

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
7th March 2017

Title of Report:	Update Report on Primary Care Programme Board Activity February 2017 (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 February 2017
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 7th March 2017.

- 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 project list for 2017/18 were reviewed and agreed.
- 2.1.3** The National Maternity Review, Better Birth Recommendations assurance report was presented for information. This included a self-assessment against the key recommendations. This was undertaken jointly by the CCG Maternity Commissioner and RWT Head of Midwifery. The work required is being progressed.
- 2.1.4** An update was received on the paperless e-referral system to RWT (Advice and Guidance) went live for Neurology on 8th February. The only outstanding speciality now is geriatrics and this is being progressed.
- 2.1.5** Verbal update given on the Consultant Connect Programme, a discussion took place regarding work RWT are already doing regarding providing 8am-8pm access to consultants and how this needs to be taken into account when considering Consultant Connect. Further detail to be presented at next meeting.
- 2.1.6** A&E frequent service user update given in relation to A&E funded scheme which is currently on hold due to information sharing agreement issues and due to WMAS staff being pulled to focus on front line service delivery. Group discussed that scheme was unlikely to make any savings due to patient co-hort predominately having mental health, alcohol and substance misuse issues, but would still be kept on the list to pursue as progress is made with IG and WMAS having more capacity.
- 2.1.7** Slippage was reported for the Anti-Coagulation project. This is being addressed.



- 2.1.8** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No issues were agreed for escalation to the QIPP Board.
- 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. No exceptions or risks to the Primary Care Delivery Board work were identified.
- 2.1.10** 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 if 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. The process for this has changed to allow Quality to be more integral into the business case development rather than a policing action and all QIAs are 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: 28th February 2017



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	M Garcha Dr De Rosa	7 th February 2017
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Feb 2017
Quality Implications discussed with Quality and Risk Team	M Garcha	Feb 2017
Medicines Management Implications discussed with Medicines Management team	nil	NA
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	28 th Feb 2017

