

**WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4th September 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:	<ul style="list-style-type: none"> • Since November there had been 25 new GP complaints raised to NHSE. There is an equal split of those that are upheld and those which are not. • The technical issues relating to the Friends and Family Test (FFT) had been resolved. It is expected that the number of submissions will increase this month. Practices with a higher than average uptake have been shared with the locality Managers and will go to Group Leads to encourage good practice. • Improving access 100% sign up has been achieved for 30 minutes access per 1000 patients and this will be running in all Groups from September.
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.

Present:

Mike Hastings	(MH)	WCCG Director of Operations
Peter McKenzie	(PMck)	WCCG Corporate Operations Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager
Jo Reynolds	(JR)	WCCG Primary Care Development Manager
Ramsey Singh	(RS)	WCCG IM&T Infrastructure Project Manager
Liz Corrigan	(LC)	WCCG Primary Care Quality Assurance Co-ordinator
Charmaine Hurd	(CH)	Student Nurse
Ankush Mittal	(AM)	Consultant Public Health
Dr Bhavin Mehta	(BM)	Local Medical Committee Representative
Carol McNeil	(CM)	Assistant Contract Manager, NHS England
Jeff Blankley	(JB)	Local Pharmaceutical Chair

Item		Action
1.	<u>Declarations of Interest</u> BM declared his interest as a GP.	
2.	<u>Apologies</u> Sue McKie (SM) Hemant Patel (HP) WCCG Head of Medicines Optimisation Sarah Southall (SS) WCCG Head of Primary Care Tally Kallea (TK) WCCG Commissioning Operations Manager Yvette Delaney (YD) CQC Inspector for Primary Medical Services	
3.	<u>Welcome & Introductions</u> MH welcomed everyone to the meeting.	
4.	<u>Notes and Action Log from the Last Meeting</u> The previous meeting notes were accepted and action log updated.	
5.	<u>Draft Notes of Clinical Reference Group Meeting</u> No comments were made.	
6.	<u>Matters Arising</u> There were no matters arising.	
7. 7.1	<u>Discussion Items/Assurance</u> <u>Review of Primary Care Matrix</u> JW provided the following update: MGS Medical Centre - CCG continues to work closely with the Practice, having fortnightly Transition meetings with the Contract Holders.	



	APMS Re-procurement - Work continues in the re-procurement of the APMS contracts for Ettingshall Medical Centre, Bilston Urban Village and Pennfields Medical Centre.	
7.2	<u>Forward Plan for Practice System Migrations Mergers and Closures</u> RS noted that there had been no significant changes to the plan	
7.3	<u>Estates Update/LEF</u> The meeting was updated around estates developments in Wolverhampton.	
7.4	<u>Primary Care Quality Update</u> LC presented the quality report, highlighting the following updates: <ul style="list-style-type: none"> • A number of Infection Prevention audits had been undertaken by Mike Christy. A number of issues had been identified and revisits were planned. LC reported that she would be attending an IP visit to gain better understanding. • CCG have returned data on flu vaccination ordering for all practices for NHSE. • SB had shared data for breast and bowel screening and was working with Primary Care to increase uptake. • Meeting of the Cancer Strategy Group was due to take place. This is a national issue including capacity. This was raised at the Trust Board Development meeting. • Quality Matters continue to be monitored; all Primary Care incidents have been forward to the relevant practices and NHSE where appropriate. QM incidents are reported to PPIGG. • Since November there had been 25 new GP complaints raised to NHSE. There is an equal split of those that are upheld and those which are not. • The technical issues relating to the Friends and Family Test (FFT) had been resolved. It is expected that the number of submissions will increase this month. Practices with a higher than average uptake have been shared with the locality Managers and will go to Group Leads to encourage good practice. • JW to check if the FFT policy was approved at Primary Care Commissioning Committee. (Post meeting note: this has been approved and has gone out to practices). • NICE assurance this month will be linked with the peer review process. • Two practices with a Requires Improvement rating are being monitored by the Primary Care and Contracting Team with input from the Quality Team. • The Workforce dashboard is now working and is being finalised to be taken to the August Workforce Task and Finish Group. • The Practice Nurse Education forum continues and will be further developed with additional training sessions. 	
7.5	<u>General Practice Forward View Update</u> JR provided the following update: <ul style="list-style-type: none"> • The GP Forward View - there are 85 different projects, 23 more started in the last quarter. There are currently 46 open and 23 waiting to commence. 	



	<p>Working towards completion by next May ahead of target.</p> <ul style="list-style-type: none"> • There has been full sign up by all practices to QOF+ scheme • Improving access 100% sign up has been achieved for 30 minutes access per 1000 patients and this will be running in all Groups from September. • Evening appointments are well utilised, as are those provided in the hubs at weekends • Next financial year the requirement will increase from 30 minutes per 1000 patients to 45 minutes per 1000 patients • Special access is out for expressions of interest. 1 provider has come forward. • Primary Care, Care Navigation Phase 2 – an event has been held and a number of services are being considered • Social prescribing has been awarded Department of Health funding. • Training for practice managers is ongoing and includes upskilling, mentoring and coaching. Practice managers are keen to work at Group level and have fed back that the training has been beneficial • A more robust contract monitoring process is being developed • Issues relating to the pathways between Relate and Healthy Minds are being reviewed 	
7.6	<p><u>Contract Visit Programme</u> An update was provided around the recent Collaborative Contract Review Visits that had been undertaken.</p>	
7.7	<p><u>Collaborative Working Model: Practice Issues and Communication Log</u> LC is continuing to chase and update the Log.</p>	
7.8	<p><u>Care Query Panel</u> Practices continue to submit queries into the email box although these have decreased over time. If queries are not upheld payment is not made. Monthly review meetings take place to decide whether or not RWT are in breach. If the query is with another provider then this is taken forward by one of the team.</p>	
7.9	<p><u>Risks</u> PM provided an overview of the risks on the Primary Care risk register, where a number of confidential risks were discussed in detail.</p>	
7.11	<p><u>Internal Audit Report 201/2018 - Draft (Primary Care Commissioning)</u> The Internal Audit report will go to the CCG's Audit and Governance Committee to give Committee assurance that reports are being considered.</p>	
8.	<p><u>CQC: Primary Care Update</u> Due to apologies received from CQC not update was given.</p>	
9.	<p><u>Primary Care Commissioning/Contracting Update</u> GS reported APMS procurement is currently underway.</p>	
10.	<p><u>Public Health: Primary Care</u> As noted at the last meeting Public Health is moving forward with this year's Flu</p>	



	Vaccination campaign.	
11.	<u>NHS England</u> NHS have requested that the CCG refreshes its Winter Planning Policy.	
12.	<u>LMC Update</u> There was no update from LMC.	
13.	<u>Pharmaceutical Involvement in Primary Care</u> There was no update from Pharmaceutical Involvement in Primary Care.	
14.	<u>AOB</u> There were not items raised to discuss under any other business	
15.	<u>Date and Time of Next Meeting</u> Friday 7 th September 2018 at 1.00pm-3.00pm Main Meeting Room, Wolverhampton Science Park, WV10 9RU	

2. CLINICAL VIEW

- 2.1. 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: 17.08.18



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	02.08.19

