GOVERNING BODY MEETING – TUESDAY 19 JULY 2016

MINUTES TO BE RECEIVED

Title of Meeting	**CLINICAL COMMISSIONING COMMITTEE**
Date of Meeting	**03 MAY 2016 and 07 JUNE 2016**
Status (ratified/draft)	**RATIFIED**
CCG Representatives	**Internal meeting see minutes**

Summary of key issues discussed:

03 May 2016

The CCC approved the following service specifications:

- Home Oxygen Assessment and Review Service
- Unscheduled Primary Care

07 June 2016

The Committee received an update on the '**stroke prevention in atrial fibrillation project'**. The key objectives of the project were:

- To implement the prescribing elements of NICE CG180 – Atrial Fibrillation management. June 2014
- To provide high quality education to GP practices
- To identify innovative ways of opportunistically identifying patients with AF. i.e. 'know your pulse' campaigns

The main project achievements were:

- A successful education event and raised awareness with GP practices
- An estimated 18.7 extra strokes have been prevented in the next 12 months
- The number of identified high risk patients with a CHA2DS2-VASc score of 2 or above increased from 3432 to 3754 (322 patients and 9.4% increase)
- The number of patients at high risk on an anticoagulant increased from 2246 to 2681 (435 patients and 19% increase)
- The CCG has an average of 71.4% of high risk patients on an anticoagulant, variation between practices has been reduced and 14 practices have prescribing rates above 70%
- Fylde and Wyre CCG had the 4th highest percentage prescribing rate of anticoagulants in high risk patients out of all 30 CCGs in the North of England who upload their data onto Primis.
- Prescribing of solely an antiplatelet in AF patients decreased by 183 patients (19% decrease)
- Fylde and Wyre CCG prevalence of AF increased from 2.71% to 2.86%, an increase of 0.15%
- The CCG has saved an estimated £228,663 in direct costs of stokes and an extra £45,131 in social care costs
- The revised project costs show a net saving of £72,171

The Committee received a report on the evaluation of **Emergency Falls Vehicle Pilot**. The outcomes of the project were:

- Continuing to work effectively
- Continuing to meet service aims and objectives as set out in the Service Specification
- Continuing to improve patient experience
- Whilst service does not meet the requirements of QIPP it does provide a rapid quality service to patients.

The committee received an evaluation of the **Tier 2 Ophthalmology Service.** All objectives were achieved to date which were:

- To deliver a community based ophthalmic service for a defined range of eye conditions.
- To provide a single point of access for all ophthalmology referrals to be appropriately triaged and to be referred on, if necessary, to the appropriate service dependent on their clinical symptoms.
- To provide targeted assessment, follow up and co-management of specific chronic eye conditions within the community against an agreed set of protocols.
- To improve service user experience, improved access for service users and deliver a high quality service.
- To achieve a fundamental shift of care from the acute providers into the community so that the service users can access effective and high quality services closer to home.
- To provide service users with a choice of provider and exercise choice of location of the community service or choice of hospital provider if they require onward referral.

The Committee were also updated on the **Episodic Care Non-Clinical Triage Training** which included a protocol to establish a baseline standard for signposting and booking appointments in practices which will help to ensure that patients are signposted to or seen by the most appropriate clinicians.

Matters requiring action by Governing Body		
Details:	**By whom:**	**Timescale:**
No actions required.		

Recommendation
The Governing Body is asked to review and note the contents of the minutes.

Tony Naughton
Clinical Chief Officer
Chair of the Clinical Commissioning Committee

NHS
Fylde and Wyre
Clinical Commissioning Group

Clinical Commissioning Committee Meeting

Tuesday 3rd May 2016
CCG Boardroom, NHS Fylde and Wyre CCG
MINUTES

Present:

Jennifer Aldridge	Chief Nursing Officer	F&W CCG
Dr P Benett	Elected Clinical Lead	F&W CCG
Dr K Greenwood	Elected Clinical Lead	F&W CCG
Dr F Guest	Elected Clinical Lead	F&W CCG
Dr T Johnson	Elected Clinical Lead	F&W CCG
Dr A Janjua	Vice Chair	F&W CCG
Dr T Naughton (Chair)	Clinical Chief Officer	F&W CCG
Dr J Panesar	Elected Clinical Lead	F&W CCG
Dr I Stewart	Secondary Care Doctor	F&W CCG
Peter Tinson	Chief Operating Officer	F&W CCG

In Attendance:

Dr Z Atcha	Consultant in Public Health Medicine	LCC
Pamela Bowling	Governing Body Secretary	F&W CCG
Mary Dowling	Chair	F&W CCG
Suzanne Endersby	Senior Commissioning Manager	F&W CCG
Pippa Hulme	Senior Commissioning Manager	F&W CCG
Pete Smith	Commissioning Officer	F&W CCG
Dr R Smyth	Clinical Lead	F&W CCG
Nicola Walmsley	Head of Delivery and Planning	F&W CCG
Judith Williams	Head of Finance	F&W CCG

No	Item
1	**Apologies for Absence** Apologies for absence were received from Dr V Chandrasekar, Dr Simon Ellwood, Andrew Harrison and Peter Kelly.
2	**Any Other Matters of Urgent Business** There were no matters of urgent business.
3	**Declarations of Interest** Dr R Smyth declared an interest in agenda item 9 as a Director of FCMS.
4	**Minutes of the last meeting of the Clinical Commissioning Committee held on 5th April 2016** The minutes of the last meeting were agreed to be an accurate record.
5	**Matters Arising** There were no matters arising.

5.1	**Action Sheet and receipt of updates** The action sheet was reviewed and updated.
6	**Performance Dashboard – month 11, February 2016** N Walmsley highlighted performance concerns in respect of the following areas: Referral to Treatment Times: the CCG was currently achieving the standard in month and for year to date, however, performance issues at LTH would continue to impact on RTT performance until the breaches had cleared. It was confirmed that the 2 breaches (at LTH and South Manchester) had now been seen and treated. A&E 4 hour wait: The CCC noted non-achievement of the target both in month and for year to date for the CCG and both provider Trusts, however, the committee noted that A&E pressures were being experienced on a regional basis and the CCG was therefore not an outlier. Information on performance over the recent Bank Holiday was expected to be received that day. Further actions identified included consideration of the development of an ambulatory care area by June 2016, redesign of patient pathways to include the emergency village and a review of Delayed Transfer of Care patients. Cancer targets: The CCC noted non-achievement of the target year to date at LTH, however, the CCG was achieving the target both in month and year to date. NWAS: The Committee noted the current performance as in previous months and the actions identified to improve performance. IAPT recovery: The Committee noted a recovery of performance in February 2016 and that the target was expected to be achieved at year end. IAPT Access: The Committee noted current performance and achievement of the yearly target. Estimated diagnosis rate for people with dementia: The CCC noted that whilst performance continued to improve it was unclear whether this was sufficient to achieve the target at year end. A discussion took place regarding the emergency village and it was expected that this facility would reduce in-patient activity by rapid turnaround of patients and reduction in hospital admissions. M Dowling commented that the performance trends had remained similar throughout the year and that the CCG should continue to strive to do things differently and review the impact of actions identified in order to improve performance in the next financial year. **RESOLVED:** **That the Committee receive the report** **That the Committee note the current performance position and the position against those indicators for which the committee had overall responsibility.**
7 7.1	**Programme Management Office** **Dashboard** P Hulme presented the updated programme dashboard for the period 04/04/16 to 22/04/16 and highlighted the following matters for the attention of the committee: Diabetes Services Review: the CCC noted the current position that the service remained delayed and was

	rated RED. Episodic programme: Current position noted. Neighbourhood Care Teams: Current position noted. Members noted risks to the rollout of Neighbourhood Care Team schemes pending confirmation of the Value Proposition 2 funding. The Committee was also updated on the planning requirements for 2016/17 including the publication of the Local Delivery Plan and Sustainability and Transformation Plan (Lancashire footprint) in June 2016.
7.2 7.2.1	**Gateway documents for sign-off** <u>Home Oxygen Assessment and Review Service – Service Specification</u> Pete Smith presented the Service Specification for the Home Oxygen Assessment and Review Service which formed part of the planning phase of the project. The Committee had previously received the Business Case, in December 2015. The Service Specification had been developed from a national best practice guidance template and reviewed, updated and localised in liaison with local clinicians. BTHFT had been identified as the interim provider of the service during 2016/17, with an option to extend in 2017/18 whilst a tender exercise to identify an on-going provider was undertaken. **RESOLVED:** **That the CCC approved the service specification subject to QIGEC committee approval of the stage 2 EIA assessment.**
8	**Lancashire Better Care Fund** Suzanne Endersby updated the committee on the Lancashire Better Care Fund plan for 2016/17. The plan had been signed off by the Lancashire Health and Wellbeing Board and a robust evaluation plan was in place with feedback to the Board due in June 2016. Delayed Transfers of Care was noted to be an area of focus. Dr Naughton welcomed robust monitoring of the plans and M Dowling commented on the need to keep close to this work to enable it to support the New Models of Care. Reference was made to the Principles for integration circulated by LCC and it was agreed that these would be circulated to members of the committee. It was noted that KPMG, the CCG's external auditors, had highlighted the Better Care Fund as an area of focus in 2015/16 and in future years. **RESOLVED:** **That the Committee noted the content of the report for information.**
9	**Unscheduled Primary Care Service Specification** Dr A Janjua presented the draft service specification for Unscheduled Primary Care Services for the Fylde Coast which formed part of the planning phase of the project. A clinical redesign group had worked with incumbent providers and key stakeholders to provide clinical input into the unscheduled care modelling and review of current specifications in line with the National Strategy for Urgent Care centres. A full business case which will clarify the financial detail will also be presented at the Primary Care

	Commissioning Committee for approval. It was suggested that in preparation for this, some narrative be included in the business case on how any potential conflicts of interest had been handled. The service specification had been approved by Blackpool CCG. Members discussed the content of the document and J Aldridge commented on a gap around children and safeguarding. It was confirmed that this had been identified and would be included. Dr Stewart commented that in terms of accessibility for members of the public, a one page summary or flow diagram of the patient pathway would be useful. Dr Smyth added that the Fylde Coast was already in a good position as a lot of the national requirements had already been implemented. However there was some overlap and improvements in integration required. Unscheduled care services remained under pressure and services therefore needed to be aligned to where the demand was. There was also a need to ensure a deliverable clinical workforce. A comment was made that as the commissioner, the CCG needed to more exact in terms of its requirements. **RESOLVED:** **That the committee approve the service specification subject to the processes highlighted which were currently underway.**
10	**Committee Effectiveness report** The Chair sought comments on the previously circulated documentation. The following comments were noted: 1. That the 'purpose' set out in the Terms of Reference be revisited as it currently understates the work of the committee, particularly around business cases and decision making, and its role as the 'commissioning engine' for the CCG. 2. Item 4(f) – the Secondary Care Doctor does not have a named deputy 3. The Terms of Reference need to reflect the commissioning process. Dr Naughton agreed to work on the Terms of Reference further with colleagues outside the meeting and bring back any proposed amendments for approval.
11 11.1 11.2 11.3	**Minutes to be Received** Collaborative Commissioning Board (draft) – 8 March 2016 Fylde Coast Commissioning Advisory Board (final) – 17 March 2016 Network of Lancashire CCGs (draft) – 31 March 2016 **RESOLVED** **The Committee received the minutes and the contents were noted.**
12 12.1 12.2 12.3	**Items to Forward** Items for the next meeting, 7th June 2016 – Committee Effectiveness Items to be considered by the Governing Body, 19th July 2016 – none identified. Items to be considered by the Council of Members, 10th May 2016 – none identified.
13	**Any other business** No items
14	**Date and time of next meeting:** Tuesday 7th June 2016 at 1.00pm in the CCG Boardroom, Wesham offices

NHS
Fylde and Wyre
Clinical Commissioning Group

Clinical Commissioning Committee Meeting

Tuesday 07 June 2016
13:00-15:00
Boardroom, NHS Fylde and Wyre CCG
MINUTES

Present:

Jennifer Aldridge	Chief Nursing Officer	FW CCG
Dr P Benett	Elected Clinical Lead	FW CCG
Dr K Greenwood	Elected Clinical Lead	FW CCG
Dr F Guest	Elected Clinical Lead	FW CCG
Andrew Harrison	Chief Finance Officer	FW CCG
Dr T Johnson	Elected Clinical Lead	FW CCG
Dr T Naughton (Chair)	Clinical Chief Officer	FW CCG
Dr J Panesar	Elected Clinical Lead	FW CCG
Dr I Stewart	Secondary Care Doctor	FW CCG
Peter Tinson	Chief Operating Officer	FW CCG
Kevin Toole	Lay Member	FW CCG
Sarah Camplin	Head of Commissioning	FW CCG

In Attendance:

Julie Lonsdale (part)	Head of Medicines Optimisation	FW CCG
Philippa Hulme (part)	Senior Commissioning Manager	FW CCG
Nicola Walmsley (part)	Head of Delivery and Planning	FW CCG
Zakir Bhamji (part)	Planning Support Officer	FW CCG
Katie Rimmer (part)	Commissioning Officer	FW CCG
Sarah Squires (part)	Commissioning Manager – Episodic Care	FW CCG
Gaynor Jones	Minutes	FW CCG

No	Item
1	**Apologies for Absence** Apologies for absence were received from Dr VG Chandrasekar, Dr A Janjua; Dr Z Atcha; Dr R Smyth
2	**Any Other Matters of Urgent Business** None reported.
3	**Declarations of Interest** None reported.
4	**Minutes of the last meeting of the Clinical Commissioning Committee held on 03 May 2016** The minutes of the last meeting were agreed to be an accurate record.
5	**Matters Arising** There were no matters arising.

5.1	**Action Sheet and receipt of updates** The action sheet was reviewed and updated.
6	**Performance Dashboard – month 12, March 2016** N Walmsley gave a summary of current performance and activity across Fylde and Wyre CCG, including key issues and actions. A&E 4 hour wait: The CCC noted non-achievement of the target both in month and for year to date for the CCG and both provider Trusts. NWAS Targets: The Committee noted the current performance as in previous months and while all actions had been implemented, it was anticipated that these would not have a significant impact to enable achievement of the performance target. It was suggested that a local representative challenge A&E targets at NHS England clinical commissioning. Ambulance handovers: The Committee noted turnaround and handover times had increased as a result of pressures in A&E. It was noted that actions had been put in place to improve performance, but these had not had a sufficient impact to enable achievement of the target. IAPT recovery: The Committee noted a recovery of performance which was above the monthly target; however year-to-date target had not been achieved. IAPT Access: The Committee noted the targets both in month and year-to-date had been achieved. Estimated diagnosis rate for people with dementia: The Committee noted that whilst the CCG had achieved an overall trend of improved performance, the rate of improvement had not been sufficient to achieve target by year end. The CCG continued to achieve ratios based on the previous prevalence calculator. **RESOLVED:** That the Committee receive the report and note the current performance position and the position against those indicators for which the committee had overall responsibility.
7 7.1	**Programme Management Office** **Dashboard** P Hulme presented the updated programme dashboard for the period 09 May 2016 to 27 May 2016 and highlighted the following for the attention of the committee: It was noted that three Equality Impact Risk Assessments (EIRA) had been approved at the Quality Improvement Governance and Engagement Committee. As part of the pipeline it was also noted that three proposals had been financially supported thorough the Strategic Innovation Fund and ratified by the Executive Management Team (EMT) on 01 June 2016. A half-day session led by Lancaster University had been arranged to build in 3 Tier evaluations into the commissioning cycle. Savings were to be monitored throughout the process to meet audit expectations. Diabetes Services Review: the CCC noted the current position that the service remained delayed and was rated RED. The business proposal was being considered at a pipeline meeting on 14 July 2016. Episodic programme: Current position noted. Neighbourhood Care Teams: Current position noted. **RESOLVED:** The Committee noted the overall health of the projects in line with the key principles of the project and overall RAG rating by project in line with the comments assured by the PMO.
7.2	**Gateway documents for sign-off** Stroke Prevention in atrial fibrillation J Lonsdale presented a Stroke Prevention in Atrial Fibrillation project report, which had previously been agreed with

	the CCC covering the period February 2015 to March 2016, highlighting the key objectives and the main project achievements; following the closure of the project work in March 2016, further work not completed had been identified to carry forward in 2016/17 as part of the CCGs stroke prevention work which included: recording of TTRs; self-testing INRs for patients on warfarin; exploring the possibility of purchasing BP machines accredited by NICE for detecting AF for use in GP practices and exploring innovation ideas with the Innovation Agency. **RESOLVED:** The Committee commended the report and approved the content subject to minor amendments on the cost savings.
7.2.2	<u>Evaluation of Emergency Falls Vehicle Pilot</u> The paper had been prepared to provide an evaluation of the outcomes of the project, which had been extended to run until 30 June 2016, in order to provide assurance to the CCC that the service designed to support the quality of care delivered to patients following a fall, and prevent them from falling again, was continuing to work effectively, meet the service aims and objectives and continues to improve patient experience. **RESOLVED:** The Committee received the service evaluation for consideration and agreed the recommended direction for continued provision of the service from funding allocated to Systems Resilience Group (SRG) schemes; it was noted that continued funding from SRG allocation would be subject to an annual review and recommendation by the Fylde Coast SRG Group and final ratification by the CCC.
7.2.3	<u>Ophthalmology service/project evaluation</u> The Commissioning Officer provided the Committee with an evaluation of the Tier 2 Ophthalmology Service; a community based ophthalmic service to deliver care closer to home, offering patients more choice of providers and more convenient access to services. The contract commenced on 01 April 2015 for a 3-year period, with all objectives achieved to date. The provider for the contract was The Practice Group and was on a cost-per-case basis; the service would be located at Ash Tree House, Kirkham; Newton Drive Medical Centre, Blackpool and Mount View Practice, Fleetwood; an additional site would be operational at South Shore Primary Care Centre from mid-June 2016. It was noted that optometrists in the Fylde and Wyre area were continuing to refer patients direct to the Hospital Eye Service (HES), therefore bypassing the community ophthalmology service. Visits were currently being planned to low-referring optometrists to promote referrals into the community ophthalmology service. It was noted that members of The Practice Group were in discussions with the HES regarding the feasibility of transferring patients back to the Tier 2 service that had been referred directly from the optometrists. The Committee commented that Patient Choice was an important factor in this process and should be monitored. The financial aspect of the contract was challenged by a member of the Committee. A better understanding of the activity being undertaken at Blackpool Teaching Hospital was to be sought to ascertain if there had been a shift in correlated activity; it was suggested to compare First Choice activity to Blackpool Teaching Hospital activity to ascertain a shift pattern. **RESOLVED:** The Committee noted the content of the report, savings and the further actions being taken to increase utilisation.
8	**QIPP Monitoring and Reporting Process** The planning support officer gave a presentation to update the Committee on the QIPP monitoring and reporting process. As part of the process to monitor QIPP, the existing Commissioning Process, assured via the PMO, had been reviewed to incorporate the development and monitoring of QIPP in 2016/17. It was noted that the PMO was currently undertaking a series of communication updates to staff to identify and reinforce key messages; all project teams need engagement from core CCG teams from the outset to develop robust plans. Once a service is launched the scheme is moved to "QIPP in delivery" on the QIPP Dashboard. All identified QIPP projects will be monitored on a monthly basis via the Finance and Performance Committee (F&PC).

	RESOLVED: The Committee noted the content of the presentation.
9	**Committee Effectiveness report** The Chair gave a verbal update on specific actions detailed in the paper from the CCC meeting on 3 May 2016. The actions were presented to EMT on 01 June 2016 for consideration: • That the commissioning cycle be embedded as part of the Terms of Reference (the role of the CCC in the commissioning cycle to be clearly referenced). • Discussion to take place with the Heads of Service regarding the sign off process • No changes to membership required. Agreed that where appropriate 'attendees' present their item and leave the meeting. The full report was available on request.
10 10.1 10.2 10.3	**Minutes to be Received** Systems Resilience Group (14 April 2016 draft and 10 March 2016 final) Fylde Coast Commissioning Advisory Board (21 April 2016 final) Collaborative Commissioning Board (12 April 2016 draft) **RESOLVED** The Committee received the minutes and the contents were noted
11 11.1 11.2 11.3	**Items to Forward** Items for the next meeting, 05 July 2016 Items to be considered by the Governing Body, 19 July 2016 – none identified. Items to be considered by the Council of Members, 14 June 2016 – Dr T Johnson to raise any appropriate questions.
12	**Any other business** <u>Episodic Care Non-Clinical Triage Training, Protocols and Support Tools:</u> S Squires updated the Committee on the progress made to date with the development of non-clinical triage training. The purpose of the protocol was to establish a baseline standard for signposting and booking appointments in practices which will help to ensure that patients are signposted to or seen by the most appropriate clinician. It was noted that the implementation of the protocols was the responsibility of Practices to ensure staff practise protocols within their own limitations and competences; all non-clinical staff were to receive training by the CCG to support and deliver non-clinical triage protocols – it was suggested that triage training should be extended to practice physiotherapists; pharmacists and nurses. A 1-day practice manager workshop had been arranged on 13 June 2016. Standardised templates had been developed for practices to report all the required elements of the GP Quality Contract, including a Patient Access section. It was suggested not to overcomplicate what the CCG was expecting staff to do. It was also suggested that everyone receives the same information, via patient leaflets, posters, websites, to give confidence that this was a widespread Fylde and Wyre standardised approach. **RESOLVED:** The report was noted as work in progress and updates would be brought back to the CCC on a regular basis.
13	**Date and time of next meeting:** Tuesday 05 July 2016 at 13:00 in the Boardroom, Wesham