

**WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 1st August 2017**

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • The IT Migration has now been completed for Showell Park and Dr Kharwadkar. • Friends and Family Test (FFT) completion rates have improved this month. The Primary Care Contract Manager will be contacting those Practices who fail to produce this data. • General Practice Forward View implementation plan was reviewed with good progress across the programme of work. Lessons have been learned from the Christmas and Easter Bank Holiday opening and these will be applied to the forthcoming August bank holiday dates.
RECOMMENDATION:	The Committee are asked to note the progress made by the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
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 Monday 17th July 2017 and this report is a summary of the discussions which took place.

2. MAIN BODY OF THE REPORT

2.1. Review of Primary Care Matrix

Thornley Street Medical Practice have contacted the CCG to request to subcontract delivery to the Royal Wolverhampton NHS Trust (RWT). The practice are one of those previously receiving Personal Medical Services money which is coming to an end and so they are feeling financial pressures. The request will be taken to the Primary Care Commissioning Committee.

The CCG has been made aware by NHS England that concerns have been raised regarding VI practices and so a meeting has been set up by NHS England to include the CCG and RWT as soon as practical.

2.2 IT Migration Plan

Showell Park and Dr Kharwadkar are now complete. The next practices scheduled to migrate to EMIS Web are Castlecroft and Coalway Road, the dates of these are to be agreed with the practices. There is also a merger being planned for Grove and Dr Mundlur.

2.3 Estates Update/Local Estates Forum

Currently working with Grove, All Saints, Caerleon and Dr Mundlur on a possible practice merger. The proposed option to extend into the car park at Grove Medical Centre to increase the gross internal area has been closed due to planning issues.

Black Country wide Estates support Service Level Agreement is being tested by solicitors prior to a full support offer being made to the CCG. It is hoped that a proposal will be made this month.

2.4 Primary Care Quality Update

Friends and Family Test (FFT) was discussed. The completion rates have improved this month. Those practices which continually fail to produce the numbers will be highlighted to the Primary Care Contract Manager who will then liaise with the practices. A discussion took place around the reasons for doing FFT and how the outcomes can be put to good use by practices. Some work will begin to share best practice for collection of data and using that data for good use.



The majority of Care Quality Commission visit outcomes are rated as 'good'. The Head of Primary Care is keen to implement a programme to lift all practices to 'Outstanding'.

2.5 Demand Management Plan/Referral Diversion

The plan is due to be refreshed and will be done by the new Primary Care Project Manager when they start at the beginning of August.

2.6 General Practice Forward View Update

The implementation plan was reviewed with good progress across the programme of work. A review has been carried out of extended access over bank holidays. Take up was variable dependent upon how much communications the practice had carried out prior to the extended opening. Lessons have been learned from the Christmas and Easter opening and these will be applied to the forthcoming August bank holiday dates. Specifically these relate to the promotion of the availability of appointments. Assurance was given that all of the necessary IT access is now in place for GPs to access records of patients not registered at their practice.

2.7 Child Health Information System (CHIS)

Public Health gave an update on the CHIS. Following their investigations into issues identified with regard to records not updating, it transpires that the issue is not as widespread as first thought. Their team has been working with the provider of the system and with data specialists at the CCG and they are increasingly confident that this is now mitigated as a risk.

2.8 Patient Choice Update

As RWT move towards being paper free by the Summer of 2018 they are introducing more direct booking onto E-RS. Over the last few months the Trust have introduced a new process to book 2ww cancer appointments which involves practices also sending the trust the Unique Booking Reference Number in an email for each appointment made. Feedback from GPs has not been good and so a meeting has been set up between Operations, Local Medical Committee and cancer services to go through the process and look for alternative processes.

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: 20th July 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.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Mike Hastings	27.07.17

