

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
12 DECEMBER 2017

Agenda item 12

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 7 November 2017
AUTHOR(s) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 7 November 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • The practices with no submission for Friends and Family Test has reduced for the month of August (7% compared to 11% in July 2017). • The delegated primary care allocations for 2017/2018 as at month 6 are £35,513m. The forecast outturn is £35,013m delivering a underspend position. The forecast outturn indicates an underspend of £500k against other GP services which relates to pre delegated i.e. 2016/17.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
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.



<p>3. System effectiveness delivered within our financial envelope</p>	<p>Primary Care issues are managed to enable Primary Care Strategy delivery.</p>
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Commissioning Committee met on 7 November 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 – 7 November 2017

2.1 Primary Care Quality Report

- 2.1.1 The Committee received an overview of primary care and it was noted that there are no major concerns around infection prevention. Of the three reports received from the provider, The Royal Wolverhampton NHS Trust, in the last month two have scored bronze and one has scored silver.
- 2.1.2 Overall, the practices with no submission for Friends and Family Test has reduced for the month of August (7% compared to 11% in July 2017). The suppressed data has remained the same for the month at four practices and the total number of practices with no data available was eight. The number of responses which were rated at positive was 82% (3464).

2.2 WCCG Quarterly Finance Report

- 2.2.1 The CCG Quarterly finance report was presented to the Committee, which outlined the financial position at month 6.
- 2.2.2 The delegated primary care allocations for 2017/2018 as at month 6 are £35,513m. The forecast outturn is £35,013m delivering a underspend position. The forecast outturn indicates an underspend of £500k against other GP services which relates to pre delegated i.e. 2016/17. The CCG has been given the income to offset the expenditure and consequently the CCG is reporting a non-recurrent benefit of £500k.
- 2.2.3 In relation to primary care reserves, the forecast outturn includes a 1% Non-Recurrent Transformation Fund and a 0.5% contingency in line with the 2017/18 planning metrics. In line with national guidance the 1% non-recurrent transformation fund can be utilised in year non-recurrently to help support the delegated services.
- 2.2.4 It was highlighted that the £500k underspend could only be used on non-recurrent projects and be committed before March 2018.



The Committee received the following update reports:-

2.3 Governing Body Report / Primary Care Strategy Committee Update

2.3.1 The Committee were informed of the work progressed against the Primary Care Strategy and each Task and Finish Group and noted that the Governing Body agreed the status of the programme of work to the name change from a Committee to a Programme Board, which would now report on a quarterly basis.

2.4 Primary Care Operational Management Group Meeting

2.4.1 The Committee were updated around the discussions which took place at the Primary Care Operational Management Group on 24 October 2017. It was noted that the IT migration plan remains on track and currently there are only four practices left to migrate over to EMIS. The Collaborative Contract Review Visit Programme continues to be rolled out across Wolverhampton and it was noted that no significant issues have been raised.

2.5 Other Issues Considered

2.5.1 The Committee met in private to receive an update on the sub-contracting Assurance Framework and the serving of a contract breach notice to a Wolverhampton practice.

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: Sue McKie
Job Title: Lay Member for Public and Patient Involvement, Committee Chair
Date: 29 November 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.

	Details/ Name	Date
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	
Signed off by Report Owner (Must be completed)	Sue McKie	29/11/17

