

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP COMMISSIONING COMMITTEE

Minutes of the Commissioning Committee Meeting held on Thursday 26th September 2019 commencing at 1.00 pm in the CCG Meeting Room 1, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	Yes

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Director of Finance	Yes
Sally Roberts	Chief Nurse & Director of Quality	No
Andrew Wolverson	Head of Service People - Commissioning - WCC	No

In Attendance ~

Peter McKenzie	Corporate Operations Manager	Yes
Vic Middlemiss	Head of Contracting & Procurement	Yes
Philip Strickland	Governance & Risk Coordinator	Yes (part)
Yvonne Higgins	Deputy Chief Nurse	Yes
Alan Hanna	Project Accountant	Yes (part)
Sukhi Sandhar	Deputy Head of Medicines Optimisation	Yes (part)

Apologies for absence

Apologies were received from Sally Roberts

Declarations of Interest

CCM828 There were no declarations of interest.

Minutes

CCM829 The minutes of the last committee meeting, which took place on 29th August 2019 were agreed as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM829 Mr Reynolds asked how patients would access the newly commissioned community dermatology service. Mr Middlemiss confirmed that the new service would operate as the current provider did with referrals from GPs for conditions other than where cancer was suspected. Cancer related referrals would be made to RWT and pathways for onward referrals from Circle were also open. In response to a further question, it was confirmed that Circle would operate at sites across the city but that the location of these sites had not yet been finalised. Mr Randles highlighted previous issues with patients having appointments at multiple locations and asked whether the CCG had influence on the provide to ensure locations were suitable. It was agreed that an update would be provided on plans for the location.

Committee Action Points

CCM830 There were no current actions to review.

Devolvment of Mental Health NCAs Budget to BCPFT

CCM831 Mr Hanna introduced the report, which outlined a proposal to devolve management of the budget for non-contracted activity in Mental Health to Black Country Partnership Trust.

The report outlined that this spend related to mental health patients placed out of area due to capacity in the local trust. Currently, when capacity was not available, bed managers within the trust sourced an alternative placement, that was then paid for by the CCG. It was proposed that, following financial modelling, the expected budget for this activity will be transferred to the trust as part of their contract, on a shadow basis initially. Mr Hanna outlined some of the technical work undertaken to identify potential spend, including excluding spend with a number of NHS providers.

Mr Marshall outlined some of the background to the development of the proposal, highlighting that it was intended to support transformation across the system by providing positive incentives to keep patients in area and aslto to avoid costly out of area placements.

Ms Higgins highlighted that, as part of the development of the proposal, it would be sensible to work with the Trust to strengthen their care coordination processes for out of area placements. Mr Marshall referred to standard operating procedures that were in place to support coordination for out of area patients. In response to a question from Mr Reynolds, it was confirmed that the intended impact of the proposal was for more of the budget to be spent locally and that patients would see improvements in service as a result. In response to a question from Mr Randles, Mr Middlemiss confirmed that the spend and impact of the proposals would be monitored through KPIs around bed availability and that an update could be provided prior to the end of the shadow period.

Mr Marshall advised the committee that, following discussions with the trust, a query about liability for patients had been raised. This was being escalated to the trust's Chief Executive.

RESOLVED: The committee supported the proposals and asked that an update be provided prior to the end of the shadow period.

Phil Strickland joined the meeting

Contracting Update

CCM832 The Committee was presented with an update for the period September 2019.

Royal Wolverhampton NHS Trust

Performance Targets

Referral to Treatment (RTT) – Mr Middlemiss advised that the Trust were reporting an overspend due to an increase in outpatient activity that had not yet been matched by a reduction in in-patient activity, Mr Marshall highlighted that there was a reduction in outpatient first appointments which could potentially lead to a reduction in outpatient procedures later in the year. Mr Gallagher also highlighted the work undertaken by the Trust to reduce their waiting list backlog and Mr Middlemiss advised that colleagues in Business Intelligence were analysing details from the Trust. He also confirmed the Recovery Action Plan for RTT had been agreed which would enable monitoring of specific action.

Mr Middlemiss advised that work to divert referrals for breast cancer was beginning to have a positive impact on performance. Ms Higgins advised that reductions in performance at Walsall and Dudley were being monitored and Dr Gulati referred to negative patient experience in consultant clinics as a result of pressure in the system.

Contract Performance

Mr Reynolds commented on the information provided in the report in relation to theatre utilisation as a result of consultants not being available. Mr Marshall highlighted the potential impact of changes in NHS pensions.

Other Contractual Issues

Dermatology – Mr Middlemiss referred to ongoing work to mobilise the contract for the new community Dermatology provider, highlighting the previously discussed work to establish provision across the City. He also advised that complications with commissioning arrangements in Staffordshire presented a potential risk, this would be discussed further and potentially added to the committee's risk register.

Black Country Partnership Foundation Trust (BCPFT)

Performance/Quality Issues

Improving Access to IAPT

Mr Marshall advised that work was underway to make IAPT provision available in Primary Care settings by the end of September. Dr Gulati confirmed that GPs welcomed this provision but highlighted the associated challenges with estate in Primary Care.

Mr Randles asked about the reference in the report to the audit on duty of candour. Ms Higgins advised that the Trust had been receptive to the findings of the result of the audit and acted quickly to address the issues identifying. The CCG had been invited in to review performance.

RESOLVED – The Committee noted the updates and actions being undertaken.

Ms Sandhar joined the meeting

Review of Risk

CCM833 The Committee was presented with the current corporate and committee level risks. Mr Strickland advised that an update had been provided in relation to the risk identified relating to the emotional well-being service and that the risks had been re-aligned to the new Governing Body Assurance Framework. It was confirmed that potential risks in relation to dermatology and the issue in relation to liability for out of area patients would be considered for addition at the next meeting.

RESOLVED – That the above has been noted

Any Other Business

CCM834 Items which should not routinely be prescribed in Primary Care (Medicines of limited clinical value)

The committee considered a report from the Head of Medicines Optimisation which outlined NHS England guidance issued to CCG's in relation to medicines not to be routinely prescribed in Primary Care. Ms Sandhar presented the report, highlighting that the guidance has been produced following a period of consultation and advising that the proposal was to implement the guidance using a phased approach with patients.

In response to a query from the Chair, Ms Sandhar confirmed that proposals to include blood glucose monitoring strips in the guidance had been removed following consultation. Work to reduce prescriptions in relation to these products was included in the CCG Oversight Framework.

RESOLVED – That the Committee support the implementation of the guidance on items that should not be routinely prescribed in Primary Care with a local communication and engagement exercise.

Date, Time and Venue of Next Meeting

Thursday 31th November 2019 at 1pm in the CCG Meeting Room 1