Item No: 5.2

Paper No: 22

NHS
Guildford and Waverley
Clinical Commissioning Group

FINAL MINUTES

Name of meeting	**Commissioning, Finance and Performance Committee**	
Date and time	18 October 2016, 1.00-2.30pm (Abridged agenda due to extraordinary Governing Body following)	
Venue	Boardroom, Dominion House, Woodbridge Road, Guildford, Surrey	
Chairman	Dr. Darren Watts (DW)	Vice Chair (Clinical)/GP Member
Members	Phelim Brady (PB)	Lay Member Patient & Public Engagement (Deputy Chair)
	Dominic Wright (DWr)	Chief Officer
	Stephen Park	Lay Member for Finance, Audit and Corporate Governance
	Jonathan Inglesfield (JI)	Medical Director - Commissioning
	Karen McDowell (KMc)	Chief Finance Officer / Deputy Chief Officer
	Dr. Sian Jones (SJ)	GP Member
	Vicky Stobbart (VS)	Executive Director Nursing, Quality & Safeguarding
In Attendance	Vicki Taylor (VT)	Deputy Chief Finance Officer
	David Howell (DH)	Head of Information, Performance & GPIT
	Leah Moss (LM)	Deputy Director, Clinical Commissioning
	Dr. David Eyre-Brook (DEB)	GWCCG Chair
	Julie George (JG)	Consultant in Public Health
	Kristina Clegg (KC)	PA to Chair and Chief Executive & Note taker
Apologies Members	Dr. Justine Hall (JH)	GP Member
Apologies in Attendance	Niki Baier (NB)	Director of Contracts

NB: Those present at this meeting should be aware that their names will be listed in the notes of the meeting which may be released to members of the public on request under Freedom of Information requirements.

	DISCUSSION AND NEW ACTIONS	BY WHOM	DEADLINE
1.	**Welcome and apologies from Members** Apologies received as above. **Quoracy** As the required quorum was met, the Chair declared the meeting open. **Declarations of Interest** The Chair reviewed the subset of the register of interests pertaining to the membership and sought additional declarations from the membership and those in attendance in relation to the agenda. Chair noted that the leaving dates for Jonathan Barnardo, Geoff Watson and Ann Hennell were incorrect on the DOI. **Action 1: KC to amend relevant dates on the DOI** **Minutes from 20 September 2016 Meeting** The Minutes from the previous meeting were declared to be a true and accurate record. **Action Log** Please see updated Action Log.	**KC**	**7.11.16**
2.	**Community Gynaecology Options Appraisal** The Committee discussed the following options regarding the Community Gynaecology Service commissioned through a pilot contract in 2014; the contract has been extended to 31 October 2017 : a) Allow existing community service to cease in October 2017 b) Extend existing community service over longer-term, beyond October 2017 c) Run a competitive tender process for a larger scale community service d) Co-design a new service model with acute trust LM suggested this could be included in the Joint Recovery Plan. If RSCH are commissioned to provide an integrated pathway then the locally agreed tariff offers both organisations an efficiency. DW noted that recommendation from scoring was Option D. LM asked whether taking the gynaecology service out to the community posed a risk for the Obstetrician & Gynaecology cover – this was not considered to be a particular risk.		

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	JI proposed that we should present this to the Practice Council with preferred Options C & D. LM said we would need to be clear on milestones and delivery, etc. In response to a question from SP DEB stated that it had to be an integrated pathway working across primary and acute care and a GP practice model would not fulfill these criteria. DW noted that the new integrated pathway and tariff would need to be negotiated and agreed by 31st December 2016 to enable sufficient time to go out to procurement. **Recommended action:** **Committee approved the recommended option (Option D), to co-design a new streamlined service model with the acute trust.** **The Committee also approved (Option C) which would enable clinical commissioning to process to procurement if the deadlines for an integrated locally agreed tariff is not met - LM to lead on this.** **Action 2: LM to discuss Option D further with RSCH** **Action 3: KT to make a presentation to next Practice Council**	**LM** **KT**	**17/11/16** **16/11/16**
3.	**Treatments Not Routinely Funded (TNRF) Policy Amendments** Following a review of the policy by the Surrey Priorities Committee, the following 3 amendments to the policy are proposed: • Inclusion of the requirement to provide evidence of robust conservative therapy for: (i) Epidural injections for Sciatica; **and** (ii) Facet Joint Injections • Inclusion of thresholds for the surgical treatment of Gallstones **Recommendation:** **Committee is asked to approve the amendments to the policy.** **Committee approved the amendments to the policy.**		
3a	**Clarification of the Surrey CCG's Assisted Conception Policy** JI tabled an additional paper relating to the above with amendments to wording proposed under the following headings: (i) Age eligibility		

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	(ii) Cryopreservation (iii) Cryopreservation regarding gender reassignment (iv) Females with no partner (v) Criteria of full cycle The re-wording is due to numerous queries from CCGs, providers and patients seeking clarification on several areas of the policy. This was discussed at the Surrey Priorities Committee on 27 September 2016. **Recommendation:** **Committee are asked to agree the re-wording of the policy** **Committee agreed the re-wording of the policy**		
4.	**Operational Planning 2017-19** Guidance was issued late September, the nine 'must dos' remain as last year and focus is whole system accountability. The briefing paper provides the committee with the headline facts from the planning guidance. The timetable sets out the proposed approval process for the 2017 – 2019 Operational plan submission. LM - proposed to bring 1st full draft to November CFP meeting. In response to a question from DEB, KMc replied that the CCG is awaiting clarification on the details as included in the guidance. LM - Operational Plan should also be presented to next Practice Council. The Committee discussed DESMOND. LM met with Patrick Millar, Patient Representative around Diabetes Expert Patient and he has offered a free session for 25 patients which have accepted in principle in order to begin to address the backlog of patients for whom structured Diabetes education has not been accessible. DH noted that structured education for diabetes is now an indicator against which the CCG is assessed as part of the CCG's Assurance Framework with NHS England **Action 4: LM to check guidance publication date** **Action 5: Draft Operational Plan to be presented to next Practice Council and Governing Body in November.** **Recommendation:** **To review and note the Operational Planning Guidance and recommend that the Operational Plan 2017 -2019 is presented to the November 2016 Governing Body.** **The Committee reviewed and noted the Operational Planning Guidance and recommended that the Operational Plan 2017 - 2019 be presented to the November 2016 Governing Body.**	**LM** **LM**	**31/10/16** **16/11/2016**

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5.	**Performance Report Month 5** DH presented the Month 5 Performance Report with data up to August 2016 with the exception of cancer which is slightly behind. DH noted that this period had been particularly poor for performance and questioned the resilience of services with a single lead. DH highlighted the following areas: **Diagnostic waiting times** Within 6 weeks at RSCH across key areas: Cystoscopy – new Consultant in place to help relieve backlog. MDT work in progress to mitigate lists. Audiology – increase number of breaches – increasing use of locums to assist but will increase workforce costs. LM noted increased breaches could be due to direct access. In response to a question from VS, DH said assurance has been sought that vacant posts are going out for recruitment. VS questioned the robustness of workforce planning around predictable areas such as retirement. **A&E 4 Hour Waits** DH noted a slightly improved A&E position over 12 month period. A&E Delivery Board and sub-components now in place. LM noted out of hours GP pilot continues. **Ambulance Handovers RSCH** Handover nurse has demonstrated a positive impact in mitigating delays from ambulance handovers; the post is funded until end of this year. Work in progress with SECAMB over a frailty ambulance response and LM will follow this up. There was a discussion around financial responsibility for the handover nurse and whether the CCG should be funding the initiative on a long term basis. **Action 6: DWr agreed to raise it at A&E Delivery Board this week.** **Quality Premium 2016/17** Receipt of Quality premium is dependent on achievement of firstly financial balance, secondly the NHS Constitutional targets and thirdly the achievement of national and local measures. There is assurance regarding all local targets. However, there is a low level of confidence in achieving A&E and Red 1 response times targets which will reduce the QP receipt by 50%. **Recommendation:** **The Committee is asked to note the areas of adverse**	**DWr**	**19/10/16**

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	performance and the actions identified to rectify. **The Committee noted the Performance Report and the remedial actions identified.** *David Howell left the meeting at 14.00hrs.*		
6.	**Financial Report Month 6** VT presented the Month 6 Finance Report. • Month 6 YTD position is a deficit of £1,395k against the plan to break-even; • Forecast for the year is break-even resulting in delivery of the plan; • A significant number of risks exist within the position which require a number of key actions including delivery of the service transformation programme in the second half of the year if the CCG are to meet their break-even target; • There is currently £4.2m of unmitigated CCG financial risk held outside of the position which includes the national CHC notified risk on FNC placements and CHC growth. • VT highlighted the key risks to the financial position as noted in the report. It was noted that the CCG is performing well on the running costs allocation delivering the required QIPP and additional transactional efficiencies to support the underlying financial position and provide mitigation to some of the other CCG risks. KMc reiterated that this position financial position is reliant upon the Joint Recovery Plan with RSCH. KMc noted that the joint work with RSCH assists the CCG in knowing the financial gap between the 2 organisations and therefore how we work together jointly and utilise the joint Turnaround Director and the joint Recovery plan to close the gap. KMc noted that the £4.2m of unmitigated risk described by VT and included within the report is not new and that the CCG has been reporting significant risks since the start of the financial year. KMc and DWr met with NHSE on 18.10.16 to discuss the CCG's financial position and a number of actions have been requested for response by the end of the month. The joint recovery plan with RSCH is key to the CCG's delivery of financial balance. The CCG has now received a formal response letter from NHSE following the meeting asking the CCG to demonstrate a number of items in relation to the Joint Recovery Plan, QIPP delivery and growth experienced by the CCG.		

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	This includes exploration of a full Plan B to mitigate the identified gaps and risks. The deadline date to report back is 28.10.16; Following this there will be further discussion with NHSE regarding the Month 7 position. KMc added that there is also a focus on what the CCG has delivered transformationally versus transactionally as part of these discussions. . **Recommendation:** **The Committee is asked to review and note this report and the risk contained within the report** **The Committee reviewed and noted the report.**		
7.	**Service Transformation Report Month 6** VT presented the Month 6 Service Transformation Report • CCG reports actual savings of £3.1m against plan of £4.7m year to date, representing 66% delivery; • The forecast for the year is £10.4m against the plan of £12.8 which represents slippage of £2.3m (82% delivery); • There are a significant number of risks within the position and the forecast financial savings are crucial to the delivery of the CCG financial position; • There are risks with a number of the acute planned and unplanned care schemes which have been noted particularly Advice & Guidance and Ambulatory Care schemes. • A full review of Right care has taken place and it has been agreed that this is a methodology that fits with the planned and unplanned care work streams rather than a programme that stands alone. LM reported that in summary there were 3 key actions required in support of delivering efficiencies: • Stopping the flow of activity to the front door of the acute hospital • The need for the Ambulatory Care Service to be either realigned to the service specification or decommission the service completely and go back to A&E and non-elective admissions as per the previous service model • Advice and guidance (There have been 68 requests re Cardiology and 7 for Gynaecology). The CCG are working with RSCH but a roll out plan has not yet been confirmed between the CCG and provider which puts the savings associated with this scheme at risk. It was noted that GPs also need to optimise their use of the service. LM added		

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	that the CCG is also looking at Kinesis with the Collaborative QIPP Forum, following a suggestion from one of the GPs at Practice Council. DWr noted disappointing take up numbers around advice and guidance. KMc raised her concern that the CCG have had a plan all year to deliver advice and guidance, and had agreed a roll out plan from RSCH from 01.09.16. RSCH have since confirmed they do not currently have an internal plan to roll out any other specialities for advice and guidance; this is being escalated through the Joint Recovery plan and turnaround director route to resolve. The CCG are also looking at alternatives to how the Advice and Guidance can be delivered. **Recommendation:** **The Committee is asked to review and note this report** **The Committee reviewed and noted the report.** *VT left the meeting at 14.10hrs* *RM and OS joined the meeting at 14.10hrs for Item 9*		
8.	**Commissioning Intentions 2017/18** Detailed draft Commissioning Intentions were presented to the Committee. focusing on the need to move to a whole system environment and setting out the specifics relating to the portfolios across the care system. JG said that she welcomed the fact that child immunisation had been included and asked whether immunisation of adults should form part of urgent and unplanned care. PB said he was concerned that the CCG was not proposing to decommission from providers when they failed to deliver on quality and value for money, but understood that this was not the purpose of the document. LM said that as discussions progress, opportunities to review options would be revisited at CFP again.		
	Action 7: LM to bring Commissioning Intentions back to January CFP meeting **Recommendation:** **The Committee is asked to review and note the Commissioning Intentions 2017/18 and recommend that they are presented to the January 2017 Governing Body**	**LM**	**9/1/17**

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	The Committee reviewed and noted the Commissioning Intentions 2017/18 and recommended that they are presented to the January 2017 Governing Body		
9.	**Implementing a Repeat Prescription Request review and delivering through the Local Prescribing Scheme** RM and OS gave an outline of the business case to implement a Repeat Prescription Request Review project and drew the Committee's attention to the fact that prescribing is 2nd highest spend in the NHS after staffing. The project will utilise: • Medicines Optimisation Technician(s) to initially identify prescription interventions when a repeat prescription request is submitted; • Existing establishment of Medicines Optimisation Pharmacists to support clinical review prior to GP review and action of interventions; • The business case explores the option to invest in additional Medicines Optimisation Technician time to increase the number of interventions identified; • One year pilot starting in April 2017 with a review at 9 months (January 2018), to consider continuing any investment made in increasing Medicines Optimisation Technician capacity, if this option is chosen, and whether to include this as part of the Local Prescribing Scheme for the following year 2018/19. In response to a question from DW, OS replied that the data informing this business case had been based on a scoping exercise in 8 G&W practices in Q1 2016, where 158 patients were reviewed, accounting for 421 interventions. If all the interventions from the pilot at these 8 practices had been actioned, a potential drug saving of £19,634 could have been realised. The request was for £5K investment in additional Technician time in 2017/18, predicting (based on scoping exercise) a £1.25M return if 50% of the identified interventions are actioned. There was a further discussion around implementing the project sooner than 1st April 2017. If the CCG were to implement in December this would require additional £35K up to the end of the financial year. There followed a discussion around staffing capacity and financial implications. SP and PB supported implementation with immediate effect and KMc reflected on the question raised at QDAG in terms of how		

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	quickly staff can be recruited; whether we should use current resource and the implications thereof. In response to a question from JG, RM advised this would be reported monthly at MOG and those Minutes go through this Committee. **Recommendations:** 1. **To approve the business case to invest in 0.2 WTE additional Band 6 Medicines Optimisation Technician from 1st April 2017 for 12 months and also recruiting a Band 5 Medicines Optimisation Technician (1WTE) on a Fixed Term Contract for 14 months to collectively provide 50 hours per week of repeat prescription review work at a cost of £54,114 (including on-cost) to deliver the project over 2017/18.** 2. **To utilise £77K of the LPS total investment of £110K in an alternative way to deliver the actions required to implement the interventions identified.** 3. **To consider starting the project on 1st December 2016 to deliver additional QIPP savings between £200K-£400K above the £2M target already set for 206/17. This would require additional investment of £35,167.** **The Committee approved the business case in full.**		
10	**Procurement Board Update and Minutes of Previous Meeting** The papers relating to this item have been circulated for information only. No questions or comments were received.		
11.	**Contract Management Update** The paper relating to this item has been circulated for information only. No questions or comments were received.		
12.	**Deep Dive Review of Risk** The paper relating to this item has been circulated for information only. No questions or comments were received.		
13.	**Medicines Optimisation Group Meeting Minutes from September 2016 Meeting** The Committee noted the September 2016 minutes.		
14.	**QDAG Minutes September 2016** The Committee noted the September 2016 minutes.		
15.	**Discussion of Top 3 Risks** 1. Financial situation 2. Engagement with RSCH **3.** Engagement of Practice Council		

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16.	**AOB** Review of all Papers - DW said all papers were succinct and to the point. SP noted the re-ordering of the Agenda had worked well.		
Date of next meeting: 15th November 2016 – 1.00-3.30pm			
Signed and agreed by Darren Watts, Chair:			
Minutes agreed for publication by Karen McDowell, Chief Finance Officer:			