

**WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
5th February 2019**

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"> • Mobilisation underway following completion of APMS procurement exercise • Cancer waits – feedback from practices being used to help identify where issues occur relating to referrals • A new role, Physician Associates are starting within Primary Care • The CCG is working closely with GPs in Bilston to provide an Estates solution, in collaboration with the Local Authority and RWT
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.

Primary Care Operational Management Group
Friday 4th January 2019 at 1pm
CCG Main Meeting Room, Wolverhampton Science Park, WV10 9RU

Present:

Mike Hastings	(MH)	WCCG Director of Operations (Chair)
Liz Corrigan	(LC)	WCCG Primary Care Quality Assurance Co-ordinator
Tally Kalea	(TK)	WCCG Commissioning Operations Manager
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Carol McNeil	(CM)	Assistant Contract Manager, NHS England
Mandy Sarai	(MS)	WCCG Business Support Officer
Gill Shelley	(GS)	WCCG Primary Care Contracting Manager
Ramsey Singh	(RS)	WCCG IM&T Infrastructure Project Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager

Apologies:

Marion Janavicius	(MJ)	WCCG Contracts Manager
Hemant Patel	(HP)	WCCG Head of Medicines Optimisation
Jo Reynolds	(JR)	WCCG Primary Care Development Manager
Jeff Blankley	(JB)	Chair of the Wolverhampton Local Pharmacy Committee
Yvette Delaney	(YD)	Inspector for Primary Medical Services Care Quality Commission (Central West)

Item		Action
1.	Declarations of Interest Dr Mehta declared his Conflict of Interest.	
2.	Welcome & Introductions The team introduced themselves.	
3.	Notes and Action Log from the Last Meeting The minutes from the meeting held on 7 December 2018 were signed off and recorded as an accurate record.	
4.	Notes of the Clinical Reference Group Main items for discussion were around Frailty Coordinator. The main two subjects are GUS, AF and costing around that. Jeff Love will be leading on this.	
5.	Matters arising <u>Breast Screening Clinic</u> It was noted that the patients who were classed as priority were those who had missed appointments. These patients have been	

	<p>written to and invited to timely appointments. From the figures for Nov/Dec 57/73 did not attend.</p> <p>Out of those who attended 1% requires further assessment. Type 2 women – majority sent out 92% received no contact back from them asking for appointments. 101 have attended the screening. 17 did not attend 10 have declined 102 have attended</p> <p>Screening numbers have gone up. Further numbers for referrals. This could be due to national incident that took place in May time which could have raised awareness. There were some concerns raised about how the ladies are invited for their appointments and the protocol about follow-up and how we can assist with that. Action for SB to work with Kate and Jason from RWT</p>	
6.	<p>Discussion Items/Assurance</p> <p><u>Review of Primary care matrix</u> Main areas of work are around APMS procurement exercise. Contracts been awarded and initial meeting took place before Christmas with the new provider. Mobilisation meetings have now been set up till March 2019. A Project Group has been put in place with current and new providers alongside CCG representatives. The Project Group will identify key themes i.e. Finance, IT etc. for each meeting. The meetings will take place on a weekly basis in January; the frequency will then be reviewed going forward.</p> <p>It was noted that this is a time critical piece of work which will require a high level of CCG input and monitoring alongside extensive resources from the current and new provider. It was noted that CCG Group Managers will help provide support during this process with the practices involved.</p> <p>There will be an implementation chart provided by JW following on from the meeting on Wednesday 9th January showing timeline of events.</p> <p>It was noted that the IT System merger and migration was still ongoing and that discussion will take place with the providers and IT colleagues to discuss options and the best solution going forward.</p> <p>RS will be attending the meetings next week. So that he is able to</p>	



<p>contact EMIS to set up dates for the new provider.</p> <p>Mergers will not take place before new financial year. However the System Migration will need to be done first before the merger. Bilston Urban Village and Ettingshall become one contract from 1st March 2019. It is required that these two systems are merged from beginning of April.</p> <p>This needs to be discussed with provider colleagues to avoid disruption.</p> <p>Action: RS will do the timelines and discuss with GS with all of the lead times with EMIS.</p> <p>This has already been discussed with the provider regarding this being high on the risk register.</p> <p>Meeting with NHS England regarding the MOU arrangement with PCAST. It has been agreed that the current arrangements will continue to be in place for the next 12 months. There are several queries around MOU which the CCG are awaiting clarification on. However JW is looking to get this signed off by the end of February 2019. Review meeting has also been put in place for the changing situation with STP and to see if the MOU is still appropriate.</p> <p>There are no immediate plans for dental, optometry and pharmacy to be delegated to CCGs presently. Discussions took place about 12 month window yesterday</p> <p>Cancer peer review – is not on the matrix at the moment and will go through how information can be put on the matrix and how it needs to be reported here at PCOMG in a different way. JW said they can provide update at the next meeting in February.</p> <p>MH informed the Group that the cancer recovery plan has been really useful. Feedback from practices has been good. Peer review taken place affected some of the practices. It is important we understand what these issues are. There were visits and questionnaires. Some of the information on questionnaires will lead to visits. We know that there is Christmas effect on cancer referrals i.e. patients deferring treatment until New Year however the number has been up at 1700 during Oct/Nov. December's figures were below 1200. It is hoped that figures are back to normal to 1350 level</p> <p>Simon Grumett from RWT has made a video about how they are</p>



<p>working on together with the CCG on Cancer issues. Link will be on website. As well as the GP newsletter.</p> <p><u>Forward plan for Practice Systems Migrations Mergers and Closures</u> Not aware of any other mergers at this time.</p> <p><u>Estates Update/LEF</u> Proud lane solution was discussed. The dental space should have been occupied by refurbishment that Dr Sharma should have been moving in to. Due to practices having issues with PS this has not been possible.</p> <p>Going forward there might be increase in void spaces we will try and fill as such as we can. If anybody knows ways in which the space can be utilised better please discuss in this group.</p> <p>A number of meetings have taken place with Bilston Prouds Lane. They have been presented with a few options and these have been discussed with GP's. They are working with an external company and also working with other hubs in the city. The next 18-24 months will be key for the CCG to try and prioritise. TK will try to summarise for next meeting. Strategic Business Outline Case is a high level case. Looking to Commissioning some further work to try and identify more specific work in Bilston. Utilisations required in the whole area. Trying to identify if there is a need for a single hub or a building That should feed back into the whole business case. We are working on this with the GPs in Bilston and will be led by them.</p> <p>Council are involved as well as the health and social aspect.</p> <p>The ETTF schemes at East park and Newbridge are going ahead. East park have few planning issues around garages and parking. Meeting with them this afternoon to see where they have got to.</p> <p>Alfred Squire also have some issues around PS.</p> <p><u>Primary Care Quality Update</u></p> <p>GS has a list of Infection Prevention action plans and audits that Michael Kristy has sent to her. These have been put on a locality basis and sent to MH and TK.</p> <p>There have been comments made about wall damage, flooring, sinks, furniture and wipe-able boards and dirty utility. Majority of Practices that have had an audit raised concerns around wall</p>



	<p>damage, blinds etc. These will be escalated via PS estates. Majority will say in their actions plans that these have been escalated.</p> <p>All practices to send us details of their escalations. These can then be collated and the CCG will have a record of these.</p> <p>Safer Sharps – Danielle Dain from IP will be providing a session at Thursday 10th January's Practice Makes Perfect. Most of the practices are using the safer sharps, however some were delayed because they had boxes of old stock. Some of the flu jabs did come with needles. IP were aware and gave go ahead to use these. After the flu season these will be gone.</p> <p>An exercise that will take place between Jan-April Awareness raising. Sam Williams will be holding a session on Sepsis also. The IPT team will be doing some audits on safer sharps in the practices. There had been an issue with drawing up needles and scalpels, Mike Christie IP nurse has now sent out ordering details and this should now be resolved.</p> <p>Action: JW to contact Geni at NHS England around when the next VI Assurance Meeting will be taking place.</p> <p>Action PS to send the Risk spreadsheet to LC</p> <p>Handwashing – Practices should be tackling themselves. This has not been put into the spreadsheet.</p> <p>LC to pull up the audits and speak with Charlotte Hill from VI.</p> <p>Flu – Over 65s flu vaccinations due -looking to redistribute to those practices that are running low. Weekly reports showing increase on week by week basis. This is due to delay in receiving the vaccinations. Couple of practices that Immform is not picking up their figures Parkfields and Dr Sharma's. NHSE are aware of the issues.</p> <p>Sepsis – There will be a session held at the next PMP in January. Also looking at offering some training via Team W.</p> <p>Quality matters –a few are overdue which are being chased. Not anything clinically significant. IG Breach – clinical issue reviews by PPIGG in December which related in delay. Patient should have been referred with queries. Confusion with diagnoses. However the GP response was thorough. No further action on this matter.</p>	
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	<p>Complaints data for quarter 2 majority are on- going themes. Staff attitude and prescribing and communication. Clinical treatment and mis-diagnoses. Majority were not being up held.</p> <p>Friends & Family MJOG being used. Practices that didn't make submission we need to do something.</p> <p>Action: MH to speak with DK. Visiting Dr Mudigonda re option around electronic submission.</p> <p>Action plans have been agreed via LC in the past. So action to be taken if not received two or more.</p> <p>LC to look at the FFT ratings data again next month to see if it balances out.</p> <ul style="list-style-type: none"> • Workforce Activity – Phys Associate internships due to commence and nursing associate internships ongoing piece of work for Task & Finish Group. • LC has access to primary care work tool. Not all practices are signed up to return their information. This just gives an overview of numbers and age group. • 10 point action plan – work with STP is being done. Work around Fast track induction to do be done in conjunction for Practice nurses. Retention programme being looked at for Practice Nurses Strategy. And continue to develop practice nurses. • Training development Spirometry looked at. 20 hours for portfolio and time taken to do spirometry. • PMP agenda up to May. Looking at doing the International Nursing day soon. • Training hub – update. The procurement procedure has been put on hold for now. Risk has been reviewed around this. Also looking at their functions & KPIs - LC will keep the group updated. <p><u>General Practice Forward View Update</u></p> <p>Quarter 3 reporting of the Assurance pack will be going to the MRB meeting in January and PCCC in February. This will confirm updates on the Primary Care Strategy Programme of work and GPFV programme of work including recruitment plans i.e. Physicians Associate Internship. There were some problems reported to the on call director on boxing day with calls to 111 & the</p>	
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	<p>accuracy of the DOS, CCG information had been submitted to NHS 111 but unfortunately the DOS hadn't been updated resulting in patients not being directed to Practice Hubs.</p> <p>Access returns continue to be submitted each month. Confirming number of appointments being offered. Have been green since the September. Working on plans to increase to 45 mins per 1,000 patients from 1st April as funding increases to £6 per head. MJOG two way texting is enabling lots of appointments cancelled/reallocated to other patients and not being wasted. Practice Manager Support Offer continues to be rolled out including coaching/mentoring training, Buddying among practice managers. Additional monies being released to LMCs to be spend by the end of March. SS has offered her support to ensure the funds are spent in line with NHS England's expectations, LMC welcomed this support.</p> <p>Other work taking place focusses on Primary Care Networks. Guidance came out in Aug last year. Have met with NHS England talked through the model in Wolverhampton & assessments against the guidance are concluding.</p> <p>Group Managers are maintaining close liaison with their Group Leads. Planning Guidance advocates that CCGs will continue to invest locally £1.50 per patient in aid of developing Primary Care Networks, SS confirmed funding had already been set aside & the service specification was under construction. SS will bring a Paper to milestone Review – this is also a strong focus at STP level.</p> <p>Further Resilience money has become available, bid has gone to NHS England for £18,000 to fund the introduction of GP Clinical Lead(s). This will complement the work of the ICA and the practice groups in peer review as a priority. The role is designed to work with the commissioning team and will interface with the practices/GPs, impact assessments being completed.</p> <p>National workforce reporting tool has a new module which will be releasing to practices. Reporting tool will be use for the CCG and STP.</p> <p>Action: MH to talk to BI to do some modelling regarding access to referral activity</p> <p><u>Contract Visit Report</u></p> <p>There are no outstanding actions plans. In the process of collating the Woden Road action plan but noted that there are very few actions mainly around missing information around training. This</p>	
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<p>was due to them being on annual leave.</p> <p><u>Collaborative Working Model: Practice Issues and Communication Log</u> No issues</p> <p><u>Care Query Panel</u> Numbers are fairly small. Clinical Complexity is being reviewed by GS. Toolkit came out from NHS England. Workshop end of January for STP to discuss work being done by the STP. RWT are good at investigating and coming back to the CCG. Majority of care queries are for RWT. Not getting many. One has not been finalised and 2 outstanding which are being investigated by RWT.</p> <p><u>Risks</u> No new risks reported.</p> <p>GS has some assurance from Dr Vij surgery that they have salaried GP employed. With a view to the GP becoming a partner in the near future. So risk has been reduced to 9. They are struggling to recruit and they have a very good nursing team. They are working with a number of former locums. Risks relating to Docman and Unity Continuity are currently out for review. Action: PS to speak with Vijay Patel to complete review for Docman.</p> <p>SS highlighted that Risks regarding protective learning time and Team W will need to be raised over the next month.</p> <p><u>STP Primary Care update</u> Supporting practices to recruit / advertise 3 physician associates. Parkfields, Whitmore Reans and VI practice (delay in confirming funding availability/which practice). PA will be employed by the recruiting practice. The internship is for an initial 12 month period with incentive payment(s) from Health Education England and the CCG. If the pilot is successful this may be rolled out across the STP.</p> <p>A mapping exercise is being undertaken to determine maturity of Primary Care Network(s). We are being scrutinised by NHS England on a monthly basis, an indicator on the STP dashboard that is currently red.</p> <p>Intensive support site – we are one of 7. All projects up and running (national & local) 4 local projects (portfolio careers &</p>
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	<p>retention of trainees are very popular, pre-retirement & mentoring are gaining momentum). Monthly project team meetings & scrutiny from NHS England being maintained, overall the programme is progressing well and gaining momentum, viewed positively at national level with lots of enquiries for interested CCGs/STPs elsewhere in the country. Resilience Bid for £28k has been submitted to bring forward the work planned to transfer the principle of retention and apply to practice nursing, this will compliment the implementation of the STPs strategy.</p> <p>Dr Lal has sadly passed away. He was very popular within the community. This practice has recently merged with Health & Beyond. Details of the funeral – 3.15pm Friday 11 January Bushbury cremation, Gill Shelley & Liz Green attending on behalf of the CCG. Memorial service likely to take place in the Bradley area at a later date so residents can express their condolences.</p> <p><u>Enhanced Services PPV</u> Post Payment Verification (PPV) to be undertaken to ensure practices are being paid appropriately for the work they have done. This PPV exercise will be for claims made 2017/18 Marion Janavicius has provided spreadsheets of the practice claims for ear syringing, simple and complex dressings. These figures have been normalised into claims per 1000 patients to ensure equity across the practices. All those with 20% claims above the CCG average have been identified resulting in For Complex dressings – 7 practices For simple dressings – 8 practices For ear syringing – 6 practices</p> <p>This will require 18 PPV visits although some practices duplicate across 2 or 3 of the areas resulting in 15 visits overall. The number of visits and visiting plan needs to be discussed as this work really needs to be completed by end March.</p> <p>The results will be reported to this group committee and PCCC when the work has been completed.</p>	
7.	<p>CQC: Primary Care Update No Issues</p>	
8.	<p>Primary Care Commissioning/Contracting Update Practice Mergers: The planned mergers for Grove Medical Centre, Church Street Surgery and Bradley Medical Centre have gone well. The practice team have worked to ensure the process has gone as</p>	



	<p>smoothly as possible.</p> <p>QOF PPV - Four practices have been chosen on a random basis – one from each practice group. A letter will go out to all practice next week informing them of the process. Practices chosen will be notified at the end of January.</p> <p>The inspection will look at 2 specific disease registers along with exception reporting and disease prevalence.</p> <p>Some work is being undertaken looking at the costings and timing of providing enhanced services in conjunction with Dr Saini, Sally Roberts and Finance. A further meeting is scheduled for later this month.</p> <p>Minor Surgery LES – NHS E are removing the Minor Surgery DES which will be replaced with the LES. The specification is the same except the LES gives the options for the service to be provided by a HUB or for practices to provide on behalf of other practices.</p>	
9.	<p>Public Health: Primary Care</p> <p>Health care is still performing really well.</p>	
10	<p>NHS England</p>	
11	<p>LMC Update</p>	
12.	<p>Pharmaceutical Involvement in Primary Care</p> <p>None</p>	
13.	<p>AOB</p> <p>None</p>	
14.	<p>Date and Time of Next Meeting: Friday 6th February 2019 at 2.30pm. Main Meeting Room, Wolverhampton Science Park, WV10 9RU</p>	

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: 28.1.19

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	28.1.19