

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 25th August 2016
Commencing at 1 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~		Present
Dr J Morgans (JM)	Chair	Yes

Patient Representatives ~

Malcolm Reynolds (MR)	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall (SM)	Director of Strategy & Transformation (Chair)	Yes
Claire Skidmore (CS)	Chief Financial Officer	No
Manjeet Garcha (MG)	Executive Lead Nurse	No
Viv Griffin (VG)	Assistant Director, Health Wellbeing & Disability	No
Juliet Grainger (JG)	Public Health Commissioning Manager	No

In Attendance ~

Alison Porter (AP)	CSU Contracting & Procurement	Yes
Ranjit Khular (RK)	Public Health Commissioning Officer	Yes
Liz Hull (LH)	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Claire Skidmore, Manjeet Garcha, Viv Griffin and Vic Middlemiss.

Declarations of Interest

CCM519 There were no declarations of interest made.

RESOLVED: That the above is noted.

Minutes

CCM520 The minutes of the last Committees, which took place on Thursday 30th June 2016 and Thursday 28th July 2016 were approved as true and accurate.

RESOLVED: That the above is noted.

Matters Arising

CCM521 (CCM508) The Value of Using Blue Teq: A discussion took place about using the system more widely in the CCG.

(CCM515) Translation Services: At the last Committee, clarification was requested in relation to a revised start date. The Committee was advised that at the Private Governing Body Meeting on 9th April 2016 the following was agreed:

- To undertake OJEU procurement for the interpreting service
- To extend the current contract, if required, should the procurement process not be completed by 31st August 2016

RESOLVED: That the above is noted.

Committee Action Points

CCM522 (CCM505) Big Lottery – Commissioning Better Outcomes: Following lack of support by the Local Authority, this project will not be pursued further. Action closed.

A discussion took place with regards to a different strategic approach to projects. It was agreed that Steven Marshall would look at pursuing this further.

(CCM504) Nuffield Health Contract: Services commissioned at the Nuffield, as per the specification, include a range of elective / planned care in the following specialties:

- General Surgery
- Ophthalmology
- Pain Management
- Musculoskeletal / Orthopaedic, including joints
- Physiotherapy

It was noted that it should be written in the contract, that as part of the discharge process, patients should go back into an NHS support pathway.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM523 The Committee was provided with an update report relating to Month 3 (June) activity and finance performance, and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in July 2016.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund

As stated last month, the Trust has confirmed that it is formally signed up to be part of the Sustainability and Transformation Fund (STF) process. In terms of its performance requirements relating to STF, the Trust has submitted trajectories to for the following areas:

- A&E 4 hour waiting time
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

For A&E and Cancer, the trajectories are consistent with the Remedial Action Plans which are in place for those two areas. The implication to the CCG is that we cannot impose 'Double Jeopardy', which means we will not be able to enforce any contractual sanctions, withholds or impose recovery trajectories outside of the agreed STF trajectories, for these KPIs. Sanctions outside of the affected areas can still apply and the CCG is still expected to follow the GC9 process in relation to Remedial Action Plans for areas of sustained under-performance.

Highlights of Key Areas

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

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%

It has been agreed to amalgamate the Vocare UCC activity with the Trust's A&E activity and for the combined figure to be reported through Unify from August. The Trust has agreed for a separate line to be added to the Performance Dashboard so that performance of both scenarios can be monitored/ compared.

Cancer Treatment within 62 days

YTD performance as follows:

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

The Trust continues to be challenged on delivery of the 62 day referral to first definitive treatment target. The predominant reasons for under-performance, from the Trust's RAP, are stated as capacity issues in Urology as well as the impact of late tertiary referrals, many of which are exceeding 42 days. There are also capacity issues highlighted in Radiology and Gynaecology services.

E- Discharge

YTD performance as follows:

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

This target continues to fail despite investment from 15/16 fines monies. E-discharge performance for ward areas also remains under target, albeit very close to achieving. The e-discharge targets are not part of STF and therefore sanctions are being applied accordingly.

Referral to Treatment within 18 weeks

YTD performance of the headline figure as follows:

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

Performance Sanctions

Financial sanctions as at Month 3 (year to date total) are £71, 600.

A&E Coding Issues

The Committee was made aware of an issue with A&E activity and a potential coding and counting charge. Following an investigation by the Trust, it has been identified that the problem was caused by a system update that resulted in under-reporting of VB11Zs and over-reporting of VB09Zs. The Trust has proposed to refund the difference and details of this will be finalised by the end of August. The financial impact to the CCG is circa £60k for Quarter 1 but the rebate will apply to subsequent months until the issue is resolved.

A second A&E coding issue has been flagged to the Trust regarding potential duplicates on the system. A response to notification of this issue remains outstanding.

Other Contracts

Urgent Care Centre

Draft contracts were exchanged between Wolverhampton CCG and Vocare Limited on 5th July 2016. Having completed a face to face page turn with Vocare in late July it became clear that they had a number of issues that had not previously been raised. The CCG has now responded to all the queries, clarified the quality metrics for the contract and drafted a revised Performance Report. The final draft contract was submitted to Vocare and resubmitted it to Vocare on 12th August 2016 and is awaiting signature.

Nuffield Contract Issues/Update

It was agreed with Nuffield Health that WCCG have an individual contract rather than a joint contract in 2016/17. WCCG now lead on this contract with Cannock, Dudley, Staffs and Surrounds and South East Staffs & Seisdon Peninsular as associates.

There has been an issue with reporting of Physiotherapy data and receiving payment from the CCG. We have received all backdated information and payment agreed but will continue to monitor this going forward.

Nuffield has recently submitted a business case to the CCG for undertaking orthopaedic joint injections as outpatient procedures, which otherwise would be performed as day cases. This change is enabled through the opening of a new diagnostic suite. The business cases impacts on three HRGs and represents a small financial saving to the CCG (estimated at £3,515 per annum) as reduced outpatient tariffs apply. It is therefore more of a quality based initiative as it avoids patients having to undertake a GA if appropriate for the outpatient pathway.

The Committee approved the Business Case.

Black Country Partnership Foundation Trust

Non-Achievement of CQUIN Target (Quetiapine)

One of the CQUIN targets in the 2015/16 contract concerned the prescribing and monitoring of patients on Quetiapine - a drug used for patients with psychosis. An action plan has been developed however it has not yet been jointly agreed. There remain differences in interpretation of who should be undertaking the review. The Trust expects the patients to be the responsibility of primary care whereas the CCG expect that responsibility to sit with BCP psychiatrists. A meeting is being arranged to resolve this issue.

Any Other Business

CCM524 There were no items raised.

Date, Time & Venue of Next Committee Meeting

CCM525 Wednesday 28th September 2016 at **1.30pm** in the CCG Main Meeting Room.