

## WOLVERHAMPTON CCG

### Governing Body Meeting – 8<sup>th</sup> March 2016

**Agenda item 10**

<b>Title of Report:</b>	<b>Commissioning Committee – Reporting Period February 2016</b>
<b>Report of:</b>	Dr Julian Morgans
<b>Contact:</b>	Steven Marshall
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in February 2016.
<b>Public or Private:</b>	This Report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
<ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	N/A
<ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>	N/A

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• <b>Domain 3:</b> Financial Management	N/A
• <b>Domain 4:</b> Planning (Long Term and Short Term)	N/A
• <b>Domain 5:</b> Delegated Functions	N/A



## **1. PURPOSE OF REPORT**

- 1.1. The purpose of the report is to provide an update from the Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of February 2016.

## **2. MAIN BODY OF REPORT**

### **2.1 Contracting & Procurement Update**

#### ***Contracting 2015-16***

All 2015/16 contracts have now been signed.

#### ***Royal Wolverhampton NHS Trust***

#### **Percentage of A&E Attendances where the patient was admitted transferred or discharged with 4 hours.**

The Trust's monthly performance has been below 95% since September and deteriorated further in December to 88.53%.

The Trust has been reminded that 2% of the A&E budget would be withheld for failing to achieve against this trajectory, in line with General Conditions (GC) 9 of the contract.

#### **Cancer Targets**

The percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer was 85.71% in December against an 85% target.

The Trust anticipated that it would be likely to breach again in January 2016 as a number of patients had opted to have surgeries following Christmas, rather than before. A remedial action plan is in place to support the recovery of the Trust's position and, like the A&E 95% target, the CCG will enact GC9 if the Trust fails to achieve.

For the 62 day target associated with referral from an NHS screening service to first definitive treatment for all cancers, the Trust achieved 100% in December.



## **Referral to Treatment within 18 weeks (September and October data)**

The percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral was on target for December. The trust is failing to achieve the following areas:

- General Surgery – 86.87%
- Oral surgery – 84.74%
- Trauma and Orthopaedics – 90.29%
- Urology – 86.47%

The Trust has given assurances in relation to actions being taken to improve performance through an updated action plan and a recovery plan for General Surgery.

## **E- Discharge - RWT**

The Trust achieved 95.39% against a target of 95% for completion and dispatch of an electronic discharge summary to inpatients within 24 hours of discharge for all wards. However, the Trust failed to achieve its target for assessment areas.

An updated remedial action plan has been agreed with a revised trajectory where performance is not meeting the standard. This will continue to be closely monitored through the quality and contract meetings.

## **Performance/Sanctions**

- The 2015-16 total sanctions levied to RWT to date equates to £1,096,150.
- Contract escalation meetings have been put in place to address this area.

## **Activity & Finance**

Speciality performance - Plan versus Actual:

- The Top 10 Specialties equate to £8.5m of over performance
- General Surgery is currently £2.8m (27%) above plan
- General Medicine is currently £1.0m (3%) above plan

Community Services by commissioner:

- The Community element of RWT contract is £136k under plan
- Dudley CCG is currently £14k (3%) above plan
- Wolverhampton CCG remains “break even”



Community – Top 10 over performing specialties:

- Community Matrons continues to be the top over performing specialty, and is now £188k above plan YTD
- District Nursing is now £172k over plan
- CICT Rehab has over performed by £72k
- 14 specialties are under plan, equating to £694k of under-performance

### ***Black Country Partnership Foundation Trust***

#### **General**

Action plans are in place for the following areas which are being monitored through the Contract Quality Review Meeting. The action plans are joint plans for both Wolverhampton and Sandwell & West Birmingham CCG with the exception of the early intervention services action plan which is for Wolverhampton CCG only:

- Early Intervention Services
- CPA
- Safeguarding training. A remedial plan is now in place.
- BCPFT Mandatory Training for Infection Prevention and Control. A revised trajectory has been agreed plus fines if not settled.

#### **Performance issues**

Two contract performance notices remain open which are being managed through remedial action plans.

**Action – The Committee request that Governing Body note the contents of the report.**

### **2.3 Introduction of NICE TA293 – Eltrombopag for Treating Chronic Immune (Idiopathic) Thrombocytopenic Purpura**

Eltrombopag is recommended by NICE as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura, within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy because surgery is contraindicated), only if:

- their condition is refractory to standard active treatments and rescue therapies, or
- they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies and
- the manufacturer provides eltrombopag with the discount agreed in the patient access scheme



Currently Romiplostim is used for patients that meet the above criteria (TA 221). However, as per the recommendation of NICE, future practice will be that patients and clinicians have the choice of Romiplostim or Eltrombopag in line with the respective TAGs.

Commissioning Committee were assured by the contents of the report and acknowledged the mandatory requirement to introduce the use of Eltrombopag.

**Action – The Committee request that Governing Body note the content of the report.**

## **2.4 Public Health Commissioning Intentions**

The commissioning intentions were received by the Health and Wellbeing Board and the Integrated Commissioning Board in February 2016.

A number of commissioning and procurement exercises have taken place as planned to redesign and implement an integrated model of sexual health services, a befriending service to support vulnerable women at risk of child safeguarding proceedings, the re tender of adult weight management services and revision of the portfolio of local enhanced primary care services into a healthy lifestyles community framework. Healthy lifestyles services cover smoking cessation, NHS health checks, needle exchange, supervised consumption, GP shared care (substitute prescribing of controlled medication to replace the use of opioids for drug users on a treatment programme) and nicotine replacement therapy.

Mobilisation of these services including new performance and quality standards will be embedded in 2016/17. To support the healthy lifestyles community contracts a new technical data solution has also been purchased for pharmacy services monitoring and a GP and community system will be separately specified and procured in 2016.

National health profiles show that Wolverhampton has higher than national averages for deaths attributable to stroke, lung cancer, respiratory disease, alcohol, coronary heart disease and infant mortality. To respond to these issues tackling the key contributory lifestyle factors; smoking, physical activity and alcohol are Corporate Plan priorities under Promoting and Enabling Healthy Lifestyles.

**Action – The Committee request that Governing Body note the above.**



### 3. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

<b>Name</b>	<b>Dr Julian Morgans</b>
<b>Job Title</b>	<b>Governing Body Lead – Commissioning &amp; Contracting</b>
<b>Date:</b>	<b>25<sup>th</sup> February 2016</b>

