

WOLVERHAMPTON CCG

Governing Body Meeting – 11th October 2016

Agenda item 10

Title of Report:	Commissioning Committee – Reporting Period September 2016
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in September 2016.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	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"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	N/A
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	N/A

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• Domain 3: Financial Management	N/A
• Domain 4: Planning (Long Term and Short Term)	N/A
• Domain 5: 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 September 2016.

2. MAIN BODY OF REPORT

2.1 Contracting & Procurement Update

Members of the Committee were provided with an overview and update of key contractual issues, predominantly relating to Month 4 (July) activity and finance performance. The report also included key actions from the Clinical Quality Review and Contract Review meetings held in September 2016.

Royal Wolverhampton NHS Trust

Performance issues

Remedial Action Plans remain in place for:

- A&E
- E-discharge
- Cancer 62 days

A&E year to date performance is as follows:

A&E	April	May	June	July
Actual	85.08%	88.03%	91.61%	88.63%
STF Trajectory	90.00%	91.00%	92.00%	95.00%

Key points from the A&E Remedial Action Plan:

- Joint triage arrangements with Vocare due to commence on 1 September which should facilitate more effective triage and ultimately move patients through faster
- Fulltime Flow Coordinator now allocated to ED.
- Mixed success with recent recruitment:
 - Additional nurses will start in September although 5 vacancies remain.
 - Only three Trust Fellows commenced in August (leaving 4 short)
 - Three Advanced Care Practitioners in post to supplement middle grade rota.
 - On target with new junior doctors rota
 - Failed to recruit additional senior sister for 24/7 cover.



E-discharge

E-discharge (assessment)	April	May	June	July
Actual	84.59%	87.38%	84.48%	82.94%
Target	95%	95%	95%	95%

E-discharge (ward areas)	April	May	June	July
Actual	92.84%	93.40%	94.59%	94.29%
Target	95%	95%	95%	95%

Key points from the E-Discharge Remedial Action Plan – Covering Wards and assessment areas:

- Clinicians have identified a lack of IT hardware in ward areas as one of the key reasons why discharges are not being actioned in a timely fashion. Additional equipment may be required to address this concern before performance achieves standard on a consistent basis.
- Junior doctors strike will impact on the delivery of e-discharge, whilst the September strike has been stood down, others strike dates are still planned

Cancer 62 day target

Cancer	April	May	June	July
Actual	79.88%	72.02%	81.36%	84.00%
STF Trajectory	84.00%	84.00%	85.00%	85.00%

Key points from the Cancer Remedial Action Plan

- Main reasons identified for non-compliance identified as follows:
 - Urology capacity
 - Late tertiary referrals
 - Radiology capacity (increased demand has put pressure on the service to deliver reports and scans in a timely manner).
 - Capacity in Gynaecology services
 - Referrals for Head & Neck have significantly increased

Referral to Treatment

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RTT (headline)	April	May	June	July
Actual	84.59%	87.38%	84.48%	91.18%
STF Trajectory	92%	92%	92%	94.2%

Recovery plans are in place for the five main challenged speciality areas.

Performance Sanctions

The year to date total as at Month 4 is £122,850. This excludes any sanctions pertaining to A&E, Cancer 62 day waits and RTT, which are subject to the Sustainability and Transformation Fund (STF) process.

Other RWT contractual issues

- A&E Coding issues
 - Activity impacting on HRGs (VB09Z and VB11Z)
 - Potential duplicate patients on the system
 - The CCG Continue to pursue these issues

Black Country Partnership Foundation Trust

Performance issues

Non-achievement of CQUIN target (Quitapene) – Discussions have taken place with the Trust and actions are being put in place to address this.

SQPR - Most indicators are on target YTD. The Early Intervention Service had been an area of concern. However, this has been 100% for the last 2 months.

Remedial Action Plan (PREVENT) – The Trust has agreed to provide monthly updates on the milestones in the trajectory. At present they are on target for all indicators and likely to meet the end of year milestones if performance continues as it is.

Contract Activity (BCPFT)

BCPFT are over-performing and over-spending against the block contract on a number of lines; high level observations is a particular area of concern raised by the Trust. Whilst this does not impact on the CCG directly (because of the protection afforded by the block), it is being closely monitored. We anticipate that the Trust will be seeking to raise these issues during contract negotiations as part of their strategy to move to cost and volume, for activity lines where costs outweigh income.



Other Contracts/ Significant Contract issues

Urgent Care Centre - The contract for the Urgent Care Centre has finally been signed by Vocare, which enables the CCG to undertake more robust contract management of key issues, in particular activity performance.

The CCG has undertaken an analysis of activity and identified that Vocare is significantly under plan for activity YTD, particularly for face to face contacts. The CCG will therefore be seeking to claim money back, as per the wording of the contract which states that a 40% marginal rate will apply to activity below a 10% tolerance. A further update will be provided to the committee in October.

Action – The Committee request that Governing Body note the update report provided.

2.2 Social Prescribing Business Case

The CCG previously explored a model of Social Prescribing through a Social Impact Bond financial model. The financial model proposed was deemed to result in a level of risk to the CCG that meant the proposal was not viable. The operational model of Social Prescribing however is a model that we would wish to pilot, as evidence shows that it improves patients wellbeing and reduces social isolation.

A 12 month pilot for social prescribing is proposed, to be delivered by the Wolverhampton Voluntary Sector Council. The model proposed would see 3 trained “link workers” across the City working with and supporting individuals that require low level, non-clinical support but whom access Health and Social Care services regularly.

The outcomes of Social Prescribing are expected to be:

- A reduction in social isolation
- Improved health and well being
- A reduction in demand on primary care and secondary care activity

Finances:

- The anticipated cost of delivering the model as a 12 month pilot is £148,316.
- For Financial Year 2016/17 there is a part year effect equivalent to $(148.316/12) \times 3 = £37,079$.
- Confirmation of costs to be provided.



The Committee supported the proposal of the 12 month pilot subject to:

- 1) The Business Case wording is modified to strengthen the fact that the link workers will forward and support case management.
- 2) It is made explicit that the funding route is the GP development reserve we hold
- 3) It is costed for 3 months of service (from January 17) which reflects the front loading of the admin costs (i.e. buying of computers etc.) and thereafter the annual

Action – The Committee request that Governing Body support the action taken.

2.3 Atrial Fibrillation

Mr Love presented a Business Case to the Committee, which sought to introduce a project to improve diagnosis and treatment of Atrial Fibrillation (AF) in Primary Care. The Business Case for a 12 month pilot in the South West was approved by the Primary Care Programme Board on 14th September 2016.

The Committee did not approve the pilot and requested that:

- The Primary Care Board proposes the way forward to the Committee.
- Further work is completed around pathways and scaling the risk.
- Work with Finance in order to demonstrate cash flow

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

2.4 Nuffield Health Ltd Business Case for a Spinal Service

Nuffield Health Limited (the Nuffield) is currently commissioned to provide a range of elective services including pain management, orthopaedics and general surgery. At present, this does not include spinal surgery and it is NHS Trusts, in the main, that provide this surgery for our patients.

The Nuffield has submitted a business case to extend the current directory of services commissioned to include spinal services. The rationale provided states that, should this service be commissioned, it would form part of the commissioned pain management pathway and provide a seamless patient journey.

The Committee approved the Business Case.



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:	30 th September 2016

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