

**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 26th October 2017 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr J Morgans	Chair	Yes
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Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	Yes
Maxine Danks	Interim Executive Director Nursing & Quality	Yes
Sarah Smith	Interim Head of Commissioning - WCC	No
Julie Grainger	Public Health Commissioning Manager – WCC	No

In Attendance ~

Liz Hull	Administrative Officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	Yes
Ranjit Khular	Primary Care Development Manager	Yes
Peter McKenzie	Corporate Operations Manager	Yes
Ed Cooke	Auditor, PWC (Observing)	Yes
Clare Barratt	Solutions & Development Manager	Yes

Apologies for absence

Apologies were submitted on behalf of Juliet Grainger and Sarah Smith.

Declarations of Interest

CCM632 Dr Morgans declared an interest as a member of Vertical Integration.

RESOLVED: That the above is noted.

Minutes

CCM633 The minutes of the last Committee meeting, which took place on 24th August 2017 and 28th September were accepted as true and accurate records.

RESOLVED: That the above is noted.

Matters Arising

CCM634 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

CCM635 (CCM589) Contracting and Procurement Update: Views of the functionality of the Community Services – Vic Middlemiss provided an update and reminded the Committee that the action is related to the services being provided by Concordia, in the context of Dermatology capacity that RWT were experiencing. A meeting has been set up between the CCG, RWT and community providers in Wolverhampton and Staffordshire, to review how the community providers work with RWT to support delivery of the Service Specification.

RESOLVED: That the above is noted and action closed.

(CCM592) Contracting and Procurement Report – Improvement Board (Vocare): Hard copies of the Improvement Board minutes to be sent to Max Reynolds and Cyril Randles. Action closed.

RESOLVED: That the above is noted and action is closed.

(CCM624) GP Representation – Scrutiny process for service redesign: Jane Woolley to attend the Committee in November.

RESOLVED: That the above is noted and the action is closed.

(CCM625) MSK Service – Wolverhampton Health Network: Peter McKenzie confirmed that the MSK Service is included.

RESOLVED: That the above is noted and the action is closed.

Review of Risks

CCM636 Peter McKenzie explained the work undertaken to realign the Risk Management Process with the Governing Body Assurance Framework and the CCG's strategic objectives. A document was circulated which included a snap shot of some of the risks assigned to Commissioning Committee and advised that more detailed information should be available for the next meeting.

RESOLVED: That the above is noted.

Contracting Update Report

CCM637 Vic Middlemiss provided the Committee with an overview of the CCG's contract performance, significant contract issues and actions being taken to address these. The Committee was asked to note that procurement updates will be covered in a separate report submitted to the Private Commissioning Committee.

Royal Wolverhampton NHS Trust

Contract Performance - No specific activity information was provided due to Month 4 data being repeated at the September CRM.

The main issues were noted as follows:

- Performance recorded in Month 4 indicates an over performance on activity of 1.46% and 0.11% on the finances.
- Elective activity is the largest under-performing Point of Delivery area at (£663k) which continues to give concern for the achievement of Referral to Treatment (RTT) time targets.
- Non-elective activity continues to overheat and the CCG is seeing new HRGs being used e.g. relating to Sepsis where before activity was not recorded.
- Outpatient first attendances are on plan in activity and money and this position is also reflected in the reduction of referrals seen.
- Outpatient follow ups continue to over perform and the CCG is working with RWT to understand the causes and key specialties.

Performance sanctions for July 2017 were confirmed as £29,000

Sepsis Counting & Coding Change:

- Due to a national change in the coding guidance for Sepsis, the CCG advised RWT that this will have a cost neutral impact to the CCG during FY 2017/18. The Trust has a different interpretation of the national guidance. However, CCG intentions have been made clear.
- Tony Gallagher advised the Committee that the CSU is pulling together a report to put the CCG's case forward to the Trust. It was agreed that Vic Middlemiss would check that the CSU are adopting the same methodology across all CCG's

before our response is sent to the Trust.

Activity Transfer from Walsall Manor:

- The CCG has been made aware that a cohort of paediatric orthopaedic activity will be transferred from Walsall Manor Hospital to RWT, on the basis of clinical and safety concerns for patients. The CCG has not yet been sighted on the activity numbers and will continue to liaise with RWT and Walsall CCG, particularly with regards to the impact on RTT.
- Walsall Manor Stroke Services – Max Reynolds raised a query with regards to Walsall Manor closing their Stroke Service. Steven Marshall clarified that this proposal is only at consultation stage.

Urgent Care/ Ambulance/ Patient Transport

Urgent Care Centre:

- Vic Middlemiss reported that Totally PLC have announced their intention to buy Vocare and the acquisition was due to be completed by the 24th October 2017. The sale has been confirmed by Vocare in its own recent press release, which confirms their full support. The change of ownership is not expected to impact on the contractual and commissioning arrangements the CCG has in place i.e. the existing contract will continue in its present form. It is therefore not a contract novation. In this scenario, the NHS Standard Contract requires the provider to notify the commissioner of a Change of Control, as per General Condition 24, once the acquisition is confirmed.
- The provider remains under close scrutiny through the Improvement Board and monthly Contract Review Meeting. The Vocare Improvement Board has issued the provider with a three month timeframe to make specific improvement in areas of concern. Two Contract Performance Notices and an Information Breach Notice remain in force.
- The Committee was reassured that the main concerns revolve around KPI's and although some clinical issues do exist, they are not major ones.

WMAS – Non-Emergency Patient Transport (NEPT):

- The performance of the NEPT service in Wolverhampton and Dudley is currently below the required standard. A Contract Performance Notice has been served for all of the KPIs that are underperforming and WMAS are working to a Remedial Action Plan.
- Two Potential Serious Incidents (SIs) – Clare Barratt confirmed that one incident has been confirmed not to be an SI and the other one is still being discussed between quality teams at the CCG and WMAS.

Other Contracts

Probert Court Nursing Home:

- The suspension to the service at Probert Court Nursing Home (Step-down facility) has been lifted as of 4th October 2017. This follows an intense period of scrutiny which has included weekly inspections and agreement that the provider Accord has demonstrated satisfactory improvement to warrant a return to normal operational

service.

- As a result of the suspension, bed utilisation at the home has been very low. This means poor value for money on the block contract (which is circa £880k) and the CCG paying for alternative arrangements for patients discharged from RWT who would have been suitable for Probert Court. These costs have been closely monitored by the Continuing Healthcare Team during the suspension period and arrangements are being made for this total amount to be recovered accordingly.

Individual Placement Support:

- As per paper to the September Governing Body (private session), a procurement process has been completed for Individual Placement Support service which the CCG is actively supporting West Midlands Combined Authority on, in the role of host commissioner. A draft contract is being developed for the CCG to review week commencing 16th October, aiming for contract sign off by 1st November. This is an ambitious timeframe and there is a risk of slippage.

RESOLVED: That the above is noted and the following action agreed:

- Sepsis Coding Proposal by the CSU - Vic Middlemiss to check that the CSU are adopting the same methodology across all CCG's before our response is sent to the Trust.

Primary Care Counselling Service

CCM638 The Committee was presented with a report by Ranjit Khular to request that approval be given to extend the current Primary Care Counselling Service Contract to the end of March 2018.

The key features of the service are to provide counselling support to patients with very low level anxiety and depression within a Primary Care setting for patients who do not meet the criteria for Healthy Minds.

Ranjit Khular confirmed that the uptake of the service and its outcomes are positive, hence the recommendation to extend the current contract until 31st March 2018.

RESOLVED: The Committee supported the request to extend the Primary Care Counselling Service until 31st March 2018 and the following actions were agreed:

- Ranjit Khular and Vic Middlemiss to liaise about the procurement process separately.
- Ranjit Khular to obtain a sample of outcomes and monitor the frequency of GP attendances following access to the service.

Any Other Business

Dermatology Service

CCM639 Clare Barratt gave assurance in relation to the effectiveness of the Dermatology Pathway. Max Reynolds and Cyril Randles were provided with a copy of the pathway which sets out the triaging assessment and treatment protocol.

RESOLVED: That the above is noted.

MSK Service

CCM640 Max Reynolds expressed concern about delivery of the MSK Service, following an event he attended, hosted by Health Watch Wolverhampton, where it was inferred that there were insufficient resources to deliver the service. Clare Barratt advised that she had not been made aware of this and that the provider are working well within the set Key Performance Indicators.

RESOLVED: That the above is noted and an action agreed for Clare Barratt to raise concerns about waiting times at the next Contract Review Meeting.

Commissioning Committee Chair

CCM641 Steven Marshall informed the Committee that Dr Kainth has been appointed as the Chair for the Committee, with effect from November 2017. There will also be an additional GP that forms part of the membership.

On behalf of the Committee and the CCG, Steven thanked Dr Morgans for his input as Chair, over the last few years.

RESOLVED: That the above is noted.

Date, Time and Venue of Next Meeting

CCM642 Thursday 23rd November 2017 at 1pm in the CCG Main Meeting Room

RESOLVED: That the above is noted.