

**WOLVERHAMPTON CCG  
PRIMARY CARE COMMISSIONING COMMITTEE  
4<sup>th</sup> June 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 Lower Green GP Practice proposed branch closure at Wood Road is in mid-patient consultation</li> <li>• ETTF funded building work at Newbridge and East Park is going well and there are plans for national comms upon completion</li> <li>• The CCG is supporting NHSE with national Contract Variations</li> <li>• The NHSE Policy Guidance Manual has been updated and shared with the CCG</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 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 17<sup>th</sup> May 2019 at 1.00pm**  
**CCG Main Meeting Room, Wolverhampton Science Park, WV10 9RU**

**Present**

Mike Hastings	(MH)	WCCG Director of Operations (Chair)
Bal Dhami	(BD)	NHS England Senior Contracts Manager
Peter McKenzie	(PMcK)	WCCG Corporate Operations Manager
Jo Reynolds	(JR)	WCCG Primary Care Transformation Manager
Mandy Sarai	(MS)	WCCG Business Support Officer
Gill Shelley	(GS)	WCCG Primary Care Contracting Manager
Jane Worton	(JW)	WCCG Primary Care Liaison Manager

Item		
<b>1.</b>	<b>Welcome and Introductions</b>	
<b>2.</b>	<b>Apologies</b> Apologies for absence were received from: Yvette Delany; Hemant Patel; Ramsey Singh; Sarah Southall; Dr S. Vij; Jeff Blankley and Liz Corrigan.	
<b>3.</b>	<b>Declarations of Interest</b> There were no declarations of interest.	
<b>4.</b>	<b>Primary Care Operational Management Group Minutes</b>	
<b>4.1</b>	<u>Minutes from Wednesday 12<sup>th</sup> April 2019</u> The minutes taken from the meeting on Wednesday 12 <sup>th</sup> April 2019 were signed off and recorded as an accurate record.	
<b>4.2</b>	<u>Action Log</u> Items on the action log were discussed.	
<b>5.</b>	<b>Notes of the Clinical Reference Group Meeting</b>	
<b>5.1</b>	<u>Clinical Reference Notes</u> The Clinical Reference Group did not take place last month.	
<b>6.</b>	<b>Risk Profile</b>	
<b>6.1</b>	<u>Risk Register</u>  <u>Wood Road</u> Risk has been reduced to risk rating 9 on the register. This risk may need	

	<p>escalating. The CSU Comms Team are leading the consultation process. This is being reported via GS/JW to the Primary Care Operational Management Group and Primary Care Committee.</p> <p><u>Unity Hub Business</u> Has been reduced to risk rating 6 on the Risk Register.</p> <p><u>Business Continuity</u> This risk has been updated and will possibly be closed in September.</p> <p><u>Property Services</u> Update is required from TK which is due to go to the Committee</p> <p><u>Patient Choices</u> – need to be reviewed with LH regarding the committee risk register.</p>	
7.	<p><b>Matters Arising</b> There were no matters arising.</p>	
8.	<p><u>Forward Plan for Practice System Migrations Mergers and Closures</u> Bilston Urban Village is due on the 12<sup>th</sup> June. Pennfields – 10<sup>th</sup> July.</p>	
8.1	<p><u>Estates Update/LEF</u> Newbridge ETTF development near completion. There will be some press coverage which will be led by NHSE, with CCG involvement.</p> <p>East Park has started external building work.</p> <p>Work on bookable space across Primary Care – this enables bookings for the community sector and voluntary services. This will be looked at being rolled out across Wolverhampton.</p> <p>Primary Care Estates Strategy has gone to the Primary Care Commissioning Committee for assurance.</p> <p>RLB business case for Bilston hub solution is complete and will be circulated to Stakeholders.</p>	
8.2	<p><u>Primary Care Networks (PCN)</u> Primary Care Network agreements have been submitted and discussed at a local level, with amendments fed back to network leads. Submissions utilised Shape tool to identify practices within networks, and their catchment areas. Resubmission is next week, with approval at STP level before submission on CQRS by 30th June. Clinical Directors have been identified for 5 out of the 6 networks, with VI in need of resubmission.</p> <p>A workshop has been held to scope the delivery of the social prescribing offer, utilising the resource available to PCNs. Funding will begin on 1st July, and salary costs can be claimed by the PCN following this. Additional costs around infrastructure need to be considered, potentially at STP level, so consistency can</p>	



	be applied.	
8.3	<p><u>Primary Care STP Update</u> STP work plan for workforce will be discussed at the task and finish group. The Primary Care Strategy is being drafted by leads across the STP with support from the CSU; this is due for submission June 2019.</p> <p>GP Retention schemes continue to receive interest, with active promotion taking place across the STP area.</p>	
8.4	<p><u>Care Quality Commission Update</u> No update provided.</p>	
8.5	<p><u>Public Health Update</u> No update provided.</p>	
8.6	<p><u>NHS E/I Midlands Update</u> <u>National Contract Variations</u> BD reported that a national variation was published by NHS England which required CCG commissioners to circulate these to all Providers holding a GMS/PMS or APMS Contracts. The national variation is an addendum to these Contracts and relates to changes that affect the Prescribing Regulations. BD confirmed that this variation had now been circulated to all Practices on behalf of Wolverhampton CCG.</p>	
8.7	<p><u>Policy and Guidance Manual (PGM)</u> This policy and guidance manual has been updated to reflect the changing landscape in primary care co-commissioning. This suite of policies should be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties. <b>Action: BD agreed to send a copy of the PGM to PCOG members</b></p>	BD
8.8	<p><u>Wolverhampton Local Medical Committee Update</u> Landscape in primary care co-commissioning, this suite of policies should be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties. <b>Action: BD agreed to circulate a copy of the PGM to Primary Care Operational Management Group.</b></p>	BD
8.9	<p><u>Wolverhampton Local Medical Committee Update</u> No updated provided.</p>	
8.10	<p><u>Pharmaceutical Involvement in Primary Care</u> No updated provided</p>	
9.	<b>Primary Care Quality Update</b>	
9.1	<p><u>Primary Care Quality Report</u> All attendees were asked to feedback any comments to LC regarding the Primary</p>	

	Care Quality Report.	
9.2	<u>Collaborative Working Model: Practice Issues and Communication Log</u> All attendees were asked to feedback any comments to LC.	
10. 10.1	<b>Primary Care Contracting</b> <u>Collaborative Contract Review Programme</u> Following a query raised at Audit and Governance Committee a plan is being developed to complete the 11 remaining contract review visits by the end of August 2019. It was noted that the 3 recently procured APMS contracts will not be reviewed as the new contracts will be included in the next waiver visits.  Dr Sharma's visit will take place in June.	
10.2	<u>Primary Care Contracting Update</u> The Primary Care Commissioning Committee that took place on the 7 <sup>th</sup> May 2019 gave approval for Dr Bilas to sub contract all clinical services to RWT. The practice will join the VI programme as from 3rd June 2019.  The patient and public consultation had commenced on 6 <sup>th</sup> May 2019 on the closure of Tettenhall Wood Surgery, a branch practice of Tettenhall Medical Centre.  Vocare – currently commissioned by the CCG to provide 12 sessions per year to each practice for Team W. This arrangement poses some risks such as; <ul style="list-style-type: none"> <li>• where does the governance lie</li> <li>• the practices could be considered to be in breach of their primary medical services contracts by this arrangement</li> </ul> Currently it is unknown how many practices use Vocare so a survey of practices is taking place. Once this is complete the risks can be looked at and further action can be taken if necessary.  The QOF PPV has now been completed. There were some queries from the initial visit to Tudor Road due to staff issues on the day but these have now been clarified.	
11. 11.1	<b>Discussion Items</b> <u>Improving the Interface between Primary &amp; Secondary Care – Clinicians – Toolkit 2018</u> Care query concern – not many coming through. From the workshop it was going to be replicated across the STP. So for this group not any concerns.	
12.	<b>Any other Business</b> GS and JR have had an introductory meeting with Mike Daly, from Primary Care Capital Horizons to discuss Oxley hub and potential GP partners and their requirements. A workshop with stakeholders is to be planned.	
13.	<b>Date and time of Next Meeting – Wednesday 12<sup>th</sup> June 2019 at 1.00-2.30pm in the Main Meeting Room</b>	



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## **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: 25.5.19**

**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>24.5.19</b>

