

## WOLVERHAMPTON CCG

### GOVERNING BODY 12 April 2016

**Agenda item 15**

<b>Title of Report:</b>	<b>Summary – Primary Care Joint Commissioning Committee 1 March 2016</b>
<b>Report of:</b>	Pat Roberts, JCC Chair
<b>Contact:</b>	Pat Roberts, JCC Chair Peter McKenzie, Corporate Operations Manager
<b>(add board/ committee) Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide the Governing Body with an update from the meeting of the Primary Care Joint Commissioning Committee meeting on 1 March 2016
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via the Better Care Fund and co-commissioning of primary care services, to further the preventative and public health agenda and opportunities for early intervention and proactive care through greater integration.
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information
<ul style="list-style-type: none"> <li>• <b>Domain 5:</b> Delegated Functions</li> </ul>	This report provides an update on the work of the Joint Commissioning Committee, through which the CCG exercises delegated functions for commissioning Primary Medical Services



## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Joint Commissioning Committee met on 1 March 2016. This was the first formal public meeting of the committee and this report provides a summary of the issues discussed and the decisions made.

## 2. WEST MIDLANDS PRIMARY CARE HUB MEMORANDUM OF UNDERSTANDING (MOU)

- 2.1. As previously reported to the Governing Body, the CCG has been in discussion with NHSE England about the arrangements for the Primary Care Hub and a MOU has been developed based on these discussions. The Primary Care Hub will provide transactional support for primarily contract management and financial purposes to support Primary Care Commissioning.
- 2.2. The hub has been developed from existing NHS England Primary Care staffing teams to ensure that, as responsibilities and CCG involvement in Primary Care Commissioning develops, day to day services continue as seamlessly as possible. This also reflects the aims of the approach to Co-Commissioning to ensure all CCGs received a 'fair share' of central resources including staff time.
- 2.3. The Committee noted that the MOU was focussed on contracting and finance and did not include detail around how the CCG and NHS England would work together on quality improvement matters. Discussions have taken place with NHS England on this matter and will be considered further in the development of the Hub. It was also noted that the front sheet draft agreement incorrectly identified the CCG as 'Level 1' Co-Commissioning rather than joint commissioning and NHS England have been asked to amend this. The committee approved the MOU (subject to these on-going discussions) and it was formally signed off in March.

## 3. PRIMARY CARE OPERATIONS MANAGEMENT GROUP

- 3.1. The Committee were updated following the first meeting of the Operations Management Group in February 2015. Key issues discussed had included dialogue between the CCG, NHS England and the Care Quality Commission in respect of work around primary care and the CCG's on-going programme of practice support visits.
- 3.2. The committee discussed the most effective way for the group to report into the committee and noted that no specific issues had been escalated from the meeting. The committee also suggested that it would be appropriate for a representative of the Local Pharmaceutical Committee to attend meetings of the group.

## 4. PRIMARY CARE ESTATES AND INFRASTRUCTURE



- 4.1. The Committee noted that work continued to develop the CCG's Primary Care Estates Strategy with support from NHS England. The overarching aims of the strategy will be a key factor in assessing bids for the Primary Care Transformation Fund for which further national guidance is awaited.
- 4.2. Brief details were also given of investment by the CCG into Primary Care IM&T to improve the infrastructure across Primary Care in Wolverhampton. Most significantly, this investment will allow the rollout of free Wi-Fi for patients in public areas of GP surgeries. As well as providing this connectivity, this will open new communication streams with patients via connected devices in the surgery. This could be used to share key messages and to encourage participation in engagement work such as the Friends and Family Test. The planned rollout of other new equipment, including PCs and monitors is currently being finalised.

## 5. OTHER ITEMS DISCUSSED

- 5.1. Brief updates were provided by NHS England and the CCG on on-going and upcoming work. This included an update on the work of the Primary Care Delivery Board and on the negotiations on the details of the new contract for GP services. It was noted that until the contract was finalised financial modelling could only take place on an estimated basis. The GP services budget was forecast to breakeven for 2015/16 and plans for 2016/17 were being developed to meet business rules within the notified allocation, subject to the issues outlined above in respect of the contract.
- 5.2. The Committee also met in private session to consider a recommendation to award a contract for the GP practice at Showell Park. The contract has been awarded to the current provider, Wolverhampton Doctors Limited.

## 6. CLINICAL VIEW

- 6.1. Not applicable.

## 7. PATIENT AND PUBLIC VIEW

- 7.1. Not applicable.

## 8. RISKS AND IMPLICATIONS

- 8.1. As highlighted above, the Committee noted that until the GP contract is finalised, it will not be possible to finalise the financial plan for 2016/17.

## 9. RECOMMENDATIONS

### That the Governing Body Note the Report

<b>Name</b>	Pat Roberts
<b>Job Title</b>	Lay Member for Public and Patient Involvement, Committee Chair
<b>Date:</b>	March 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.**

	<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	
Medicines Management Implications discussed with Medicines Management 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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Pat Roberts</b>	<b>17/03/2016</b>

