

WOLVERHAMPTON CCG

GOVERNING BODY
9 FEBRUARY 2016

Agenda item 13a

Title of Report:	Summary – Primary Care Joint Commissioning Committee 14 January 2016
Report of:	Pat Roberts, JCC Chair
Contact:	Pat Roberts, JCC Chair Peter McKenzie, Corporate Operations Manager
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body with an update from the meeting of the Primary Care Joint Commissioning Committee meeting on 14 January 2016
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via the Better Care Fund and co-commissioning of primary care services, to further the preventative and public health agenda and opportunities for early intervention and proactive care through greater integration.
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 	This report provides an update on the work of the Joint Commissioning Committee, through which the CCG exercises delegated functions for commissioning Primary Medical Services



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Joint Commissioning Committee had its first meeting on 14 January 2016. This report provides a summary of the issues discussed and the decisions made.

2. TERMS OF REFERENCE

- 2.1. The Committee has agreed some minor amendments to its terms of reference to better reflect the operation of NHS West Midlands and changes to the CCG's Primary Care strategy. A copy of the amended Terms of Reference is attached and will be formalised in the next application to vary the CCG's constitution.
- 2.2. The Committee also noted the terms of reference of the Primary Care Operations Management Group that will support the Committee in discharging its responsibilities. Chaired by the Associate Director of Operations, the group includes senior representation from the CCG and NHS England and will play a key role in ensuring work is appropriately allocated and undertaken.

3. PRIMARY CARE RESERVES INVESTMENT PLAN

- 3.1. The Committee has approved the CCG's plan for use of Primary Care reserves in 2015/16 for submission to NHS England. This included 11 schemes, totalling £643,142 funded from a 1% Non-Recurrent Transformation Fund, 0.6% reserve and PMS premium monies. The committee was also given details of proposals to utilise quality premium funding allocated to the CCG.
- 3.2. The following schemes approved as part of the investment plan:-
- GP in residential care home
 - GP peer review scheme
 - Preparing for and supporting revalidation
 - GP resource centre cover
 - Christmas & New Year Opening
 - Counselling extension (1 Practice)
 - Reduce avoidable emergency admissions – Asthma
 - COPD enhanced review
 - Easter opening for GP surgeries
 - WICKED (Diabetes)
 - Primary Care Coding work

4. NHS ENGLAND FINANCE UPDATE

- 4.1. The Committee received a finance report from NHS England that outlined that the budget for GP services was forecast to breakeven for 2015/16. The report also detailed progress with financial planning for 2016/17.



5. OTHER ITEMS DISCUSSED

- 5.1. The representatives from NHS England highlighted some upcoming items for the committee to consider. This included the new contractual arrangements for Showell Park practice and for the committee to have sight of the operational plan for primary care being developed by NHS England.
- 5.2. Representatives from Healthwatch Wolverhampton, the Health and Wellbeing Board, Local Medical Committee and Local Pharmaceutical Committee attended the meeting and were given the opportunity to discuss issues. Items raised included access to primary care and opportunities to work in partnership across the health economy and particularly across primary care services. In particular, the opportunities to seek greater involvement from community pharmacy services.

6. CLINICAL VIEW

- 6.1. Not applicable.

7. PATIENT AND PUBLIC VIEW

- 7.1. Not applicable.

8. RISKS AND IMPLICATIONS

- 8.1. None to note.

9. RECOMMENDATIONS

That the Governing Body Note the Report

Name	Pat Roberts
Job Title	Lay Member for Public and Patient Involvement, Committee Chair
Date:	January 2016

ATTACHED:

Amended Terms of reference



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	
Medicines Management Implications discussed with Medicines Management 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	
Signed off by Report Owner (Must be completed)	Pat Roberts	21/01/16

