

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 6th December 2016

Title of Report:	Update Report on Primary Care Programme Board Activity November 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 November 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 November 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** The revised contract review register was presented and agreed to turn into a 3 year planner.
- 2.1.3** Discussion took place regarding the Sickle Cell project. This will be part of the wider project review which is commencing in line with the refreshed efficiency reviews. The Board supported a recommendation to present to Commissioning Committee in November for further discussion.
- 2.1.4** Interpreting Procurement update presented. Governing Body approved award of contract, new contract commences on 1st December 2016 for 3 years.
- 2.1.5** Community Equipment Procurement
The PCPB supported recommendation to Commissioning Committee to approve the joint procurement of the ILS service with the City of Wolverhampton Council. This is being progressed and a further update will be provided in January 2017.
- 2.1.6** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board supported option b (Introduce scheme as pilot in one locality for 12 months).
October update Atrial Fibrillation project lead confirmed that business case was not supported by commissioning committee due the difficulties of being able to quantify the costs and savings and level of assumptions factored in. This project has been suspended with a view to allow more time to review the quantification data. Further updates will be provided early 2017.
- 2.1.6** Primary Care Review (Basket and Minor Injuries)
Several iterations of the proposed costs have been considered and the requested cost of consumables is now being added. The amended paper will be presented to the CRG in November before it is shared with primary care colleagues.



- 2.1.7** A&E Chest Pain
This is being progressed via contracting.
- 2.1.8** DXS was discussed and the Board supported a recommendation to the Commissioning Committee to a) revisit all practices that are not using DSX and those that are to establish more intelligence on the reasons why? b) To potentially remove DXS from sites that do not use the system whilst considering other solutions that may be more financially viable and effective in primary care.
- 2.1.9** PITS Evaluation; process and methodology to be used to undertake evaluation was outlined and a final evaluation report will be presented to the Board in December 2016.
- 2.1.10** Breastfeeding; The Board supports the recommendation to Commissioning Committee to disinvest in this scheme and reinvest in the STORK Programme subject to clear outcome data being received.
- 2.1.11** The Social Prescribing Service Specification and Business Case were presented and accepted to be included in the PCPB activity for progression and on-going monitoring.
- 2.2.12** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No issues were agreed for escalation to the QIPP Board.
- 2.1.13** The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated and it was agreed that it would be useful to see a list schemes/areas that contribute towards unallocated QIPP to ensure any areas that have been identified have been captured. No exceptions or risks to the Primary Care Delivery Board work were identified.
- 2.1.14** 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. All papers are shared with Dr DeRosa for opportunity to comment if attendance at meetings proves difficult due to surgery commitments.

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: 27th November 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	M Garcha Dr De Rosa	25 Nov 16
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Nov 16
Quality Implications discussed with Quality and Risk Team	M Garcha	25 Nov 2016
Medicines Management Implications discussed with Medicines Management team	nil	Nov 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	NA
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	28 Nov 2016

