

## WOLVERHAMPTON CLINICAL COMMISSIONING GROUP COMMISSIONING COMMITTEE

Minutes of the Commissioning Committee Meeting held on Thursday 24<sup>th</sup> August 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	Yes
Tony Gallagher	Chief Finance Officer	Yes
Manjeet Garcha	Executive Director Nursing & Quality	No
David Bush	Governing Body GP	No
Sarah Smith	Interim Head of Commissioning - WCC	No
Julie Grainger	Public Health Commissioning Manager – WCC	No

#### In Attendance ~

Vic Middlemiss	Head of Contracting & Procurement	Yes
Helen Pidoux	Administrative Team Manager	Yes
Mark Williams	Commissioning Manager WCC	No

#### Apologies for absence ~

Apologies were submitted on behalf of Juliet Grainger.

#### Declarations of Interest

CCM614 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

CCM615 The minutes of the last Committee meeting, which took place on Thursday 27<sup>th</sup> July 2017 were agreed as a true and accurate record.

RESOLVED: That the above is noted.

## **Matters Arising**

CCM616 There were not items raised other than reported in the Action Points below.

RESOLVED: That the above is noted.

## **Committee Action Points**

CCM617 (CCM589) Contracting and Procurement Update

- Views of the functionality of the Community Services to be sought – an update will be included in the Contract and Procurement Report at the next meeting

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting – the CQC report has now been made public. It was agreed to share the minutes of the Improvement Board at the next meeting.

(CCM608) Contracting and Procurement

- Dermatology – Plans for communication to GPs re proposals for service changes to address capacity issues at RWT to be discussed with the provider – clarification to be sought as to the progress in implementing the changes and an update to be given at the next meeting. This is to include assurance regarding the financial implications for the CCG.

(CCM608) Contracting and Procurement

- Update on MSK Service activity to be given at August meeting – reported that the services is performing generally well. There is slight underperformance, however, reserves have been set aside for this and it is considered to be a low risk. Analysis of activity data has shown a demonstrable change from 37 of 45 practices referring into the service. Analysis of the 8 practices not accessing the service is underway and it had been raised with RWT at the Contract Review Meeting as there is a need to understand why this is happening. The Lead Commissioner for the service has reported that there is a demonstrative corresponding reduction in physiotherapy services activity. It was noted that it is too early for there to be any information available relating to patient satisfaction.

Mr Middlemiss noted that there is one area of risk relating to Rheumatology as the provider has not been able to recruit a Rheumatologist. The provider is developing a business case for interim arrangements with RWT through the conventional route and not the MSK pathway.

(CCM609) Primary Care In-Reach Team

- Consideration to be given to the naming and synchronisation of the Community In Reach Teams as a whole. To consider harmonisation strategy for these services – this is ongoing and Steven Marshall agreed to bring an update to the next meeting.
- Check with Sarah Southall, Head of Primary Care as to how assurance is gained that clinical governance arrangements are audited

RESOLVED: That the above is noted.

## **Review of Risks**

CCM618 To be discussed under at the private session of this Committee.

RESOLVED: That the above is noted.

## **Contract & Procurement Report**

CCM619 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 3 (June 2017) for activity and finance.

### ***Royal Wolverhampton NHS Trust***

Contract Performance – it was noted that Elective Activity is the largest under-performing Point of Delivery (POD) this is being closely monitored, however, this is not expected to continue.

Exception Reporting Proposal – concerns about the quality of the reports received had been raised at the Contract Review Meeting. An improvement has been seen and it was felt that this would continue as it had taken some for the process to embed. The CCG had been able to take a greater level of assurance.

CQUIN – it was noted that due to capacity issues within the CCG's Quality Team the reconciliation of CQUIN for Quarter 1 has been delayed.

### **Business Cases**

Etanercept switch to Erelzi - a gainshare switch to Benepali Biosimilar had previously been approved, however, this has now been superseded by a revised request of a gainshare switch to a new alternative Erelzi. This is likely to have an additional financial benefit and is a low risk approach. The Committee supported the recommendation of a 12<sup>th</sup> agreement of this gainshare.

Direct Access Diagnosis Spirometry– the request to endorse the decision of the Business Cases Panel to approve this revised pathway was discussed. It was

clarified that GP practices can continue to provide the service, however, NICE are imposing new guidelines to improve the quality of the service which may mean that practices decide to stop providing the service due to the additional costs.

Concerns were raised around the move of a community service into an Acute setting if practices cease to provide the service. It was considered whether there was a more structured way of providing the service within primary care settings.

It was agreed that further information was required regarding the financial implication for the CCG in supporting the business case. A decision was deferred until this information had been discussed at the next meeting.

### ***Black Country Partnership Foundation Trust***

LD Psychiatrists – Letter of Concern – the CCG had written to the Provider raising concerns over possible double payments for consultant activity. The provider has asked for an extension until early September to respond to the CCG's query.

### ***Other Contracts/Significant Contract Issues***

WMAS – Non-Emergency Patient Transport (NEPT) – the Provider is responsive to addressing concerns and the actions in the Remedial Action Plan are being undertaken. Assurance is being taken from the progress being made against the plan.

Due to the adverse impact the situation is having on A&E/patient flow/bed capacity at RWT the Wolverhampton A&E Delivery Board had agreed to fund the use of a third party transport provider for Wolverhampton patients. This has been funded from system resilience funds as a short term investment to ease bed pressure whilst WMAS address the performance issues.

Urgent Care Centre – there is still a high level of concern around quality, data and operational elements and little progress in addressing the actions contained within the agreed Improvement Plan is being seen. A Contract Performance Notice is in place and an Improvement Board continues to meet regularly to monitor progress. NHS England (NHSE) had hosted a meeting with representatives from Vocare, CCG and CQC. The CCG was challenged at the meeting by NHSE as to how it was managing the situation. It was confirmed that the CCG was holding the Provider to account in line with the contract. Plans are being drawn up to deal with continued non-performance.

### ***Other Acute Associate Contracts***

Community Eye Services – Following the award of the Community Eye Services there is a need to provide essential pharmacy input. As the CCG does not have the resource/expertise in house to provide the necessary level of pharmacy contract management an estimate has been obtained from Midlands and Lancashire CSU to undertake this service on the CCG's behalf. It was noted that the estimate was cost effective and affordable. As the CSU has a proven track record for this service and

the support is essential the Committee supported the proposal.

- RESOLVED:           The above was noted and that:
- Support was given for a 12<sup>th</sup> month gainshare switch from Etanercept to Erelzi.
  - Clarification of costs for the Direct Access Diagnosis Spirometry Business Case to be brought to the next meeting.
  - Discussions to be held with Sarah Southall, Head of Primary Care, regarding the options for a more structured way of carrying out Spirometry within Primary Care.
  - Supported the proposal for Midlands and Lancashire CSU to provide pharmacy contract management for the Community Eye Services,

### **Any Other Business**

CCM620       There were no items raised.

### **Date, Time and Venue of Next Meeting**

CCM621       Thursday 28<sup>th</sup> September 2017 at 1pm in the CCG Main Meeting Room