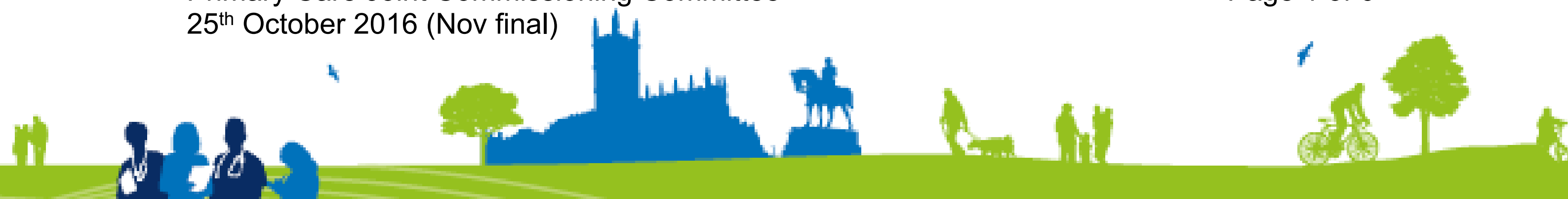
WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
1st November 2016

Title of Report:	**Update Report on Primary Care Programme Board Activity October 2016 (PCPB)**
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Information**
Purpose of Report:	To update the PCJCC on PCPB activity for October 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 5:** Delegated Functions	**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.



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 October 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 be made in September with a new contract start date of 1st Dec 2016. The existing provider's contract will be extend until this date.

October update: 13 bids have been received. It is anticipated that the evaluation will be completed by early November. Roll out and mobilisation of the service depends on the successful bidder. SC will update Manjeet Garcha by close of play 26th October as to latest progress.

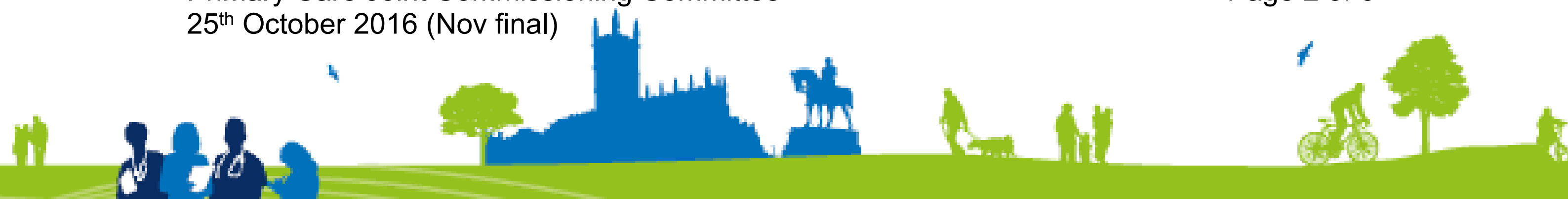
2.1.4 Community Equipment Procurement

Group supported recommendation that a report be submitted to Commissioning Committee at its October 27th meeting to:

- Provide the information requested by the Committee at its September meeting
- Seek authorisation to proceed with joint procurement with City of Wolverhampton Council on the following basis: that the City Council will lead on the procurement, that the eventual contract which will be awarded to a successful bidder will be a Local Authority Contract, that the procurement process be managed by a joint project team including appropriate representatives from the CCG reporting to the Primary Care Programme Board and to Commissioning Committee as necessary in line with the CCGs decision-making process. Agree that internal task and finish groups be set up to inform and support the CCG representatives on the joint project team referred to above.

2.1.5 Choose and Book, Advice and Guidance/ eRS

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.

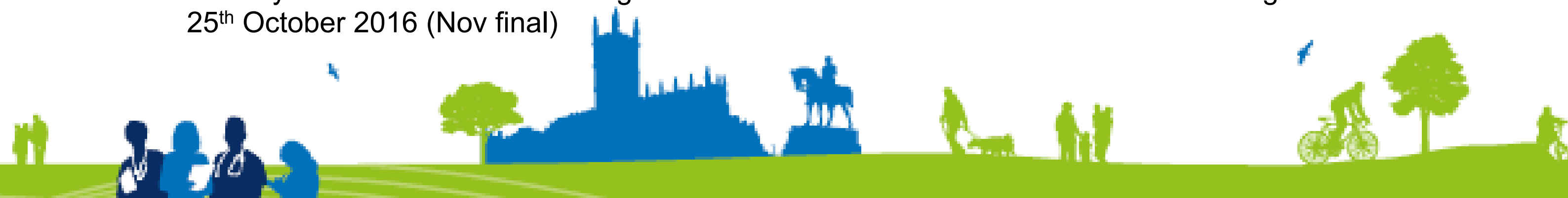
October Update on paperless referrals to RWT provided and CQUIN that has been included which requires trust all providers to publish all of their services and make all of their first outpatient department appointment slots available on eRS by 31 March 2018

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 was presented to the Commissioning Committee in September.

October update Atrial Fibrillation project lead confirmed that business case was not supported by commissioning committee due the difficulties of being able to quantify the costs and savings and level of assumptions factored in. This project has been suspended with a view to allow more time to review the quantification data. Further updates will be provided early 2017.

2.1.6 Primary Care Review (Basket and Minor Injuries)
Several iterations of the proposed costs have been considered and the requested cost of consumables is now being added. The amended paper will be presented to the CRG in November before it is shared with primary care colleagues.

2.1.7 A&E Chest Pain
The findings of the audit undertaken earlier were presented and showed that of the 21 patient notes reviewed; one patient was deemed suitable for CDU based on clinical need. The results will now be shared and the pathway 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 was undertaken on Monday 27th September of ED & UCC. The visiting team reviewed the situation in using CDU capacity and this is being pursued by the CCG Contracts Team.



2.1.8 The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. The interpreting procurement was escalated to the QIPP Board for close monitoring.

2.1.9 The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated and it was agreed that it would be useful to see a list schemes/areas that contribute towards unallocated QIPP to ensure any areas that have been identified have been captured.

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. All papers are shared with Dr DeRosa for opportunity to comment is attendance at meetings proves difficult due to surgery commitments.

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.

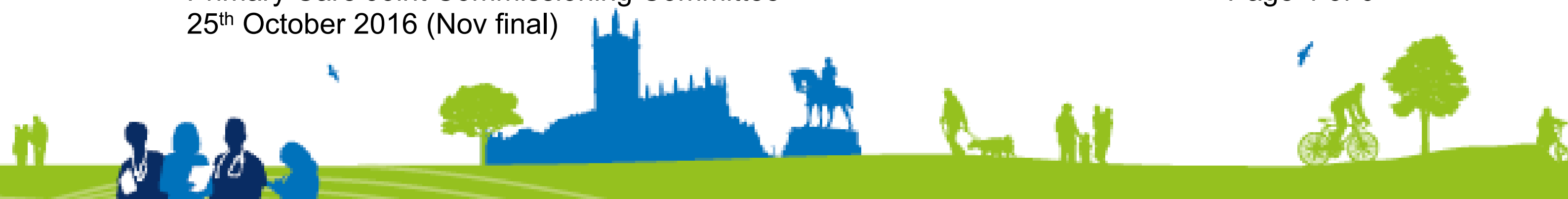
5.0 **Financial and Resource Implications**

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.

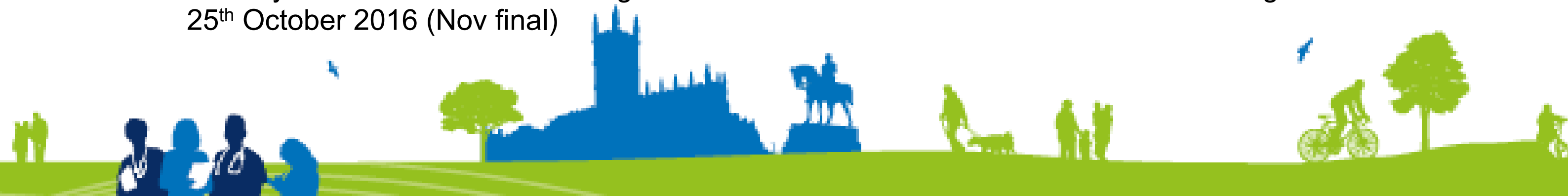
9.0 Legal and Policy Implications

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: 25th October 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	25 Oct 16
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Oct 16
Quality Implications discussed with Quality and Risk Team	M Garcha	25 Oct 2016
Medicines Management Implications discussed with Medicines Management team	nil	Oct 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	25 Oct 2016