

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 13 February 2018
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~

Dr S Reehana

Chair

Clinical

Dr M Asghar

Board Member

Dr D Bush

Board Member

Dr R Gulati

Board Member

Dr M Kainth

Board Member

Dr R Rajcholan

Board Member

Management

Mr T Gallagher

Chief Finance Officer – Walsall/Wolverhampton

Mr M Hastings

Director of Operations

Dr H Hibbs

Chief Officer

Ms S Roberts

Chief Nurse Director of Quality

Lay Members/Consultant

Mr P Price

Lay Member

Ms H Ryan

Lay Member

Mr L Trigg

Lay Member

In Attendance

Ms H Cook

Engagement, Communications and Marketing Manager (part)

Ms S Gill

Health Watch representative

Mr J Denley

Director of Public Health

Ms K Garbutt

Administrative Officer

Mr M Hartland

Chief Finance Officer – Dudley CCG (Strategic Financial
Adviser)

Mr P McKenzie

Corporate Operations Manager

Mr H Patel

Deputy Head of Medicines Optimisation

Apologies for absence

Apologies were received from Mr J Oatridge, Mr S Marshall, Dr J Parkes, Mr Chandock, Dr D Watts and Ms S McKie

Declarations of Interest

WCCG.2035 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing

WCCG.2036 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 12 December 2017 be approved as a correct record.

Matters arising from the Minutes

WCCG.2037 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2038 **Minutes WCCG.1969 Chief Officer Report**

Mr P Price confirmed that data sharing relating to care records will be raised at the Audit and Governance Committee meeting on the 20 February 2018.

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2039 Dr Hibbs presented the report. She highlighted that Wolverhampton Clinical Commissioning Group (WCCG) has had an initial moderated rating of Good (Green) by NHS England against the Integrated Assessment Framework (IAF).

Dr Hibbs referred to the Accountable Care Alliance Development Locally. Work continues with GP leads, provider organisation, the Local Authority and Public Health to develop a new way of working together in Wolverhampton.

A review is currently being undertaken of the governance arrangements for the Black Country Sustainability Transformation Plan and a recommendation for the appointment of an independent chair is being worked on. Dr D Bush asked if there was a budget for this appointment. Dr Hibbs stated that the finance directors are looking at the running cost and there is also an allocation from NHS England.

Dr Hibbs pointed out the projects that are taking place ~

- Safer Provision and Caring Excellence (SPACE)
- Empowerment of Hard to Reach Communities in the Prevention of Violence against Women and Girls
- GP Domestic Violence Training and Support Project

RESOLVED: That the above is noted.

Items which should not routinely be prescribed in Primary Care

WCCG.2040

Mr H Patel presented the report. NHS England has run a national consultation and have made a set of recommendations around 15 items which should not be routinely prescribed in Primary Care and another 3 items which should not routinely be prescribed but include a series of exceptions. The guidance aims to reduce unwarranted variation by providing clear guidance to CCG's on items that should not be prescribed to ensure that best value is obtained from prescribing budgets. He referred to the feedback from the Members meeting regarding the outcome of the consultation and local implementation. Dr Hibbs expressed concerns regarding the possibility that items could be replaced with a more expensive item. Dr Bush added that clinical effectiveness is being balanced and asked what the rationale was in suggesting we have for banning items of medication.

Dr Gulati arrived

Dr Asghar asked if we always need to go for the cheaper option and stated that we need to have choice as the cheaper option may not work. He added that dealing with patients is difficult when changing medication. Dr Hibbs stated we need to encourage GP's not to prescribe these items. Dr Reehana added it would put some GP's in a difficult position.

A discussion took place and the recommendation would be to seek further advice regarding GP concerns and local implementation before taking these items off the local formulary.

RESOLVED: That the above is noted Mr Patel to return to the Governing Body with further information.

NHS England consultation: conditions for which over the counter items should not routinely be prescribed in Primary Care

WCCG.2041 Mr Patel presented the report which stated that NHS England have begun a consultation on conditions for which over the counter items should not be routinely prescribed in Primary Care. The report seeks the Governing Body's views on the consultation document.

He pointed out the feedback from the members meeting which took place on the 31 January 2018. Dr Bush pointed out that many of the items are relatively cheap. He added the way forward is education. Dr Hibbs stated we want people to be educated regarding self-care which is really important and helps empower them as well as protecting GP appointments for other conditions.

Mr M Hartland added that any financial benefit should be retained locally and the saving would be a proportion in the QIPP saving. A discussion took place. There are concerns around how we implement this in a fair way. It would be difficult to implement and savings would not necessarily be met. Patients should not be refused an appointment to be seen by a GP. One suggestion was that through Care Navigation patients could be directed through to pharmacy as an alternative option to a GP appointment. A review has been made at a national level and there is a significant variation both across areas and clinicians within areas.

It was suggested Mr Patel is to respond to the consultation on the CCG's behalf along the lines of the views expressed at the members meeting which mirror the views expressed around the Governing Body.

Mr Patel left

RESOLVED: That the above is noted and Mr Patel responds to the national consultation.

Board Assurance Framework

WCCG.2042 Mr P McKenzie presented the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register for the Governing Body's consideration. The updated GBAF gives an update on the risk profile against each of the defined Corporate Objectives. An assessment has been reached for each objective of the overall risk of it not being achieved.

The Strategic Risk Register is outlined in appendix 2. This gives an update on each of the identified risks, including details from the Governing Body Committee's reviews of the risks assigned to them. He pointed out that additional staff capacity has been approved in the Operations Team to further support the implementation of the risk management strategy, in particular supporting staff to ensure committee risk registers are kept up to date.

Mr Price stated this is part of the business process and is a good idea to come to the Governing Body. However we need trajectories included. Mr McKenzie confirmed this will be part of the development of the document. Ms S Roberts stated this had been discussed in the Quality and Safety Committee and is a really good system. Mr McKenzie stated we are capturing the outcome of the discussions taking place at meetings. Mr M Hastings confirmed that our auditors, Price Waterhouse Cooper have reflected this in their report.

RESOLVED:

- (a) That the Governing Body considered the Assurance Framework.
- (b) That the Governing Body noted the improvement/progression of the high level risks.

Commissioning Committee

WCCG.2043 Dr M Kainth gave an overview of the report. He pointed out the Social Prescribing Service Commissioning Intentions. The Committee was presented with a proposal to continue the Social Prescribing Service for a further 12 months from April 2018 to March 2019.

He pointed out WMAS Non-Emergency Patient Transport (NEPT). National contract variation discussions are taking place. Mr Hastings confirmed collaborative work is being carried out around this.

The implementation of the electronic referral system was discussed and Mr Hastings confirmed that practices will still be able to refer patients to a named consultant.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2044 Dr R Rajcholan welcomed Sally Roberts to the meeting and introductions took place.

Dr Rajcholan presented the report. She highlighted Vocare and an unannounced visit by WCCG which took place in January 2018 and a number of serious concerns were identified during the visit. This will be raised at the next Quality and Safety meeting.

She pointed out that the key performance indicators on the maternity dashboard were a growing concern which was impacting on the quality and safety of patients. This has been escalated.

Dr Rajcholan highlighted that there had been a delay in a patient requiring fast referral. A revised process will be established for fast track referral with cancer services and will be communicated to all staff.

Ms Helen Cook arrived

Ms H Ryan pointed out a problem within her practice regarding referrals through the ICE Health System that there is no mechanism in place for rejection which had delayed some treatment for patients. Mr Hastings confirmed he will look into this issue.

Dr Hibbs expressed concerns regarding pressure ulcers and the importance of monitoring this. Ms Roberts confirmed this will be reflected in the next report.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2045 Mr Gallagher presented the report. He referred to the finance position on page 3 of the report which indicates one amber relating to Quality, Innovation, Productivity and Prevention (QIPP). The CCG is achieving its QIPP target as shortfall is being covered by reserved and other under-spends.

He referred to the risk and mitigation on page 27 of the report. The CCG submitted an annual plan which presented a nil net risk. Following discussion within the CCG the risk profile has changed to reflect changes between plan submission (March 2017) and month 9, and continues to report a nil net risk. He highlighted key risks relating to funded nursing care and making provision for additional costs. Planning guidance makes it clear that we need to buy more than forecast outturn and make provisions for next winter and consume the consequences of increased costs in nursing care.

Mr Hastings gave an indication of the performance measures ~

- Referral to Treatment (RTT) 18 week wait rated as amber
- Diagnosis testing is back on target
- A&E wait - November 87.5%, December not too bad, January 73.1%
- 52 week wait which is on target at zero
- There was a 12 hour breach in November relating to a child requiring a bed
- Delayed transfer of care good news, health and social care trajectory is on track to deliver
- Mental Health missing a couple of targets but work is ongoing in this area.

RESOLVED: That the above is noted

Primary Care Commissioning Committee

WCCG.2046 Mr Hastings presented the report. He pointed out that the Committee received an overview of the activity in primary care and it was noted that the infection prevention standards and scores have improved since the new audit format was introduced.

He stated that the Workforce Plan continues in line with the Primary Care Strategy, Sustainability and Transformation Plan and national drivers.

RESOLVED: That the above is noted

Primary Care Programme Milestone Review

WCCG.2047 Mr Hastings stated he is happy to take any questions regarding the report which is for assurance. Alternatively please email Jo Reynolds jo.reynolds2@nhs.net.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.2048 Ms H Cook gave a brief overview of the report. She pointed out that the Minor Eye Conditions Service (MECS) campaign has continued its web and social media presences following its launch in autumn last year.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2049 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2050 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Commissioning Committee

WCCG.2051 RESOLVED: That the minutes are noted.

Minutes of the Commissioning Committee

WCCG.2052 RESOLVED: That the minutes are noted.

Minutes of the Health and Wellbeing Board

WCCG.2053 RESOLVED: That the minutes are noted.

Black Country and West Birmingham Commissioning Board Minutes

WCCG.2054 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.2055 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.2056 RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2057 The Board noted that the next meeting was due to be held on **Tuesday 10 April 2018** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.50 pm

Chair.....

Date