

**WOLVERHAMPTON CCG**  
**PRIMARY CARE COMMISSIONING COMMITTEE**  
**5<sup>th</sup> March 2019**

<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>• The Operational Group carried out a review of all risks on the Primary Care Risk Register</li> <li>• The Group are working with practices and NHS Property Services to clarify and resolve any over/under-payment issues</li> <li>• The Estates Team are working with stakeholders and RLB consultants to produce an Outline Business Case for a Bilston primary care development due in March</li> <li>• Discussions around operational support requirements for Primary Care Networks</li> <li>• NHS England have refreshed the Primary Medical Care 'Policy Guidance Manual'</li> <li>• LMC have agreed to contact practices that have consistently made no Friends &amp; Family Test submissions</li> <li>• The Quality Team are creating a GP Nursing Strategy linked closely with the NHS Long Term Plan</li> </ul>
<b>RECOMMENDATION:</b>	To provide the Committee with an update on 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	The Primary Care Operational Management Group monitors the quality and safety of General Practice.



commission	
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 Wednesday 6<sup>th</sup> February 2019 at 2.30pm 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

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

Bal Dharmi	(BD)	NHS England Senior Contracts Manager
Dr S Vij	(SV)	GP at Whitmore Reans Health Centre

#### Apologies:

Yvette Delaney	(YD)	Inspector for Primary Medical Services Care Quality Commission (Central West)
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Marion Janavicius	(MJ)	WCCG Contracts Manager Committee
Hemant Patel	(HP)	WCCG Head of Medicines Optimisation
Sarah Southall	(SS)	Head of Primary Care (Wolverhampton CCG) & GPFV Programme Director (Black Country STP)

Item		
1.	<b><u>Welcome and Introductions</u></b> Dr Vij was welcomed to the meeting as LMC lead. MH advised that the Primary Care Operational Group was not a decision making body. However the group offers Operational Management Support along with actions and notes being recorded.	
2.	<b><u>Apologies</u></b> Apologies of absence were received from Yvette Delaney, Peter McKenzie,	



	Marion Janavicius, Hemant Patel and Sarah Southall	
<b>3.</b>	<b><u>Declarations of Interest</u></b> There were no declarations of interest declared at this meeting.	
<b>4.</b>	<b><u>Primary Care Operational Management Group Minutes</u></b>	
<b>4.1</b>	<b>Minutes from Friday 4<sup>th</sup> January 2019</b> The Minutes taken from the meeting on Friday 4 <sup>th</sup> January 2019 were signed off and recorded as an accurate record.	
<b>4.2</b>	<b>Action Log</b> Items on the action log were discussed.	
<b>5.</b>	<b><u>Notes of the Clinical Reference Group Meeting</u></b>	
<b>5.1</b>	<b>Clinical Reference Notes – 5<sup>th</sup> December 2018</b> The Clinical Reference Group notes were looked at for information purposes.	
<b>6.</b>	<b><u>Risk Profile</u></b>	
<b>6.1</b>	<b>Risk Register</b> No new risks submitted this month.  <b>Business continuity</b> Dr Vij's surgery – no further updates.  <b>Online Consultation Project</b> A review due this week. Risk around utilisation rates. Part of the roll out of the second phase has concluded. Digital options are a big part of the Long Term Plan. Communications Plan in place.  <b>Docman</b> Practices continue to work through on processed documents and this will continue to be monitored. Docman 10 roll out has commenced.  <b>Unity Hub Continuity</b> Two risks attached to the register. Both have been updated.  <b>MJOG</b> This was raised as a new risk last month. Since this has been discussed at Milestone Review Board, the risk may be closed once confirmation has been received from PMC.  <b>NHS/ PS Risk</b> This has been raised at the Primary Care Commissioning Committee and needs to be quite high on the agenda  <b>Protected Learning Time</b> JR to send PS document that displays what risks the practices have.  <b>APMS</b> Risk is quite low at the moment. This will be discussed at the meeting on a	



	monthly basis.	
7.	<b><u>Matters Arising</u></b> There were no matters arising.	
8.	<b><u>Primary Care Updates</u></b>	
8.1	<b>Review of Primary Care Matrix</b> The main focus is around the work being carried out with Health and Beyond, this will be picked up under Primary Care Contracting section on the agenda.	
8.2	<b>Forward Plan for Practice System Migrations Mergers and Closures</b> Order has been placed for Bilston Urban Village and Pennfields. There are constraints around the change of the contract. Preparation to start 1 <sup>st</sup> April 2019. Following on from this there will be a practice merger with Ettingshall.	
8.3	<b>Estates Update/LEF</b> The risk around NHS/PS will be the main priority for the next couple of months. Work is being carried out around the new leases for practices and trying to establish a set payment for PS practices, which have historical debt or underpayment and overpayments.  The building work on the Newbridge practice should be completed by 1 <sup>st</sup> June 2019. Second storey built to the side of current building this should increase service provision for patient caring for Primary Care Hub 1.  Health and Social work along with CCG work around RLB. They are working with Bilston at the moment. Quite a lot of feedback from Stakeholders. First draft of the Business Case due towards end of February. Other areas such as Low Hill, Oxley and elements of the city that the Council are pursuing. A request for funding has been put in for this.	
8.4	<b>General Practice Forward</b>  JR gave an overview for the planning proposal for STP in terms of Primary Care. An STP Primary Care Strategy is required for submission to NHSE by September. Workforce, Workload and Investment are key priorities, with Primary Care Networks being the biggest driver from NHSE over the coming year. Networks are in planning stages, with the current Primary Care Groups being assessed against Maturity Matrix. Networks will be required to identify needs of the population and adapt local services to meet them, with changes within staff team being financially supported to encourage this. There is a piece of work going on mapping of services in the localities, the MDT work will be included in this. <b>Action: JR to circulate the demographic map for care home locations.</b>  <b>Action: JR include estates and IM&amp;T in discussions for PCNs</b>  Helen Cook is working on a 12 month plan.	JR JR



<b>8.5</b>	<b>Primary Care STP</b> Update same as section 8.4	
<b>8.6</b>	<b>Care Quality Commission Update</b> JW provided update on behalf of YD. Last quarter visits for Tudor Road is in a draft form. A common theme with all VI practices is around monitoring of high risk drugs, before prescribing so YD will be working with RWT to ensure this is addressed across the board.  Castle Croft have had no visits since 2014. Practice is working with YD to address issues.  Ashfield visit towards end of the month. Contract visit on Monday so any issues to be shared with YD.  Next Quarter Visits due to registration are: Ashmore park, Dr Bilas, MGS & IH Medical.	
<b>8.7</b>	<b>Public Health Update</b> No update provided.	
<b>8.8</b>	<b>NHS England Update</b> BD informed the Group of two updates from NHSE perspective.  Primary Medical Care Policy and Guidance Manual (PGM) that has been produced by NHS England National Primary Team are currently being refreshed with an updated version to be made available in due course.  It was noted that PGM has been updated to reflect the changing landscape in primary care co-commissioning. As this is a national policy it should be followed by all CCGs as commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, (NHS England and CCG's) meet their statutory duties.  The PGM has also includes changes that CCGs have requested from individuals from CCGS about these can be improved.  The Primary Care National Team has issued an assurance framework to support sub-contracting of clinical services under primary medical service contracts. <b>Action: BD to circulate the guide and checklist to GS and JW.</b>  NHSE and NHSI will be coming together. New Regional structures currently being agreed.	<b>BD</b>
<b>8.9</b>	<b>Wolverhampton Local Medical Committee Update</b> Dr Vij reported back on some on-going issues with Dr Cook from the trust regarding putting a pathway that is patient friendly.	



<p><b>8.10</b></p>	<p>Issues around children blood tests – Surgery puts in the Ice but also have to email the children’s department.</p> <p>Pre-operative assessment – antibiotics – Process on-going.</p> <p>LC raised another matter from practice managers. From pre op assessments – requesting MRSA swabs and issues to who should be doing this. LC has asked this to be put as a Quality Matter to get some clarification on it.</p> <p>Elections – have 8 new members from the LMC</p> <p><b>Pharmaceutical Involvement in Primary Care</b> This item was not discussed at the meeting</p>	
<p><b>9</b></p> <p><b>9.1</b></p>	<p><b><u>Primary Care Quality Update</u></b></p> <p><b>Primary Care Quality Report</b> <u>Infection Prevention</u> GS to send any missing information regarding IP to LC. <b>Action: MH, TK, GS &amp; LC to meet to discuss ideas to put in the options page.</b></p> <p><u>Flu Vaccinations</u> All practices have the flu vaccinations that they need. These are being monitored. Uptake is steady. There is a Primary Care Flu Group meeting on 6th March and LC and SB are due to meet with Public Health England on 11th March. Update to be provided following on from these meetings.</p> <p>One serious incident recorded on PPIGG which came via NHSE. This resulted in a death of a patient. Sally Roberts is aware. Practice is doing a RCA. CCG will do a follow up and this will go to the Scrutiny Group. This will also go on STEIS.</p> <p><u>Quality Matters</u> A couple are these are overdue. These are being chased with the PMs.</p> <p><u>Complaints</u> No new complaints.</p> <p><u>Friends and Family</u> A few practices have not submitted. Dr Mudigonda and Thornley Street have had 10 episodes where nothing has gone through due to suppressed data or 0 submissions. Due to this the CCG are not receiving any information relating to their patients experience. LMC suggested they talk to the practices to ensure this is being picked up. If there is no improvement in results then this will be sent out to the committee for recommendation.</p> <p><b>Action: GS to write to the practices formally. Letter to state if no improvement by March’s submission a contract for breach notice, will have</b></p>	<p><b>GS</b></p>





<p>9.2</p>	<p><b>to be issued.</b></p> <p><u>Workforce Development</u> The Practice Nurse retention scheme is being co-designed with the practice nurses and a meeting being held next week. Paul Aldridge has put in a successful bid to support this. Fast Track Nurse induction programme also starting next month.</p> <p><u>PA</u> The Physicians Associates advert has gone out.</p> <p>Paul Aldridge and LC will also be meeting with Sandwell Refugee Migrate project.</p> <p>A number of individuals have been identified that qualify for healthcare professionals.</p> <p>Figures around workforce - Few changes and reductions.</p> <p><u>Spirometry Training</u> This is in the final stages of booking and how practice groups will deliver this and the numbers for the training.</p> <p><u>Supporting Nursing Associates Apprenticeships</u> LC to discuss with SS about the financing that needs to be looked at. Clinical Supervision – LC unable to access Skype but an alternative is available so the programme will continue.</p> <p><u>Training Hub</u> Training Hub funding due to finish by the end of July. Procurement is looking at this nationally.</p> <p>LC has emailed the Practice Manager at Dr Vij's surgery but not heard back in connection with an incorrect letter been sent to a patient who attended the appointment. This is being chased.</p> <p>Dressings – patients accessing the GP practices and clinics some issues around capacity on both sides. This has been referred to RWT.</p> <p>Issues regarding the incorrect wrong blood form being given to the wrong patient.</p> <p><b>Collaborative Working Model: Practice Issues and Communication Log</b> This item was not discussed at the meeting.</p>	
<p>10. 10.1</p>	<p><b>Primary Care Contracting</b> <b>Collaborative Contract Review Programme</b> The last visit was carried out at Parkfields. It was the first visit using the revised template. There is now more emphasis around the pre meeting because the practice had submitted an embedded document into the revised template. LC and Marion went out with SB to the visit. There were 4 actions in total. Next visit is at Ashfield on Monday 11<sup>th</sup> February 2019. Following on from this there will be a visit</p>	



	to Doctor Whitehouse. Once the visits are complete the process will be reviewed.	
<b>10.2</b>	<b>Primary Care Contracting Update</b> Mergers between Grove Medical Centre, Church Street and Bradley are being completed. Project meetings are finished as 6 <sup>th</sup> February. Mergers have gone well.	
<b>10.3</b>	<b>APMS Risk Log</b> APMS is on track.  QOF PP restarts next week. Plans for enhanced services PPV to start during the end of November through to March.  Grove Medical Centre has put in a business case to close Rose Villas. This was approved at the Primary Care Committee on 5 <sup>th</sup> February and is due to close 18 <sup>th</sup> March	
<b>11.</b>	<b>Discussion Items</b>	
<b>11.1</b>	<b>General Practice Nurse Strategy</b> LC provided an overview of the Strategy. The Strategy will provide some priority areas for nurses, as well as health care assistant Based on 10 point action plan and GP Forward View. Looking at developing options, to access apprenticeships, HCA training and up skilling people. CPD framework which looks at lifespan of general practice nursing. Clinical supervision being looked at. Any comments to feedback to LC.  All the domains are linked to current programmes such as Long Term Plan. There will be a Delivery Programme once the strategy is set.  Domain 1, 2 & 3 are linked to LWAB. 5 would be STP Digital. 7 Comms and Engagement – LC to discuss. STP team have been sighted on this and are involved in its development.  The Report has been sent to all Practice Managers, LMC, and Practice Nurses, along with Health Care Assistants and the other CCG's.	
<b>12.</b>	<b>Any other Business</b> No items were discussed under any other business.	
<b>13.</b>	Date and time of Next Meeting – Wednesday 6 <sup>th</sup> March 2019, at 1pm in the Main Meeting Room	

## 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

<b>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>	<b>Details/ Name</b>	<b>Date</b>
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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mike Hastings</b>	<b>25.1.19</b>

