

WOLVERHAMPTON CCG

**GOVERNING BODY MEETING
12 SEPTEMBER 2017**

Agenda item 16

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 4 July 2017 and 1 August 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 meetings of the Primary Care Commissioning Committee on 4 July 2017 and 1 August 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"> • Pharmacy First Scheme – The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018. • Primary Care Finance – Delegated Primary Care Allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.
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	Primary Care issues are managed to enable Primary Care Strategy delivery.



financial envelope	
--------------------	--

1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Commissioning Committee met on 4 July 2017 and 1 August 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 July 2017

2.1 Pharmacy First Scheme Report

2.1.1 An update was provided around the Pharmacy First Scheme for patients aged 16 and over. The service was provided by the Community Pharmacy Team and was commissioned by NHS England. The service has been decommissioned by NHS England from 1 June 2017.

2.1.2 The Committee noted that the activity for patients over the age of 16 for 2016/17 was 2750 consultations at a cost of £5 per consultation. Therefore the cost of the consultations for the year was £13,750. In addition, the drug costs were £7,999 and the total cost of the service in the last financial year was £21,749.

2.1.3 The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018.

2.2 Primary Care Quality Report

2.2.1 The Committee received an update in relation to primary care quality activity. It was noted that with regards to the Friends and Family Tests the number of practices that had data suppressed was 7 and the number of practices with zero responses was 2. It was noted that overall, practices with no data has improved on last month which shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis.

2.2.2 There are 10 formal complaints within 2016/17 made to NHS England either as complaints which have been unresolved at Practice level or made directly to and processed by NHS England.



2.3 The Committee received the following update reports:-

2.3.1 Primary Care Operational Management Group Meeting

The Committee noted that three CCG Strategic and Operational Estate Teams across the Black Country are working on developing a Black Country wide Estates approach. A Service Level Agreement is in the process of being developed and will be shared with CCGs shortly.

2.3.2 The Collaborative Contract Review visit programme for 2017/18 continues with visits recently undertaken for Probert Road Surgery.

2.4 Zero Tolerance Policy (Revised)

2.4.1 The Committee approved the alterations to the Zero Tolerance Policy so that the process advocated in the service specification and Appendix 2 of the policy provides consistency. It was also agreed that a Quality Impact Assessment and an Equality Impact Assessment would be undertaken.

2.5 Other Issues Considered

2.5.1 The Committee met in private to receive a mobilisation process update with regards to Ettingshall Medical Practice. It was noted that the process had gone extremely well with the new caretaker provider taking ownership of the practice as of 3 July 2017.

Primary Care Commissioning Committee – 1 August 2017

2.6 WCCG Quarterly Finance Report

2.6.1 The Committee received an update regarding the first CCG quarterly finance report since the budget allocation from NHS England. It was noted that the delegated primary care allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.

2.6.2 The planning metrics for 2017/18 were noted as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations therefore the resource can be committed on a non-recurring basis.



2.7 Primary Care Quality Report

2.7.1 The Committee received an update in relation to primary care quality activity. It was noted that infection prevention is provided by the Royal Wolverhampton NHS Hospital (RWT) and a new infection prevention audit had commenced and positive results to date have been noted.

2.7.2 The figures for June Friends and Family Test submission (May figures) have slightly improved on last month (18% to 33%) although the submission levels are low, NHS England have noted that WCCG are one of the better performing CCGs.

2.8 Primary Care Operational Management Group

2.8.1 The Committee noted that Showell Park and Fordhouses Medical Centre's migration to EMIS had now been completed.

2.8.2 The Committee were updated that as RWT are moving towards becoming a paperless organisation by summer 2018, they are introducing a more direct E-RS booking system. A system has been implemented for 2 week wait cancer appointments and the feedback from GPs has not been positive. A meeting has been arranged with attendees from Operations, Local Medical Committee and Cancer Services to review and discuss an alternative process.

2.9 Patient Experience

2.9.1 The following reports were shared with the Committee for information:

- Healthwatch Wolverhampton GP Access: Patient Experience April 2017
- Healthwatch Wolverhampton Urgent Care Centre: Patient Experience May 2017
- National NHS England GP Patient Survey: Wolverhampton CCG Results

2.9.2 The Committee were informed that the CCG was reviewing the reports to identify any key elements that can be used to support programmes of work or practice visits.

2.10 Other Issues Considered

2.10.1 The Committee met in private to receive updates around the Ettingshall Medical Practice mobilisation process update and an application received around joining the Vertical Integration sub-contracting arrangements to RWT.

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: 24 August 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	24/08/17

