

## WOLVERHAMPTON CCG

### Governing Body Meeting – 10<sup>th</sup> May 2016

Agenda item 11

<b>Title of Report:</b>	<b>Commissioning Committee – Reporting Period April 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 April 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

Governing Body  
10<sup>th</sup> May 2016



• <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 Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of April 2016.

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

### **2.1 Contracting & Procurement Update – Month 11 February 2016**

The Committee were provided with an update report relating to Month 11 (February) activity and finance performance and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in March 2016.

#### **Contracting 2016-17**

- The Contract with Black Country Partnership Foundation Trust has been signed.
- The Royal Wolverhampton NHS Trust contract has been signed and arbitration avoided by meeting the deadline of 25<sup>th</sup> April 2016. The following has been agreed:
  - A compromise was agreed on growth
  - Urgent Care Centre – agreed a phased introduction and recognised 2016/17 as a transitional year

The following was not agreed:

- End of Life reduction – A compromise to be agreed and a holistic specification developed
  - BCF reduction in non-elective activity - £1.5m diverted into community nursing
  - Troponins – A service development improvement plan to be included in the contract
  - Money for critical care
- West Midlands Ambulance Service – offer received and agreed as £9.6m. A contract has now been formalised.



**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 decreased since January from 89.31% to 85.39%, and the RAP trajectory of 95% was not achieved. Commissioners have been asked to withhold 2% of the A&E budget for February and to retain 2% for the month of January, in line with General Conditions of the contract.

**Cancer Targets**

Three cancer wait targets did not achieve their targets in February.

The percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers breached in February achieving 95.65% against a target of 96%.

The percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer has increased as expected, following a dip over the Christmas period, from 71.34% in January to 77.85% with an overall Q3 breach of 80.48%. This is directly linked to patients choosing not to have appointments during the holiday period.

The RAP target of 78.0% was not achieved 70.37%.

The percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers dipped from 83.78% in January to 72.00% in February against a 90% target. This was due to bed capacity issues.

**Referral to Treatment within 18 weeks (January – Unify)**

Overall, throughout the year the Trust has been achieving against this target. However, at speciality level the Trust is failing to achieve in the following areas, for which an updated action plan is in place:

- General Surgery – recovery plan in place
- Gynaecology
- Oral surgery
- Trauma and Orthopaedics
- Urology



## **E- Discharge - RWT**

Wards - The Trust breached this target and achieved 94.59% against 95%.

Assessment Areas –The Trust achieved 84.17% against a target of 95%.

The Trust has acknowledged that they are unable to achieve the target for this year and a bid has been agreed to enable them to progress, which the CCG are reviewing.

## **Performance/Sanctions**

The 2015-16 total sanctions levied to RWT to date equates to £1,402, 080.00 across the whole contract.

The CCG has received thirteen bid applications from RWT; which were agreed at the Clinical Quality Review Meeting in March.

## **Activity & Finance - Acute**

### **Overall Position by Commissioner**

- Over performance for the total contract equates to £9.6m
  - Cannock continues to be the top over performer at £9.9m
  - South Staffs & Seisdon
  - Walsall
- Under performance
  - Stafford & Surrounds
  - Wolverhampton

### **Speciality Performance**

- The Top 10 Specialties equate to £10m of over performance
- General Surgery - £3.3m above plan
- Accident & Emergency - £1.5m above plan

### **Community Services by commissioner**

- RWT - £203k under plan.
- Dudley CCG - £14k above plan
- Shropshire - £78k below plan
- Wolverhampton CCG - £71k below plan
- Walsall - £27k below plan



## **Community – Specialties**

- Community Matrons – £187k above plan (top over performer)
- District Nursing - £167k above plan
- CICT Rehab - £88k
- 14 specialties are under plan equating to £818k of under-performance. The top underperforming specialty is care of the elderly (£329k below plan)

## **Black Country Partnership Foundation Trust**

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.

## **Performance issues**

There are two open Contract Performance Notices and these were discussed in detail at the February Clinical Quality Review meeting and action plans are being monitored.

## **Other Contracts**

Vocare (Urgent Care Centre Provider) – The service commenced on 1<sup>st</sup> April 2016 and a draft contract has been issued.

Non-Emergency Patient Transport (NSL) – The contract is due to run through until September 2016. There are on-going problems with non-payment of invoices from certain associate commissioners which the CCG is helping NSL to resolve.

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



## **2.2 Business Case Proposal: Provision of a Direct Access Diagnostic Spirometry Service (Wolverhampton and South Staffordshire GP Surgeries)**

The Committee were presented with a report requesting approval of the Direct Access Diagnostic Spirometry Service Business Case received by RWT.

- Spirometry is an essential investigation for diagnosis and severity assessment for people living with respiratory conditions such as COPD and Asthma. Nationally, most COPD cases are undetected and it is estimated that there are approximately 2.2 million people living with COPD that do not have a confirmed diagnosis.
- Locally, there are circa 5,000 patients currently on a primary care COPD register, and it is estimated on average that there are approximately 40 new cases diagnosed each month.
- Analysis from the Right Care Commissioning for Value kit (January 2016) demonstrates that Wolverhampton CCG underperforms against the mean of its peer group by 20%.
- National and local evidence indicates that there is a vast increase in admissions related to respiratory conditions. Locally, the CCG has an admission rate for COPD of 2.48/1000 which is above the regional and national means.
- Data provided by the CSU indicates that for Wolverhampton CCG respiratory spend was £8,642,664 against the RWT contract for 2014/15.
- The CCG has a local quality premium target for 2016/17 to improve recorded prevalence by 10% against estimated prevalence, this equates to circa 500 patients being added to primary care registers.
- The CCG is currently working with clinical leaders and Graphnet business intelligence analyst embedded within the CCG to develop a case finding algorithm utilising prognostic indicators to provide practices with a list of patients who may benefit from an enhanced review and further diagnostic testing.

The Committee agreed to approve the Business Case in principal with the view that a clearer financial position is reported on next month.

**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



**Name** Dr Julian Morgans  
**Job Title** Governing Body Lead – Commissioning & Contracting  
**Date:** 28<sup>th</sup> April 2016

Governing Body  
10<sup>th</sup> May 2016

