

WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
5th July 2016

Title of Report:	Update Report on Primary Care Programme Board Activity 15th June 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 June 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
• Domain 1: A Well Led Organisation	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2a: Performance – delivery of commitments and improved outcomes	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2b: Quality (Improved Outcomes)	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 3: Financial Management	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 4: Planning (Long Term and Short Term)	[INSERT TEXT/ DELETE AS RELEVANT]



<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>
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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 June 15th 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. Procurement process has commenced. If the successful bidder is not the current provider, there may be a need to extend the current contract by maximum of 2 months to allow for transition.
- 2.1.3** Community Equipment Procurement – paper presented and decisions agreed;
- Report to Commissioning Committee to approve joint procurement subject to Wolverhampton Local Authority (WCC) decision
 - Confirm activity and cost data to inform procurement
 - Draw up specification and conduct market research engagement for health only service based on reduced envelope
 - Continue to work with WCC to support joint procurement process
 - Updates to Primary Care Programme Board and Commissioning Committee
- 2.1.4** Future activity is as per plan for 2016/17 schemes.
- 2.1.5** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. A very positive sounding scheme which was seen to be of a possible good quality scheme for patients with AF. Project to be scoped and presented back to the Board in the near future. Lead for this work stream has now been identified as Geoff Love.
- 2.1.6** Improved and strengthened process for administration of the board in line with PMO office for all the boards. To strengthen the governance process, all leads have been requested over the last 3 month period to update their work stream work books. This is expected to be completed by end of June and then a review/audit will take place in July to identify any gaps.
- The PCDB will be appraised of the findings at the August meeting.
- 2.1.7** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No risks were escalated



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

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

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.

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.

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: 15th June 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	15 th June 2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	June 2016
Quality Implications discussed with Quality and Risk Team	M Garcha/S Southall	15 th June 2016
Medicines Management Implications discussed with Medicines Management team	nil	June 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	15 th June 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	15 th June 2016

