet Garcha agreed to review and report back.

CQC - one practice have had their CQC inspection published in July 2016 and was overall rated as GOOD with improvements required on the SAFE domain.

Risk Register - there are currently 16 risks on Datix, with 5 of these being overdue for review. Email reminders have been sent to relevant staff.

Practice Nurse Development – the workforce lead has undertaken a scoping exercise of the general practice workforce to understand the key workforce challenges and gaps in services. The CCG has strengthened links with a local CPEN to start to develop and access training opportunities for the local primary care workforce. Local practice nurses have been provided access to the following training, which has been funded by Health Education West Midlands.

Advanced Clinical Practice programme – fees funded by HEWM

Specialist Practice Nurse programme - fees funded by HEWM

Fundamentals of Practice Nursing – fees funded by HEWM

Mentoring to support practices nurses provide clinical placements for under graduate nurse trainees.

GP Survey Summary Report

Jane Worton presented the results from the GP Survey Summary Report, which provides practice level data about patients experiences of their GP practices. The CCG may feel it appropriate to work with high performing practices to highlight areas of best practice and improve performance of poor performing practices.

Area Team Update

Gill Shelley informed the group they have received notification that Dr Handa is coming off his contract which will only leave Dr Passi on the contract across two sites. NHS England have written Dr Passi around being single handed have asked for a business plan. As this will need to be taken to the Primary Care Joint Commissioning Committee as an option paper because Dr Passi will be going from a partnership to single handed. In this case there is an option to terminate the contract if they do not get assurance that Dr Passi can handle the two practices appropriately.

Pharmaceutical Involvement in Primary Care

There were no items for discussion.



Capita Services Feedback

Jane Worton noted as requested from the Primary Care Joint Commissioning Committee that they would write out to practices and collate response positive and negative feedback of the services. The responses were shared with the group the common issues were around contact detail by e-mails/phone as people are not allowed to raise more than one query per phone call. The positive is that the ordering of stationery via the portal works well.

Jane Worton asked what happens to the data once it is shared with NHS England, Gill Shelley confirmed the information will be presented at the feedback forum. Mike Hastings asked if they would get feedback from this forum in order to feedback to the GPs, it was agreed to confirm and report back to MH.

3. RECOMMENDATIONS

3.1 The committee is asked to note the progress made by the Primary Care Operational Management Group.

Name: Mike Hastings

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Date: 30th August 2016

