

**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 27th July 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	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation (Chair)	Yes
Tony Gallagher	Chief Financial Officer	No
Manjeet Garcha	Executive Director Nursing & Quality	Yes (part)
Lesley Sawrey	Deputy Chief Finance Officer	Yes
David Bush	Governing Body GP	Yes
Sarah Smith	Interim Head of Commissioning - WCC	No

In Attendance ~

Vic Middlemiss	Head of Contracting & Procurement	Yes (part)
Helen Pidoux	Administrative Team Manager	Yes
Mark Williams	Commissioning Manager WCC	Yes
Ranjit Khular	Primary Care Transformation Manager	Yes (part)
Sandra Smith	Commissioning Development Manager	Yes (part)
Sunita Chhokar	Senior Finance Manager Primary Care	Yes (part)

Apologies for absence ~

Apologies were submitted on behalf of Tony Gallagher, Juliet Grainger and Sarah Smith

Declarations of Interest

CCM603 Dr Morgans declared that he was an employee of The Royal Wolverhampton NHS Trust in his role as a locum GP.

Dr Bush declared a potential interest in item CCM600, Primary Care In-Reach Team as a GP in the Wolverhampton area.

RESOLVED: That the above is noted.

Minutes

CCM604 The minutes of the last Committee meetings, which took place on Thursday 22nd June 2017 were agreed as a true and accurate record.

The following minor amendments were noted to be changed;

- Mark Williams – title to be corrected to Commissioning Manager
- CCM599 – word ‘gage’ to be changed to ‘gauge’
- CCM600 – word ‘careers’ to be amended to ‘carers’

RESOLVED: That the above is noted.

Matters Arising

CCM605 It was asked that report writers are made aware of the use of acronyms and to ensure that these are written in full or included in a list at the end of the report.

RESOLVED: That the above is noted.

Committee Action Points

CCM606 (CCM582) Contracting and Procurement Update

- Communications still to be circulated to GPS and should remain open

(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 – evidence request has not been received from Nuffield. Business Case will not go forward until this information is received – action closed

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting. Once the CQC report has been made public a decision can be made to circulate these minutes – action should remain open.
- Procurement Proposal 17/18 – legal advice continued to be sought and the Policy Proposal would be bought to the next meeting. Legal advice had been sought and Policy was agreed by the Committee – action closed.

RESOLVED: That the above is noted.

Review of Risks

CCM607 Work is ongoing to consolidate and condense risks to enable them to be presented appropriately and to allow them to be addressed at the correct forum.

RESOLVED: That the above is noted.

Mr Middlemiss joined the meeting

Contract & Procurement Report

CCM608 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 2 (May 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Contract Performance – it was noted that Month 1 figures, as included in Table 1, can deviate from plan as shown in a number of areas and these have changed in Month 3 reporting. This will be reflected in future reports.

The underperformance of the Excluded Drugs and Devices POD was discussed and it was confirmed that the Trust is reviewing this underspend as they are not able to explain why this is happening.

Exception Reporting Proposal – At the Contract Review Meeting it had been emphasised to the provider the principles that were agreed as the quality of the reports received by the CCG have been very poor. The purpose of the proposal was to avoid Contract Performance Notices, however, good quality information is required in order to do this.

Performance Sanctions – Total fines for Month 1 is £19,000. A row was missing from Table 2 included in the report. Fines totalling £5k had been issued relating to electronic discharges for assessment areas. It was highlighted that targets are now being met for both areas relating to electronic discharges.

Mr Khular joined the meeting

Dermatology – issues continue regarding capacity within this service. A letter received from the Trust on 19th June summarising the position was considered. In order to maintain nursing support for the speciality the Trust are proposing for a temporary period, to transfer the monitoring of clinics and UV light clinics from Cannock Hospital to New Cross Hospital.

A further proposal is that RWT will cease the Dermatology surgical service and transfer appropriate patients to Maxillo-Facial or plastic surgery. The CCG will be seeking assurance that there will not be additional cost to the CCG following the implementation of this proposal.

Ms Smith and Ms Chhokar joined the meeting

Mr Middlemiss agreed to liaise with Laura Morris, Head of Contracting and Business Intelligence at RWT regarding communications to GP's following the letter received from RWT. He also agreed to speak to Sharon Sidhu, Head of Strategy and Transformation, regarding the scope of the Community Service to ensure that the full capacity is being used.

Service Development Improvement Plan (SDIP) – This has now been signed off and a contract variation issued.

Ms Smith and Ms Chhokar left the meeting

Activity Query Notice – It was highlighted that RWT had raised an Activity Query Notice, in relation to a significant growth in ophthalmology referrals for Telford and Shropshire CCG. This has resulted from Shropshire and Telford Hospitals Trust closing to referrals in three sub-speciality areas due to consultant workforce shortages.

A meeting had taken place between the Trust, CCG and Shropshire CCG and there will be further meetings as it anticipated that this suspension will be extended. The implication to the CCG is that it could impact on the Trust's ability to meet its headline RTT target, although the extent of this risk is unknown at this stage. A Joint Activity review will be undertaken and activity data from both sides will be shared so that the impact can be properly quantified and solutions established accordingly.

Black Country Partnership Foundation Trust

Care Programme Approach – Letter of concern – Mr Middlemiss stated that the performance of this Trust is well assured. However, a concern had been raised regarding the application of the Trust's Care Programme Approach (CPA) policy for all patients that may be suitable. A detailed letter had been sent to the Trust raising specific concerns and requesting further information for assurance purposes. A full review had also been requested and a Task and Finish group initiated to address this and to ensure all patients are reviewed for CPA appropriately across all areas.

Nuffield

Contract Issue – a sanction has been applied for Month 2 for failure to send a full Serious Untoward Incident (SUI) report within agreed timescales. The provider stated that they were not aware of the SUI reporting procedure. A meeting is to be held to ensure that the provider is fully aware of incidents that require reporting and the processes and procedures to be followed.

Business Cases

BMI Criteria Business Case from 35-39 BMI – This evidence requested has not been received from Nuffield. This will not go forward for consideration until this information is received.

MRI Direct Access – The business case submitted did not include sufficient information for serious consideration. The CCG has asked that this is resubmitted

and the onus is on Nuffield to do this.

Other Contracts/Significant Contract Issues

WMAS – Non-Emergency Patient Transport (NEPT) - RWT raised with the CCG the implications including cost pressures on the Trust due to delayed transfers. This is being managed through the Contract Reviews Meeting with the Provider.

Urgent Care Centre – A Contract Performance Notice had been issued and there is still a high level of concern around quality, data and operational elements, including staffing levels. This is being managed through an Improvement Board who are monitoring over 200 individual actions.

Probert Court Nursing Home – A phased lifting of the suspension has been agreed in conjunction with the CCG's Quality Team, There will be a steady increase in the number of admissions. Currently this is at 4 admissions per week. The provider is showing sufficient improvement to allow this to happen.

As a result of the suspension, bed utilisation at the home is very low. This is poor value for money on a block contract and the CCG is paying for alternative arrangements for patients suitable for discharge to this home. The provider has been advised of the CCG's intentions to recover a proportion of the contract value to cover this loss. A proposal will be developed at the end of the suspension period. Clarification was given that it was not the role of this Committee to agree the level of fine, however, it will be sighted on this.

Procurement

Mr Middlemiss presented the Committee with a summary of the current and future procurement schedule. The following was noted;

- ILS equipment service – start date to be revised from 1st April 2017. Discussions are continuing with the Local Authority and a decision is expected by the end of September as to whether this continues as a joint procurement.
- Pharmacy Advisory Support – this has been agreed by the Governing Body. The start date is to be amended to August 2017.

It was questioned as to the current levels of utilisation of the MSK services. It was agreed to provide feedback on this at the next meeting.

Mrs Garcha joined the meeting

RESOLVED:

The above was noted and that:

- Check with RWT regarding communications to GPs following letter from RWT relating to Dermatology services

- Check the scope of the Community Dermatology service to ensure that the full capacity is being used.
- Wording of the Procurement Policy was agreed with a minor change from i.e. to e.g.
- Update on figures of activity for MSK service to be report at next meeting.

Primary Care In-Reach Team

CCM609 A point was made about naming and synchronisation of the Community In-Reach Teams as a whole. It was proposed that a harmonisation strategy for these services is considered.

Mr Khular, Primary Care Transformation Manager, presented a report to the Committee which gave an overview of the scope of this Team. He explained the key headlines of the scheme and that it was funded from February 2016 until 31st July 2017.

The Committee was asked to review the findings of the evaluation of the current service and consider the 3 proposals outlined in the report;

- Option 1 – continue to deliver the service to the homes that the service is being delivered to.
- Option 2- Extending the scheme to cover all homes within the SPACE programme and the NHS111*6 services to offer a comprehensive offer of support
- Option 3 – Extending the scheme to cover all the 20 homes with the highest number of unplanned admissions.

It was noted that the Primary Care Programme Board had considered these options and supported Option 3.

The impact of the scheme was considered and it was felt that for evaluation purposes this needed to be more drilled down to give a clearer indication of the impact on the reduction of admissions.

Discussions took place regarding whether reactive teams have more impact or if these team prevent admissions by working closely with the homes including the training of staff. It was clarified that an overview of all the teams together was being undertaken.

Ms Smith and Ms Chhokar joined the meeting

The cost of extending the scheme was raised and it was noted that this money was available. It was noted that there is a need to identify the source of funding in future reports.

RESOLVED: The Committee supported the recommendation to extending the scheme to cover all the 20 homes with the highest number of unplanned admissions (Option 3). This would be funded from September 2017 to March 2018.

The Committee requested that consideration is given to the naming and

synchronisation of the Community In Reach Teams.

Mr Khular left the meeting

Atrial Fibrillation – Business Case

CCM610 Mr Marshall reminded the Committee that this business case had been considered on a number of occasions. A fundamental challenge had been made by the Committee relating to assumptions of cost and impact.

Consideration was given to the cost of the project and it was noted that the figures did not include hidden costs such as rehabilitation and community/domiciliary care. Assumptions made regarding the number of strokes that could be avoided are difficult to quantify and it is possible that the benefits may not be seen for a number of years.

Concerns were raised regarding the impact of resources for the CCG by going forward with this business case and it was clarified that other services would need to cease. It would be necessary to identify where the money to support this project would come from.

The consequence of a successful pilot was also raised as it may be that the money is not available to roll out the pilot. It was confirmed that similar schemes had been implemented nationally however it is difficult to show the correlation in return for the investment.

RESOLVED: The above was noted and the Committee agreed to recommend to the Governing Body not to pilot this scheme due to the impact on the future financial position of the CCG.

Ms Smith and Ms Chhokar left the meeting

Any Other Business

CCM612 There were no items raised.

Date, Time and Venue of Next Meeting

CCM613 Thursday 24th August 2017 at 1pm in the CCG Main Meeting Room