Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Commissioning Executive

Minutes of the meeting held on 12th July 2018 at 9.00am at Armada House, Bristol.

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
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
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
Martin Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
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
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
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	AA

	CCG	
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Apologies		
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Terry Dafter	Director Adult Social Care, Bristol City Council	TD
Jonathan Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Jeremy Maynard	Clinical Corporate Lead for Quality, BNSSG CCG	JM
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
In attendance		
Jenny Norman	Head of Planning, BNSSG CCG	JN
Elizabeth Williams	Transformation Manager for Planned Care, BNSSG CCG	EW
Lucy Powell	PA to Lisa Manson, Director of Commissioning, BNSSG CCG	LP

	Item	**Action**
01	**Apologies** Apologies were noted as above.	
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** None	
03	**Minutes of the meeting and matters arising from 14th June 2018** The minutes were agreed as a correct record.	

	Item	Action
03.1	**Action log from 14th June and Forward Planner** Please see attachment 3.2.	
04	**Operational Planning 2018/19 and 2019/20** The Committee welcomed Jenny Norman (JN) to the meeting. Lisa Manson (LM) outlined the approach to developing the Commissioning Intentions for 2019/20. It was explained that a revised assurance process for 2018/19 priorities had been developed with quarterly monitoring in place to both Commissioning Executive and Governing Body, alongside the quarterly assurance meetings with NHS England. Work is ongoing to further develop some priorities from year one. 2019/20 planning is continuing with various planning meetings in place, including a whole system planning meeting taking place on the 12th July. It was explained that the system wide approach to planning should help to standardise operational standards across BNSSG and reduce performance variations across providers. The system planners are working together to develop a plan which meets the regulators expectations. LM highlighted that the system is working towards a single plan and a single system budget. Julia Ross (JRo) noted that the system needed significant activity changes for the single budget model to function, and that part of the work towards a single budget would involve developing a single data system for data sharing across the whole system, including local authority. Martin Jones (MJo) highlighted the need for planners to be able to access primary care data in order to inform plans. The Committee discussed data sharing through One Care and Connecting Care. Deborah El-Sayed (DES) and Martin Jones agreed to set up a working group to engage with GP Practices and review data sharing agreements. Mike Jenkins, Geeta Iyer, Alison Bolam and Andrew Appleton agreed to be members of the group. It was confirmed that the group would feedback to the Locality Executive Groups and Executive Team Meetings.	DES/MJo

	Item	Action
	LM noted that under NHS Terms and Conditions, providers must be informed of Commissioning Intentions by the 30th September 2018. The CCG is currently working on identifying possible savings, potential pathway changes and contract amendments for inclusion in the letters. It was noted that final approval of the letters would take place at the September Governing Body.	
05	**Urgent Care Update** **04a. A&E Delivery Dashboard – Headlines and Executive Summary** Lisa Manson (LM) explained that work is still ongoing on improving the metrics used in the report and the intention is to include primary care and community data. LM explained that during May there was significant improvement in performance with the three Acute Trusts performing at over 90% on the 4 hour wait target. Unvalidated data from June suggests further improvement on this target. However, for July performance had slipped with A&E departments challenged due to the high temperatures. North Bristol Trust (NBT) had their worst ever performance on 4 hour waits last week at 42%. LM informed the Committee that there would be a deep dive into the performance for that day which was believed to be related to large volumes of patients attending A&E. LM informed the Committee that work to reduce Length of Stay was continuing with community providers working alongside Price Waterhouse Cooper (PWC) to move patients out of hospital and into the community. Work is also ongoing to develop a single referral form for use by all providers to steam line patient flow. LM noted that the A&E Delivery Board were working with the local councils to plan ahead for large scale events and incorporate these into an annual program of work so the Urgent Care system can potentially predict activity increase and prepare accordingly.	

	Item	Action
06	**Performance Impact of the fire at the Haematology and Oncology Unit** Lisa Manson (LM) informed the Committee that the Oncology Centre were currently running 6 LINAC (Linear Accelerator) machines following delays in treatment caused by the fire in May. The recovery trajectory was presented and it was noted that 62-day performance for June was comparable to the performance in April, highlighting that Oncology Centre performance was recovering. The sixth LINAC machine would be removed in September once performance had stabilised. LM explained that the biggest impact of the fire had been access to radiotherapy and this has been alleviated by bringing in the extra machine.	
07	**Review of NHS Funded Homeopathy Service** Peter Brindle (PB) introduced this item to the Committee, explaining the rationale for beginning a review of homeopathy services in 2017/18. PB described the process of engagement and consultation that had taken place over 2017 and 2018/19 to understand people's views, work in partnership with the providers and consider options for change. After wide public engagement, between January and April 2018 a public consultation was undertaken about three options: • Option 1: Homeopathy service to continue as current, with NHS funding homeopathy for anyone referred by GP who meets the agreed criteria. • Option 2: The criteria for homeopathy would become more targeted, which could include restricted criteria or reducing number of appointments • Option 3: Homeopathy would not be routinely funded by the CCG, only in rare situations. Applications for funding would be by clinician through the exceptional funding process. The Commissioning Executive Committee reviewed a paper setting out the consultation process and feedback, along with evidence about the effectiveness of homeopathy. Alison Bolam (AB) asked whether other CCGs had ceased all NHS-funded homeopathy services. PB noted that it is not good practice for CCGs to refuse to fund treatments, but CCGs can assess need through the exceptional funding process. He believed this was the process others CCGs had put in place.	

	Item	Action
	The Committee noted that some patients find benefit in homeopathy. Alison Wint noted that there were numerous treatments that patients believed were of benefit that were not routinely funded by the NHS but were based on exceptionality. The Committee used a structured decision-support process to score each of the three options, as listed in the table below.	

	Option 1	Option 2	Option 3	Comments
Evidence about safety	2	2	2	The Committee discussed that some homeopathic treatments may be considered unsafe if used inappropriately in place of conventional therapy without a sound clinical basis but that strong evidence was not available about the safety of Options 2 or 3.
Evidence about effectiveness	2	1	2	The Committee noted mixed evidence about homeopathy. Some highlighted that studies stating homeopathy's clinical benefit were often funded by homeopathic treatment centres which may lead to bias. **Post meeting note: Initially the Committee scored Option 3 higher on evidence grounds to reflect the view that there was not robust clinical evidence about homeopathy.**

	Item					Action
					However upon reflection and with Chair's Action, it was noted that the decision-making criteria referred to evidence about each option being considered, not the pros and cons of homeopathy itself. The CCG had not provided detailed evidence about the effectiveness of Individual Funding Request Panels so Option 3 could not receive the highest score. The Committee generally felt that the scientific evidence for homeopathy was limited but used the decision criteria robustly to score each Option on its own merits.	
	Engagement and consultation feedback	2	1	2	Shaba Nabi asked whether only the public consultation feedback from the local population should be considered. PB confirmed that many people and organisations out of area had provided feedback and that the analysis of consultation feedback had separated local feedback from out of area so that the Committee could see	

	Item					Action
					both aspects.	
	Population health / equalities impact	2	2	2	Shaba Nabi noted the importance of understanding the demographic referred for homeopathic treatments before scoring. However, the CCG did not have access to this information. The Committee discussed the issue of access to homeopathy treatments and agreed that Option 3 could potentially improve access for all demographics to homeopathic treatments through the exceptional funding process. However, this was dependent upon seeing demographic information. It was agreed that further information on current service users would be provided in the paper for Governing Body so that an informed decision could be made on the scoring. **Post meeting note: Following the meeting it was confirmed that this information was not available to the CCG**	**PB**
	Consistency with good practice and guidance	1	1	3	The Committee noted that national guidance suggested homeopathy should not be routinely	

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<tr><td></td><td></td><td></td><td></td><td>funded.</td></tr>
<tr><td>Financial considerations</td><td>2</td><td>2</td><td>2</td><td>The Committee discussed whether it might be untenable for the service provider to continue services without NHS-funding. Lisa Manson suggested that this was for the provider to decide rather than the CCG to consider. It was agreed to further discuss this point at Governing Body.</td></tr>
<tr><td>Alternatives and opportunity costs</td><td>1</td><td>1</td><td>2</td><td></td></tr>
<tr><td>Total</td><td>12</td><td>10</td><td>15</td><td></td></tr>
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Based on reviewing consultation feedback, evidence and using a structured scoring process, the Committee recommended Option 3 to the Governing Body as the preferred commissioning option. They noted that some people do gain benefit from homeopathy and that an action plan should be in place to support these people if it was decided to alter access to NHS-funded homeopathy.</td><td>LM</td></tr>
<tr><td>08</td><td>National Services for Health Improvement (Improve treatment of Chronic Obstructive Pulmonary Disease (COPD))

The Committee welcomed Elizabeth Williams (EW) to the meeting. Mike Jenkins (MJe) presented the service specification to the Committee noting that the proposal was for the CCG to work with National Services for Health Improvement (NSHI) to provide two specialist respiratory nurses to work in BNSSG GP Practices. These nurses would provide validation of COPD disorders and provide expertise on self-management of these conditions.

MJe noted that the funding for this scheme would come from the pharmaceutical industry. MJe assured the committee that robust governance frameworks were in place regarding the funding and a BNSSG Respiratory Primary Care Steering Group has been set up which would monitor the scheme. Members of the Medicines</td><td></td></tr>
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	Item	Action
	Optimisation team were noted as part of the steering group. Shaba Nabi (SN) noted that End of Life care had not been included in the specification. MJe clarified that the specialist respiratory nurses would not be able to visit patients at home but would work closely with the Community teams to identify from Primary Care those patients which may need additional care at home. Deborah El-Sayed (DES) asked about the potential outcomes of the scheme. The Committee agreed that one outcome of the scheme would be whether a service needed to be commissioned following this initial work. Kevin Haggerty (KH) noted that this would be a welcome extra resource within Primary Care but had some concerns about future sustainability. EW explained that part of the work the nurses would undertake would be to provide the upskilling required and establishing processes for the future. It was also noted that the nurses would also be providing information to patients on self-care and management of existing conditions. The clinical committee members raised a specific issue with the current proposed 45 min appointment time, noting that the length of appointment would not be sustainable in the future. The Committee agreed the scheme in principle, noting that some aspects of the specification needed review.	
09	**Thornbury Hospital in-patient beds re-location** Dave Jarrett (DJ) presented this paper noting that the proposal was to relocate in-patient services from Thornbury Hospital to another location in Thornbury. Lisa Manson (LM) noted that this change in location should provide a more efficient pathway. Julia Ross (JRo) asked for further information on the proposed financial implications of the relocation particularly in relation to potential rental costs. The Committee agreed the move in principle subject to the review of financial implications.	

	Item	Action
10	**Update on Community Recommissioning** Kate Rush (KR) informed the Committee that the CCG had started discussions with the membership on the Community Recommissioning. The scope of which is expected to be presented at the August Governing Body. Lisa Manson (LM) noted that meetings had been held with the Local Authorities and Public Health regarding the recommissioning. LM explained that the next step would be holding wider meetings with NHS England. A recommissioning programme board would soon be established to provide assurance throughout the process. LM noted that interviews for the legal advisors for the recommissioning process would be held next week.	
11	**Any other Business** **Progress on developing Ethical Framework for decision making** Lisa Manson highlighted the session that had taken place at the Governing Body away day regarding the Ethical Framework. The next step was noted as a meeting with the Commissioning Executive Clinical Leads, and Julia Ross (JRo) suggested a possible evening meeting. LM highlighted the stakeholder event which would take place in September and the Committee agreed that in the future a joint session with the Clinical Cabinet regarding the Ethical Framework would be advisable.	

Lucy Powell
PA to Lisa Manson, Director of Commissioning
17th July 2018