

**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 22 June 2017
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr J Morgans	Chair	Yes
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Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	No

Management ~

Steven Marshall	Director of Strategy & Transformation (Chair)	Yes
Tony Gallagher	Chief Financial Officer	Yes
Manjeet Garcha	Executive Director Nursing & Quality	Yes
Paul Smith	Interim Head of Commissioning - WCC	No

In Attendance ~

Karen Evans	Solutions and Development Manager (Community Care, Cancer Care & End of Life Care)	Yes
Dr M Kainth		
Vic Middlemiss	Head of Contracting & Procurement	Yes
Manisha Patel	Administrative Officer	Yes
Mark Williams	Commissioning Officer	Yes

Apologies for absence ~

Apologies were submitted on behalf of Juliet Grainger and Cyril Randles.

Declarations of Interest

CCM594 Dr Morgans declared that he was an employee of The Royal Wolverhampton NHS Trust in his role as a locum GP.

RESOLVED: That the above is noted.

Minutes

CCM595 The minutes of the last Committee meetings, which took place on Thursday 27

April 2017 and Thursday 25 May 2017 were agreed as a true and accurate record.

Mr Reynolds asked if that under CCM589 if the sentence 'Clarification to be sought from Head of Strategy and Transformation that the CCG is happy with the functionality of the Community Service' referred to the Dermatology Service. Mr Marshall confirmed that it was and that the minute should be amended to reflect this.

RESOLVED: That the above is noted.

Matters Arising

CCM596 It was asked that the minutes of the Vocare Improvement Board were circulated to members of the Commissioning Committee.

It was also agreed by the group that there should be a GP present at the Committee Meetings in order to ensure quoracy and that a clinical opinion could be given on decisions made.

RESOLVED: That the above is noted.

Committee Action Points

CCM597 (CCM589) Contracting and Procurement Update

- Views of the functionality of the Community Services to be sought – this has not been completed and should remain open.

(CCM591) Contracting and Procurement Report

- Clarification to be sought for re Business Cases for BMI rate increases - work was still ongoing with a review being conducted by Dr Ahmed.

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting.
- Procurement Proposal 17/18 – legal advice continued to be sought and the Policy Proposal would be brought to the next meeting.

RESOLVED: That the above is noted.

Review of Risks

CCM598 This item would be discussed on the Commissioning Committee Private Agenda on Tuesday 22 June 2017.

RESOLVED: That the above is noted.

Contract & Procurement Report

CCM591 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 1 (April 2017) for activity and finance however the data in the report was for Month 12 as Month 1 data was not available at the point of the print.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund (STF) indicators – The Trust has agreed trajectories for 2017/18 with NHS Improvement (NHSI) for A&E and RTT targets and the Cancer 62 day target.

Exception Reporting Proposal – The provider has confirmed that they will start populating exception reports in Month 1 (June 17) for National Indicators and Month 2 for Local Indicators.

Performance Sanctions – Total fines over 12 month period - £501,750.00. Discussions are still ongoing to agree Month 1 2017/18 Sanctions.

Business Cases for fines/MRET/readmissions – New processes have been proposed with the Trust being asked to submit business cases for fines monies to be submitted throughout the year rather than at the end of the year. It was also proposed that reinvested sanctions money would also be available to be bid for across the Black Country and not just by the Trust. To date no feedback had yet been received by the CCG from the Trust.

Dermatology – Consultant vacancies in the dermatology department continued to be of concern. This could potentially impact on the department at Cannock Hospital. Mr Reynolds asked if the GPs in the Community Dermatology Services could help to alleviate the pressures on the hospital.

Dr Kainth advised that from a GP perspective that he felt that Hospital Dermatology was working better than Community Dermatology at the moment. Dr Morgans asked if this had been feedback to Ms Sidhu as it seemed that this was something that needed to be looked at. It was agreed that it would be beneficial to carry out an audit of the uptake of Community Dermatology.

Service Development Improvement Plan (SDIP) – The Strategy and Transformation Team had worked extremely hard and were now at a point where the Trust would be signing off the SDIP. This should have been signed off at the beginning of the year but had negotiations had been ongoing and sign off had only possible now.

Black Country Partnership Foundation Trust

Fines / Sanctions – Sanctions applied in 2016/17 was £5,000. This relates to a safeguarding breach in Month 10. There are ongoing discussions to agree the Month 1 2017/18 Sanctions.

Nuffield

No significant concerns were raised

Other Contracts/Significant Contract Issues

WMAS – Non-Emergency Patient Transport (NEPT) - A further letter was in the process of being sent and notice was being raised. An action plan had been put in place.

Urgent Care Centre – There had been a year end underperformance by Vocare for 16/17 for which a cost had been agreed and paid for at £204,000 by Vocare. Following receipt of a Business case, it was agreed that £80k would be given back to them to support Vocare with their out of hours triage. 50% of the money would be given at the start and the remainder would be allocated following improvement in the 6 identified performance indicators.

Primary Medical Services Contracts

Ettingshall Medical Centre – Mutual agreement had been reached with the current providers to end the contract and mobilisation was under way.

Prestbury Medical Centre – It had been agreed at the Primary Care Commissioning Committee that the Dunkley Street branch would be closed. Ms Sawrey had asked Mr Middlemiss what the impact of this would be. Mr Middlemiss advised that he did not think that would be any impact as patients would be absorbed by the main surgery and patients would also be able to join other practices in the area if they wished to.

Mr Marshall asked if Mr Middlemiss could provide some variance analysis around the figures for overspend and underspend in Table 1.

RESOLVED: The above was noted and that:

- An audit was carried out to gauge the uptake of patients in Community Dermatology.
- Variance analysis was provided for overspend and underspend in Table 1 of the document.

Step Up Bed Pilot Evaluation

CCM592 Ms Evans presented a report to the Committee which gave an overview of the final evaluation of the step up bed pilot.

A 12 week pilot ran with the Rapid Response Team managing two commissioned beds (with 2 further beds utilised when needed) for Step Up patients to use which would help with avoiding admissions to hospital. The CSU had conducted a limited evaluation at the end of the pilot. The evaluation concluded that it was a good admissions service, the GP covering the home praised the service and it was favourable by patients and carers. An audit

conducted by a geriatric consultant showed that 86% of patients were in the right place and 56% were discharged home.

The evaluation recommend that the service continued. There would be no extra costings as this would be covered under the block booking of the beds.

Ms Garcha advised that Probert Court where the Step Up beds were based was currently suspended to accept Step Down patients. The Step Up patients would continue to use the beds as they were managed by the Rapid Response Team. The Committee discussed this and the recommendation to continue the Step Up Bed Service however due to current situation regarding the Step Down beds, this would need to be monitored in case of any impact on the patients.

RESOLVED: The Committee supported the recommendation to use 2 Step Up beds at Probert Road, however this would need to be monitored in light of the suspension of Step Down patients at the home.

Any Other Business

CCM593 There were no items raised.

Date, Time and Venue of Next Meeting

CCM594 Thursday 27 July 2017 at 1pm in the CCG Main Meeting Room