

Commissioning Executive

Minutes of the meeting held on 10th May 2018 at 9.00am at South Plaza.

Minutes

Present		
Chair		
Jon Hayes	Clinical Chair, BNSSG CCG	JH
Julia Ross	Chief Executive, BNSSG CCG	JRo
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Colin Bradbury	Area Director for North Somerset, BNSSG CCG	CB
David Jarrett	Area Director for South Gloucestershire, BNSSG CCG	DJ
Justine Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Peter Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Geeta Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
Shaba Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
Jonathan Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Kate Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Michael Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
Kate Rush	Clinical Leadership Development, BNSSG CCG	KR
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Jeremy Maynard	Clinical Corporate Lead for Quality, BNSSG CCG	JM
Alison Bolam	Clinical Commissioning Area Lead for Bristol,	AB



	BNSSG CCG	
Alison Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AW
Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Apologies		
Martin Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
David Peel	Clinical Care Pathway Lead for Planned Care, BNSSG CCG	DP
Mark Pietroni	Director of Public Health, South Gloucestershire Council	MP
In attendance		
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Sasha Beresford	Principal Pharmacist, BNSSG CCG NICE Medicines & Prescribing Associate	SB
Alison Ford	Head of Children and Maternity, BNSSG CCG	AF
Niall Mitchell	Head of IFR – BNNSG and Somerset, BNSSG CCG	NM
Ian Popperwell	Commissioning Manager (Mental Health), BNSSG CCG	IP
Padma Ramanan	Head of Finance – Partnerships and Mental Health, BNSSG CCG	PR
Mike Pingstone	Associate Director of Procurement, CSW CSU	MPi
Kiersten Wilson	Project Manager, BNSSG CCG	KW
Jo Kapp	Associate Director Quality – Continuing Healthcare lead, BNSSG CCG	JK
Marie Davies	Associate Director of Quality, BNSSG CCG	MD
Lucy Powell	PA to Lisa Manson, Director of Commissioning, BNSSG CCG	LP

	Item	Action
01	Apologies Apologies were noted from Martin Jones and David Soodeen.	
02	Declarations of Interest 02a. To consider any changes to attendee interests since the last meeting	

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	<p>No</p> <p>02b. To consider any conflicts of interest arising from this agenda</p> <p>Kate Mansfield declared a professional interest in item 9 and a personal interest in item 8. She took part in the discussions but not decisions for these items.</p> <p>Shaba Nabi declared a professional interest in items regarding prescribing (Items 5 and 7). She took part in the discussions but not decisions for these items.</p>	
03	<p>Minutes of the meeting and matters arising from 14th March 2018</p> <p>The group reviewed the minutes of the last meeting. It was noted that Shaba Nabi's name was spelt incorrectly in the attendees list and Julia Ross asked that an additional sentence was added to a paragraph within item 6. With these amendments the minutes were agreed as correct.</p>	
03.1	<p>Action log from 5th April and Forward Planner</p> <p>Please see attachment 3b.</p>	
04	<p>Urgent Care Update</p> <p>04a. A&E Delivery Dashboard – Headlines and Executive Summary.</p> <p>Lisa Manson (LM) updated the Committee on A&E performance noting that the CCG is starting to see consolidated improvement on attendances to A&E. Issues are ongoing regarding long stay patient delays moving through the system although Newton Europe are working with the STP to support improvement of delays so this is expected to improve.</p> <p>A full recovery plan for the NBT system has been submitted.</p> <p>The Committee discussed which metrics were critical for the</p>	



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	<p>Commissioning Executive Committee to review. The Committee agreed that more information regarding Primary and Community Care and Out Of Hours data would be helpful in order to ascertain where the delays within Urgent Care were. Deborah El-Sayed (DES) noted that these conversations between teams were ongoing. Peter Brindle (PB) explained that there was a project team pulling together Primary Care and NHS 111 data. It was agreed for DES and PB to discuss the workstreams ongoing and check for duplication.</p> <p>LM updated the Committee on the current situation at the BRI following the fire at the Oncology and Haematology Unit. The Emergency Department at UHB was diverting patients to Weston Hospital and Southmead.</p>	DES/PB
05	<p>Medicines Optimisation Prescribing Quality Scheme 18/19 for GP Practices</p> <p>Debbie Campbell (DC) was welcomed to the meeting. DC explained the scheme noting that it had been consulted on by member practices.</p> <p>Julia Ross (JRo) asked about the cost of the meetings involved in the scheme and queried whether quarterly meetings with more people involved was the better way to address these.</p> <p>JRo also noted that the paper referred to a 0% uplift in prescribing for 2018/19. It was highlighted that this was incorrect and it was clarified that there had been a 4.4% uplift which had been included within the savings plans. Noting this amendment to the paper, the scheme was approved.</p>	
06	<p>Care Home bid for funding Pharmacists and Technicians</p> <p>Debbie Campbell (DC) explained to the Committee that the CCG had submitted a bid to NHS England on behalf of the BNSSG STP to fund Pharmacy Technicians in Care Homes. The bid was successful on the basis that the CCG funds 50% of the costs of the second year and that the Technicians are hosted by another organisation.</p> <p>The Committee discussed the bid noting that the most logical place for the Technicians to be hosted was within the Primary Care system and DC agreed to pursue this option further.</p> <p>Mike Jenkins (MJe) asked whether there was any duplication of</p>	

	Item	Action
	<p>resource within the system for these posts. DC assured the Committee that the CCG monitored the resource within the system linking with practices and care homes regularly.</p> <p>Sarah Truelove (ST) noted the return on investment and noted that it would be prudent to evaluate this scheme over 2 years and review savings in the future.</p> <p>The Committee approved the funding of 50% in year 2 and asked that DC liaise with the practices as the preferred hosting organisation.</p>	
07	<p>Blood Glucose Monitoring Freestyle Libre – Future Commissioning Options</p> <p>Debbie Campbell (DC) and Sasha Beresford (SB) presented this item to the Committee explaining that this device was a way to measure glucose levels for patients with diabetes. It was highlighted that NICE had not directed CCG's to fund the new technology but had produced a briefing stating an uncertainty around the evidence that this device would improve clinical outcomes for patients. SB noted that the trial undertaken had involved 241 patients and only adults.</p> <p>The Regional Medicines Optimisation Committee (RMOC) has produced a set of patient criteria for the device but did not provide robust costing analysis.</p> <p>The Committee discussed the advantages of the device highlighting the lifestyle benefit for patients but noted that without a robust evidence base to prove that this device had clear clinical benefit, the CCG would be unable to fund.</p> <p>The Committee agreed not to fund the FreeStyle Libre devices at this time but asked that Peter Brindle and Debbie Campbell engage with other organisations to look at possible larger scale research into the device. The Committee noted the NIHR and the local STP as areas to start.</p> <p>It was agreed to send draft GP and patient communications regarding the decision to the Committee for review.</p>	DC
08	<p>Living Well With and Beyond Cancer – Community Based Services</p> <p>Peter Brindle introduced this item, welcoming Maggie Crowe to the</p>	

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	<p>meeting. It was noted that a pilot scheme had been conducted across Bristol and South Gloucestershire and with more funding from Macmillan and the NHS England Cancer Transformation Fund, it was recommended that the Community based model was further funded for two years and expanded across BNSSG to include North Somerset.</p> <p>Maggie Crowe (MC) highlighted the organisations that would be asked to express an interest in the delivering the community based service noting that this included community providers, third sector organisations and acute trusts. The Committee discussed the merit of inviting the acute trusts when the model was community healthcare based.</p> <p>Julia Ross (JRo) asked whether the local authorities had been involved in the model and it was agreed that MC would engage with the Local Authorities on work around prevention and self-care.</p> <p>The Committee noted that expanding the service felt equitable across the BNSSG system.</p> <p>The Committee approved the request to proceed with the expressions of interest following Peter Brindle reviewing the list of organisations to invite.</p>	
09	<p>South Glos SEND Strategy</p> <p>The Committee welcomed Alison Ford (AF) to the meeting who presented this item, noting that the BNSSG CCG Governing Body meeting had approved the South Gloucestershire Written Statement of Action in March 2018. Following this a SEND (Special Educational Needs and Disabilities) strategy had been developed and agreed by South Gloucestershire Council in April 2018. The recommendation at this meeting was that the South Gloucestershire Strategy was approved and to use this strategy to inform consistent healthcare offered across BNSSG for children and young people with SEND.</p> <p>AF noted that following the Ofsted and CQC review, one of the actions for the BNSSG CCG was to provide clear executive level leadership for the system. The Committee were asked to approve the following leads:</p> <p>Deborah El-Sayed is SRO of SEND in BNSSG and key link with</p>	



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	<p>South Gloucestershire Local Authority</p> <p>Lisa Manson is link Director for North Somerset Local Authority</p> <p>Anne Morris is link Director for Bristol City Council</p> <p>Deborah El-Sayed (DES) highlighted the importance of the links to the Local Authorities and noted that one of the recommendations asked the Committee to approve establishment of a managerial lead to support the SRO of SEND and to develop a consistent approach across BNSSG.</p> <p>The Committee discussed the prioritisation process and the impact on other services such as CAMHS. It was noted that a clear commissioning strategy on priorities was required and that there was work ongoing with AWP, Sirona and WAHT on demand and capacity modelling.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the South Gloucestershire SEND Strategy • Agreed to use the South Gloucestershire SEND Strategy to inform a consistent BNSSG approach • Approved the Executive level leads as above • Agreed establishment of managerial lead. 	
10	<p>Individual Funding Request (IFR) Review</p> <p>The Committee welcome Niall Mitchell (NM) to the meeting. It was noted that following a Governing Body Seminar. It was agreed to review the Ethical Framework in greater detail at an event. It was agreed to invite the Clinical Leads to this event once arranged.</p> <p>The Committee were asked to send any comments on the IFR review to Niall Mitchell.</p>	<p>NM</p> <p>All</p>
11	<p>Breast Reconstruction Post Cancer</p> <p>Niall Mitchell explained the consultation exercise undertaken and highlighted that changes had been made following the consultation process. The policy had overall clinical and patient support. The Committee thanked Niall for his hard work.</p> <p>The Committee recommended approval to the Governing Body.</p>	

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	<p>Gluten Free Prescribing (Bristol)</p> <p>Debbie Campbell (DC) outlined the recommendations for gluten free prescribing in Bristol which would provide alignment with the current prescribing positions in North Somerset and South Gloucestershire who stopped prescribing gluten free items for adults and reduction for children in 2017.</p> <p>Following an extensive engagement and consultation process with service users and the public, the recommendation was to stop prescribing gluten free products for adults and reduce prescriptions for under 18's to only staple foods.</p> <p>DC highlighted the risk and mitigations section of the paper, noting that all CCGs in the South West of England have stopped or restricted Gluten Free product prescribing so there is a large area the CCG can use to review the impact of the change which has been widely accepted and successful.</p> <p>Geeta Iyer noted the need for robust communications for both patients and GPs prior to the changes and this was noted as in hand.</p> <p>The Committee recommended approval to the Governing Body.</p>	
12	<p>MSK Integrated Services Specification</p> <p>Lisa Manson explained that Gemma Artz had worked with the locality teams to produce the service specification. The Committee were asked to send any comments on the specification to Gemma.</p>	All
13	<p>IAPT Recommissioning</p> <p>The Committee welcomed Ian Popperwell, Padma Ramanan and Mike Pingstone to the meeting. Ian Popperwell (IP) presented the proposed approach to the IAPT recommissioning to the Committee noting the requirement in the five year forward view for increased access rates. The Committee discussed the approach and Mike Pingstone noted that the preferred procurement option was option 3, the Lead provider model.</p>	

	Item	Action
	<p>The Committee discussed the financial envelope available for the procurement noting that the model developed would provide the 25% access levels as requested by NHS England; this would require an additional investment of £3.3m to achieve. The Committee discussed the access rates and recovery rates and agreed that the CCG should be focused on recovery rates and providing an equitable service for those with complex needs. The Committee suggested that the clinical leads were involved in reviewing the specification.</p> <p>The Committee asked that the specification be rewritten following the comments made at the meeting and presented again at the next meeting for review.</p> <p>The Committee discussed the mental health investment as a whole and it was agreed to discuss the investment at the June Commissioning Executive meeting.</p>	<p>IP</p> <p>ST</p>
14	<p>Core 24</p> <p>The Committee welcomed Kiersten Wilson (KW) to the meeting. KW presented the paper to the Committee noting that that the CCG had received funding of £750k for the first year of implementation for the Core 24 service. The A&E Delivery Board approved the bid with the agreement that the service would be recurrently funded from year 2. KW noted that if the service was not recurrently funded then the CCG will need to return the money. KW asked the Committee for approval to recurrently fund the service to allow AWP, who will provide the service, to start recruitment for the necessary posts.</p> <p>The Committee noted that this service related to the Mental Health Investment Standard and that the Commissioning Executive needed to agree the priorities for this investment next month.</p> <p>The Committee discussed the need for the crisis team to be able to prescribe overnight and the Committee asked for assurances that this was part of Core 24 planning.</p> <p>The Committee approved the funding in principle.</p>	
15	Rehabilitation Pathway in North Somerset	



	Item	Action
	<p>Lisa Manson (LM) explained to the Committee the proposal to relocate non- specialist rehabilitation patients out of hospital and into the community. LM provided the background to the proposal noting that the length of stay in the current provision was unacceptably long. The preferred option would provide rehabilitation support in the community and provide support for patients to be assessed for discharge by a community based team.</p> <p>Jonathan Evans (JE) agreed that community based resource for rehabilitation services made sense but noted the required investment in patient flow to allow this work. Julia Ross (JRo) asked for assurances that the community beds were available and asked whether any analysis had been undertaken on the cost of community rehabilitation services. LM explained that the proposal would be to spot purchase beds as required but there were potential beds that could be block purchased. LM agreed to share the costing model with Sarah Truelove (ST) for review.</p> <p>ST asked whether the cost reduction from the reduced beds would be a guaranteed impact. LM assured the Committee that Weston Area Health Trust would need CCG consent to reopen the beds on the ward.</p> <p>The Committee approved the proposal in principle.</p>	LM
16	<p>Weston Primary Care ETTF Capital Programme</p> <p>The Committee agreed this paper should be discussed at the Primary Care Group.</p>	
17	<p>Service Evaluation of Homeless Support Team Pilot in the BRI</p> <p>Kate Rush (KR) presented the paper, explaining that the Homeless Support Team pilot scheme was due to end July 2018 and so a decision needed to be made on the future commissioning of the scheme. KR outlined the work of the support team and outlined the estimated savings through admission reduction.</p> <p>The Committee discussed the scheme and highlighted the potential for the scheme to be allocated STP funding. The Committee agreed to underwrite the scheme but on agreement that KR would request</p>	KR

	Item	Action
	STP funding first.	
18	<p>Review of Local Enhanced Services</p> <p>The committee welcomed Jenny Bowker (JB) to the meeting. The review of Local Enhanced Services was explained and it was noted that the review and associated mandate had been supported by the Primary Care Commissioning Committee. JB noted that the next steps were for a desktop review to take place with the clinical leads and lead manager for each enhanced service. The Committee requested that further communications regarding the review were sent out to practices. JB informed the Committee that the outcomes from the May Steering Group had been communicated to GPs but agreed to develop further information to circulate.</p> <p>The Committee discussed the proposed timeline and asked that the desktop review take place quickly as there would be considerations regarding staff to consider depending on the outcomes. It was highlighted that there would also be further financial considerations for the CCG to consider. It was agreed that Sarah Truelove, the Area Directors and Jenny Bowker would discuss the project timeline further.</p> <p>The Committee agreed the clinical leads for the desktop review as outlined in the paper.</p>	<p>JB</p> <p>JB</p>
19	<p>CHC Review</p> <p>The Committee welcomed Jo Kapp (JK) to the meeting. JK outlined the proposals for the Continuing Healthcare Review, noting the revisions to the national framework for adult continuing care which are to be implemented by the 1st October 2018.</p> <p>Julia Ross asked that before a decision on options can be taken that the Executive Team discussed the options first at the weekly Executive Team meeting. It was agreed that should a decision be needed by the Commissioning Executive Committee before the June meeting, Chairs actions would be taken and a decision made by email.</p>	AM
20	<p>Local Choices for Quality Premium</p> <p>The Committee welcomed Marie Davies (MD) to the meeting. MD</p>	

	Item	Action
	<p>outlined the choices for the local indicators for inclusion in the Quality Premium for 2018/19. The preferred options were:</p> <ul style="list-style-type: none"> • Mental Health Indicator : Out of Area Placements • Right Care Indicator: Musculoskeletal System Problems (Excludes Trauma) <p>The Committee discussed the options and it was clarified that these were the indicators the CCG would be measured against to achieve the quality premium.</p> <p>The Committee approved the choices and agreed submission to NHS England.</p>	
21	<p>BNSSG Pressure Injury Strategy</p> <p>Item deferred to June</p>	
22	<p>Summary overview of proposed new safeguarding arrangements for children (Wood Review)</p> <p>It was requested that any comments on the review be forwarded to Anne Morris.</p>	
23	<p>For information only</p> <p>BNSSG Drugs and Therapeutics Committee Minutes</p> <p>The Committee received the minutes.</p>	
24	<p>Any Other Business</p> <p>Audiology AQP</p> <p>It was clarified that referrals to the service would be through Primary Care. The Committee approved the recommendation of award to the providers outlined.</p>	

Lucy Powell
PA to Lisa Manson, Director of Commissioning
18th May 2018

