

Commissioning Executive

Minutes of the meeting held on 9th August 2018 at 9.00am at South Plaza, Bristol.

Minutes

Present		
Chair Jonathan Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
Justine Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Tony Ryan	Clinical Lead for Woodspring Locality, BNSSG CCG (Attending on behalf of Colin Bradbury)	TR
Peter Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Geeta Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Kate Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
Jeremy Maynard	Clinical Corporate Lead for Quality, BNSSG CCG	JM
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Kate Rush	Clinical Leadership Development, BNSSG CCG	KR
Alison Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
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
Anne Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
Apologies		
Jon Hayes	Clinical Chair, BNSSG CCG	JH
Julia Ross	Chief Executive, BNSSG CCG	JRo
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
Martin Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
Shaba Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Michael Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
Terry Dafter	Director Adult Social Care, Bristol City Council	TD
In attendance		
Gerald Hunt	Head of Commissioning - People and Communities, North Somerset Council	GH
Adwoa Webber	Head of Clinical Effectiveness, BNSSG CCG	AWe
Niall Mitchell	Head of IFR, BNSSG CCG	NM
David Moss	Head of Primary Care Contracts, BNSSG CCG	DM
Carol Slater	Head of Transformation (Mental Health & Learning Disabilities), BNSSG CCG	CS
Padma Ramanan	Head of Finance – Partnerships and Mental Health, BNSSG CCG	PR
Sally Robinson	Performance Improvement Manager, Planned Care, BNSSG CCG	SR
Pippa Stables	Inner City and East LLG Member	PS



Becca Robinson	Clinical Effectiveness Programme Manager, BNSSG CCG	BR
Mike Pingstone	Associate Director of Procurement, NHS South, Central and West Commissioning Support Unit	MP
Sarah Carr	Corporate Secretary, BNSSG CCG	SC
Lucy Powell	PA to Lisa Manson, Director of Commissioning, BNSSG CCG	LP

	Item	Action
01	<p>Apologies</p> <p>Apologies were noted as above.</p>	
02	<p>Declarations of Interest</p> <p>02a. To consider any changes to attendee interests since the last meeting</p> <p>None</p> <p>02b. To consider any conflicts of interest arising from this agenda</p> <p>None</p>	
03	<p>Minutes of the meeting and matters arising from 9th August 2018</p> <p>It was noted that Alison Bolam's initials were incorrect, this was amended.</p> <p>Kate Mansfield asked that the wording "...in place of conventional therapy..." be added to the comments to the Homeopathy item as part of the Evidence about Safety section.</p> <p>With these amendments the minutes were agreed as correct.</p>	
03.1	<p>Action log from 9th August and Forward Planner</p>	



	Item	Action
	Please see attachment 3.2.	
04	<p>Draft Winter Plan</p> <p>Lisa Manson (LM) presented the draft plan to the Committee noting that the plan had been previously presented to the A&E Delivery Board and Urgent Care Operational Group for comment. The plan had been developed following a review of the 17/18 plan and included associated feedback.</p> <p>The Committee discussed the link between GP referrals and secondary care and the consequences to patient flow.</p> <p>David Soodeen (DS) commented on the plan noting:</p> <ul style="list-style-type: none"> • That the winter plan should be part of Business as Usual processes • More specific patient percentages for admissions, including type should be included in the plan • The need for further communications to be sent to GP practices regarding what patients should be doing to prevent the spread of viruses such as Norovirus <p>Geeta Iyer (GI) asked for further clarity to be included in the plan around improved access targets relating to in hours GP appointments. Justine Rawlings highlighted that mapping these had been an action from the Primary Care Commissioning Committee and evaluation of improved access had been incorporated as part of the winter plan.</p> <p>Sarah Truelove (STr) noted that the winter plan outlined the schemes relating to secondary care, but challenged whether the winter plan should also outline the detail behind other schemes also aligned to the CCGs priorities. Kate Rush (KR) agreed and described several schemes that could be included.</p> <p>Peter Brindle (PB) noted the risks and mitigations section and suggested that further work take place to develop robust mitigations to the risks.</p>	

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	<p>Lisa Manson reviewed the comments made by the Committee and reiterated the points for review within the plan:</p> <ul style="list-style-type: none"> • GP referrals into secondary care (including early morning visits) to be included • Improved access to be reviewed • Respiratory HOT clinics to be emphasised • To incorporate the NHS England plan appendix into the plan • Review how Met Office alerts are communicated to GP practices • Further develop surge policies • Key messages to practices to be strengthened to include the message that GPs may need to review and amend their own behaviours over the winter period • Further work to take place on the risks and mitigations <p>The Committee agreed these were the amendments required.</p>	
05	<p>Pandemic Influenza Plan</p> <p>Lisa Manson (LM) presented the plan to the Committee explaining that the plan outlined the response to Pandemic Flu and did not include the response to specialised influenzas such as avian or swine. The plan highlighted the Emergency Preparedness Resilience and Response responsibilities of the CCG and LM noted that during a pandemic flu situation, NHS England and Public Health England would lead the response.</p> <p>David Soodeen (DS) explained that the challenge for identifying a pandemic situation arose from the lack of Primary Care data to review. Sara Blackmore (SB) drew the Committees attention to the command and control flow chart within the plan and noted the lack of Primary Care within the diagram. LM highlighted that the need for robust and timely data was a general issue throughout the system which needed broader discussion.</p> <p>The Committee discussed the requirement for NHS staff to be vaccinated and it was highlighted that flu vaccinations were part of the CQC checks undertaken at Practices. The Committee queried whether nursing home staff were also required to vaccinate their staff and it was explained that this had been</p>	

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	<p>reviewed last year and there had been complexities to work through in relation to reimbursement of charges.</p> <p>The Committee approved the plan for use.</p>	
06	<p>Urgent Care Update</p> <p>04a. A&E Delivery Dashboard – Headlines and Executive Summary</p> <p>Lisa Manson (LM) brought the Committees attention to the 4 hour performance deterioration on two separate days at North Bristol Trust. A Root Cause Analysis had been undertaken and the key causes had been a failure to escalate following delayed identification of an issue. It was highlighted that there had been no clinical harm related to the delays, however it was acknowledged that the patient experience had been below expectation.</p> <p>The Committee discussed the Urgent Care system as a whole, highlighting again the need for real time data and collaboration with Primary Care to share data. LM explained that following the recent challenging weeks, Secondary Care A&E data would be shared with the CCG on a weekly basis for additional assurance.</p> <p>It was noted that despite the outliers, performance had been improving across BNSSG following length of stay stabilisation. LM noted that once the bed delays had been improved, patient flow issues had been identified and the focus was now on expediting patient flow through the system.</p> <p>The Committee discussed the reasons for the recent patient surges highlighting the hot weather and summer events timetable. LM explained that the CCG was reviewing events licensing and the need for events planners to engage core NHS services so contingency plans can be developed.</p>	
07	<p>Vision for Adult Social Care</p> <p>Gerald Hunt (GH) from North Somerset Council was welcomed to the meeting. He presented a paper on the Vision for Adult Social Care to the Committee highlighting the joint ambitions of the local</p>	

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	<p>health care communities to improve the care and support of vulnerable adults.</p> <p>GH outlined the use of assistive technology and the needs to promote self-wellbeing to allow people to keep their independence for as long as possible. It was noted that part of this work would be the support aspect for carers as well as those being cared for.</p> <p>Kate Mansfield (KM) highlighted the culture shift required for this to work, noting the need for Communications to providers to promote the self-care and wellbeing message.</p> <p>Kate Rush (KR) asked about the digital solutions and requested that North Somerset Council share their learning and evaluation of the trials. GH outlined the test and learns occurring and the Committee suggested engagement with the GP Practices for evaluation.</p> <p>The Committee asked whether any additional service provision for carers had been ring fenced and Gerald Hunt confirmed that carers support services were part of the vision.</p> <p>Sarah Truelove (STr) questioned the timeline for change. GH explained that the changes would be expected to take 6 months to a year to allow for restructuring the teams and embedding IT systems. STr highlighted the need for a coordinated approach across the local health and social care system.</p> <p>The Committee discussed a locality approach to the development of the plan and GH confirmed that North Somerset Council were due to present at locality forum meetings.</p> <p>The Committee thanked GH for the presentation and agreed that Lisa Manson would write a formal letter to North Somerset Council outlining the feedback from the Commissioning Executive Committee particularly in relation to the need for integration across the system.</p>	<p>LM</p>
08	<p>NHSE Consultation on Evidence Based Interventions</p> <p>Adwoa Webber (AWe) and Niall Mitchell (NM) were welcomed to the meeting for this item.</p> <p>AWe provided the background on the item, highlighting that the paper had been presented to the Committee to gather feedback on the consultation questions suggested by NHS England.</p>	



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	<p>AWe explained that the consultation document would also be discussed at the locality member's forums for further feedback for the response.</p> <p>The Committee discussed the proposals noting that the consultation suggested differing proposals than those already established within BNSSG. AWe confirmed that she had contacted NHS England regarding these differences and had not yet had a response.</p> <p>The Committee expressed concern that the NHS England proposals could represent cost pressures for the system which had already been alleviated through the current interventions already in place in BNSSG CCG.</p> <p>The Committee agreed that the feedback from the Commissioning Executive Committee needed to be fed back to the membership forums and the fact that these were proposals for consultation needed to be further emphasised. The Committee highlighted the importance of the response to NHS England to be robust and challenging of the proposals. AWe reiterated that the response would incorporate and reflect the views of the Clinical Leads, the Commissioning Executive Committee and the membership practice GPs.</p> <p>The Committee agreed to send any specific feedback to AWe for inclusion in the response.</p>	<p>ALL</p>
<p>09</p>	<p>Future of Evolutio Care Innovations Limited – Community Eye Service Contract</p> <p>David Moss (DM) was welcomed to the meeting, and he gave the background to the contract noting that this was underutilised and only available in the South Gloucestershire Locality area. DM explained that despite work undertaken to stimulate usage of the contract, demand had not increased. Kate Mansfield (KM) noted that she had used Evolutio in the past and the service provided was good.</p> <p>The Committee queried whether giving notice on the contract was wise considering the current development of the eye care strategy and subsequent service procurement.</p> <p>The Committee agreed that the paper did not give enough detail on the service or the savings potential from giving notice. DM clarified the savings noting that the patients would need to be</p>	



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	<p>assessed elsewhere, and assuming this would be the eye hospital, the net savings were given.</p> <p>The Committee discussed the possibility of extending the contract across BNSSG or including it as part of the wider contracting arrangements for eye care. Sarah Truelove (STr) suggested that notice was given on the current contract with the possibility of renewing the contract on a potential cost per case basis instead.</p> <p>The Committee agreed to give notice on the block contract arrangement and review the contract in September.</p>	
	<p>Dementia Centre of Excellence Model of Inpatient Care</p> <p>The Committee welcomed Carol Slater (CS), Padma Ramanan (PR), Sally Robinson (SR) and Pippa Stables (PS) to the meeting.</p> <p>Lisa Manson (LM) provided the background to the paper, noting that following the closure of Laurel Ward, the recommendation to the Committee was to invest in 14 beds across BNSSG for inpatients with dementia.</p> <p>The Committee were informed that following the closure a task and finish group had been set up to review dementia services across BNSSG. Following this work, it had been concluded that 28 beds were no longer required for this cohort of patients, since implementing a new pathway of care for dementia; less patients with dementia were being admitted to hospital.</p> <p>CS explained that 10 beds were currently in place at Weston Hospital and the level of care on the ward was exceptional.</p> <p>The Committee discussed the reduction in beds and potential investment in community dementia services across BNSSG. Sarah Truelove (STr) highlighted the lack of a population needs assessment on the reduction of beds and the lack of evaluation of the investment. CS noted that the task and finish group had identified specific projects for investment as well as enhancing skill mix across the team.</p> <p>Anne Clarke (AC) highlighted that the proposal would need to be presented to the Clinical Senate initially as it involved a reduction in beds.</p> <p>David Soodeen (DS) noted the disparity in provision across BNSSG and the Committee discussed the demographics of the</p>	



	Item	Action
	<p>localities. LM highlighted the work in the community for dementia patients and agreed that the challenge was to provide equal care across BNSSG.</p> <p>The Committee agreed that the paper needed more work for approval particularly in separating out the community work from the inpatients provision.</p> <p>It was agreed that the paper would be presented again at the September meeting.</p>	LM
11	<p>Deep Vein Thrombosis (DVT) Pathway</p> <p>Becca Robinson (BR), Pippa Stables (PS) and Mike Pingstone (MP) were welcomed to the meeting for this item.</p> <p>BR outlined the service specification for the DVT pathway, highlighting the 3 phases of assessment and treatment. The service specification had been sent to the current providers for comment with providers confirming that they would be interested in providing the service.</p> <p>The Committee discussed the service specification and praised the clarity on the pathway during out of hours. The Committee noted that the pathway was understandable for all phases. The urgent nature of DVT was discussed and the Committee agreed that all DVT presentations should be classed as urgent and asked that the wording within the specification was standardised to reflect this.</p> <p>The Committee discussed the types of procurement options available and recommended the open procurement option.</p>	
12	<p>Governing Body Assurance Framework</p> <p>Sarah Carr (SC) was welcomed to the meeting for this item and explained that the Governing Body Assurance Framework would be presented at the Committee each month to allow the Committee to monitor and review the objectives and risks attributed to relate to Commissioning.</p>	

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	<p>SC noted that the principle objectives related primarily to the first six months of developing the new organisation.</p> <p>The Committee received the framework.</p>	
13	<p>Any other Business</p> <p>Membership event</p> <p>The Committee were reminded of the membership event taking place on the 11th September.</p> <p>Commissioning intentions</p> <p>Lisa Manson explained that the Commissioning intentions were being developed for 2019/20 and would be a Governing Body seminar topic later next month.</p>	
14	Date of next meeting – 11th October 2018	

Lucy Powell
PA to Lisa Manson, Director of Commissioning
15th August 2018

