

Title of Report:	Primary Healthcare in West Berkshire and the quality handover from the Primary Care Trust
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	29 October 2013

Purpose of Report: To update the Overview and Scrutiny Management Commission on primary healthcare in West Berkshire following its handover from the Primary Care Trust

Recommended Action: To receive and provide comment on the Newbury and District Clinical Commissioning Group's update

Background documentation Berkshire quality handover document, available at <http://decisionmaking.westberks.gov.uk/documents/s23746/Appendix%20A%20-%20Draft%20Berkshire%20Cluster%20PCT%20handover.pdf>

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Executive Report

1. Background

- 1.1 On 1 April 2013 Clinical Commissioning Group (CCGs) took over responsibility for primary healthcare from Primary Care Trusts (PCTs).
- 1.2 This change was significant and involved considerable organisational upheaval in the NHS.

2. Previous scrutiny involvement

- 2.1 At its meeting of 19 March 2013 the Health Scrutiny Panel (HSP) received items on the quality handover from the PCT and on the provision of primary healthcare in West Berkshire. It was agreed that updates on both items would be received after 6 months of operation of the revised arrangements.
- 2.2 At its meeting of 21 May 2013 the Overview and Scrutiny Management Commission agreed that the updates requested by the HSP should be incorporated into its own work programme and considered at a future meeting.

3. Minutes of the 19 March 2013 – quality handover

- 3.1 The minutes record that:

Sara Whitaker introduced the Primary Healthcare Trust handover document to Panel Members. Members were advised that the document provided an overview of healthcare services in Berkshire and set out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT on the 31 March 2013.

The version 4 draft document was due for sign off on the 19 March 2013. Sara Whitaker advised Members of the Panel that the document was nationally mandated in terms of its structure although the content could vary between PCTs.

Sara Whitaker summarised the key elements and advised that the document would be accompanied by an evolving quality agenda to focus key tasks. Councillor Hunneman suggested that the handover document provided an opportunity for performance review following the introduction of the new health structure. It was noted that there was no statutory requirement to provide an updated version of the handover document; however, it could be used as a basis for comparison.

Members discussed monitoring the effectiveness of the Quality Handover. It was noted that the document outlined areas of high risk of which the PCT detailed the action taken to address the issue and planned action for the CCG. It was suggested that the CCG reported back to the Health Scrutiny Panel in 6-9 months to provide an update regarding high risk items.

Philip McNamara explained that the Berkshire CCG's were created to provide clinical leadership. Each team was assigned specific areas of leadership and it was expected that the CCG would provide quality reports on a regular basis.

It was noted that the PCT handover document failed to mention smaller areas of the PCT, as such it was questioned how the CCG's would manage the transition with limited information. Sara Whitaker advised that some smaller areas had not been mentioned because there were no concerns to highlight. Members heard that the PCT and CCGs conducted face to face handovers to reinforce a seamless transition.

Resolved that

CCG to report back to the Health Scrutiny Panel in 6-9 months to provide an update regarding high risk items.

4. Minutes of the 19 March 2013 – primary healthcare

4.1 The minutes record that:

Philip McNamara explained that the Newbury and District CCG (N&DCCG) would cover a small area in comparison to other CCGs in Berkshire, however, the area was significant and diverse.

Members were advised that the CCGs intended to deliver:

- *The right care for patients, at the right time and provided in the right place*
- *Health and social care services that work more closely together*
- *Care closer to home for patients, recognising the issues of access and travelling distances for some of our communities*
- *Further development of patient centred health services in our Community Hospital in Thatcham*

The CCG would provide a degree of scrutiny to Healthcare, delivering Innovative ways of providing care, through better use of technology, a wider skills-base and team support for individual members of staff, or development of shared care-planning with patients. It would be the CCGs intention to commission accessible, efficient patient care from a wide range of providers offering value for money care.

Philip McNamara explained that the Commissioning Plan existed in draft and was due for sign off imminently. The plan detailed key priorities and illustrated the strategic context of the plan beside the tactical plans created by the N&DCCG.

CCGs had been extensively monitored by the NHS Commissioning Board Area Team for 12 months prior to confirming their status. It was expected that the NHS CB would confirm the status of the N&DCCG on 27 March 2013. Philip McNamara explained that the N&DCCG was categorized a wave 1 CCG, therefore considered sufficiently prepared for handover on the 1 April 2013, Therefore, Philip McNamara was not concerned about the competency of the N&DCCG.

Jan Evans reminded the Panel that CCGs in North and West Reading were responsible for West Berkshire Patients and therefore suggested the neighbouring CCG formed apart of the same review. Members agreed that West Berkshire CCGs inclusion would be essential.

Panel Members suggested the N&DCCG provided a structure layout to illustrate the changes within the Healthcare Service and incorporate the CCGs applicable to areas within West Berkshire. It was noted that the public could access information regarding the N&DCCG via the website as of the 1 April 2013. Jan Evans suggested that residents would not experience a change in service accessibility and the detail regarding internally restructure may be irrelevant to some.

Jan Evans asked whether the CCGs developed their own benchmarks for performance management and whether these would be available to the public. Philip McNamara explained that the CCG would be monitored and challenged by Health Watch. It was noted that the NHS CB AT highlighted measures to the CCGs for peer review on a quarterly and annual basis.

Resolved that:

N&DCCG to report the progress of the actions outlined within the Commissioning Plan.

5. Update

- 5.1 Dr Abid Irfan, the Clinical Chair of the Newbury and District Clinical Commissioning Group, will update the Commission on the items previously considered by the HSP.

6. Recommendation

- 6.1 It is recommended that the Overview and Scrutiny Management Commission receives and provides comment on the Newbury and District Clinical Commissioning Group's update.

Appendices

There are no appendices to this report.