

WOLVERHAMPTON CCG

Governing Body
12th September 2017

Agenda item 12

TITLE OF REPORT:	Commissioning Committee – Reporting Period July 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 July 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 July 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 2 (May 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Exception Reporting Proposal – Concerns had been raised with Provider relating to the poor quality of the reports received and the principles of the proposal agreed had been emphasised.

Performance Sanctions – Total fines for Month 1 were £19,000

Dermatology – capacity issues for this service continue. The Provider is proposing for a temporary transfer of clinics from Cannock Hospital to New Cross Hospital. A further proposal is to cease the Dermatology surgical service and transfer appropriate patients to Maxillo-Facial or plastic surgery. Assurance will be sought that there will be no additional cost to the CCG.

Service Development Improvement Plan – signed off and a contract variation issued.

Activity Query Notice – Shropshire and Telford Hospitals have closed to referrals, which is impacting on the number of ophthalmology referrals received by New Cross Hospital. Concerns have been raised that this could impact on the Trust's ability to meet its headline RTT target. A joint activity review is to be undertaken to quantify the impact and solutions established accordingly.

Black Country Partnership Foundation Trust



Care Programme Approach – Letter of concern - concern raised regarding the application of the Trust's Care Programme Approach policy. Concerns had been raised with the Trust and a full review requested including the initiation of a Task and Finish Group.

Other contracts

Nuffield

Contract Issue – sanction applied in Month 2 for failure to send a full Serious Untoward Incident report within agreed timescales. Work on going with provider to ensure there is a full awareness of incidents that require reporting and the correct process.

Business Cases – those submitted for BMI Criteria from 35-39 and MRI Direct Access had been received; however, the information included was not sufficient for consideration. The CCG has requested these are resubmitted.

WMAS- Non-Emergency Patient Transport (NEPT)

RWT have raised with the CCG the implications including cost pressures delays have on the Trust. This issue is being managed through the Contract Review Meeting.

Urgent Care Centre

A series of high level concerns continues to be managed through an Improvement Board which is monitoring all the outstanding actions agreed.

Probert Court Nursing Home

A phased lifting of the suspension of admissions has been agreed. The suspension has had a financial impact for the CCG and there are plans to recover a proportion of the contract value to cover this loss. The provider is aware of this. A proposal will be developed at the end of the suspension period when the full impact can be assessed.

Procurement Update



The Committee received and considered a summary of the current and planned procurement schedule.

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

2.2 *Primary Care In-Reach Team*

The Committee received an overview of the scope of the Team which is funded until 31st July 2017. It considered a review of the findings of the evaluation of the current service and the 3 proposed options going forward. These options had also been considered by the Programme Board which supported the option to extend the scheme to cover all the 20 homes with the highest number of unplanned admissions. The Committee also supported this option, having considered the financial implications, which would be funded from September 2017 to March 2018.

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

2.3 *Atrial Fibrillation Business Case*

The Committee gave consideration to the cost and impact of the project, including the financial implications to the CCG and whether there would be recurrent money to invest in the project following the pilot.

It was agreed to recommend to the Governing Body not to pilot this scheme due to the impact on the future financial position of the CCG.

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

3. RECOMMENDATIONS

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

Name: Steven Marshall
Job Title: Director of Strategy and Transformation
Date: 31st July 2017

