

Commissioning Executive

Minutes of the meeting held on 11th October 2018 at 9.00am at South Plaza, Bristol.

Minutes

Present		
Chair Jon Hayes	Clinical Chair, BNSSG CCG	JH
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
Justine Rawlings	Area Director for Bristol, BNSSG CCG	JRa
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
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
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
Michael Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
David Peel	Clinical Corporate Lead for Planned Care, BNSSG CCG	DP
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS

Kate Rush	Clinical Leadership Development, BNSSG CCG	KR
Jon Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Alison Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
Alison Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AW
Apologies		
Julia Ross	Chief Executive, BNSSG CCG	JRo
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Shelia Smith	Director, People and Communities, North Somerset Council	SS
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Terry Dafter	Director for Adult Social Care, Bristol City Council	TD
Anne Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
In attendance		
Claire Thompson	Deputy Director of Commissioning, Performance and Planning, BNSSG CCG (for items 4,5 and 6)	CT
Gemma Artz	Head of Performance Improvement (Planned care), BNSSG CCG (for item 4)	GA
Inge Shepherd	Senior Contract Manager (Non-Acute), BNSSG CCG (for item 10)	IS
Julie Kell	Head of Performance Integrated Care, BNSSG CCG (for item 6)	JK
Emma Moody	Head of Contracts (Mental Health and Learning Disabilities) BNSSG CCG (for item 7)	EM
Natalie Huggens	Senior Contract Manager – Mental Health & Learning Disabilities, BNSSG CCG (for item 7)	NH
Ian Popperwell	Service Improvement Facilitator – Mental Health and Learning Disabilities, BNSSG	IP

	CCG (for item 8)	
Debbie Campbell	Deputy Director, Medicines Optimisation (for item 11)	DC
Katie Norton	Healthy Weston Programme Director, BNSSG CCG (for item 13)	KN
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 declared</p> <p>02b. To consider any conflicts of interest arising from this agenda</p> <p>None declared</p>	
03	<p>Minutes of the meeting and matters arising from 13th September 2018</p> <p>Item 5 - It was asked that the minutes clarify that the plain English for communications request was raised via the GP Quality Portal.</p> <p>With this amendment the minutes were agreed as a correct record.</p>	
03.1	<p>Action log from 13th September 2018 and Forward Planner</p> <p>Please see attachment 3.2.</p>	
04	<p>52 Weeks Waits</p> <p>Gemma Artz (GA) was welcomed to the Committee for this item. GA gave the background to the briefing paper, noting that nationally the target was for 52 week waiters to be halved, however the local</p>	

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	<p>Acute Trusts were expected to reach a target of zero 52 week waiting patients by the end of the financial year. GA highlighted the areas of concern which included Musculoskeletal services especially in relation to hand surgery and patients with complex needs. The Committee was assured that the Trauma and Orthopaedic steering group were looking at ways to shift workload, in particular to Weston General Hospital or local independent treatment centres, in order to reduce waiting times. GA noted that remedial action plans were in place at the Acute Trusts.</p> <p>Jeremy Maynard (JM) asked about known issues at the Trusts and it was confirmed that these known waiting lists had been cleared following work with GPs and interface services on redirecting referrals. GA commented that the CCG was monitoring patients waiting over 46 weeks and weekly work on waiting lists was taking place.</p> <p>It was agreed that the Commissioning Executive Committee would receive quarterly updates on 52 week waiting lists.</p>	
05	<p>Winter Planning Update</p> <p>Claire Thompson (CT) presented the winter plan to the committee noting that NHS England had been assured of the plan and had responded positively regarding the links between commissioning and primary care within the plan.</p> <p>Jonathan Evans (JE) asked about daily prediction of attendances and CT noted that UHB had a daily predictor tool which could predict surges hour by hour. It was noted that the CCG would like the other Trusts to make use of this tool. It was noted that despite the surge monitoring, sometimes the workforce planning was not in place to match. Lesley Ward (LW) explained that further work needed to be developed to monitor and recover from attendance surges and part of this was increased system working. Martin Jones (MJ) highlighted the various types of system support available including self-care, pharmacies and appropriate GP appointments. The Committee noted that self-care and prevention were key to reducing admissions throughout winter. The GP members of the Committee highlighted that over the winter period appointments were held for referrals from secondary care but seldom used. CT highlighted this was where the system working links were lacking</p>	



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	<p>and this would be strengthened through the winter planning process.</p> <p>David Soodeen (DS) noted that specialist messages for winter needed to be included within patient communications such as patients with Norovirus not attending A&E or GP Practices.</p> <p>The Committee discussed workforce over Christmas and New Year. CT highlighted that the Acute Trusts were expected to be fully staffed over the holiday period and assurance for this would be received soon.</p>	
06	<p>Urgent Care Update</p> <p>06.1 A&E Delivery Dashboard – Headlines and Executive Summary</p> <p>CT highlighted the detailed update which had been circulated with the papers and noted the improved 4 hour performance in October so far. Following the decrease in performance for September it was reasonable to assume that the plans developed for October were having an impact on performance.</p> <p>06.2 Supporting Care Homes across BNSSG</p> <p>LM introduced this item, noting that the scheme outlined in the paper was part of the pilot by BNSSG CCG to support North Somerset care homes to provide for patients in the Community by providing additional support to the worst performing care homes in the area specifically around admission avoidance education and training.</p> <p>Mike Jenkins (MJe) outlined the three possible options:</p> <ul style="list-style-type: none"> • Discontinue the North Somerset pilot and put nothing in its place • Continue the North Somerset pilot until the end of the financial year and then undertake a robust evaluation to understand impact and make an informed longer term commissioning decision • Roll out the North Somerset pilot across BNSSG until the end of the financial year and then undertake a robust evaluation to understand impact and make an informed longer term 	



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	<p data-bbox="379 271 719 304">commissioning decision</p> <p data-bbox="284 349 1254 551">JM noted that the staff turnover in care homes was often high as were the levels of agency staff so asked whether education and training for staff was a worthwhile endeavour. JM suggested that the teams could speak to the managers of the care homes instead of staff.</p> <p data-bbox="284 600 1254 891">Sarah Truelove (ST) noted that to roll out the pilot across BNSSG would require an investment which would require robust evaluation and evidence that the scheme improves health outcomes to justify the additional spend. ST also noted that the medicines optimisation scheme would have an impact on the admission rates from care homes so potentially the schemes should be run separately in order to collate measurable data for the specific schemes.</p> <p data-bbox="284 940 1222 1055">The Committee discussed the lack of evaluation from the scheme and agreed that to roll out the scheme further evaluation would be required.</p> <p data-bbox="284 1104 1190 1267">The Committee discussed the responsibility of the care home providers regarding admission avoidance and asked that further provider engagement to improve workforce training also occurs alongside any CCG pilots.</p> <p data-bbox="284 1317 1254 1480">The Committee agreed the second option, to continue pilot in North Somerset only. LM noted that a task and finish group would be set up to review the outcomes and evaluation of the scheme would take place before further options were proposed.</p>	
07	<p data-bbox="284 1532 1198 1565">Sexual Violence Psychological Therapies Recommissioning</p> <p data-bbox="284 1610 1254 1861">Emma Moody (EM) and Natalie Huggens (NH) were welcomed to the meeting for this item. EM explained that the entire Sexual Assault Referral Service had been commissioned by NHS England but following a pathway review the Psychological Therapy part of the pathway would now be commissioned by the CCG. The contract for which covered the populations of BNSSG CCG, Bath and North East Somerset CCG and Somerset CCG.</p> <p data-bbox="284 1906 1254 2040">EM explained that the contract was complex partly due to the number of providers providing the service currently. The Committee were informed that the CCG have requested a 3 month extension of the current contract so that the CCG had time to develop the service</p>	



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	<p>without leaving a gap in provision.</p> <p>The team had discussed a like for like approach to the service development but noted that after reviewing the current service there was found to be inequity between girls under the age of 13 as this cohort of patients were unable to access this service despite boys of any age being able to. The Committee agreed that this would need to be addressed when reviewing the service. EM asked the Committee whether funding could be apportioned from the mental health envelope to progress with the service development. It was noted that there was national funding available for the service but by including girls under 13 there would be funding gap to address. EM noted that there was no further money from NHS England to fund the service. EM then asked the Committee for comments on the specification and funding options.</p> <p>ST commented that she would escalate the issue of funding with NHS England and investigate if there was any further money available for the service.</p> <p>ST also raised that if money was to be allocated from the CAMHS budget for this service, the Committee would need to review the potential impact of this. EM explained that the rationale for taking a small slice of the CAMHS money was that girls under 13 who require the Psychological Therapy Service would be utilising the CAMHS service if the therapy service wasn't available. The Committee agreed but confirmed that a review of the funding would need to under taken for assurance.</p> <p>The Committee asked about current waiting lists for the service. EM explained that this could vary from between 6 to 26 months depending on provider. It was believed that patients were on all the potential provider waiting lists so it was difficult to provide an accurate wait time.</p> <p>Shaba Nabi (SN) asked whether the service provided therapy for historical psychological trauma. It was clarified that the service provided for those who have suffered Sexual Violence in the last 12 months and that secondary mental health services were provided to those with more historical abuse. It was agreed for this clarification to be included within the specification.</p> <p>It was agreed that a review of the funding, and the impact on the Mental Health envelope, and specification for the service would be presented to the Committee again once ready.</p>	<p>ST</p> <p>LM</p> <p>LM</p>



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08	<p>IAPT Tender Document Review</p> <p>LM gave the background to the development of the specification noting that the Commissioning Executive Committee were asked for final approval for the PIN to be released. ST highlighted that the specification needed to also be approved by the Strategic Finance Committee on the 30th October. The Committee approved the PIN for release subject to the Strategic Finance Committee decision on the 30th October.</p> <p>The Committee thanked Ian Popperwell (IP) for his work in developing the specification.</p>	
09	<p>BNSSG Clinical Correspondence Standards</p> <p>Martin Jones (MJo) presented this item to the Committee explaining that the template documents had been developed at several well attended events.</p> <p>Alison Bolam (AB) queried whether patients would also receive a copy of these letters and asked whether the letters would be “patient friendly”. The Committee noted that the guidance suggested that the letter template was designed for clinician to clinician referrals but felt that the layout was suitable for patients to understand as well. It was agreed that best practice would be to include a separate letter to the patient as well.</p> <p>The Committee discussed the need for relevant information to be transferred from clinician to clinician and the template was understood to contain all the basic information required. It was noted that there was additional space to write any information not covered in within the template.</p> <p>LM noted that the test of the template would be through patient experience of referrals when the template was rolled out.</p> <p>The Commissioning Executive Committee approved the template from a clinical perspective and agreed that Martin Jones would provide final approval on behalf of the Committee following further patient experience feedback.</p>	
10	<p>Community Equipment</p> <p>Lisa Manson (LM) introduced the paper noting that currently the CCG held three separate complex contracts with the Local</p>	



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	<p>Authorities regarding Community Equipment. It was highlighted that Community Equipment was not part of the Community Procurement.</p> <p>Inge Shepherd (IS) was welcomed to the meeting and it was explained that the CCG focus was to create a joint contract that was fair and equitable across BNSSG. The CCG would like to work with the Local Authorities to develop the single contract in order to create a system which works for providers whilst keeping the patients' needs as the focus.</p> <p>The Committee discussed the issues relating to Community Equipment particularly around some of the difficulties in returning equipment. IS explained that a poster campaign was planned which would signpost patients to an email address, through which they could arrange return of equipment. IS also explained that the CCG employs a member of staff jointly with North Somerset Council whose sole role is to arrange the return of equipment.</p> <p>The Committee agreed to the contract extensions and to the interim renegotiation of apportionment costs.</p>	
11	<p>Review of Stoma Services including Prescribing and Future Service Options</p> <p>Peter Brindle (PB) introduced this item explaining that the paper proposed that the CCG reviewed the current stoma service and prescribing pathway in order to standardise and improved quality of care for stoma patients across BNSSG.</p> <p>Debbie Campbell (DC) was welcomed to the meeting and outlined the possible options for consideration:</p> <ul style="list-style-type: none"> • Option 1 – Centralise stoma services in acute trusts • Option 2 – Centralise stoma services within the community • Option 3 – procure a company to provide primary care prescribing and review the service • Option 4 – The Medicines Optimisation team to employ a stoma nurse and technician. <p>DC highlighted that the savings outlined in the paper were assumptions and modelling would be undertaken on the preferred</p>	

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	<p>option.</p> <p>DC noted that the recommended options were either option 1 or 2. It was highlighted that there was a potential risk with option 2 in relation to recruitment if staff could not be relocated into the community.</p> <p>LM asked whether patients had been consulted on where they would prefer care. DC noted that patients have indicated that that the key aspect to this care was that the staff were skilled stoma nurses. It had been recognised that GP's did not have the skill mix required for this particular type of technical care.</p> <p>The Committee supported options 1 and 2 but agreed that before a decision could be made specifications for both options needed to be developed and presented to the Committee. LM noted that patient and public involvement would be key to developing the specifications. It was agreed that once developed, the specifications would be presented to the Committee again.</p>	PB
12	<p>Community Services Procurement Update</p> <p>The Committee were informed that the Governing Body had agreed not to include Children's Services within the Community Services Procurement.</p> <p>It was noted that there was a market engagement event scheduled for the 15th October and many potential bidders had signed up to attend.</p> <p>All present were encouraged to attend the specification development workshops in October and November</p>	
13	<p>Healthy Weston Programme – Clinical Engagement Event</p> <p>LM explained that next month the Healthy Weston models of care would be presented to the Commissioning Executive Committee for approval and so the November Committee meeting had been extended for an hour to allow for a two hour decision making session on the Healthy Weston Programme.</p> <p>Katie Norton (KN) was welcomed to the meeting and the Committee</p>	



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	<p>reviewed the information presented at a recent Clinical Engagement Event. The Committee noted the changes proposed as positive for the people of Weston. KN explained that the changes were logical and had been received positively by the local population despite the changes in services suggested.</p> <p>KN highlighted the population changes in Weston in recent years noting the significant increase overall and the increase in people over the age of 70 which have both contributed to increased pressure on the local health care system.</p> <p>The Committee reviewed the enablers to the models of care and noted that these enablers could be used for any model of care in BNSSG, praising the completeness of these.</p> <p>SN raised that due to the staffing of junior doctors at Weston General Hospital, the deanery would need to be informed of any reconfigurations in care. KN noted that these conversations were taking place.</p> <p>ST brought the Committee's attention to the evaluation criteria asking what impact the evaluations would have on the workforce. It was clarified that the Governing Body had agreed the evaluation criteria that had been used and considerations to workforce and other enablers had been discussed as part of this.</p> <p>The Committee discussed the material to be discussed at the next meeting and asked that this be circulated to the committee as soon as available to allow for useful discussion to take place at the meeting in November.</p>	<p>MJ/KN</p>
14	<p>BNSSG Drug and Therapeutics Committee minutes (for information only)</p> <p>The Committee received the minutes.</p>	
16	<p>Any Other Business</p> <p>ST informed the Committee that a series of meetings regarding leadership would be set up from January and invites to these would be circulated soon. They would be titled Leadership Workshops and would be at least half day sessions. It was agreed that there would</p>	



	Item	Action
	be an update at the next meetings regarding the purpose of these meetings.	ST
	Date of next meeting – 8th November 2018 9.00 – 1.00 – Lower Ground Boardroom, South Plaza	

Lucy Powell
PA to Lisa Manson, Director of Commissioning

