

**WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4th July 2018**

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:	<ol style="list-style-type: none"> 1. MGS Practice Group have now left the RWT VI Programme. The transition is going well. 2. There is good progress on East Park and Bilston Health Centre (Prouds Lane) Estates projects. 3. There was an issue with a power cut at East Park but the practice responded excellently.
RECOMMENDATION:	To provide the Committee with an update on 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. Notes from the last Primary Care Operational Management Group are set out below.

2. Meeting Notes from PCOMG

Present:

Mike Hastings	(MH)	WCCG Director of Operations
Gill Shelley	(GS)	Primary Care Contracts Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager
Tally Kalea	(TK)	Commissioning Operations Manager
Hemant Patel	(HP)	WCCG Deputy Head of Medicines Optimisation
Róisín Buxton	(RB)	WCCG IM&T Project Assistant
Carol McNeil	(CM)	Assistant Contract Manager, NHS England
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Jeff Blankley	(BM)	Local Pharmaceutical Chair
Dr Bhavin Mehta	(BM)	Local Medical Committee Representative
Liz Corrigan	(LC)	Primary Care Quality Assurance Co-ordinator
Sarah Southall	(SS)	WCCG Head of Primary Care

Matters Arising

PMcK raised the matter of inaccurate ODS Data held by NHS England, previously raised by RS. The data needs to be updated and a discussion held regarding whose responsibility it will then be to maintain. HP added that this outdated data can lead to costs being misattributed to Wolverhampton for GPs that have moved.

Discussion Items/Assurance

Review of Primary Care Matrix

JW gave the following updates:

- The CCG has been working with MGS Medical Practice for a few months and they have now left the Vertical Integration programme. There have been some IT problems in their first week but the CCG is assured that the back office functions and new clinical staff are strong. JW and GS continue to meet with them for weekly monitoring and they are creating a risk log for both clinical and management issues, which will be raised and resolved through RWT. Di Chadwick of the CQC was happy with their progress.

Forward Plan for Practice System Migrations Mergers and Closures

The next practice to go live is Dr Bilas. GS confirmed that Dr Bilas has been making efforts to find a partner and when she visits again soon she will look into any further support he might need.

Estates Update/LEF

TK updated the meeting that the ETTF funded practices continue to move towards improving their current estate. One of which has been given the go ahead to start building an extension with the remaining practices close to agreeing leases.

Further work is being completed jointly with the Trust and Wolverhampton Council regarding collaborative working and consolidating services. An external company is currently in the



process of developing a detailed business case.

Primary Care Quality Update

LC presented the quality report, highlighting the following updates:

- LC met with Jeff Blankley regarding flu vaccines and is setting up a Primary Care flu planning group of GPs and pharmacists. New Deputy Chief Nurse Yvonne Higgins will be the lead for CCG quality and SS from Primary Care. SS confirmed that she has discussions taking place at the GP group level regarding flu clinics, to drive up performance and uptake.
- Friends and Family had the best uptake so far. The high-uptake practices correlate with having check-in screens and two-way texting and LC has contacted them to investigate their success with submissions.

SS gave an update of the risk register which is available upon request.

LC updated that the workforce video has been signed off, and that there has been a lot of activity with nurse and administration apprenticeships in the last few weeks.

General Practice Forward View Update

SS informed the group that the international GP recruitment application has been completed and is being progressed on an STP footprint, with a letter due asking to review figures and strategy. Due to a high level change, £2.2 million has been reallocated with a time limitation of 12 months, and a meeting with the LMC Chairs will take place to develop the plan, which will consider the issues with indemnity. Some practices have expressed interest, but timing is of the essence as there will be a queue.

Collaborative Working Model: Practice Issues and Communication Log

LC updated that most issues had been discussed in the quality report and noted that an additional incident will be added following a Practice encountering a power cut. The Practice reacted well, using EMIS on laptops and a generator, however a fridge of vaccines was lost due to the unavoidable increase in heat. It was reported that there was nothing the practice could have done although they have been advised to have a second fridge in case of further incidents of fridge failure in the future. HP noted that the practice's attention to protocol with the vaccines was commendable.

Relocation Policy for Discussion

GS reported that the CCG was advised to have a relocation policy, of which a draft was shared with the group. The overview was that following an expression of interest from the practice, they form a business plan and the work is taken to PCCC for approval.

A relocation business plan would come to Primary Care OMG for discussion, Capital Review Group for information, then PCCC for decision.

CQC: Primary Care

There was no CQC representative in attendance at the meeting.



NHS England

CM informed the group that the focus recently has been getting CCG's to work with practices that close for half a day.

Pharmaceutical Involvement in Primary Care

JB informed the group that a CCG-commissioned minor ailments scheme starts 1 June.

HP has written to the models of care to enquire if they want representatives at Prescribing Committee.

AOB

LC is doing some work on sepsis to develop training and pathways.

JW has been in liaison with some practices following NHS England alerts that 4 practices needed to refine the quality of their data. However, after NHS England checked again, one of the practices had been misattributed, so it requires further investigation.

3. CLINICAL VIEW

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

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed as escalated from the programme.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

6.2. A quality representative is a member of the Group.

Equality Implications

6.3. Equality and Inclusion views are sought as required.



Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

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

Name: Mike Hastings
Job Title: Director of Operations
Date: 27/06/2018

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	27/06/2018

