

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 6th September 2016

Title of Report:	Update Report on Primary Care Programme Board Activity August 2016 (PCPB)
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information
Purpose of Report:	To update the PCJCC on PCPB activity for August 2016
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	<p>Domain 5: Delegated functions: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.</p>



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

2. MAIN BODY OF REPORT

Summary of activity discussed on August 2016.

- 2.1.1** All currently active work streams are being progressed well with dates for reviews and benefit realisation analysis planned on the key planner
- 2.1.2** Interpreting Procurement update presented. The procurement closing end date has now been extended until 30th Aug 2016; following this a review of the bidders will be made in September with a new contract start date of 1st Dec 2016. The existing provider's contract will be extend until this date.
- 2.1.3** Community Equipment Procurement
Update provided; the lead gave an update to confirm that the city council had reached an agreement on the 20th July 2016, regarding the procurement (Council will lead with CCG support). The CCG is to ensure that the service commissioned is appropriate for the CCG requirements and work will be undertaken closely with the City Council to ensure that this is completed. A paper will be presented to the Commissioning Committee in August to confirm update and a further paper to the PCPB and Commissioning Committee in September to detail the procurement.
- 2.1.4** Choose and Book, Advice and Guidance
Paper presented to the Board. The lead confirmed that A&G services not available for Neurology and Geriatric Medicine and that after various escalations the reason behind this is that there are vacant posts for these specialties. The Board agreed that due to the low levels of GPs using the service overall, the project details should go to the clinical reference group for a more in depth clinical view to the benefit of pursuing. In addition another issue was raised re the availability of secondary and primary appointments. This is being investigated.
- 2.1.5** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board agreed to put forward option b (Introduce scheme as pilot in one locality for 12 months) to the Commissioning Committee in September; an updated report is to be presented to the PCPB in September for reference only.
- 2.1.6** Primary Care Review (Basket and Minor Injuries)
Update provided by VM and timeline for consideration will be:
July F&P meeting – sign off of costing template
August CRG – further review of specs with revised tariffs
Sept LMC Officers meeting – support for proposal



Oct PCPB - Spec to be presented

2.1.6 A&E Chest Pain

Audit finding provided, which showed that 21 patients were reviewed and one patient was deemed suitable for CDU based on clinical need.

The results will now be challenged with RWT via contract discussions for CI.

With the request that a change of practice is made as the facility is being utilised inappropriately,

2.1.7 GP Peer Review

TOR presented by Sarah Southall at the Clinical Reference Group which were agreed in principle. The PCPB agreed that the TOR need to be shared with locality leads so that the outcome of the findings of the peer review activity is measured.

2.1.8 The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No risks were escalated

2.1.9 The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated.

2.1.10 No exceptions or risks to the Primary Care Delivery Board work were identified.

2.1.11 Contract Register, Commissioning Intentions, Commissioning Intentions and Engagement Documents to support the contract discussions were presented to the board. The contract register is to be presented as a standing item

2.2 CLINICAL VIEW

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment. Dr De Rosa was present at this meeting.

3. PATIENT AND PUBLIC VIEW

3.1 The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement. Where this is not evident, there is a requirement made to have in place before further work is commenced or the project is moved to the next stage.

4. RISKS AND IMPLICATIONS

Key Risks



4.1 The PCPB has reviewed its risk register and it is in line with the CCG requirement.

5.0 **Financial and Resource Implications**

5.1 All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

6.0 **Quality and Safety Implications**

6.1 Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

7.0 **Equality Implications**

7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

8.0 **Medicines Management Implications**

8.1 There are no implications in this report regarding medicines management; however, full consultation is sought with Head of Medicines Management for all schemes presented.

9.0 **Legal and Policy Implications**

9.1 There are no legal implications.

10.0 **RECOMMENDATIONS**

10.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 24th August 2016



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.

	Details/ Name	Date
Clinical View	MGarcha Dr De Rosa	24 Aug
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Aug
Quality Implications discussed with Quality and Risk Team	M Garcha/S Southall	24 Aug 2016
Medicines Management Implications discussed with Medicines Management team	nil	July 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	24 th Aug 2016
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	24 th Aug 2016

