

Walsall Clinical Commissioning Group (CCG) March 2012 Update

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Background

- PCT will be abolished in April 2013
- CCG will take over the commissioning of health services for the people of Walsall
- Initially two GP consortia across Walsall
- Sept 2010 seats for both on PCT Board and Board Committees
- Risk Assessment December 2011
- Single CCG Board formed January 2012



Authorisation what does it mean?

- The CCG must be authorised in order to be come established as a statutory body and take on its full functions and responsibilities
- The National Commissioning Board is responsible for authorisation
- Three stages
 - Risk Assessment
 - Development stage
 - Authorisation Process



Risk Assessment

- This was carried out in December 2011
- Four area assessed
 - Signup by member practices
 - Appropriate geographical coverage
 - Justification of patient benefits if CCG crossed Local Authority boundaries
 - Impact of proposed CCG configuration on organisational viability

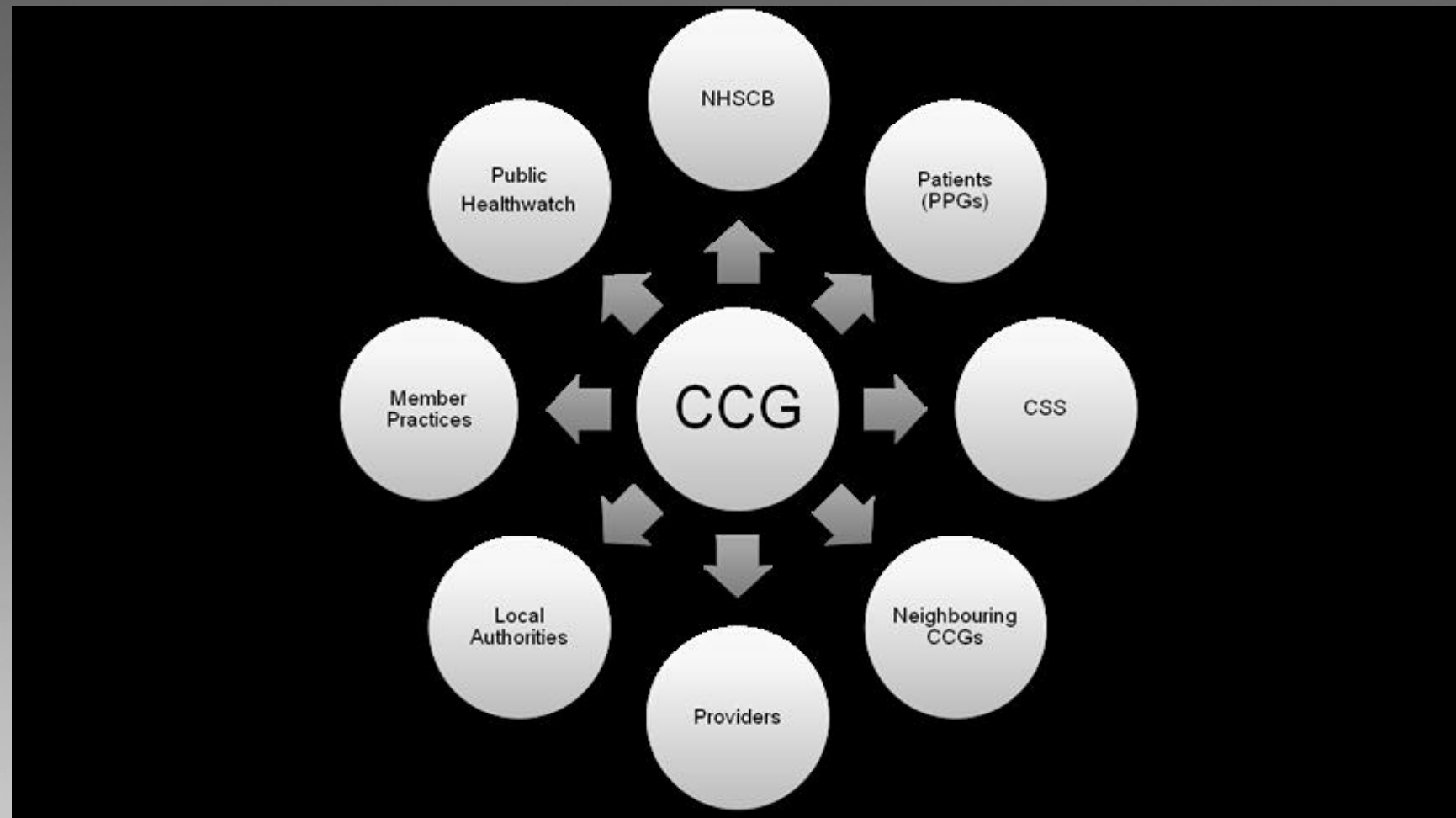


Development stage

- We are building a track record by increasing our commissioning involvement
- Increased delegation from the PCT
- Building partnerships ,engagement and collaboration
- Designing our proposed organisational form, decision making processes and governance structures



Relationships



Authorisation process

- Formal application
 - Submission of evidence to demonstrate capability across six authorisation domains
 - Clinical Focus and Added Value
 - Engagement with patients, carers and the community
 - Capacity and Capability
 - Clear and Credible Plan
 - Collaborative Engagements
 - Leadership Capacity and Capability



What have we achieved so far?

- Responsibility for delivering QIPP plans
- Leads for Urgent care, T&O, Maternity, COPD (appreciative enquiry), Frail Elderly
- 2011/12 & 2012/13 contract negotiations
- Interim Senior Officer appointed
- Patient Participation Groups in place
- Joint Clinical Forums acute and Mental Health



What have we achieved so far?

- Constitution developed
- Board development programme in place
- New Board structure
- Draft Organisational Development plan
- Involved with Health and Wellbeing board development
- Members of Clinical Senate



What happens next?

- Assignment of staff to CCG
- Continue with Organisational development
- Collating evidence to support authorisation



Thank you for listening
Any questions?

