Item 3

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 6 September at The Memorial Hall, Potter Hill, Pickering

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Mark Hayes	Chief Clinical Officer
Dr David Hayward	GP Member
Dr Tim Hughes	GP Member and Deputy Chair
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member
Mrs Rachel Potts	Chief Operating Officer
Mr Adrian Snarr	Chief Finance Officer

In Attendance

Ms Michèle Saidman	Executive Assistant

Apologies

Dr Andrew Phillips	GP Member
Mr Keith Ramsay	Lay Member
Dr Cath Snape	GP Member
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Twelve members of the public were in attendance.

Alan Maynard welcomed everyone to the Vale of York Clinical Commissioning Group (CCG) Shadow Governing Body meeting in public.

The following matters were raised by members of the public:

1. Philip and Sue Coombes

Pertaining to Agenda item 13, and Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012, how does the Shadow Governing Body (Clinical Commissioning Group) propose to promote public confidence, in their decision making process, if members of the public and the press are to be excluded from attending specified debates? Could the latter have strategic implications for patient care?

Adrain Snarr explained that, on occasions, it was necessary for certain business to be considered in private. In regard to the private meeting later in the morning, one of the items was commercial in confidence as it related to proposed options for office accommodation for the Clinical Commissioning Group (CCG); the decision would be discussed in public when the best value for money had been agreed for the commercial elements of the business case.

Other discussion at the private meeting was in view of the requirement of the CCG to submit a financial strategy as part of the authorisation process. This was the first opportunity the Shadow Governing Body would have to discuss the initial draft based on planning assumptions. Discussion with stakeholders and at meetings in public would follow.

Adrian Snarr assured members of the public that discussion in private would have no impact on transparency or decision making.

2. Kath Briers, Vice Chair, York LINk (Local Involvement Network)

York LINk have been aware of issues relating to spinal injections for chronic back pain since 2010, following the PCT's decision not to routinely fund these injections. The decision was taken based on the PCT's interpretation of NICE guidelines and means that injections are only funded in exceptional circumstances (defined as: if the patient is different from the normal patient cohort, or may be expected to achieve greater benefit from the intervention).

The LINk has had a number of discussions with the PCT concerning this issue and have been monitoring the situation over the past two years. In July 2012 the PCT stated that in the last 18 months around 25% of patients considered for spinal injections by the funding panel were granted treatment under exceptionality. We understand that an increasing number of patients are now funding the injections themselves, and this has led to a waiting list.

Will the CCG's policy regarding these injections be the same as the PCT's, or will you be reviewing this?

Mark Hayes responded that the CCG was currently following the PCT policy and that a review of pain clinic services was planned. However, it was not currently possible to change the policy. Indeed in view of the deteriorating financial position across NHS North Yorkshire and York Cluster there was the potential for further measures to be considered. Mark Hayes highlighted the importance of the CCG's Vision, Mission and Values but emphasised the need to address the short term financial challenge in order to deliver the long term strategy.

Kath Briers added that it appeared contradictory that there were waiting lists of patients paying for painful injections and requested that the CCG reflect on this.

Mark Hayes reiterated that the pain clinic services would be reviewed.

3. John Yates, York Older People's Assembly

- *In regard to the Communications and Stakeholder Engagement Strategy at item 9, Lay Members were included on the Public and Patient Engagement Steering Group but not on the Communication Steering Group.*

Shaun O'Connell noted this concern which would be taken into consideration.

- *In regard to the apparently low planned performance for people who have depression and/or anxiety disorders who receive psychological therapies reported in the Core Performance Dashboard under 'Enhancing Quality of Life for People with Long Term Conditions', how will the CCG improve funding in this area?*

Shaun O'Connell advised that these services were dependent on the financial position and would be reviewed in this context. He noted the limited access of primary care to Improving Access to Psychological Therapies (IAPT) services but that other services were available to patients.

Tim Hughes also noted the value of IAPT services and the need for the inequity of access to be addressed.

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Appointment of Professor Alan Maynard as Lay Chairman

Mark Hayes informed members that Professor Alan Maynard had successfully undertaken the national assessment and been interviewed for the position of Lay Chairman. The Shadow Governing Body was required to formally confirm his appointment.

The Shadow Governing Body:

Confirmed the appointment of Professor Alan Maynard as Lay Chairman.

4. Minutes of the Meeting held on 2 August 2012

The minutes of the meeting held on 2 August 2012 were agreed.

The Shadow Governing Body:

Approved the minutes.

5. Matters Arising and Action Log

Performance Dashboard: Rachel Potts reported that the Management Team had met with the Commissioning Support Unit's Business Intelligence Team earlier in the week when a 'mock up' of a new dashboard had been discussed. A revised document would be presented for consideration at the October Shadow Governing Body Workshop.

Information Governance Strategy – Summary for Staff: Rachel Potts reported that this would be included in a team brief.

Other actions were either completed or ongoing; see Appendix A

The Shadow Governing Body:

Noted the updates.

6. Chief Clinical Officer Report

In referring to his report, Mark Hayes highlighted the proposal, emanating from a visit to Jonkoping in Sweden earlier in the year, for a "Qulturum" – an educational facility for health and social care staff with the ethos of both doing the job and improving the job; it also provided resources for improvements. The CCG wished to undertake a similar joint venture with City of York Council and York Teaching Hospital NHS Foundation Trust; early discussions with Aviva were also under way. Confirmation was awaited from the Strategic Health Authority in respect of the £42K bursary application.

Once the bursary had been secured a member of staff would be employed to progress this development for collaborative working across health and social care. The proposed title was the *York Consilium.*

The Shadow Governing Body:

Noted the Chief Clinical Officer report.

7. NHS Vale of York Clinical Commissioning Group Constitution

Mark Hayes described the development of the Constitution, one of the suite of documents required for the authorisation process and which had been circulated to members electronically. It was based on a Department of Health draft and had been discussed with GPs and the Local Medical Committee (LMC); legal advice had also been sought. A further meeting with the LMC would discuss the final version which, when agreed, would be signed by member practices and presented to the October Shadow Governing Body meeting for signature prior to the authorisation site visit on 28 November 2012.

Alan Maynard highlighted the pressures on the management team in view of the financial challenges, the requirements of the authorisation process and the ongoing transition of staff.

The Shadow Governing Body:

Noted the update and approved the NHS Vale of York Clinical Commissioning Group constitution.

8. Performance

8.1 Performance Dashboard

Finance

In presenting the finance section of the Dashboard, Adrian Snarr focused on the overall Vale of York CCG information and emphasised the challenging position. He referred to the £19M deficit budget submitted by NHS North Yorkshire and York Cluster and associated recognition of the requirement for major strategic change across North Yorkshire and York to address the challenge.

Adrian Snarr explained that contracts had been set based on outturn activity and QIPP initiatives; the current forecast year end position for Vale of York CCG was an £11.3M deficit. He highlighted the £3M to £4M forecast overspend on the York Teaching Hospital NHS Foundation Trust contract due to pressures associated with activity and QIPP, noting that this forecast assumed no further deterioration. Meetings, including the PCT, were taking place to monitor the position and implement short term measures to address the concerns.

Adrian Snarr also highlighted concerns across North Yorkshire and York on a number of other Commissioned Services contract lines and noted a particular concern for the CCG in respect of private sector contract spend on the Ramsay Hospital, Clifton Park, York. This was a particular issue as the activity related mainly to orthopaedics; the area of activity which should be managed via the Musculo-skeletal Service (MSK). The increased activity at Nuffield Hospital, York, had been predicted as it was due to patient choice. Work was ongoing to gain an understanding of areas of increased activity.

Two further significant pressure were overtrading on partnerships, at C£400K due in the main to spot purchasing, and prescribing at C£1.5M. Detailed analysis was being carried out to gain an understanding of the associated issues. Adrian Snarr noted that historically control of prescribing spend was good.

Whilst emphasising the challenging overall financial position Adrian Snarr noted that continuing care was not deteriorating. This was due to initiatives implemented in 2011/12.

Quality, Innovation, Productivity and Prevention (QIPP)

Rachel Potts referred to the information which provided a progress report on the CCG's QIPP schemes and highlighted expected levels of savings to be delivered by each of the initiatives. Each scheme had a Management or Development GP Lead.

Elective Care Pathways: In addition to the information reported on post menopausal bleeding and the palpitations pathway, work was ongoing on pathways for dermatology and ophthalmology; the revised cataract pathway was scheduled to deliver in year whilst it was expected that the glaucoma pathway would be fully implemented in 2013/14. Further work on four specialties – ENT, gynaecology, general surgery and cardiology – was detailed by Shaun O'Connell in terms of a scheme for GPs to work with consultants to reduce referrals and improve patient experience in primary care.

Long Term Conditions: Rachel Potts highlighted the Neighbourhood Care Teams as a significant strategic work programme to achieve both quality of care and savings, noting associated work with nursing homes and residential homes. As part of the National Commissioning Programme for Long Term Conditions there were opportunities to learn from other areas in the country.

Tim Hughes explained in detail how, through joint working between General Practice, hospitals and local authorities, Neighbourhood Care Teams would both reduce numbers of hospital admissions and enable patients to be supported at home or cared for in the most appropriate place according to their needs and wishes. Work was also being undertaken to develop a systematic approach to care. Tim Hughes also detailed work with nursing homes and the ambulance service in respect of end of life care to ensure patients' wishes were systematically documented and taken into account.

Tim Hughes noted the challenges associated with implementing these radical changes highlighting that they would take time to achieve. However, this programme of work to support and maintain patients at home would enable a reduction in hospital beds, reduce waste in the system and contribute towards enabling the health and social care community to live within its means. An application had been submitted for an innovation grant to support this work. Despite the complexities there was commitment to implement this approach as soon as practicable, and potentially from October 2012.

Urgent Care: This was on schedule to deliver. David Hayward noted that this was the first example of collaborative working between primary and secondary care to reshape a service.

MSK Expansion: Delivery of this scheme was at risk in view of the higher than expected orthopaedic surgery activity. Clinical audit was currently taking place to check that MSK patients were being treated in accordance with agreed commissioning requirements. However, part of this development had been to incorporate pain management and rheumatology within the MSK

service, but this had been delayed, as discussed earlier. A meeting had taken place with MSK colleagues who had provided assurance that shared decision making was being implemented for all patients who were offered surgery. In this regard Mark Hayes described the national evidence based tool of nine decision aids to assist patients in deciding whether they wished to proceed with surgery. Whilst this was a tool to ensure quality, the outcomes also achieved cost savings.

Contracting: This scheme was under delivering as final agreement on contracts had not been achieved as expected.

Redacted XXX

Medicines Management: Further to the discussion above, Shaun O'Connell was leading work to address the issue of growth.

In summary Rachel Potts emphasised that the CCG's financial plan was based on the assumption of delivery of the QIPP schemes. It was therefore important that action plans were in place to mitigate any risks and ensure savings. These were being progressed via internal mechanisms and the establishment of a Collaborative Improvement Board with York Teaching Hospital NHS Foundation Trust.

Performance

Rachel Potts noted that there were a number of green performance indicators and referred by exception to the other indicators. In regard to patients who had waited 52 weeks or more for treatment after referral by their GP or other healthcare professional – 45 at the time of the report – Mark Hayes had written to York Teaching Hospital NHS Foundation Trust requesting an action plan to address this issue. The CCG had received assurance of a resolution by the end of September through additional capacity at Bridlington Hospital and offering patient choice. Additionally, it had been agreed with York Teaching Hospital NHS Foundation Trust that for 2013/14, in the absence of a national target, a local target of 36 weeks for elective procedures would be implemented as a never event, which meant that if this timeframe was breached the CCG would not pay for the activity.

A presentation had been given at the GP Forum by the PCT's Choose and Book team and it was expected that this would result in improved performance on choose and book. In addition, specific training was available for practices to refer to ophthalmology and orthopaedic services via Choose and Book.

In terms of the number of patients with clostridium difficile for whom the PCT is responsible, York Teaching Hospital NHS Foundation Trust's target was no more than 27 in year. Shaun O'Connell, who was leading work to understand the reasons for the 11 cases to date, noted that this was a challenging target due to earlier good outcomes. He highlighted that it was not possible to completely eradicate clostridium difficile, partly due to antibiotic use, and assured members that he received a root cause analysis for each case.

8.2 Commissioning for Quality and Outcomes

In presenting the report which provided information under headings Patient Safety, Clinical Effectiveness and Patient Experience, Shaun O'Connell referred to the discussion above relating to clostridium difficile. In respect of higher Hospital Standardised Mortality Ratio indicators, he noted two of the causes as coding problems and inappropriate hospital admissions at end of life. As reported at the last meeting, the initiatives were progressing for earlier identification of deteriorating patients and more effective work patterns for doctors to ensure appropriate cover 24/7.

Shaun O'Connell highlighted the reported work to address issues relating to ambulance turnaround times and the recommendations following a two week pilot in June 2012 'Improving Ambulance Turnaround': presence of a Yorkshire Ambulance Service clinical supervisor in the Emergency Department; self-handover process; use of available space in the Emergency Department; and escalation from the bed management team to expedite flow.

The Shadow Governing Body:

1. Noted the Performance Dashboard and the challenging financial position.
2. Noted the Commissioning for Quality and Outcomes Report.

9. Communication and Stakeholder Engagement Strategy

In introducing this item Alan Maynard expressed the view that the Strategy required editing to reduce its volume, enhance clarity and include 'measurables' to identify whether a difference has been made. Shaun O'Connell concurred with this and particularly noted that the CCG wished to know how a particular piece of work would enable improvements.

Shaun O'Connell reported that a new website was being developed and that a competition for Year 6 school children was being launched to design a logo on the theme "What does good health and happiness mean to you?" The public would be asked to vote on the entries and the website would be updated to reflect the winning design.

The Shadow Governing Body:

Approved the Communications and Stakeholder Engagement Strategy subject to amendments to reduce volume, enhance clarity and include measures of making a difference.

10. Public and Patient Engagement

Alan Maynard presented the report which described public and patient engagement events in February and June 2012 and ongoing work. He noted that the 'Public and Patient Congress' was being renamed the 'Public and Patient Forum' and that recruitment to the Public and Patient Engagement Steering Group had been through advertisements and interviews.

The Shadow Governing Body:

Noted the update on public and patient engagement and the ongoing work.

11. Any Urgent Business

In view of the requirement for approval of documents for the authorisation process it was agreed that an Extraordinary Meeting be held prior to the meeting scheduled for 4 October. A provisional date of 20 September was agreed.

The Shadow Governing Body:

Agreed that an Extraordinary Meeting be arranged to approve documents required as part of the authorisation process, with the provisional date of 20 September.

12. Next Meeting

The Shadow Governing Body:

Noted that the next scheduled meeting would be held on 4 October 2012at The Folk Hall, Hawthorn Terrace, New Earswick, York YO32 4AQ and that an Extraordinary Meeting would take place as per item 11 above.

13. Exclusion of the Public

The Shadow Governing Body moved into private session in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted.

14. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 6 SEPTEMBER 2012 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 April 2012	Performance Dashboard	Redesign to be requested	Rachel Potts	Ongoing
3 May 2012	Single Integrated Plan, 2012/13 Contracts/QIPP and North Yorkshire and York Review	GP to be identified to provide clinical intelligence to data interrogation work Proposal of 'Board to Board' meeting with York Teaching Hospital NHS Foundation Trust	Rachel Potts/ David Haywood Alan Maynard	Dependent on availability of accurate Month 2 data Ongoing
7 June 2012	York Teaching Hospital NHS Foundation Trust Executive Board	• Patrick Crowley and representatives from key organisations with whom CCG works to be invited to meet with Shadow Governing Body	Mark Hayes/ Rachel Potts	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 June 2012	Quarterly Review of NICE Guidance and Medicines and Technologies	• Maternal Caesarean requests to be progressed outwith the meeting	Emma Broughton	Completed
2 August 2012	Plan on a Page	• Amendment to wording and alignment with City of York Council and North Yorkshire County Council priorities	Mark Hayes	Completed
2 August 2012	Fairness and Inclusion Strategy	• Additional bullet point to be added on page 5 under 'As a commissioner we will:' to read: 'Commit to target resources and implement actions which will deliver a more inclusive society'	Rachel Potts	Completed
2 August 2012	Information Governance Strategy	• Summary to be produced for staff	Rachel Potts	Ongoing
6 September 2012	Communication and Stakeholder Engagement Strategy	• Amendments to be made to reduce volume, enhance clarity and include measures of making a difference	Shaun O'Connell	
6 September 2012	Any Urgent Business	• Extraordinary meeting to be arranged	Rachel Potts	