

**WOLVERHAMPTON CCG  
PRIMARY CARE COMMISSIONING COMMITTEE  
Tuesday 5<sup>th</sup> September 2017**

<b>TITLE OF REPORT:</b>	Primary Care Operational Management Group Update
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Head of Primary Care
<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>• Review of the Primary Care Matrix took place and the following highlighted;             <ul style="list-style-type: none"> <li>• A signed contract from The Royal Wolverhampton NHS Trust for the caretaking arrangements for Ettingshall Medical Practice is still awaited. It is anticipated they would receive the signed contract within the next few weeks.</li> <li>• Drs Bilas and Thomas is currently in the process of advertising to recruit a GP partner to the Practice.</li> <li>• A contract monitoring visit has been arranged with Tettenhall Medical Practice, Lower Green Health Centre due to the CQC rating for this service of requires improvement.</li> </ul> </li> <li>• IT Migration Plan - Castlecroft Medical Practice is the next practice to be scheduled to migrate to EMIS Web.</li> <li>• Primary Care Quality Update - The new infection Prevention audit tool is a more thorough process, due to the changes it is anticipated that the initial scores will be lower than previous year audit scores.</li> <li>• Quality Matters - Information Governance breaches have begun to rise again, however this relates to a backlog of quality matters incidents dating back to April which have now been cleared.</li> <li>• Pharmaceutical Involvement in Primary Care - treatment for minor eye conditions can now accessed through pharmacists, GP appointments, community appoints and hospital appointments if it is urgent.</li> </ul>



<p><b>RECOMMENDATION:</b></p>	<p>To provide the Committee with an update on the Primary Care Operational Management Group.</p>
<p><b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b></p>	
<p>1. Improving the quality and safety of the services we commission</p>	<p>The Primary Care Operational Management Group monitors the quality and safety of General Practice.</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p>The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p>Operational issues are managed to enable Primary Care Strategy delivery.</p>



## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The Primary Care Operational Management Group met on Tuesday 22<sup>nd</sup> August 2017 and this report is a summary of the discussions which took place.

## **2. MAIN BODY OF THE REPORT**

### **2.1. Review of the Primary Care Matrix**

The CCG are still awaiting the signed contract from The Royal Wolverhampton NHS Trust for the caretaking arrangements for Ettingshall Medical Practice. The CCG anticipate they would receive the signed contract within the next few weeks.

Dr Thomas from Drs Bilas and Thomas is currently on long term absence and cover is being provided by regular locums to ensure consistency for the patients. Dr Bilas is now in the process of advertising to recruit a GP partner to the Practice.

A contract monitoring visit has been arranged with Tettenhall Medical Practice, Lower Green Health Centre due to the CQC rating of 'requires improvement'. The visit is due to take place in September 2017.

### **2.2. IT Migration Plan**

Castlecroft Medical Practice is the next practice scheduled to migrate to EMIS Web. The practice has consented to system migration and work has commenced.

### **2.3 Estates Update**

The estates prioritisation document has now been shared with the Primary Care Team and Local Medical Committee (LMC). The comments received from the Primary Care Team have been incorporated and the approach the CCG are taking towards estates prioritisation has been agreed by LMC.

### **2.4 Primary Care Quality Update**

The infection prevention ratings were discussed. The practices visited within the month using the new infection prevention audit tool have achieved bronze level ratings. The new audit tool is a more thorough process and it is anticipated that the initial scores will be lower than those undertaken within the previous year audit.

The Friends and Family Test (FFT) completion rates for the month remain the same for June as they did for the previous month. Discussions took place regarding the ratings for those unlikely or extremely unlikely to recommend and it was agreed to review with the Practices with the higher ratings in order for the CCG and LMC to provide support to these practices.



Quality Matters for the month were shared with the group. It highlighted that Information Governance breaches have begun to rise again, this relates to a backlog of quality matters incidents dating back to April which have now been cleared.

The most recent CQC inspection reports that have been published were provided to the group. The practices and their ratings are as follows;

- Woden Road Surgery rating - Good
- Tettenhall Medical Practice rating – requires improvement
- Bilston Urban Village Medical Centre rating – Good
- Drs Bilas & Thomas rating – Good
- Hill Street Surgery rating – Good

## **2.5 General Practice Forward View Update**

The General Practice Forward View plan was reviewed and updates on the training currently taking place was provided. The CCG have received further funding from NHS England for the Practice Resilience Programme and are awaiting the Memorandums of Understanding.

The training for reception and admin staff is currently being organised and it is anticipated that a ½ day stakeholder event will be taking place followed by full day training. There will also be an online sessions that staff can undertake which provides training and online resources.

## **2.6 Contract Visit Programme**

A visit took place to Ashmore Park Medical Centre on the 26<sup>th</sup> July 2017 this was the first visit to the practice since Dr Rajcholan became a single hander practice following the retirement of Dr E George. There were a number of actions highlighted relating to policy updates and version control of templates, these are being monitored through their action plan.

The second vertical integration practice Lea Road Medical Practice contract review visit took place on the 21<sup>st</sup> August 2017. The initial feedback from the visiting team has been positive.

## **2.7 Pharmaceutical Involvement in Primary Care**

It was advised that the patients who need treatment for minor eye conditions can now access treatment for this condition through pharmacists, GP appointments, community appoints and hospital appointments if it is urgent.



### **3. CLINICAL VIEW**

- 3.1. A clinical representative from LMC attends the meetings and gives views on all discussions.

### **4. PATIENT AND PUBLIC VIEW**

- 4.1. Patient and public views are sought as required.

### **5. KEY RISKS AND MITIGATIONS**

- 5.1. Project risks are reviewed as escalated from the programme.

### **6. IMPACT ASSESSMENT**

#### ***Financial and Resource Implications***

- 6.1. The group has no authority to make decisions regarding Finance.

#### ***Quality and Safety Implications***

- 6.2. A quality representative is a member of the Group.

#### ***Equality Implications***

- 6.3. Equality and Inclusion views are sought as required.

#### ***Legal and Policy Implications***

- 6.4. Governance views are sought as required.

#### ***Other Implications***

- 6.5. Medicines Management, Estates, HR and IM&T views are sought as required.

**Name: Sarah Southall**  
**Job Title: Head of Primary Care**  
**Date: 25<sup>th</sup> August 2017**



### 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.**

	<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>Sarah Southall</b>	<b>29.08.17</b>

