

Governing Body

23 November 2016

Details	Part 1	X	Part 2		Agenda Item No.	16
Title of Paper:	Report from the Chair of The Primary Care Commissioning Committee					
Board Member:	Chris Wild, Lay Member					
Author:	Amy Lepiorz, Deputy Director of Primary Care					
Presenter:	Chris Wild, Lay Member					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	The paper provides an outline of the matters discussed, assurances sought and received in relation to Primary Care Co Commissioning Committee meeting in September and October 2016. The paper aims to provide assurance to the governing body that a robust, effective governance system is in place and that the committee is fulfilling its responsibilities.					
Risk	High		Medium		Low	X
	This paper is for information only					
Recommendations	The Board is asked to: <ul style="list-style-type: none"> Note the contents of the paper 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements
	X

Report from the Chair of the Primary Care Commissioning Committee

1. Introduction and background

The paper provides an outline of the matters discussed, assurances sought and received at Primary Care Commissioning Committee (PCCC) meetings held in September and October 2016. The paper aims to provide assurance to the governing body that a robust, effective governance system is in place in relation to the recently devolved function of Primary Care commissioning.

1.1 The September meeting was chaired by Mr Andrew Clough who has since resigned in his role of Lay Member. The October meeting was chaired by Mr Chris Wild, although the named Chair of the meeting (Mr Peter Bury, Lay Member for Quality and Performance) was present, this was his first meeting and as Mr David McCann (Vice Chair) had given his apologies, it was felt prudent for Chris Wild to chair the meeting.

1.2 The meetings begin by noting the Register of Conflicts of interests declared in respect of the members of the PCCC and the associated business of the meeting. Those interests were clearly documented as per the terms of reference.

2.0 Summary Items presented and discussed:

Items considered during the September meeting were as follows:

2.1 Whitefield Healthcare Centre Update

The Committee considered a report updating them on progress with a new Health and Care Centre in Whitefield. The main headline was the delay of the completion of the scheme until late 2018. There had been a meeting with the planners from the local authority and a way forward had been agreed. A traffic impact assessment is going to be commissioned and then the intention is to move for an early decision on the outline business case.

2.2 Extended Working Hours and Vulnerable Patients Service

The committee considered the proposed service specification for the Extended Working Hours and Vulnerable Patients Service. The CCG are working with the GP Federation on the proposals have been kept to the same specification since the transfer from NHS England in December 2015.

Dr Patel described the proposals for a vulnerable patient's service. The rationale for this was the cover a perceived gap in service out of normal operating hours. At present vulnerable patients may have to wait longer than the recommended period for a contact if it were to fall at weekend. The new proposal is that this could be scheduled in and picked up by the out of hour's service. As this is a joint proposal with the GP Federation they would have the patient's detailed records and they would be spoken to by an appropriately trained staff member, whether this is a nurse or doctor.

Planned contact could also be made with nursing homes to check on their clients and deal with issues before they get worse. Dr Patel stressed the proposal was about moving from a reactive to planned service.

Ms O'Dwyer added that under the new NHS England planning guidance for EWH this specification would be compliant.

2.3 Dispute Resolution Panel

Mr McCann presented revised terms of reference for the Funding Dispute Resolution Panel. The report also summarised the cases which had been heard by the Panel in its first year of operation. There has been some wider learning from the cases heard and it had become artificial that the decisions made by the panel need to be accepted by the Contracting Team due to the seniority of the panel. This had been reflected in the revised terms of reference.

Items considered during the October meeting were as follows:

2.4 Application for a Practice List closure

The committee received an application for the closure of the Practice List at St Gabriel's Medical Practice. This committee chose to defer the decision so further information could be gathered.

2.5 Primary Care Finance Report

Mr Woodhead presented the report. The year to date financial position shows a £17k under spend. The forecast position is an over spend of £79k after the confirmation of £510k non recurrent support.

It has been recommended by the NHSE central team that the remaining shortfall on central funding be taken from the Primary Care 0.5% contingency reserve. Further work is required to assess the robustness of the forecast assumptions, in order to judge whether any transfer of funds is required.

As the budget allocations for 2017/18 will include progression payments, it is unclear at this stage what any recurrent impact on primary care budgets will be.

2.6 Performance Report

For the CCG to commission an effective and sustainable health care service it needs robust systems which enable Performance Monitoring. These systems need to allow monitoring of the performance of the CCG and of those services it commissions.

The purpose of this report is to provide an update on the performance of Primary Care in respect to duties delegated to NHS Bury CCG by NHS England under delegated authority.

This report specifically focusses on the performance of the Out-Of-Hours provider for Primary [medical] Care Services for the 2015- 16 reporting period and has been populated from the monthly returns submitted to the CCG.

3. Recommendations

The Governing Body is asked to note the content of the Summary

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