

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
3rd May 2016

Title of Report:	Primary Care Delivery Board Update
Report of:	Sharon Sidhu, Head of Strategy & Transformation
Contact:	Sharon Sidhu, Head of Strategy & Transformation
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update on the delivery of the Primary Care Delivery Board Work Programme
Public or Private:	Public
Relevance to CCG Priority:	Quality and Value, Health Improvement
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The delivery board ensures commissioned services are delivering improved patient outcomes and provide value for money
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	The delivery board ensures the CCGs strategic roadmap which includes delivering improved patient health outcomes
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	The delivery board ensures that improving outcomes and quality of services is at the forefront of all decision making processes
<ul style="list-style-type: none"> • Domain 3: Financial Management 	The Delivery Board is responsible for providing assurance of delivery of the QIPP agenda and ensuring revised and new schemes provide value for money
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The delivery board ensures key priorities outlined in the operational plan, five year forward view are taken into account when planning both the short term and long term work programme



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the Primary Care Delivery Board is to oversee and direct the delivery of work streams assigned to the Programme Board that are designed to improve Quality, Innovation, Productivity and Prevention (QIPP) in line with the CCG's strategic plan.

The Primary Care Delivery Board meets on a monthly basis and it was agreed an update on the delivery of the work programme will be presented to the Primary Care Joint Commissioning Committee.

2. MAIN BODY OF REPORT

- 2.1. The Primary Care Delivery Board work programme for 2016/17 includes the following schemes which are at various stages of the project lifecycle:

- Extended Primary Care Services Review (Enhanced Services & Minor Injuries)
- Paediatric Pathway Review
- Skype Appointments
- Wolverhampton Interface Care Knowledge Empowered Diabetes (WICKED)
- Chronic Obstructive Pulmonary Disease (COPD) Review
- Community Equipment Review and Retender (Independent Living Service)
- Interpreting Procurement
- Diabetes Pathway
- Sickle Cell Review
- Primary Care In reach Teams (PITS) Model of Care
- GP Peer Review
- Asthma Avoidable Admissions
- Urgent Care Centre Procurement
- A&E Chest Pain Pathway

- 2.2. The following items were discussed and recommendations agreed at the last delivery board meeting on the 14th April 2016.

Community Equipment Review and Retender (Independent Living Service)

In January Commissioning Committee supported the recommendation that the CGG re-procured the health equipment component of the Community Equipment Loan Service which is part of the Independent Living Service.

Subsequently Wolverhampton City Council has expressed an interest in undertaking this as a joint procurement. The Local Authority is currently seeking approval to undertake this as a joint procurement through their governance structure.



The Board have noted that this will have an impact on the CCGs procurement timeline and a further update is due to be presented at the next Delivery Board in order fully understand the impact this will have.

Interpreting Procurement

On the 24th March 2016 Commissioning Committee approved the recommendation to undertake an OJEU procurement. It is anticipated that the new service provider will be in place by August 2016.

Urgent Care Centre Mobilisation

The new Urgent Care Centre became fully operational on the 1st April 2016 as planned, Vocare are working closely with RWT to ensure that the signposting process is working effectively.

Extended Primary Care Services Review

A review has been undertaken of the current extended primary care services which includes basket services and minor injuries.

It was noted that the bulk of spend for the basket services (67%) is on dressing changes and that there are currently ongoing issues in relation to the access clinic. A wider review of wound care services is due to commence imminently and the findings of the primary care services review will feed into this review.

The Board agreed that the current basket services and minor injuries service contracts should be rolled forward into 2016/2017 whilst a review of the service specifications and tariffs is undertaken.

Sickle Cell

It was agreed to extend the Sickle Cell contract with the current provider (Sickle Cell and Thalassaemia Support Project) until 2018, using an existing specification with a view to completing a service redesign and consider procurement options during 2017/2018.

A&E Chest Pain Pathway

As part of contract negotiations the CCG put forward a case for a reduced local tariff for patients presenting at A&E with chest pain who required a Troponin test and had no other co-morbidities as this co-hort of patients is currently managed in CDU attracting a tariff of £492.

As a revised tariff was not agreed as part of contract negotiations this has been included as part of the Service Development Improvement Plan (SDIP) for 2016/17 with a view to agreeing and implementing a local tariff change by September 2016.



3. CLINICAL VIEW

- 3.1. Clinical input is provided by Dr DeRosa, CCG Chair and Manjeet Garcha, Director of Nursing and Quality. Clinical input on individual projects is provided by a range of clinicians who form part of the membership of task and finish groups.

4. PATIENT AND PUBLIC VIEW

- 4.1. Patients and the public are actively engaged and consulted with when undertaking any service redesign/commissioning of services as part of the commissioning cycle.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. The Primary Care Delivery Board risk register is reviewed on a monthly basis and forms part of the CCG's overall risk register which is reviewed regularly by the Quality and Safety Committee which then informs the Governing Body via the Board Assurance Framework

Financial and Resource Implications

- 5.2. A number of QIPP savings have been agreed through contract negotiations relating to the Primary Care Delivery Board amounting to £1,746,000; these relate to the urgent care centre and the maternity block contract payment. Further schemes will need to be identified and delivered in order to achieve the CCG's unallocated QIPP figure of c£2 million pounds.

Quality and Safety Implications

- 5.3. All projects have appropriate representation from quality as part of the project task and finish groups to ensure quality and safety implications are taken into account. In addition Quality Impact Assessments are completed for all projects are signed off by the Head of Quality & Safety and are presented to the Primary Care Delivery Board for final review and approval.

Equality Implications

- 5.4. Preliminary Equality impact assessments (EQA) are undertaken at the base lining phase of all projects and a full EQA is undertaken at the business case development stage. All EQA reports are reviewed by Equality & Inclusion Lead are presented to the primary care delivery board for review and approval.

Medicines Management Implications

- 5.5. There are no medicines management implications arising from the content of this report.



Legal and Policy Implications

5.6. There are no legal or policy implications arising from the content of this report.

6. RECOMMENDATIONS

6.1. The Primary Care Joint Commissioning Committee is asked to:

- **Receive and note the actions being taken.**

Name: Sharon Sidhu

Job Title: Head of Strategy & Transformation

Date: 19th April 2016

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View	n/a	
Public/ Patient View	n/a	
Finance Implications discussed with Finance Team	Lesley Sawrey	20/4/16
Quality Implications discussed with Quality and Risk Team	Sarah Southall	21/4/16
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	
Signed off by Report Owner (Must be completed)	Sharon Sidhu	20/04/16

