

<b>Meeting Title:</b>	Open Primary Care Commissioning Committee		<b>Date:</b> 31 May 2019					
<b>Paper Title:</b>	Approval of Primary Care Network (PCN) Registrations		<b>Paper Reference:</b> N/A					
<b>Sponsor:</b>	Helen Griffiths, Associate Director of PCN Development Stewart Newman, Deputy Locality Director for NHS Nottingham North and East							
<b>Previous Related Papers:</b>	N/A							
<b>Recommendation:</b>	Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input type="checkbox"/>
							<ul style="list-style-type: none"> <li>Assurance</li> <li>Information</li> </ul>	
<b>Summary Purpose of Paper:</b>	<p>Members were invited to a development workshop on 23 May 2019 which was an opportunity for representatives from the PCNs to present their rationale for proposed PCNs. This was well received by the Committee who recognised the significant working relationships of local GPs to enable well-functioning PCNs.</p> <p>After this workshop, it was requested that a further paper was presented providing additional rationale behind the proposals. These papers are attached.</p> <p>The overarching paper is to provide the Committee with an overview of Primary Care Networks inclusive of the approval requirements, in order for the Committee to consider the applications presented to it.</p> <p>Nottingham City Primary Care Commissioning Committee members have virtually approved eight applications for PCNs.</p> <p>The committee is therefore asked to review the PCN applications for Nottingham North and East, Nottingham West and Rushcliffe.</p> <p>Please note the recommendation for Nottingham North and East has changed from the recommendation in the overarching document as a result of the workshop and subsequent discussions)</p> <p>The Committee is asked to:</p> <p><b>Nottingham North and East CCG</b></p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the registration requirements for PCNs 1 and 2</li> <li><b>CONSIDER</b> the additional assurances provided by PCNs 3 and 4 and <b>APPROVE</b> whether the registration requirements for PCNs 3 and 4 have been met .</li> </ul> <p><b>Nottingham West CCG</b></p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the registration requirements for Nottingham West PCNs.</li> </ul> <p><b>Rushcliffe CCG</b></p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the registration requirements for Rushcliffe PCNs.</li> </ul>							
If paper is for Approval/Endorsement, have the following impact assessments been completed?								

Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Data Protection Impact Assessment	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>

**Conflicts of Interest:** Please consider whether there are any conflicts of interest considerations relevant to paper authors, members or attendees.

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflicted party to be excluded from meeting

**Please identify conflicted party and specify reason for conflict:**

**Have All Relevant Implications Been Considered?** *(please tick where relevant)*

Clinical Engagement	<input checked="" type="checkbox"/>	Patient and Public Involvement	<input type="checkbox"/>
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights	<input type="checkbox"/>
Integration	<input type="checkbox"/>	Innovation / Research	<input type="checkbox"/>
Improving Health Outcomes / Reducing Health Inequalities	<input type="checkbox"/>	Patient Choice / Shared Decision Making	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Corporate Governance	<input checked="" type="checkbox"/>

**Is the information in this paper confidential?** Yes  No

**If yes, please state reason why:**

**Risk:** *(briefly explain any risks associated with the paper)*

**N/A**

**Recommendation:**

The Committees are requested to:

**Nottingham North and East CCG**

- **APPROVE** the registration requirements for PCNs 1 and 2
- **CONSIDER** the additional assurances provided by PCNs 3 and 4 and **APPROVE** whether the registration requirements for PCNs 3 and 4 have been met .

**Nottingham West CCG**

- **APPROVE** the registration requirements for Nottingham West PCNs.

**Rushcliffe CCG**

- **APPROVE** the registration requirements for Rushcliffe PCNs.