

**WOLVERHAMPTON CCG**  
**GOVERNING BODY MEETING**  
**10 OCTOBER 2017**

Agenda item 18

<b>TITLE OF REPORT:</b>	Summary – Primary Care Commissioning Committee – 5 September 2017
<b>AUTHOR(S) OF REPORT:</b>	Pat Roberts, Primary Care Commissioning Committee Chair
<b>MANAGEMENT LEAD:</b>	Mike Hastings, Associate Director of Operations
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body with an update from the meetings of the Primary Care Commissioning Committee on 5 September 2017
<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>Bilston Health Centre – Dr Mudigonda - The Committee agreed to the recommendation of approval that Dr V Mudigonda continues as a sole contract holder following the removal of Dr N Mudigonda given the assurance by the practice. The Committee also agreed that the Practice have 12 months to secure a new partner onto the contract and be aligned to a new model of care.</li> </ul>
<b>RECOMMENDATION:</b>	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.



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

- 1.1. The Primary Care Commissioning Committee met on 5 September 2017. This report provides a summary of the issues discussed and the decisions made at those meetings.

## **2. PRIMARY CARE UPDATES**

### **Primary Care Commissioning Committee – 5 September 2017**

#### **2.1 Primary Care Quality Report**

- 2.1.1 The Committee received an update in relation to primary care quality activity. It was noted that with regards to the risk register, there are currently no low risks, 13 high risks and no extreme risks. A query was raised around when the Committee would be presented with the full register and it was confirmed that it would be from the October 2017 meeting onwards.

- 2.1.2 The Committee were informed that a Workforce Working Group had been set up to develop effective communication and engagement including a video promoting primary care in the City and the development of the primary care web pages to promote vacancies within the City.

- 2.2 The Committee received the following update reports:-

#### **2.2.1 Primary Care Operational Management Group Meeting**

The Committee noted that the contract for the caretaking arrangements for Ettingshall Medical Practice had now been signed by the Royal Wolverhampton NHS Trust.

- 2.2.2 Discussion also took place around the introduction of the new infection prevention audit tool, which is a new and more thorough process and some practices have received a lower rating than in previous years.

#### **2.3 Provision of services post Dr Mudigonda retirement from a Partnership to a single handed contract – business case**

- 2.3.1 Ms Shelley presented a report to the Committee regarding Dr N Mudigonda and Dr V Mudigonda requesting a decision of Dr N Mudigonda retirement and removal from the GMS contract, resulting in Dr V Mudigonda being the sole contract holder.



- 2.3.2 The practice proposal around clinical cover following Dr N Mudigonda's retirement included detail around the salaried GP who had been covering their reduction from 9 sessions to 5 sessions per week since October 2013. An additional salaried GP has also been employed to cover 4 sessions per week with a view to this GP becoming a partner on the contract in the future.
- 2.3.3 The Practice have also highlighted in their business plan that they are in active discussions with one of the Primary Care Home Groups with a view to joining them in the future.
- 2.3.4 The Committee agreed to the recommendation of approval that Dr V Mudigonda continues as a sole contract holder following the removal of Dr N Mudigonda given the assurance by the practice, subject to the practice securing a new GP and becoming aligned to a new model of care within a 12 month period.

## 2.4 Other Issues Considered

- 2.5.1 The Committee met in private to receive an application from two Practices to join the Vertical Integration programme, a three practice merger and an update on the Ettingshall Medical Practice mobilisation plan.

## 3. CLINICAL VIEW

- 3.1. Not applicable.

## 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 by the Primary Care Operational Management Group.

## 6. IMPACT ASSESSMENT

### *Financial and Resource Implications*

- 6.1. Any Financial implications have been considered and addressed at the appropriate forum.

### *Quality and Safety Implications*

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



***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:** Pat Roberts

**Job Title:** Lay Member for Public and Patient Involvement, Committee Chair

**Date:** 20 September 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	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Pat Roberts</b>	<b>20/09/17</b>

