

Commissioning Executive

Minutes of the meeting held on 13th December 2018 at 9.00am, CCG
Conference Room, South Plaza, Bristol.

Minutes

Present		
Jon Hayes (Chair)	Clinical Chair, BNSSG CCG	JH
Julia Ross	Chief Executive, BNSSG CCG	JR
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
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
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Geeta Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
Kate Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
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

Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
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		
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Shaba Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
Terry Dafter	Director for Adult Social Care, Bristol City Council	TD
Anne Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
In attendance		
Adwoa Webber	Head of Clinical Effectiveness, BNSSG CCG (for items 5 and 6)	AW
Sara Swift	Head of Contracts (Acute) BNSSG CCG (for items 4 and 7)	SS
Elizabeth Williams	Transformation Manager, BNSSG CCG (for item 9)	EW
Margaret Kemp	Service Improvement Facilitator, BNSSG CCG (for item 12)	MK
Sarah Carr	Corporate Secretary, BNSSG CCG (for items 14 &15)	SC
Gemma Artz	Head of Performance Improvement (Planned Care) BNSSG CCG (for item 16)	GA
Jacqueline Holden	Exec PA to Lisa Manson, Director of Commissioning, BNSSG CCG (Note taker)	JHo

	Item	Action
01	Apologies Apologies were noted as above.	
02	Declarations of Interest	



	Item	Action
	<p>02a. To consider any changes to attendee interests since the last meeting None declared</p> <p>02b. To consider any conflicts of interest arising from this agenda Conflict of Interest declared in relation to Item 12 by PB, JE and JHa as each a member of GP Care and JHa practice involved in the provision of DVT services. It was agreed JHa to exit the room for duration of Item 12 (LM to Chair) and that there would be clinical discussion only with the decision to be made at Strategic Finance Committee.</p>	
03	<p>Minutes of the meeting and matters arising from 11th October 2018 The minutes were agreed as a correct record subject to the amendment to reflect that AA was present and JE not present at the meeting.</p>	
03.1	<p>Action log from 13th September 2018 and Forward Planner Please see attachment 3.2</p>	
04	<p>Exceptional Funding Request Policy and Procedures LM introduced Sarah Swift (SS) and spoke about the background to the Exceptional Funding Request (EFR) Policy and Procedures. SS presented the briefing paper highlighting the rational on defining clinical exceptionality purely on clinical factors using rational decision making as opposed to subjective assessments. SS clarified that the drafting of the policy had been supported with legal advice.</p> <p>A discussion took place and several questions asked:</p> <p>PB suggested the word clinical could potentially be misleading and in its place the term 'medical' might be a more appropriate definition. It was agreed that the term 'clinical' should remain.</p> <p>It was agreed that in order to ensure standardised judgements the funding/commissioning decisions must be made on the basis of clinical exceptionality only.</p>	

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	<p>DS suggested appropriate guidance be issued to assist both patients and GPs in the implementation of the policy. SS expressed communications to patients would be crucial to ensure a good understanding of the eligibility criteria.</p> <p>SB asked if there was opportunity for subjective elements to be discussed via the appeals process. SS explained this was one of the questions circulated as part of the consultation and feedback process; patients will be invited to make a submission however careful management was required so as not to raise patient's expectations unnecessarily.</p> <p>DS questioned Sect 2 of the briefing paper regarding transparent feedback which identified 52 of 179 patient responses requested transparent feedback however the plan did not reflect this. The consensus was the plan should reflect transparent feedback would be given. LM confirmed that currently patients automatically receive minutes of the appeal panel along with a covering letter. JR suggested reviewing the covering letter to ensure this was written in plain English with information being clear and concise.</p> <p>AW queried the definition of exceptionality rather than functional impairment. LM indicated the recommendation to the committee was not to include functional impairment. It was agreed that this wording should not be included in CCG policies but policies would need to be reviewed and updated to ensure they correctly reflected the agreed principles of decision making.</p> <p>SS asked for confirmation that the definitions in the revised policy relating to rarity and exceptionality (as recommended by the legal team) are fully supported by the Commissioning Executive Committee.</p> <p>A discussion around the appeal process, panel membership and Terms of Reference (TOR) took place. It was agreed a number of amendments were required to the TOR which then needed to be incorporated into Section 3 of the policy prior to submission to Governing Body for approval.</p> <p>Recommendations for approval:</p>	71



	Item	Action
	<ul style="list-style-type: none"> • Commissioning Executive is asked to approve the recommendation of this policy to Governing Body • Subject to amendments to the appeals panel section, the Commissioning Executive is asked to approve and recommend the definition of Clinical Exceptionality and Rarity to Governing Body. • Commissioning Executive is asked to approve and recommend the proposal to remove Significant Functional Impairment from CCG Commissioning Policies and commissioning decision making process to Governing Body. • Commissioning Executive is asked to approve the recommendation that this policy receives a final legal review before proceeding to Governing Body. <p>All recommendations were approved by Commissioning Executive Committee</p>	
05	<p>Ethical Framework for Decision Making</p> <p>Adwoa Webber (AW) was welcomed to the committee and presented the paper on Ethical Framework for Decision Making.</p> <p>A discussion took place around Appendix 1 to the proposed Ethical Framework for Decision Making. AW advised of a number of changes had been made following contributions from the wider local authorities, primarily around the consensus decision making process and the recording of those decisions. AW asked the committee if there was anything further that needed to be added to the paper.</p> <p>DS asked when/where in the proposed process the decision making actually happened. AW Confirmed this would be a standing agenda item so would occur at the meeting. JR recommended a committee or group should consider and decide practically whether it should apply the consensus process prior to meetings.</p> <p>Recommendation for approval:</p>	

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	<ul style="list-style-type: none"> • Commissioning Executive is asked to approve the recommendation to Governing Body of the final draft of the Ethical Framework for Decision Making for testing within BNSSG CCG and Bristol City Council, North Somerset Council and South Gloucestershire Council • The final draft of the BNSSG CCG Ethical Framework for Decision Making to be submitted to the Health & Wellbeing Board for approval. <p>Recommendations approved by Commissioning Executive Committee</p>	
06	<p>Commissioning Policy Development</p> <p>AW presented the paper to the Committee for this item giving the background and progress to date. AW advised of the work being done to develop an internal process to ensure a more robust and transparent way of identifying which policies should be prioritised for review. TOR for the Commissioning Policy Review Group are currently being revised.</p> <p>A number of comments on the process and policy were discussed and agreed:</p> <ul style="list-style-type: none"> • How are potential commissioning policy requirements identified? Some indicators of how these could be identified to be incorporated into the policy. • Need to be more explicit on the question of who, how and when on the decision making process. • Describe what is meant by proportionate. • Item A – Quality Impact Assessment – add Equality • Item D – Remove wording “including Commissioning Executive”. • Decision making – clarify that the Priority Review Group would be a sub group of Commissioning Executive. • All policy amendments must go to Commissioning Executive Committee – either via a report for minor administrative changes or for CEC approval/sign off to Governing Body. • It was clarified that decision making powers cannot be devolved to a sub group and should be in TOR of Commissioning Executive. <p>Recommendation for approval:</p> <ul style="list-style-type: none"> • Commissioning Executive is asked to recommend to Governing Body the final draft subject to requested amendments. 	



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	Recommendation approved by the Commissioning Executive Committee	
07	<p>Proposal for Endoscopic Ultrasound(EUS) at NBT</p> <p>Sara Swift (SS) presented the background to the proposal for Endoscopic Ultrasound (EUS) at NBT.</p> <p>Following further discussion, it was agreed Commissioning Executive Committee was not the appropriate forum for this request. It was agreed that the request should be referred to the Acute Care Collaboration in order to support the development of a joint BNSSG service instead of a single handed service.</p> <p>Proposal:</p> <p>JR proposed that this paper should go to the Acute Care Collaboration for their consideration.</p> <p>Decision:</p> <p>The proposal was agreed by the Commissioning Executive Committee</p>	
8	<p>Community Procurement and South Bristol Community Hospital.</p> <p>Community Procurement: Dr Kate Rush (KR) asked the Commissioning Executive Committee to consider and recommend the updated Community Procurement specifications of service, previously circulated to Commissioning Executive Members to Governing Body for approval. LM confirmed these had been independently reviewed.</p> <p>Recommendation for approval:</p> <p>Commissioning Executive is asked to recommend the Community Procurement Specification of Services to Governing Body for approval.</p> <p>Recommendation approved by Commissioning Executive Committee.</p> <p>South Bristol Community Hospital: LM presented the background to the briefing paper on the inclusion of South Bristol Community Hospital inpatient beds in the community procurement. LM asked that the Commissioning Executive Committee support, from a clinical perspective, the proposal that the beds are included in the procurement from 1 April 2020 with an agreed set of KPIs (e.g. length of stay, timeliness of discharge) developed with UH Bristol to provide assurance that flow can be maintained.</p>	



	Item	Action
	<p>Recommendation for approval: Commissioning Executive is asked to recommend the proposal for South Bristol Community Hospital inpatient beds to Governing Body for approval.</p> <p>Recommendation approved by Commissioning Executive Committee.</p>	
9	<p>A Case for Change for a review of Urology Services Elizabeth Williams (EW) was welcomed to the meeting following which EW and David Peel (DP) presented the briefing paper on the proposed review of the way in which Urology services are provided across BNSSG. Following discussion around the services it was agreed to support a mandate for this work. LM asked that BNSSG's expectations for the future be reflected in the specifications.</p> <p>Recommendation for Approval: Commissioning Executive Committee is asked to give the Planned Care team a mandate for this work to commence.</p> <p>Recommendation approved by Commissioning Executive Committee</p>	
10	<p>Patient Group Directions Policy Peter Brindle presented a report on the Patient Group Directions Policy intended to provide a framework for the CCG and services directly commissioned by the CCG. PB confirmed the policy had previously been discussed at Commissioning Executive Committee and was now on the agenda for approval.</p> <p>Recommendation for Approval: Commissioning Executive Committee is asked to approve the Policy for the Development, Approval and Implementation of Patient Group Directions for use across BNSSG.</p> <p>Recommendation approved by Commissioning Executive Committee</p>	
11	<p>Emergency Preparedness Resilience & Response (EPRR) Assurance Paper LM presented the NHSE assurance paper to the Committee, which was a review of the BNSSG EPRR role as Category 2 responder. LM confirmed that BNSSG has moved from partial to substantial assurance over the year and therefore had been</p>	

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	<p>judged not to require any formal in year review meetings. LM asked that the statement of compliance as assurance from the 2017/18 NHSE Core Standards be noted by Commissioning Executive Committee.</p> <p>Recommendation: Commissioning Executive Committee to note the contents of the NHSE EPRR statement of compliance assurance letter. Recommendation approved and noted by Commissioning Executive Committee</p>	
12	<p>Contract Award Recommendation Report for the provision of a BNSSG DVT service</p> <p>JHa left the meeting whilst this item was discussed.</p> <p><i>LM reminded the committee of what was agreed under discussions around Conflict of Interests that the paper would be discussed on clinical grounds with the decision being made by Strategic Finance Committee due to the number of practices, although not individually, who would benefit from this.</i></p> <p>Margaret Kemp (MK) was welcomed by the Committee. LM advised of the decision to defer the paper to Strategic Finance for a formal decision. MK presented the item and following questions and subsequent discussion around travel and distances it was agreed to make a clinical recommendation as follows:</p> <p>Recommendation: Commissioning Executive make a recommendation to Strategic Finance Committee from a clinical perspective to award the contract to GP Care for the provision of a DVT Service to NHS BNSSG CCG with the caveat that a EIM on geographical basis is carried out to ensure a) no adverse behaviour in terms of people reporting to A&E is generated and b) positions and movement are right in negotiation with the awarded provider. Recommendation approved by Commissioning Executive Committee. <i>JHa rejoined the meeting.</i></p>	
13	<p>Urgent Treatment Centre Development</p> <p>David Jarrett (DJ) arrived at 11:30am and was welcomed by the Committee. Lindsey Gee (LG) presented a report on the development of an urgent treatment centre at the Yate Minor</p>	

	Item	Action
	<p>Injury Unit (MIU) to align the opening hours of YATE MIU, including x-ray provision, to those of other urgent care centres in BNSSG, in line with Urgent Treatment Centre standards. DJ confirmed that the funding route would be to reinvest an element of the existing funding from Southmead LES pilot into the YATE MIU. Following questions and discussion the following was agreed:</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Note the recommendation being made to the Primary Care Commissioning Committee (PCCC) in January 2019 to bring the South Gloucestershire MIU Local Enhanced Service to a close. • Agree in principle to align the opening hours of Yate MIU to those of other urgent care centres in BNSSG, including x-ray provision. • Note the financial work being undertaken and receive a further financial due regard report in January 2019. • Note next steps in developing a UTC pilot at South Bristol Community Hospital. <p>Recommendation approved by Commissioning Executive Committee.</p>	
14	<p>Corporate Risk Register</p> <p>Sarah Carr (SC) was welcomed to the Committee and presented items 14 and 15. SC went through the process and highlighted risks which had gone through some refinement and asked the committee for comments on this.</p> <p>It was agreed that the Exec Team should review the corporate risk register and feedback to SC.</p>	72
15	<p>Governing Body Assurance Framework</p> <p>SC presented the report on Corporate Risk Register and Governing Body Assurance Framework.</p>	
16	<p>52ww Performance</p> <p>Gemma Artz (GA) was welcomed to the Committee and presented the update report on the revised trajectory for the 52 week wait position and subsequent actions being taken to ensure the situation is resolved and performance sustained.</p>	

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	<p>The CCG will ensure the position of long waits by speciality will continue to be reviewed at system level with resulting actions to resolve issues and recognised the need to consider longer term plans for some pathways due to complexities in patient pathways.</p> <p>It was noted that the submitted trajectory was not sufficient to address the issue; the CCG expectation was that the list should be zero by the end of March.</p> <p>GA to go back to providers to action this response.</p>	73
17	<p>Any Other Business</p> <p>17.1 Healthy Weston update (MJ) MJ updated the committee; advising of the current position following on from Clinical Senate who had asked that option 27b be developed further as Stage 2 of the consultation.</p> <p>17.2 Freestyle Libre (PB) PB updated the Committee on Freestyle Libre changes; awaiting clarification on the criteria, sub-groups and funding before reporting back to Commissioning Executive.</p> <p>17.3 Membership Feedback (JE) JE requested that feedback from the Membership was brought to future Commissioning Executive Committee meetings – it was agreed that any items should be relayed to LM for inclusion in the agenda.</p>	
	<p>Date of next meeting: Thursday, 10th January 2019 at 9.00 – 12:00pm CCG 4th Flr Conference Room, South Plaza</p>	

Lisa Manson

Director of Commissioning

NHS Bristol, North Somerset and South Gloucestershire CCG

2 January 2018

