

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
4th October 2016

Title of Report:	Update Report on Primary Care Programme Board Activity September 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 September 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
<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>



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 September 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** The revised contract review register was presented and agreed to turn into a 3 year planner. Discussion took place regarding the Sickle Cell project. This will be part of the wider project review which is commencing in line with the refreshed efficiency reviews.
- 2.1.3** Interpreting Procurement update presented. The procurement closing end date was extended until 30th Aug 2016; following this a review of the bidders is being made in September with a new contract start date of 1st Dec 2016. The existing provider's contract will be extended until this date.
- 2.1.4** Community Equipment Procurement
Update provided; the lead gave an update to confirm that the city council had reached an agreement on the 20th July 2016, regarding the procurement (Council will lead with CCG support). The CCG is to ensure that the service commissioned is appropriate for the CCG requirements and work will be undertaken closely with the City Council to ensure that this is completed. A paper was presented to the Commissioning Committee in August and further information was requested as to the different models that could be considered. The discussion at PCPB included the CC request and clarification from the LA as to what they mean by 'like for like'.
- 2.1.5** Choose and Book, Advice and Guidance
Paper presented to the Board. The lead confirmed that A&G services not available for Neurology and Geriatric Medicine and that after various escalations the reason behind this is that there are vacant posts for these specialties. The Board agreed that due to the low levels of GPs using the service overall, the project details should go to the clinical reference group for a more in depth clinical view to the benefit of pursuing. In addition another issue was raised re the availability of secondary and primary appointments. This is being investigated. CRG met on the 22nd September. GPs are currently calling consultants on telephone directly rather using the system, this was deemed to be inappropriate and time consuming. Action agreed to look into having a central email address where requests could be sent to. This is being considered by the CCG.



- 2.1.6** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board agreed to put forward option b (Introduce scheme as pilot in one locality for 12 months) to the Commissioning Committee in September; an updated report is to be presented to the PCPB in September for reference only. The proposal was presented to CRG on 22nd September, no changes were made to the proposal therefore the preferred option of a 12 month pilot will be presented to the Commissioning Committee in September.
- 2.1.6** Primary Care Review (Basket and Minor Injuries)
Update provided by VM and timeline for consideration will be:
July F&P meeting – sign off of costing template
August CRG – further review of specs with revised tariffs
Sept LMC Officers meeting – support for proposal
Sept CRG – LMC response meant that the costing model has not yet been agreed; therefore this is currently being explored further.
Oct PCPB - Spec to be presented (however, this may be delayed).
- 2.1.7** A&E Chest Pain
Audit finding provided, which showed that 21 patients were reviewed and one patient was deemed suitable for CDU based on clinical need.
The results will now be challenged with RWT via contract discussions for CI, with the request that a change of practice is made as the facility is being utilised inappropriately. A scheduled Quality Visit is being undertaken on Monday 27th September of ED & UCC. The visiting team will endeavour to review the situation in using CDU capacity.
- 2.1.8** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No risks were escalated
- 2.1.9** The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated.
- 2.1.10** No exceptions or risks to the Primary Care Delivery Board work were identified.
- 2.1.11** Contract Register, Commissioning Intentions, Commissioning Intentions and Engagement Documents to support the contract discussions were presented to the board. The contract register is to be presented as a standing item

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. Dr De Rosa was present at this meeting.



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. Where this is not evident, there is a requirement made to have in place before further work is commenced or the project is moved to the next stage.

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: 23rd September 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	23 Sept 16
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Sept 16
Quality Implications discussed with Quality and Risk Team	M Garcha	23 Sept 2016
Medicines Management Implications discussed with Medicines Management team	nil	Sept 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	NA
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	23 rd Sept 2016

