

WOLVERHAMPTON CCG

Governing Body
11 July 2017

Agenda item 11

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| TITLE OF REPORT: | Commissioning Committee – Reporting Period June 2017 |
| AUTHOR(s) OF REPORT: | Mr Steven Marshall |
| MANAGEMENT LEAD: | Mr Steven Marshall |
| PURPOSE OF REPORT: | To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in June 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: | This report is submitted to meet the Committee’s constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body. |
| RECOMMENDATION: | That the report is noted. |
| LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES: | [Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information] |
| 1. Improving the quality and safety of the services we commission | |
| 2. Reducing Health Inequalities in Wolverhampton | |
| 3. System effectiveness delivered within our financial envelope | |



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of June 2017.

2. MAIN BODY OF REPORT

2.1. Contract & Procurement Update

The Committee was presented with an overview and update of key contractual issues in relation to Month 1 (June 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund (STF) indicators – The Trust has agreed trajectories for 2017/18 with NHS Improvement (NHSI) for A&E and RTT targets and the Cancer 62 day target.

Exception Reporting Proposal – The provider has confirmed that they will start populating exception reports in Month 1 (June 17) for National Indicators and Month 2 for Local Indicators.

Performance Sanctions – Total fines over 12 month period - £501,750.00.

Business Cases for fines/MRET/readmissions – New processes have been proposed with the Trust being asked to submit business cases for fines monies to be submitted throughout the year rather than at the end of the year. It was also proposed that reinvested sanctions money would also be available to be bid for across the Black Country and not just by the Trust. To date no feedback had yet been received by the CCG from the Trust.

Dermatology – Consultant vacancies in the dermatology department continued to be of concern. This could potentially impact on the department at Cannock Hospital. Mr Reynolds asked if the GPs in the Community Dermatology Services could help to alleviate the pressures on the hospital.

A GP perspective felt that Hospital Dermatology was working better than Community Dermatology at the moment. The Chair asked if this had been feedback as it seemed that this was something that needed to be looked at. It



was agreed that it would be beneficial to carry out an audit of the uptake of Community Dermatology.

Black Country Partnership Foundation Trust

Fines / Sanctions – Sanctions applied, year to date, remain at £5,000. This relates to a safeguarding breach in Month 10. There were no further sanctions in Month 12.

Other contracts

Urgent Care Centre

There had been a year end underperformance by Vocare for 16/17 for which a cost had been agreed and paid for by Vocare. Following receipt of a Business case, it was agreed that the CCG would give back to Vocare some of the sanctioned monies for their out of hours triage. 50% of the money would be given at the start and the remainder would be allocated following improvement in the 6 identified performance indicators.

WMAS- Non-Emergency Patient Transport (NEPT)

A further letter was in the process of being sent and notice was being raised. An action plan had been put in place.

Primary Medical Services Contracts

Ettingshall Medical Centre – Mutual agreement had been reached with the current providers to end the contract and mobilisation was under way.

Prestbury Medical Centre – It had been agreed at the Primary Care Commissioning Committee that the Dunkley Street branch would be closed. Patients would be absorbed by the main surgery and patients would also be able to join other practices in the area if they wished to.

Action – The Committee request that Governing Body note the above.

- 2.2 A 12 week pilot ran with the Rapid Response Team managing two commissioned beds (with 2 further beds utilised when needed) for Step Up patients to use which would help with avoiding admissions to hospital. The CSU had conducted a limited evaluation at the end of the pilot. The



evaluation concluded that it was a good admissions service, the GP covering the home praised the service and it was favourable by patients and carers. An audit conducted by a geriatric consultant showed that 86% of patients were in the right place and 56% were discharged home. The evaluation recommend that the service continued. There would be no extra costings as this would be covered under the block booking of the beds.

The Executive Lead for Quality and Risk advised that Probert Court where the Step Up beds were based was currently suspended to accept Step Down patients. The Step Up patients would continue to use the beds as they were managed by the Rapid Response Team. The Committee discussed this and the recommendation to continue the Step Up Bed Service however due to current situation regarding the Step Down beds, this would need to be monitored in case of any impact on the patients.

3. RECOMMENDATIONS

- Receive and discuss the report.
- Note the action being taken.

Name: Steven Marshall
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Date: 30 June 2017

