

## WOLVERHAMPTON CCG

### GOVERNING BODY 12 JULY 2016

Agenda item 18

<b>Title of Report:</b>	<b>Summary – Primary Care Joint Commissioning Committee 3 May 2016 &amp; 7 June 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 meetings of the Primary Care Joint Commissioning Committee on 3 May 2016 and 5 July 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 3 May 2016 and 7 June. This report provides a summary of the issues discussed and the decisions made at those meetings.

### **3 MAY 2016 COMMITTEE MEETING**

## **2. WOLVERHAMPTON CCG 2016/17 GP SERVICES BUDGET**

- 2.1. The committee was given an overview of the GP services budget for 2016/17. The overall budget for GP services for the year is £34.1 million and, in line with national planning metrics, this would need to include a 0.5% contingency reserve and a 1% transformation fund surplus.
- 2.2. The committee discussed the fact that this allocation was based on the 2015/16 outturn and that, as the CCG was a joint commissioner of Primary Care responsibility for generating the surplus lay with NHS England.

## **3. GENERAL MEDICAL SERVICES (GMS) CONTRACT CHANGES**

- 3.1. Details were given of the following changes to GMS contracts:-
- **Grove Medical Centre** – addition of Dr Mohindroo and removal of Dr Surinder Julka
  - **Prestbury Medical Practice** – removal of Dr Morgan

## **4. PRIMARY CARE UPDATES**

- 4.1. The Committee received the following update reports:-
- **Primary Care Operations Management Group** – It was reported that the group had received the draft of the Care Quality Commission (CQC) inspection report of Dr Christopher's practice and discussed next steps. The group were also given an update on options appraisals being undertaken on potential estates development projects in Bilston, Bradley, Heath Town and Showell Park
  - **NHS England** – An update was given on the publication of the General Practice Forward view and the outcome of national negotiations on the GMS contract. The committee also discussed the arrangements for Primary Care Support services and the contribution of NHS England to the Sustainability and Transformation Plan for the Black Country. In response to a query from the Local Medical Committee, the Committee asked the Primary Care Operations Management Group to consider the most effective communication channels with GPs across the CCG and NHS England.
  - **Wolverhampton CCG** – The Committee were updated on the Better Care Fund and work to support integration of health and social care through investment in additional community based services, which should improve how services linked



with GP services. It was also reported that, following specialist advice, the interpretation service would be subject to a procurement exercise.

## 5. OTHER ISSUES CONSIDERED

- 5.1. The committee met in private session to discuss specific details of the proposal by three practices to sub-contract delivery of their GMS services to Royal Wolverhampton Trust. The committee were given details of work to provide assurance that the arrangements were appropriate and gave delegated authority to the committee chair to give final approval once all of the requested documentation was received. This authority was exercised and the pilot began on 1 June 2016.

### 7 JUNE 2016 COMMITTEE MEETING

## 6. GENERAL MEDICAL SERVICES (GMS) CONTRACT CHANGES

- 6.1. Details were given of the following change to a GMS contract:-
- **Tettenhall Medical Practice** – addition of Dr Sanjit Sandhu

## 7. PRIMARY CARE UPDATES

- 7.1. The Committee received the following update reports:-
- **Primary Care Operations Management Group** – It was reported that the group had discussed lines of communication with GP practices and noted that NHS England would remain the prime point of contact up to the point when full responsibility for commissioning was delegated to the CCG. There was a brief discussion about effective mechanisms for obtaining patient feedback and the possibility of establishing a working group of appropriate stakeholders to take this forward.
  - **NHS England** – An update was given on work to support the delivery of the GP Forward view, including the development of the GP workforce. Opportunities for the CCG to be involved in this work were discussed. Other issues discussed included a pilot project involving clinical pharmacists in General Practice and work to procure clinical waste contracts locally.
  - **Wolverhampton CCG** – The Committee were updated on the CCG's organisational response to the GP Forward view and were advised that an update will be brought to the committee's August meeting. The Primary Care programme board had discussed the planned re-procurement of community equipment services and work to establish whether this could be done jointly with the local authority. Details were also given of the work of the newly established clinical reference group and the outcome of the second round of the grant funding bids and linkage into primary care.



## **8. OTHER ISSUES CONSIDERED**

- 8.1. The Committee briefly reviewed its terms of reference noting that, in line with national guidance, the CCG would be recruiting an additional lay member of the Governing Body who would become a member of the committee. A more in depth review of the terms of reference will be completed in September
- 8.2. The committee met in private session to receive an update on the approval of the vertical integration pilot project and to approve plans for the investment of Primary Care reserve investment funds for 2016/17. A report was also presented giving details of potential submissions for the Estates and Technology Transformation Fund and an approach to prioritising them. In view of the timescales involved, it was agreed to delegate responsibility for the prioritisation of the bids to the CCG's Executive team, noting that Dr. Hibbs would not participate as she had a conflict of interest due to her practice submitting a bid.
- 8.3. The committee also agreed a proposal for collaborative working across Primary Care that recognised the value of joint working between Public Health, NHS England and the CCG. This proposal had been developed through the Operational Management Group and covers ways in which duplication can be avoided in key areas such as contract management and identifies ways of working to ensure issues are appropriately escalated when necessary.

## **9. CLINICAL VIEW**

- 9.1. Not applicable.

## **10. PATIENT AND PUBLIC VIEW**

- 10.1. Not applicable.

## **11. RISKS AND IMPLICATIONS**

- 11.1. None arising from this update.

## **12. 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>	July 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>01/07/2016</b>

