

WOLVERHAMPTON CCG

**GOVERNING BODY MEETING
23 MAY 2017**

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 4 April 2017
AUTHOR(s) OF REPORT:	Pat Roberts, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 4 April 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • The approval of the Quality Prescribing Scheme Specification. • The approval of the Primary Care Commissioning Committee Terms of Reference.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.



1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Commissioning Committee met on 4 April 2017. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 4 April 2017

2.1 Medicines Optimisation QIPP 2017/2018

2.1.1 The Committee were presented with the Medicines Optimisation QIPP 2017/18 report and the following amendments to the Quality Prescribing Scheme for 2017/18 were approved with a greatly improved QIPP target:

- Revised incentive Quality Prescribing Scheme Service Specification.
- Increase in budget for the Quality Prescribing Scheme to £450K.
- An investment of an additional £40K (0.6FTE Band 8b) in a specialist respiratory pharmacist.

2.2 Primary Care Commissioning Committee Terms of Reference

2.2.1 The Primary Care Commissioning Committee Terms of Reference were shared with the Committee for information and approval. It was noted that the CCG Constitution has been agreed by NHS England and the terms of reference had been written in line with the national template.

2.2.2 The Committee received the following update reports:-

- **Primary Care Operational Management Group Meeting**

The Committee noted that discussions have taken place around the Collaborative Contract Review Pilot, which was completed at the end of March 2017 and the plans for the 3 year roll out to the remaining practices in Wolverhampton.

An update was provided to note an overall improvement within infection prevention rates following practice visits that have been undertaken within the month of January 2017. The Committee noted that there are seven Practices who did not submit Friends and Family data for the month of January 2017.

The Committee were also informed that the Zero Tolerance Policy is now in effect and the new provider commenced from 1 May 2017.





2.3 Other Issues Considered

2.3.1 The Committee met in private session to discuss a change in partnership at a Wolverhampton practice and a practice options appraisal plan.

3. CLINICAL VIEW

3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed by the Primary Care Operational Management Group.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Any Financial implications have been considered and addressed at the appropriate forum.

Quality and Safety Implications

6.2. A quality representative is a member of the Committee.

Equality Implications

6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

6.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Pat Roberts

Job Title: Lay Member for Public and Patient Involvement, Committee Chair

Date: 9 May 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	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	
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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Pat Roberts	09/05/17

