NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body Meeting – 9th February 2016

Agenda item 9

Title of Report:	**Commissioning Committee – Reporting Period January 2016**
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in January 2016.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
• **Domain 1:** A Well Led Organisation	This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
• **Domain 2a:** Performance – delivery of commitments and improved outcomes	N/A
• **Domain 2b:** Quality (Improved Outcomes)	N/A

• **Domain 3:** Financial Management	N/A
• **Domain 4:** Planning (Long Term and Short Term)	N/A
• **Domain 5:** Delegated Functions	N/A

1. PURPOSE OF REPORT

1.1. The purpose of the report is to provide an update from the Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of January 2016.

2. MAIN BODY OF REPORT

2.1 Contracting & Procurement Update

Contracting 2015-16

Outstanding contracts for signature:

- BSMH contract now signed. Therefore all outstanding contracts signed.

Royal Wolverhampton NHS Trust

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

The Trust managed to achieve 90.35% (Oct) and 92.04% (Nov) against a 95% target. Continuity of performance remains being monitored through the System Resilience Group (SRG) on a monthly basis.

A contract performance notice has now been issued to RWT to reach and maintain 95% moving forward. CCG will enact GC9 for failure to achieve the from January 2016 resulting in a 2% withholding of A&E budgets.

Cancer Targets

The Trust achieved 74.30% (Oct) and 78.08% (Nov) against an 85% target. The evidence suggests the areas of concern continue to be around urology and tertiary referrals on the 62 day target.

A contract performance notice has now been issued to support the recovery of the target.

Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers, the Trust achieved 96.00% (Oct) against a 90% target but fell to 89.47% in November.

Referral to Treatment within 18 weeks (September and October data)

Overall the Trust are achieving 92.23% (Oct) and 92.04% (Nov) against a target of 92%. However at a speciality level the trust are failing to achieve the following areas:

- 84.72% (Sep) and 86.09% (Oct) in General Surgery.
- Oral surgery 86.27% (Sep) and 82.08% (Oct)
- 90.69% (Sep) and 90.92% (Oct) in Trauma and Orthopaedics
- 87.29% (Sep) and 85.26% (Oct) in Urology

This represents a worsening position for the Trust on these specialities although the headline is being met. The Trust has given assurances in relation to actions being taken to improve performance through an updated action plan.

Other contract Performance Notices

E- Discharge – RWT

The Trust achieved 95.03% (Oct) and 95.04% (Nov) against a target of 95%.

For all assessment units the Trust achieved 84.88% (Oct) and 83.46% (Nov) against a target of 95%.

An updated remedial action plan has been agreed with a revised trajectory.

Contract Variations

RWT contract variations

1. Chemotherapy – signed by WCCG, RWT and several collaborative commissioners. Still outstanding from other CCGs.
2. WHIP – CVO retracted, will be invoiced separately and modelled for 16/17.
3. CVO for neuro rehab relating to SESSP to be distributed and seeking agreement at next contract meeting.

Performance/Sanctions

The 2015-16 total sanctions levied to date £837,770.00

Activity & Finance - Acute

Month 7 Acute – October

Month 7 and highlights variance against the plan which with a current position of an over performance currently at £6.5m with Cannock equating to £6.5m Wolverhampton equating to a positive position of £0.44m

- 10 Specialties of over performance with the highest being General Surgery and General Medicine

- Under performance is being seen in 28 specialities – equating to £5m of underspend. T&O currently continues to be the top underperforming speciality - £2.2m (11%). Rheumatology £918k under plan (19%) and Clinical Oncology £330k under plan (25%)

Month 8 Acute – November

- Top 10 Specialties equate to £8.0m of over performance with the highest being General Surgery and General Medicine.

- Under Performance is being seen in 27 specialties – equating to £5.5m of underspend. T&O currently continues to be the top underperforming specialty £2.6m (11%) under plan despite continuing to be over plan in PBR Emergency. Rheumatology £1.0m under plan (19%) and Clinical Oncology £379k under plan (26%).

Activity & Finance – Community

Month 7 Community – October

- Community Matrons is now £175k above plan YTD
- District Nursing is now £128k over plan, down from £176k above plan YTD at month 6.
- CICT Rehab also continues to over perform at £62k in month 7
- The tolerance marginal rate has been implemented and this is included within the overall contract performance figures.

Month 8 Community – November

- Community Matrons continues to be the top over performing specialty, and is now £183k above plan YTD
- District Nursing is now £177k over plan.
- CICT Rehab also continues to over perform although over performance has dropped from £62k over in month 7 to £56k in month 8.
- Information requests and RWT front line discussions on-going with CCG commissioners to greater understand the variance to activity.

Black Country Partnership Foundation Trust (October and November updates)

Action plans are in place for the following areas and are being monitored through the Contract Quality Review Meeting.

- Early Intervention Services
- CPA
- Safeguarding training. A remedial plan is now in place.

- BCPFT Mandatory Training for Infection Prevention and Control. A revised trajectory has been agreed plus fines if not settled.

Activity and Finance

A refresh of the Price Activity Matrix is being debated between the CCG and the provider to ensure that pricing and activity is appropriate going forward.

Other Contracts (November)

The table below highlights other contracts that are slightly over-performing year to date:

Provider	Annual Budget £000's	YTD Budget £000's	YTD Spend £000's	YTD Variance £000's	Comments
University Hospital Birmingham NHS FT	2,071	1,038	1,402	22	Being monitored
Robert Jones & Agnes Hunt NHS FT	212	141	210	69	Being monitored
Heart of England	255	170	423	253	Being monitored
Mental Health NCA	398	266	603	338	Being monitored

Action – The Committee request that Governing Body note the contents of the report.

2.2 Use of Aflibercept for patients with wet AMD

The Committee was presented with a report, for assurance, in relation to the mandatory introduction of NICE TA294 – Aflibercept (Eylea) for the treatment of Wet Age Related Macular Degeneration (Wet AMD).

All patients with wet AMD are treated with Ranibizumab (Lucentis®) according to NICE guidance TA155. Aflibercept is licensed for wet AMD and has been approved by NICE, July 2013; NICE technology appraisal (TA) guidance 294. Currently patients and clinicians have accessed the treatment via the prior approval mechanism within the IFR process.

A small cohort of patients that are currently being treated with Ranibizumab for wet AMD are failing to respond to treatment and would benefit from switching to Aflibercept. Over the course of the treatment use of this medicine would reduce the number of injections and monitoring visits required by each patient. Aflibercept is therefore used in lieu of Ranibizumab in these patients only and not in all patients. No switching of treatment is expected for those patients currently prescribed Ranibizumab where the treatment is providing visual improvements.

In accordance with NICE guidance new patients should be offered the choice of treatment following a discussion with their clinician. RWT predict 15% are likely to be prescribed Aflibercept.

Total savings for Wolverhampton CCG over two years equal £58,692.

Commissioning Committee noted the contents of the report and were assured by the mandatory requirement to introduce the use of Eylea (Aflibercept) for the treatment of Wet AMD in line with NICE TA 294.

Action – The Committee request that Governing Body note the contents of the report.

2.3 West Midlands Specialised Collaborative Commissioning Oversight Group – West Midlands Regional Familial Hypercholesterolaemia

The Committee were asked to consider the commissioning proposal from the West Midlands Specialised Collaborative Commissioning Oversight Group, for a West Midlands Regional Familial Hypercholesterolaemia Service.

In June 2015, the West Midlands Strategic Clinical Network (SCN) put forward a bid to the British Heart Foundation (BHF) as part of their opening for a second round of funding applications. The SCN, in collaboration with local clinical colleagues, were successful in securing £375,000 from the BHF to support the introduction of a West Midlands regional FH service. The funding will cover the cost of 5 specialist FH nurses for a period of 18 months only. The bid made clear at time of submission that CCGs needed to pick up all other costs including exit costs for nurses after the 18 months, full genetic testing costs and clinic infrastructure costs. The bid needed to be submitted in a short time period, so the bid was made without this being agreed with CCGs.

The regional approach will maximise quality across the region and minimise costs. The service will be hosted by UHBFT with linkage to the Rare Disease Centre at the QEH. The host organisation will provide governance, administration, nursing, management and IT support. The cohort of specialise BHF FH specialise nurses will run peripatetic clinics in the West Midlands region, each nurse covering the populations served by a number of lipid clinics, to optimise equity is geographical access and service efficiency. They will primarily undertake provision of the regional cascade screening service in primary care settings rather than acute hospital settings to deliver care closer to patient needs and ensure maintenance of close links to the patient's primary care provider.

Implementation Costs - £90,000 over a 4 year period and business case indications are that eventually this service would become cost neutral in the short term.

The Committee agreed in principal to the recommendations but requested assurance on cascade arrangements once the service is in place:

- The proposed West Midlands model of care for the identification and management of FH.
- The host arrangements for the service should be via UHB as the regional centre.
- The funding of FH specialist Nurses post BHF funding.
- The funding for genetic and cascade testing.
- The share of funding for phase 1 in year 1 - £15,625 and in year 2 - £20,997.

Action – The Committee request that Governing Body note the content of the report.

2.4 Multi-Agency Safeguarding Hub (MASH) Service Specification

A report was presented to the Committee which recommended that WCCG commission a service to ensure health representation within the Wolverhampton MASH and it was recommended that the Committee approve the Service Specification.

The Committee approved the recommendations in principal, subject to finance and the activity element of the Service Specification being completed.

Action – The Committee request that Governing Body note the above.

2.5 Medicine Reviews in Nursing and Residential Homes

The Committee received a report that recommended a long term plan for medicine reviews in Nursing and Residential Homes.

The Integrated Care Programme Board has taken into account the potential for integrating medication reviews within the LIS for the Residential Care Home Business Case in 2016/17 to avoid duplication and included input from both Medicines Management and Finance.

Feedback received indicated that there will be no duplication with other medication reviews taking place as this service focuses on polypharmacy and provides the opportunity to optimise as well as 'de-prescribe', which clinicians can be reluctant to do. Two new studies have been published in JAMA Internal Medicine recently to support this.

Funding was not secured until July 2015 for this financial year and ends March 2016. Savings made in October were £12,184. Year to date gross savings are £35,633.

Currently, three primary care pharmacists conduct medication reviews using MARS charts and care plans and a brief GP summary calculating risk versus benefit of current medications. Clinical leadership is provided by a Consultant Geriatrician and he writes to each GP with any recommendations/suggestions for change. The decision to accept those recommendations ultimately rests with the GP; however, approximately 90% of recommendations are implemented by the patient's GP. (See attachments 1/2).

The team have been visiting both nursing and residential homes.

Previous funding approved and savings to date:

Year	Funding received	Net Savings made
2013/14	£40,896	£80,823
2014/15	£40,896	£84,882
2015/16	£30,672 (9 months due to delay in securing the funding)	Gross Savings made July to October £35,633

Savings to date are based on a five month period, and during that time the Consultant worked alone for 2 months so the activity is lower.

However, the expectation is that this service will continue to make savings or be cost neutral.

Finance has reviewed the way in which savings are currently calculated. In the current method, savings are based on a 12 month period. Their concern is that savings are being counted which may run into the next financial year. Medicines Optimisation base their calculations on a 9 month period which Finance felt was a better approach.

It was recommended that this project now becomes a mainstream contract and sits within the Medicines Optimisation budget, with the caveat that the role of the Consultant Geriatrician is written into the Service Specification.

The report was well received by the Committee and recommendations were approved in principal subject to further information about the procurement process and criteria for assessment being included in the Service Specification.

3. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

Name	**Dr Julian Morgans**
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Date:	**28th January 2016**