

# WOLVERHAMPTON CLINICAL COMMISSIONING GROUP COMMISSIONING COMMITTEE

Minutes of the Commissioning Committee Meeting held on Thursday 24<sup>th</sup> November 2016 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

## MEMBERS ~

Clinical ~ Dr J Morgans	Chair	<b>Present</b> Yes
Patient Representatives ~		
Malcolm Reynolds Cyril Randles	Patient Representative Patient Representative	Yes No
Management ~		
Steven Marshall	Director of Strategy & Transformation (Chair)	No
Claire Skidmore	Chief Financial Officer	Yes
Manjeet Garcha	Executive Lead Nurse	Yes
Juliet Grainger	Public Health Commissioning Manager	No
Mursheda Nessa	Public Health Commissioning Manager	Yes
In Attendance ~		
Steve Barlow	Health Protection Lead Practitioner	Yes
Stephen Cook	Senior IMT Project Manager	Yes
Vic Middlemiss	Head of Contracting and Procurement	Yes
Hemant Patel	Deputy Head of Medicines Optimisation	Yes
Helen Pidoux	Administrative Team Manager	Yes

# Apologies for absence

Apologies were submitted on behalf of Steven Marshall, Cyril Randles and Juliet Grainger

# **Declarations of Interest**

CCM542 There were no declarations of interest on this occasion.

#### **Minutes**

CCM543

The minutes of the last Committee, which took place on Wednesday 27th October 2016 were approved as true and accurate.

RESOLVED: That the above is noted.

# Matters Arising

CCM544 There were no matters arising on this occasions

RESOLVED: That the above is noted

#### **Committee Action Points**

CCM545

Action list to be revised to show separate actions for RWT outline business case for additional safeguarding resource and contractual position in relation to equipment provision at Nuffield.

- RWT Outline Business Case for additional safeguarding resource date of when this is to be completed to be reviewed – to be confirmed by Manjeet Garcha
- Contractual position in relation to equipment provision at Nuffield to be checked and reported back – it was confirmed that this is not included in the contract. This will be discussed as part of the contract meetings to gain an understanding of the pathway – action closed
- Contract and procurement update included in report.

## **Care Pathway Clinical Decision Support System**

CCM546

Stephen Cook introduced this report. Currently of the 45 GP practices only 8 sites use the DXS software. The reason for this has been issues with IT meaning that DXS is not fit for purpose. As the CCG has tight monetary constraints this is an appropriate time to review and consider alternative options such as withdrawing the system from all GP practices, withdrawing it from GP practices that don't use it and continuing it in practices that do use it until an alternative is found. (DXS is currently funded from GPSoC monies, however, these are being reduced hence leaving a cost pressure with the CCG.)

It was reported that the Primary Care Board had considered the option and had approved the preferred option of removing DXS from sites that do not use the solution whilst looking into other solutions that are more financially viable and effective in primary care.

The recommendation being made to the committee was';

- To understand the needs of practices
- Procure and build an appropriate solution
- Deliver this within the financial envelope
- Interim solution to ease budget pressure is to only procure for those

actively using the system. However, this needs a short timeline for resolution as there is inequity in access/usage.

RESOLVED: The Committee supported the recommendations made.

Stephen Cook left the meeting

#### Disinvestment of Glucosamine

#### CCM547

Hemant Patel brought this report to the Committee to given assurance that, following the CCG's decision to disinvest in this treatment as it was not recommended by NICE, this drug is no longer prescribed in the Wolverhampton area with the exception of 1 patient. The actual savings over 12 months for the CCG was around £150k.

An indepth audit of glucosamine prescribing uncovered the following issues; Some patients had cashed in old repeat prescriptions

There were several examples of patients joining practices from outside the area that had their glucosamine continued

New GPs to practice had inadvertently issued scripts for glucosamine.

All patients were offered reviews and alternative options including the Healthy Lifestyles service.

One patient was prescribed glucosamine on the advice of a consultant due to a reason outside of the NICE recommendation. It was felt reasonable for this patient to continue to be prescribed the drug.

No formal complaints have been received by the CCG following the disinvestment decision. The PCMT will continue to monitor this periodically and where required GPs will be reminding that NICE do not recommend the prescribing of Glucosamine in particular circumstances.

RESOLVED: The Committee took assurance from the successful disinvestment of Glucosamine and the savings achieved.

# Hemant Patel left the meeting

# **Contract and Procurement Report**

### CCM548

Vic Middlemiss presented an update on the key issues relating to the CCG's contracts predominately relating to Month 6 (September) activity and finance performance.

It was highlighted that the financial sanctions are being finalised for Month 6. Clarification was given that there are no sanctions relating to A&E as these are covered by the STF arrangements. The sanctions are over a number of areas.

A query log has been introduced to the contract review process to capture the activity/finance related queries raise. The log will capture issues raised

following a Contract Review meeting and will be shared with the Trust. A response will be required before each subsequent meeting.

The overperformance in A&E and underperformance in the Urgent Care Centre were discussed including the possible reasons for this. A query was raised as to whether there were any contractual levers that could be used relating to where patients are being signposted. It was stated that this is difficult as triage is based on clinical judgment.

Vocare, the UCC provider, have contested the activity figures as they do not feel that this is being counted properly. Validation of further data is awaited.

Weekly contract negotiation meetings at officer level are being held with supplementary fortnightly executive meetings. Planning guidance is being adhered to and currently there is a significant financial gap between the offers from the CCG and RWT which is proving difficult to close. Issues are being escalated as appropriate.

As requested at the last meeting the administrative burden associated with the request form Sandwell and West Birmingham (SWB) CCG to become associates on the Nuffield contract has been considered. SWB contract staff confirmed that they do not wish to attend contract meetings. They will receive the papers and are happy for WCCG to act on their behalf which will not create any additional administrative burden to Wolverhampton CCG.

A query was raised regarding the summary position of all contracts held by the CCG and that this is over by £604k at Month 7 and forecast to be £1.33m at year end (0.5% of the value of the total plan). Clarification was given that whilst this was not material in the overall picture, the gap must be closed due to its impact on deliverability of the financial position.

The award approval for the MSK procurement process was taken to the Governing Body in November. The stand still period has finished and mobilisation discussions have commenced with the successful provider, Care UK.

RESOLVED: The Committee;

- noted the contents of the report and the updates given
- agreed that SWB CCG can become an associate of the Nuffield contract.

## **Any Other Business**

CCM549 Contracts for TB and Infection Prevention Services

Steve Barlow explained that the current contracts for these services held by the CCG and Local Authority (LA) end at different times. He asked the Committee for endorsement for the CCG and LA collaboratively to align these contracts. The aim is to identify cost efficiencies and to improve the patient pathway.

It is planned that a report relating to this will be taken to the next joint Commissioning Executive Board.

RESOLVED: The Committee supported the recommendation to work collaboratively to align the contracts.

# **Date and Venue of Next Meeting**

CCM550 Thursday 26<sup>th</sup> January 2017, CCG Main Meeting Room