

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Wednesday 28th September 2016
Commencing at 1.30 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	No

Management ~

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

In Attendance ~

Lesley Sawrey	CCG Deputy Chief Finance Officer	Yes
Mursheda Nessa	WCC Public Health	Yes
Liz Hull (LH)	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Claire Skidmore, Cyril Randles, Viv Griffin, Juliet Grainger and Vic Middlemiss.

Declarations of Interest

CCM526 Dr Morgans declared a clinical interest in Item CCM532 – Atrial Fibrillation.

RESOLVED: That the above is noted.

Minutes

CCM527 The minutes of the last Committee, which took place on Thursday 25th August 2016 were approved as true and accurate.

RESOLVED: That the above is noted.

Matters Arising

CCM528 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

CCM529 (CCM514) Contracting & Procurement Update – Nuffield: Services commissioned from Nuffield include a range of elective / planned care in the following specialities:

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

The services will include, where appropriate:

- Pre-treatment
- Treatment
- Recovery
- Discharge

Level of physiotherapy provided and why this may differ from RWT to Acute Trusts – A contributing factor is complexity of the patient as this impacts upon the post-op care/physio. Nuffield only accept non-complex low level patients whereas RWT accept all patients with varying complexity. This is why the level of physiotherapy input may appear different when making comparisons.

(CCM514) Contracting & Procurement Update – STF Query: It has been confirmed that STF money will be retained by NHSI/NHSE if RWT do not meet targets.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM530 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

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 (Quitiapene) – 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.

RESOLVED: That the above is noted.

Social Prescribing Business Case

CCM531 Mr Marshall presented a report in relation to the 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.

RESOLVED: 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 annually.
- 4) Equality / Quality Impact Assessment to be completed.

Atrial Fibrillation

CCM532 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.

RESOLVED: 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

Nuffield Health Ltd Business Case for a Spinal Service

CCM533 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.

RESOLVED: The Committee approved the Business Case.

Any Other Business

CCM534 None.

Date, Time & Venue of Next Committee Meeting

CCM535 Thursday 27th October 2016 at 1pm in the CCG Main Meeting Room.