Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Meeting of NHS Bristol, North Somerset and South Gloucestershire's (BNSSG) Clinical Commissioning Groups (CCGs) Commissioning Executive

Wednesday 28th March 2018, 11:00am-13:00pm
CCG Conference Room, 5th Floor, South Plaza

Minutes

	Mary Backhouse (MB) (Chair)	Clinical Chair, North Somerset CCG
	Martin Jones (MJo)	Clinical Chair, Bristol CCG
	Lisa Manson (LM)	Director of Commissioning, BNSSG CCG's
	Sarah Truelove (STr)	Director of Finance, BNSSG CCG's
	Julia Ross (JRo)	Chief Executive, BNSSG CCG's
	Colin Bradbury (CB)	Area Director for North Somerset, BNSSG CCG's
	David Jarrett (DJ)	Area Director for South Gloucestershire, BNSSG CCG's
	Mike Jenkins (MJ)	GP Clinical Lead, North Somerset CCG
	Jon Hayes (JH)	Clinical Chair, South Gloucestershire CCG
	Justine Rawlings (JRa)	Area Director for Bristol, BNSSG CCG's
Notes	Lindsay Sayers (LS)	Project Support Officer, Bristol CCG
Attendees	Lucy Powell (LP)	Executive PA, BNSSG CCG's
	Sian Trew (ST)	Head of Comms, BNSSG CCG's (item 7)
	Sarah Key (SK)	Digital Communications Manager, BNSSG CCG's (item 7)
	Andy Newton (AN)	Planned Care Lead, BNSSG CCG's (item 10)
	Becca Robninson (BR)	Service Improvement Lead, Bristol CCG (item 10)
Apologies	Mark Pietroni (MP)	Director of Public Health, South Gloucestershire Council
	Sara Blackmore (SB)	Director of Public Health, South Gloucestershire Council
	Peter Brindle (PB)	Medical Director, Clinical Effectiveness, BNSSG CCG's
	Anne Morris (AMor)	Director of Nursing and Quality, BNSSG CCG's
	Deborah El Sayed (DES)	Director of Transformation, BNSSG CCG's
	Alison Moon (AM)	Transformation and Quality Director, Bristol CCG

		Lead
01.	**Apologies** Apologies were noted from Mark Pietroni (MP), Sara Blackmore (SB), Peter Brindle (PB), Anne Morris (AMor), Deborah El Sayed (DES) and Alison Moon (AM).	
02.	**Declarations of Interest** **02a. To consider any changes to attendee interests since the last meeting** None. **02b. To consider any conflicts of interest arising from this agenda** Mary Backhouse (MB) highlighted that there were a number of GP's present who	

	would have a conflict of interest resulting from the DVT paper. This was briefly discussed and it was agreed that chairing would transfer to Lisa Manson (LM) for this item, although it would be acceptable for the GP's to take part in the discussion.	
03.	**Minutes of the meeting and matters arising from 14th March 2018** The group reviewed the minutes of the last meeting and they were agreed as a true and accurate record.	
3.1	**Action log from 14th March and Forward Planner** Please see attachment 3b.	
04.	**Commissioning Executive Terms of Reference** LM presented the updated Terms of Reference for this group and advised that the purpose of bringing them to the meeting was to ensure that the Commissioning Executive were cited on them going forward. Amendments have been made to ensure that areas such as contract monitoring performance and timescales, as well as the transformation agenda are reflected. The quorum and voting sections have also been adapted in line with the new membership under the merged organisation and it has been set out that the group must meet at least 10 times a year. Julia Ross (JRo) raised a query around the point setting out a responsibility for the IM&T strategy and LM confirmed that this related to digital. **Action – LM will update the TOR to reflect this and make it clearer.** Mike Jenkins (MJ) asked whether Clinical Leads would be able to send a nominated deputy and LM advised that this would be acceptable, however, due to the number of Clinical Leads this shouldn't be an issue as there should always be quoracy in this area. LM added that if Clinical Leads were unable to attend any meetings, it would helpful to get their views on papers in advance. The Commissioning Executive **agreed** the updated Terms of Reference with the amendment around the IM&T point and these will now go to the Governing Body meeting.	**LM**
05.	**Urgent Care Update** **05a. A&E Delivery Dashboard – Headlines and Executive Summary.** LM gave an update on the current performance and advised that the system is currently just below 80% and is maintaining performance at this level. She highlighted that despite attendances starting to level out, performance is remaining static with a difficult start to March due to the adverse weather conditions. In terms of ED attendances, this was reflected by demand dropping off on days when there was snow, followed by a significant spike in the days after this. This was exacerbated by the fact that the adverse weather had caused difficulties with discharges, meaning that the bed capacity was very poor. The CCG is working with providers to move forward and the system is currently sitting at Opel level 2 but there are significant concerns about capacity going into the bank holiday weekend. An Easter plan is being worked through, a component of which is to work with the Local Authority and Community providers	

	to look at super stranded patients – those who have been in hospital for longer than 21 days. Commissioners are working with the LA to look at additional measures that can be taken to move patients out of hospital. South Gloucestershire are moving 9 pts from NBT and support to UHB is being explored. Some Task and Finish groups are being set up to look at frailty hubs as the greatest increase in admissions are patients over 85 and also patients between the ages of 50-65 presenting with abdominal or chest pain. The purpose of the work is to look at whether there is an alternative to ED for these patients. A further piece of work is being led through a task and finish group of the Clinical Oversight Group looking at what can be done to reduce LOS to 11 days if there is no alternative to an acute admission. LM added that inpatient admissions have increased this year, despite the fact that attendances have been flat, so work is needed to understand what the alternatives are. JRo advised that this would need attention from the Commissioning Executive as this issue must be resolved to release capacity out of NBT. Newton Europe are supporting Bristol City Council around their DTOC's as these are growing in both UHB and BCH. It was agreed that MJ and LM would have a separate conversation about the frailty hub and it was noted that NBT are also doing a piece of work supported by PWC to embed Safer into the organisation, with places on offer to work with them in their "boot camps".	
06.	**Interface services investment** David Jarrett (DJ) presented this paper, the purpose of which was to request support from the Commissioning Executive for investment in the community MSK services to address waiting times. He explained that this could come from £1m recurrent savings in 2018/19, which had been identified by the Planned Care Control Centre. Work has already been done with providers to look at other actions that could be taken across the 3 services to manage processes better within current resources and these have included shared referral forms, shared triage forms, use of EMIS and skill mix posts. Overall, routine physio waiting times have reduced in BNSSG over the past year. The group discussed this and there were some queries about the options set out in the paper. Jon Hayes (JH) asked if hospital based physio was being used appropriately and whether patients leaving hospital should be picked up in the community or by the acute provider. LM explained that there were two 2 elements to this – one which was covered through tariff and one where the tariff was paid to providers. JRo asked how confident the CCG could be that the capacity would match demand and that providers would match the investment if this was to go ahead. She said that she would also expect to see a list of clinical standards and expectations and queried whether we were assured that additional investment in community services was the right direction to go in and that they could be utilised for this. DJ replied that he had already asked Gemma Artz to look at this, however, it has been challenging to get a response from some of the providers and there isn't confidence in this yet. DJ agreed to take these questions back to the team. As there were a number of actions still to resolve, the Commissioning Executive did not approve this paper and it will need to come back to a future meeting.	

07.	**New Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) Website** Sian Trew (ST) and Sarah Key (SK) joined the meeting to present this paper. They provided an update on the progress of the project to create a single BNSSG website from the three individual ones. ST advised that there have been issues around the application of a visual identify for the website and the agency working with the CCG on this have been struggling to apply this properly, so the decision was taken that in the interim, the website will be launched with a standard NHS branding which will be updated as soon as possible. ST explained that approval was now needed from the Commissioning Executive to launch the current site, emphasising that the Comms team would continue to work with the branding company to resolve the issues with the visual identity. SK presented the Commissioning Executive with a view of the new website and it was noted that there are currently around 25000 monthly visits and 64k pages per month used across the three separate sites. They also have around 250 pages each, which the Comms team are looking at consolidating into 100 pages for the new website. There have also been links in with NHS choices. ST said that there was one other outstanding issue concerning the update of a small percentage of the content. She explained that around 80% of this had been reviewed and updated, but that there were still some areas of concern which were mainly concentrated around commissioning. LM asked ST and SK to forward this information to her so that she could pick up with teams. **Action – ST/SK/LM.** JRo suggested that a feedback form should be included on the site and this was noted by ST and SK. They also confirmed that the site would be phone/pad compatible. The group discussed the opportunity to put in functionality directing patients to the most appropriate service for their needs. JRo asked what the timeframe was to resolve the issue with the visual identity and ST advised that she would be following up today with an aim for resolution as soon as possible in April. An update on this will be provided offline. LM asked if the website had been tested to ensure accessibility and SK replied that it had been but that this will be repeated when the new visual identity is applied to ensure that this has been done in an accessible way. The Commissioning Executive noted the paper and the progress made and it was **approved** with the condition that the visual identity issue would be resolved.	**ST/SK/ LM**
08.	**Bristol and South Gloucestershire Integrated Community Equipment Service contract extension** LM presented this paper and explained that the CCG's currently commission Integrated Community Equipment Services with each Local Authority and that in each area, this is done differently. Work has been done with the local authorities to pull together a proposal to jointly commission services but it hasn't been possible to put this in place for 1st April. Therefore, the Commissioning Executive are asked to approve a 1 year extension for South Gloucestershire and Bristol which would take the contracts to October 2019, with the aim being that an integrated BNSSG service would be procured in the meantime and mobilised at the end of this period. This was discussed and the Commissioning Executive **approved** this proposal.	

	LM advised that she would provide regular updates on the progress of this work.	
09.	**Healthy Weston progress report and April 19th system wide event** Colin Bradbury (CB) provided an update on the progress of this work. He explained that the Healthy Weston programme has been through an intense period of codesign, public dialogue and engagement over the winter and an independent summary of findings was commissioned from an external organisation. The feedback received was very helpful, confirming and supporting some work already being done, but with challenges and giving a clear patient perspective. The next phase is to take forward proposals into specific design ideas and within this there is a draft clinical path mapping out milestones in relation to objectives set by the North Somerset Sustainability Board for changes to be in place by March 2019, coinciding with the timeframe for the Weston/UHB merger. CB acknowledged that this was a challenging timescale and that there have been discussions about additional support to move the programme further and work around the design programme. Within the critical path, the commissioning context committed us to having a checkpoint event by the end of March and this will take place on 19th April, bringing the system together to update them on progress and next steps. CB explained that attachment at appendix 2 in the papers was the draft of the messages to feed into the event. He invited feedback on this from the Commissioning Executive prior to an update at the Governing Body meeting next week. The Committee discussed travel and parking and the importance of this for local residents, especially in rural areas. JRo noted that this was usual in concerns raised in consultations, adding that travel can be inconvenient and this needs to be balanced with provision of high quality health care. In terms of this phase of the work, this all concerns planning rather than discussion of the implementation of the plans. CB explained the key areas of development, which were categorised into 8 themes. These were: • Integrated Frailty Hub • Central Knowledge Hub • Urgent and Emergency Care • Maternity Services • Integrated Children's Hub • Stronger GP services • Supporting vulnerable groups • Strong, focussed hospital Some of these will sit across teams and further work is going on in all themes – these are the emerging picture in terms of categorisation and work together, a summary of component parts of different design themes. These now need to be turned from ideas into proposals and a meeting has already taken place to consolidate this. It was suggested that it may be more appropriate to align groups along these themes rather than the different workstreams. Justine Rawlings (JRa) asked whether there are certain things that we should be managing across BNSSG at this point rather than designing in Weston to start with. This was discussed and JRo urged caution in how some things were framed, eg the reference to a maternity unit. In terms of the GP services theme, JRo felt that a description of the primary care role in that pathway should be	

	included as it felt like it picks it out as the setting of care rather than looking at what it should look like in the pathway of care. Primary care resilience is something we need to address within the wider CCG agenda. MB said that she felt that one of the risks in this work was the lack of energy from the consultants in the hospital and that it had been difficult to get engagement from them. JRo felt that this also needed to reflect what needed to sit in the community in terms of the "ology" specialties and expressed her concern that the opportunity to set this out along with the UHB/WAHT merger may have already passed. She added that if we're not careful we'll miss the chance to be very clear about what should come out of the acutes into this equation. CB said that he was clear that this isn't a final list and needed to be expressed more clearly. He added that some summaries are complementary packages of services whereas others are different options, eg in the case of maternity services. With this one, there is a balance with the obstetric service that we will need to strike, to reflect that we've worked our way to a different model. JRo felt that there would need to be very clear answers for challenges on the maternity services and that commissioners must be able to reference the data that backs up the proposals. The Commissioning Executive **approved** this paper to go to Governing Body with amendments.	
10.	**Deep Vein Thrombosis clinical pathway options** Andy Newton (AN) and Becca Robinson (BR) joined the meeting to present this paper. AN referred to previous discussions about DVT at this meeting and advised that since the last time this was discussed, meetings have taken place with haematologists. Alternative options are now suggested along with a change in approach and AN asked for support from the Commissioning Executive to take this to GP providers. AN advised that when meeting with the haematologists, concerns were raised about the most appropriate pathway when a patient has had a positive DVT scan and they felt that it would be more appropriate for the patient to be managed within secondary care. AN said that in terms of numbers, this would likely only mean one or two patients per practice per year. The team then looked again at the options and put together 3 pathways, which are summarised in the paper, plus a recommendation for an integrated pathway. Martin Jones (MJo) added that there was a potential for risk in trying to ensure 87 GP practices managed the scans correctly every time and he'd got the feeling that this wasn't a risk worth taking. The haematologists were really supportive of the first part of the pathway, but the team have looked at other areas where this has been done and the positives have not always been managed ideally. JRo asked that if the massive reduction is in negative DVT's, how does the model in option 4 make the savings so much less? AN replied that a full primary care option would be cheaper for the 550 patients with DVT than the likely tariff in secondary care unless it was possible to negotiate a tariff. The group discussed this and some concern was expressed about capacity of acutes to pick this up. AN explained that there were a number of advantages of the secondary care option, the main one is the cost and the other advantage is that it's done in the hospital setting. NBT have also been keen to do DVT service and are ready to mobilse. JH said that the reason this was taken out of acutes	

	originally was the cost, so we need to be absolutely assured that this is watertight. JRo felt that if we can get this costed and agreed and in addition, be certain that NBT can manage it, then it sounds like a good option however we really need clarity that we would be getting the best that we can from it. JH also highlighted that we will need to make sure that there isn't a gap that patients fall into between primary and secondary care. The Commissioning Executive **agreed** that when the pathway was resolved, the paper would need to go to the membership groups for commissioners to agree rather than the GP providers.	
11.	**Any Other Business** Sarah Truelove (STr) circulated a proposal around urgent care. She explained that the CCG were looking at a different approach to this going into 2018/19 – the system is under pressure, with bed occupancy over 100% and the overcrowding is not sustainable. NBT are also telling us that we need to allow for a further 5% in electives, despite their capacity issues. Pressures have already been recognised and Task and Finish groups have been set up to look at Urgent Care. One of the discussions as part of contract negotiation is whether to put any extra money for the contracts into a pot so that the task and finish groups can look at where the acutes want this to go. STr clarified that this would be the growth funding and where we hold back any marginal rate emergency tariffs. She explained that this would be tricky, guidance is about to come out for the quality premium and this is likely to be based in 2 areas. We need to be careful when putting in the activity plan what we expect to see in growth and then other 50% would be ED performance. Either need to put in contracts and vary out when agreed but STr wanted to test with the Commissioning Executive in terms of principle and try and encourage the system to start working differently. Task and Finish groups need to have signed off plans by the end of May to allow them to get things into contracts and services in place by September. The Commissioning Executive were **supportive** of this proposal.	
	The meeting came to a close at 13:15pm approximately.	
	Next meeting: Thursday 5th April 2018, 2 – 4pm **CCG Conference Room**	