

**WOLVERHAMPTON CCG  
PRIMARY CARE COMMISSIONING COMMITTEE  
Tuesday 4<sup>th</sup> July 2017**

<b>TITLE OF REPORT:</b>	Primary Care Operational Management Group Update
<b>AUTHOR(s) OF REPORT:</b>	Mike Hastings, Director of Operations
<b>MANAGEMENT LEAD:</b>	Mike Hastings, Director of Operations
<b>PURPOSE OF REPORT:</b>	To provide the Committee with an update on the Primary Care Operational Management Group.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• 10 Primary Care complaints processed by NHS England for 2016/2017.</li> <li>• Black Country wide Estates approach is being developed.</li> <li>• CQC will be focusing upon visiting GP Practices who attained a CQC rating of 'Requires Improvement' within the 2016/17 visit programme.</li> <li>• The IT Clinical System Migration Plan remains on target.</li> </ul>
<b>RECOMMENDATION:</b>	The Committee are asked to note the progress made by the Primary Care Operational Management Group.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.



## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The Primary Care Operational Management Group met on Tuesday 20<sup>th</sup> June 2017 and this report is a summary of the discussions which took place.

## **2. MAIN BODY OF THE REPORT**

### **2.1. Primary Care Quality Update**

It was noted that compared to the previous month the submission for Friends and Family Test recommended percentage response has increased to 89% in May 2017 from 85% in April 2017. This is in line with the national average. Although this has increased the overall response percentage rate of the total of list size has decreased within the month from 0.6% in April 2017 to 0.4% in May 2017.

There have been 10 Primary Care complaints processed by NHS England for 2016/2017 and of these 50% related to clinical treatment but no themes or patterns have been identified. The CCG have raised their concerns regarding the level of detail provided by NHS England in relation to the complaints and a response it awaited. There are currently no CCG Complaints.

### **2.2 Estates Update**

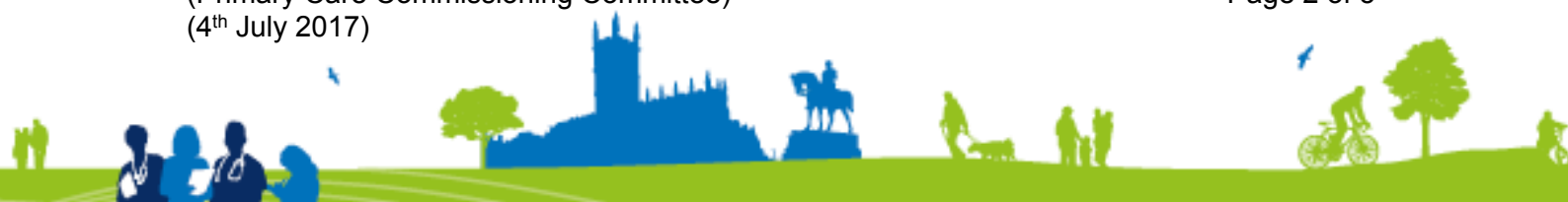
The CCGs Independent Estates Prioritisation Survey will provide the CCG with a plan of estate urgencies is near completion. This will be shared with the CCG Executives and LMC with a view of being presented to the Governing Body in August 2017.

It was reported a number of CCG Strategic and Operational Estate Teams across the Black Country and working upon developing a Black Country wide Estates approach. This aims to provide a more efficient way of developing Estates Guidance, for which an SLA is being developed and the CCG is currently awaiting.

### **2.3 CQC Update**

CQC noted the first quarter of the year they will be focusing upon visiting GP Practices who attained a CQC rating of 'Requires Improvement' within the 2016/17 visit programme. It was noted to date the GP Practices that have been visited have made the necessary required improvements. An issue that has been highlighted with regards to the changeover of EMIS Web within some Practices that training needs to be provided in order for staff to understand and interrogate the system to its full potential. The IM&T Team will review team capacity to support this.

CQC raised concerns that Practices joining VI project were not giving prior notice to CQC. This will be taken up by the Primary Care Team.



Dr Passi and Dr Handa (retired) have merged with Tudor Road and will change their CQC registration to a branch of this surgery.

## 2.4 GP Practices Contract Visit Programme

The CCG continues to undertake the GP Practice Contract Review visit programme for 2017/2018. A visit has been completed in May to Probert Road Surgery which was successful with 7 key actions the Practice will be addressing within 28 days. A forth coming visit to Alfred Squire Medical Practice will be taking place in June 2017. It was noted this was the first contract review visit to a VI practice.

## 2.5 IT Migration Plan

The IT Migration Plan was shared with the group outlining the Practice migrations and merges taking place over the coming months. It was reported there had been no changes reported within the month and the plans remain on target.

### CLINICAL VIEW

- 3.1 A clinical representative from LMC attends the meetings and gives views on all discussions.

## 3. PATIENT AND PUBLIC VIEW

- 3.1. Patient and public views are sought as required.

## 4. KEY RISKS AND MITIGATIONS

- 4.1. Project risks are reviewed as escalated from the programme.

## 5. IMPACT ASSESSMENT

### *Financial and Resource Implications*

- 5.1. The group has no authority to make decisions regarding Finance.

### *Quality and Safety Implications*

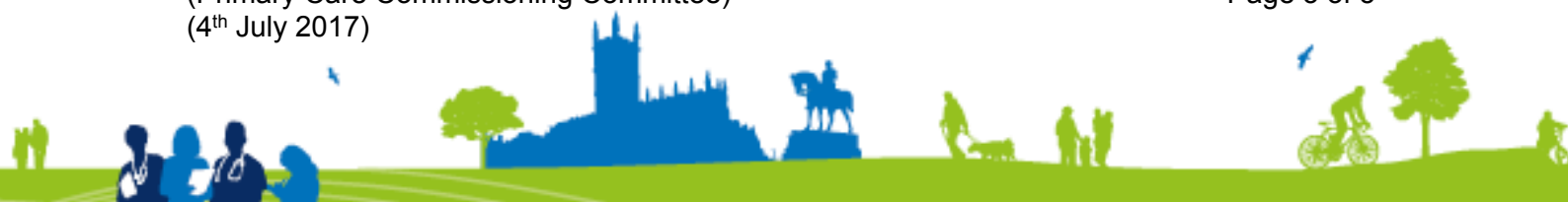
- 5.2. A quality representative is a member of the Group.

### *Equality Implications*

- 5.3. Equality and Inclusion views are sought as required.

### *Legal and Policy Implications*

- 5.4. Governance views are sought as required.



***Other Implications***

5.5. Medicines Management, Estates, HR and IM&T views are sought as required.

**Name: Mike Hastings**

**Job Title: Director of Operations**

**Date: 28<sup>th</sup> June 2017**



## REPORT SIGN-OFF CHECKLIST

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mike Hastings</b>	<b>28.06.17</b>

