Wolverhampton Clinical Commissioning Group

Agenda Item 11

WOLVERHAMPTON CCG PRIMARY CARE JOINT COMMISSIONING COMMITTEE Tuesday 2nd August 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	□ Decision⊠ Assurance
Purpose of Report:	To provide an update on the Primary Care Operational Management Group
Public or Private:	The report is suitable for the Public meeting
Relevance to CCG Priority:	
• Domain 4: Planning (Long Term and Short Term)	Planning for the CCG Primary Care provision to be fit for purpose in line with NHSE recommendations
Domain 5: Delegated Functions	Fulfilling the delegated responsibility of jointly managing primary care

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1. BACKGROUND

The Primary Care Operational Management Group met on Tuesday 19th July. This report highlights the topics covered at the meeting.

2 AREAS COVERED

2.1 **Primary Care Quality Assurance**

2.1.1 Primary Care Quality Update

The report highlighted the following key areas for discussion

- High performance was reported in Infection Prevention Audits that had taken place in practices.
- Objectives for Clostridium Difficile Infection for 2016/17 were set at the same rate as 2015/16 (≤71)
- Friends and Family Test data demonstrates that 90% of patients in Wolverhampton would recommend their GP services. Two practices were still not submitting data and solutions to address this were discussed.
- Work was continuing to support the availability of electronic discharge information from the acute trust to GPs. As part of this, the group discussed including medication information. The CCG's GP IT team will liaise with the Local Pharmaceutical Committee to discuss this.
- 13 new Quality Matters Issues had been raised during June, these related to issues including compliance, referrals and discharge information

2.2 <u>Review of Primary Care Matrix</u>

The latest version of the Primary Care Matrix was shared for discussion. The matrix is continuing to develop and now includes Wolverhampton Healthwatch data regarding their announced and unannounced visits.

During the discussion, it was highlighted Public Health have undertaken visits to their three providers for substance misuse and information from this work will also be included on the Matrix. No further issues or concerns were raised in respect of the matrix.

2.3 NHS England Update

Gill Shelley provided the following update:

• A service level agreement and specification for the violent patient zero tolerance scheme was shared with the group. This will be discussed in more detail at the

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next meeting. There are various different schemes across the Birmingham and the Black Country area work is ongoing to harmonise where appropriate.

- An update on recruitment in the Primary Care contracting team was given. The team is nearly at full establishment and contact details have now been shared with the CCG.
- The next West Midlands Primary Care Hub Network meeting is due to take place in early August. This will include discussion on the review of the Memorandum of Understanding between the Hub and CCGs. Meetings have been arranged with all Accountable Officers next week to discuss the way forward.

2.4 <u>Pharmaceutical Involvement in Primary Care</u>

• Jeff Blankley highlighted a need for clarity on the fax prescription protocol at the urgent care centre and the benefits of discussing expectations with community pharmacists. It was agreed that this would be discussed with the Lead Commissioner for urgent care, with a view to obtaining contact details for VoCare to assist in arranging a meeting.

2.5 <u>Sub-Contracting for Half Day Cover</u>

The group discussed a paper from the Corporate Operations Manager highlighting that arrangements for half day cover needed to ensure that robust processes were in place, particularly in relation to issues such as access to patient records.

The group were informed of different approaches taken by other CCGs, including working towards increasing the number of practices moving away from half day cover arrangements. The group remained mindful of pressure from other GP commitments and the flexibility half day closing allowed them to contribute to CCG commissioning activity and learning such as Team W.

3. **RECOMMENDATIONS**

3.1 The committee is asked to note the progress made by the Primary Care Operational Management Group.

Name: Mike Hastings Job Title: Associate Director of Operations Date: 22nd June 2016

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