

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 2 August 2012 at Selby District Council, Doncaster Road, Selby.

Present

Dr Tim Hughes (Chair)	GP Member and Deputy Chair
Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Mark Hayes	Clinical Chief Officer
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member
Dr Andrew Phillips	GP Member
Mr Keith Ramsay	Lay Member
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

In Attendance

Ms Michèle Saidman	Executive Assistant
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Apologies

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr David Hayward	GP Member
Mrs Rachel Potts	Chief Operating Officer

Eight members of the public were in attendance.

Tim Hughes 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. Lesley Pratt, Chair of York LINK (Local Involvement Network):
 - *York LINK would like clarification regarding the £19M PCT deficit. The LINK has heard conflicting information about whether it is definitely to be written off or whether a portion of it - £5M - will transfer to the Vale of York CCG. The Health Secretary has said that the Government 'plans to ensure' that CCGs start with clean balance sheets.*

- *Are you able to assure us the Vale of York CCG will not inherit a deficit from the PCT next year?*
- *Based on the expected budget for the CCG (regardless of whether or not a deficit is inherited) how confident are you that you can deliver your vision - the best health and wellbeing for everyone in the community - with the resources available?'*

Adrian Snarr explained that under the NHS any deficit, such as the PCT's £19M accepted by the Department of Health, had first call on funding, therefore the CCG would inherit a share of the PCT's deficit. The £5M was an estimate at the current time following a baseline exercise of functions and expenditure mapped to the new organisations. The CCG's plans for 2013/14 would be based on an assumption that accounted for the £5M and would be amended in light of any change to that position.

Mark Hayes highlighted that delivery of the CCG's vision would be challenging both in the current year and in the future but offered assurance that partnership working would facilitate the best achievement possible within resources available.

2. Barbara Sim, Selby and District Disability Forum, identified issues and potential cost savings:

- *District Nurses: Two issues - home visits are not pre-arranged and the tape used for securing of bandages is not adequate resulting in repeat visits being required for the same purpose*
- *Wastage of unopened medication which is no longer required and is currently not recycled*
- *A community NHS physiotherapy service for three to four weeks after discharge would aid recovery*
- *District Nursing policy in relation to home visits for patients who have high financial or other costs, i.e. difficulty, attending GP surgeries*
- *Quality of life aids mental health*

Shaun O'Connell advised that recycling of medication had been discussed previously but there were problems with District Nurses storing large amounts of products. He agreed that this would be further considered and also agreed to discuss the issue of securing of bandages with York Teaching Hospital NHS Foundation Trust who manage the District Nursing service.

Tim Hughes welcomed the concerns raised and advised that service specifications were being developed which included such measures as timeliness and continuity via the new Neighbourhood Care Teams. Barbara Sim agreed to receive and offer a view on service specifications and their proposed delivery measurements.

1. Apologies

As noted above.

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

None.

3. Minutes of the Meeting held on 5 July 2012

The minutes of the meeting held on 5 July 2012 were agreed.

The Shadow Governing Body:

Approved the minutes.

4. Matters Arising and Action Log

York Teaching Hospital NHS Foundation Trust minutes: Mark Hayes reported that, following discussion with Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust, it had been agreed that while both organisations wished to work together, formal CCG representation on their Executive Board was not appropriate at this time. Additionally receipt of notes from Executive Board meetings would be delayed until meetings were held in public, scheduled for 2013/14.

Clinical Accountable Officer Report: Helen Taylor reported that Dr Lincoln Sargeant, currently Consultant in Public Health at NHS Cambridgeshire, had been appointed as North Yorkshire County Council Director of Public Health. Pete Dwyer reported that, following the interviews on 11 July, Kathy Clarke had been appointed as Assistant Director Adult Assessment and Safeguarding for City of York Council.

Other actions were either completed or ongoing; see Appendix A

The Shadow Governing Body:

Noted the updates.

5. Clinical Chief Officer Report

Mark Hayes presented his report and provided an update in respect of CCG authorisation: Airedale, Wharfedale and Craven CCG were in wave 2; the other four North Yorkshire and York CCGs were in wave 3. Due to North Yorkshire County Council boundaries with all the North Yorkshire and York CCGs, they had requested special arrangements for completion of their 360 degree feedback; this would take place via a meeting of senior colleagues with IPSOS MORI instead of the standard on line questionnaire. Mark Hayes additionally reported that he was meeting on 3 August with Richard Flinton, Chief Executive of North Yorkshire County Council, who had emphasised that he was keen to work in partnership.

Mark Hayes also highlighted the role of the NHS North Yorkshire and York Turnaround Director and a further visit to West Offices, the new City of York Council offices, on 13 August.

The Shadow Governing Body:

Noted the Clinical Chief Officer report.

6. Plan on a Page

In presenting the Plan on a Page, a requirement for authorisation but also a useful reference document, Mark Hayes noted that this was underpinned by detailed documentation. A number of amendments were proposed to the wording and it was also agreed to further develop the plan to ensure alignment with City of York Council and North Yorkshire County Council priorities. Members noted that all the priorities listed were of equal importance in the challenge to work within financial resources and welcomed the clarity of the plan.

The Shadow Governing Body:

1. Approved the Plan on a Page.
2. Noted that this was an iterative document and was not a priority list.

7. Performance

7.1 Performance Dashboard

In introducing this item Adrian Snarr explained the two assessments relating to the Summary of Performance: Vale of York CCG assessment for the Business Delivery Review meeting and PCT. He highlighted the challenging environment in terms of both finance and performance.

Performance

Adrian Snarr referred by exception to areas of performance and noted that the Commissioning for Quality and Outcomes report complemented the Performance Dashboard. Performance at York Teaching Hospital NHS Foundation Trust in terms of cancer patients who wait no more than 62 days from the date of referral to their first stage of treatment was below the planned level. Shaun O'Connell assured members that the CCG adopted a robust approach in this regard. He noted that there had been an issue with a scanner, which had now been replaced, and ongoing issues of capacity in urology and in respect of 52 week waits.

The percentage of GP referrals to first outpatient appointments booked using Choose and Book was lower than previously and was also lower than the North Yorkshire aggregate. This issue was scheduled for discussion at the August GP Forum.

In June there were five cases of clostridium difficile at York Teaching Hospital NHS Foundation Trust, against planned performance of no more than two, was noted and discussed within the context of a challenging target - no more than 27 in 2012/13 - which had the potential to remain 'red' through the year as it was a quality measure utilised by commissioners. Shaun O'Connell highlighted that this target maintained awareness of clinicians in both secondary and primary care. He described antibiotic audit work in primary care to reduce prescribing and noted that a local strategy was being launched jointly with public health and pharmacies to raise awareness of clostridium difficile.

Adrian Snarr advised that information on the Yorkshire Ambulance Service Category A 999 response times was part of the ongoing work to redesign the Performance Dashboard. He noted however that this was a national target which had always been an issue due to the rural nature of North Yorkshire and York. Andrew Phillips reported the appointment of an Emergency Care Practitioner in northern Ryedale in response to the rurality issue; this was a pilot initiative by Yorkshire Ambulance Service.

In regard to secondary care activity trends and trajectories Adrian Snarr expressed concern in terms of GP referrals, A&E attendances and outpatient appointments and reported that the June information appeared to indicate continuing increases. He noted that, whilst the Dashboard was based on only two months' data, the trends were reflected in the financial position. Work was ongoing via the contracting team to gain an understanding of the trends - of particular concern in A&E, non elective care, first outpatient attendances, general surgery and referrals - and an activity management plan was being developed.

Adrian Snarr clarified A&E attendances in terms of the integration of the Walk-in Centre advising that work was ongoing to understand potential coding issues and ensuring that this model was delivering in terms of the expectations of both the provider and the commissioner. He also advised that the demand in the system causing an increase in outpatient activity was currently specific to York Teaching Hospital NHS Foundation Trust.

Keith Ramsay emphasised the concern at the position of overtrading early in the year and its potential impact on the CCG's vision and strategy. He highlighted the support of the Shadow Governing Body in the negotiations with York Teaching Hospital NHS Foundation Trust.

Finance

Adrian Snarr explained that, although the forecast figure was zero, the year to date position with York Teaching Hospital NHS Foundation Trust was an overtrade in the region of £2M which posed risk of a potential significant overspend. In the event of this position continuing consideration would be required of contract management measures, particularly in regard to York Teaching Hospitals NHS Foundation Trust. Pressures were also noted in terms of patient flow to Scarborough and North East Yorkshire NHS Healthcare Trust and York Nuffield Hospital.

A small underspend was noted under 'Other NHS Contracts below £1M' and financial benefits were noted in the volatile continuing care and funded nursing care budgets. Discussions were ongoing in respect of future arrangements for partnership budgets in terms of CCGs and the NHS Commissioning Board. The prescribing budget was a challenge whose impact would not be known until the price review in the third quarter of the year. Work was ongoing with the PCT in respect of corporate services

Adrian Snarr referred to the earlier question raised about the deficit position and noted the significant financial challenge posed by the York Teaching Hospital NHS Foundation Trust contract. He also clarified that other NHS contracts, which appeared to be under trading, required analysis advising that this information was obtained through disaggregation as CCG level data was not currently available.

Quality, Innovation, Productivity and Prevention (QIPP)

Adrian Snarr highlighted that a number of the QIPP schemes were planned to deliver in the second half of the year.

Musculo-skeletal Service (MSK) expansion: The anticipated savings had been delivered in 2011/12, however in the current year orthopaedic procedures had increased. Work was ongoing to understand the reasons for this QIPP scheme not performing as planned.

Contracting: The contract with York Teaching Hospital NHS Foundation Trust had been signed; identification of compensation to reduce differences was required.

Lucentis: This scheme was not anticipated to deliver. Work was ongoing at a regional and national level which should deliver the QIPP over the longer term; compensating price changes may aid partial delivery.

Adrian Snarr noted that overall the QIPP schemes were overtrading and consideration would be required to manage the financial position. The second half of the year would therefore be challenging.

Mark Hayes provided further information demonstrating the CCG's "grip" on the issues to both improve quality of care and release resources highlighting that amendments would be required to a number of the QIPP schemes. He detailed work in regard to:

- Menopausal bleeding service, cardiology, dermatology and ophthalmology in the elective care pathways.
- The CCG was part of the National Long Term Conditions Programme and in this regard partnership working with the local authorities included the Neighbourhood Care Teams and reablement.
- The integration of A&E and the Walk-in Centre provided streamlining of 'minors' and 'majors'.

- A meeting with the MSK team was scheduled to discuss shared decision making to ensure patients received the appropriate treatment via inclusion of a counselling service; consideration was also being given to changes to pain management and rheumatology services.
- Contracting issues were being considered in terms of only paying for agreed procedures.
- A national agreement of 15% reduction in the cost of Lucentis but with a number of caveats.
- Advanced care plans for patients in nursing homes and ongoing work with Airedale in regard to telemedicine for patients in nursing homes and residential care homes.

Shaun O'Connell additionally described work taking place with secondary care to ensure appropriate processing of new referrals via development of GP specialists.

Members endorsed the ongoing work noting that 50% of the CCG's resource was utilised at York Teaching Hospital NHS Foundation Trust. They also noted the importance of considering the health and social care economy as a whole with particular reference to demographic changes.

7.2 Commissioning for Quality and Outcomes

Shaun O'Connell referred to the earlier discussion. He advised that Vale of York CCG had appointed a Performance Improvement Manager and that a senior nurse was currently being recruited to the Shadow Governing Body; this would enhance grip on the quality agenda.

Shaun O'Connell reported on significant targets at York Teaching Hospital NHS Foundation Trust to reduce mortality levels and commended the engagement of consultants in this work which included accurate data, changing senior and junior doctor work patterns to ensure appropriate cover 24/7, and identifying deteriorating patients including through use of improved 'escalation of concern' policies. He also assured members that Never Events and Serious Incidents were being followed up to ensure appropriate closure.

Shaun O'Connell advised that the outcome of the Stroke Accreditation visit to York Teaching Hospital NHS Foundation Trust on 25 July was awaited. He also noted that patient choice was an element of cancer waiting times. Work was ongoing to address ambulance turnaround time issues, which at York related to length of time not volume of breaches; a zero tolerance approach was being adopted in this regard.

In respect of patient access and the 52 week backlog issue, Shaun O'Connell reported that a number of options were being considered and advised that 14 patients were still waiting longer than 52 weeks. Mark Hayes emphasised that the CCG was adopting a robust position in this regard and consideration was being given to inclusion in the 2013/14 contracts of a local waiting time of 36 weeks as a Never Event.

Shaun O'Connell noted that a successful second Patient Congress had taken place.

The Shadow Governing Body:

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

8. Risk Management Strategy

Keith Ramsay commended the Risk Management Strategy to the Shadow Governing Body and noted that this would inform all activity. It would be one of the aspects of the Audit Committee agenda.

The Shadow Governing Body:

Agreed the Risk Management Strategy.

9. Fairness and Inclusion Strategy

Pete Dwyer recommended approval of the Fairness and Inclusion Strategy, which would evolve as the CCG developed, subject to an additional bullet point 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'

The Shadow Governing Body:

Agreed the Fairness and Inclusion Strategy subject to the above amendment.

10. Information Governance Strategy

Cath Snape proposed acceptance of the Information Governance Strategy on the proviso that it would be developmental. She noted that a user friendly summary version would be produced for staff.

Helen Taylor highlighted the importance of Information Governance protocols in the integration of the Neighbourhood Care Teams.

The Shadow Governing Body:

1. Agreed the application of the North Yorkshire and York PCT Information Governance Strategy.
2. Agreed the named leads:
 - Caldicott Guardian – Dr Cath Snape
 - Senior Information Risk Owner – Rachel Potts (Chief Operating Officer)
 - Information Governance Lead – Rachel Potts (Chief Operating Officer)
3. Noted that the logo would be changed to that of Vale of York CCG.

11. Safeguarding Adults

Mark Hayes referred to addendum to the Safeguarding Adults Policy which had been produced to provide assurance that adequate Safeguarding Adults processes are in place. Elements of the Assurance Standards at Appendix 6 were currently being negotiated with providers of services. However, the policy as presented would be included in the contracts of all providers.

The Shadow Governing Body:

1. Approved the Adult Safeguarding Policy and Procedures, including Safeguarding Adults Commissioning Addendum.
2. Approved the policy for inclusion in new provider contracts.
3. Noted the outstanding issues being negotiated.
4. Noted the logo would be changed to that of Vale of York CCG.

12. NHS North Yorkshire and York Cluster Board Minutes

The Shadow Governing Body:

Received the minutes of the NHS North Yorkshire and York Cluster Board meeting held 26 June 2012.

13. Any Urgent Business

The Shadow Governing Body:

Congratulated Adrian Snarr on his recent appointment as Interim Chief Finance Officer.

14. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 6 September 2012 in the Mill Suite, The Memorial Hall, Potter Hill, Pickering YO18 1AA.

15. Exclusion of the Public

There was no private session.

16. Follow Up Actions

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

NICE Guidance on Maternal Request Caesareans

Key points from discussions between Dr Emma Broughton, GP Member, Vale of York CCG, and Mr Olujimi Jibodu, Lead Consultant Obstetrician, Labour Ward York Teaching Hospital NHS Trust

1. Maternal Request Caesarean Sections (C/S):

* Mr Olujimi Jibodu was on the original steering group that set up the guidance for implementation of the NICE guidance.

* Mr Olujimi Jibodu confirmed that rates of using the Individual Funding Requests (IFR) were very low locally.

*Discussion that maternal C/S requests have always occurred and the previous system in place, involving second opinion from fellow obstetrician and relevant personnel (eg if related to mental health or physical health reason of unknown significance) has worked well.

*It was concluded that the IFR process was a costly and at present unnecessary step. Unless rates of maternal requests were to increase, there is little need for this process.

2. Improving Access to Psychological Therapies (IAPT) for "tocophobia"

* Discussion that this was an area highlighted in the NICE guidance, which as yet has not been included in the obstetric service at York. There is an IAPT service in York, but does not have availability or process to take on obstetric cases of maternal anxiety in a prompt way to address offering Cognitive Behavioural Therapy (CBT) or equivalent therapy in time for partuition.

*The question was raised as to whether a midwife could obtain some basic training in CBT techniques which could be adopted into the ante natal service as required for patients.

3. Gynaecology Referral Review Process

* Discussion of the potential option of using webex to allow a rotation of local interested GPs to discuss a proportion of referrals into the gynaecology directorate with a consultant each week - to improve the quality of referrals and also the promptness of patient care, ensuring that all appropriate work up had been undertaken. GPs and patients would be copied into the reply - see in Out Patient Department / Advice for care/ further investigations required.

* Mr Olujimi Jibodu offered to discuss with colleagues, although was optimistic, about adopting/trialling this service option.

4. Gynaecology Follow ups

* Discussed that many benign surgical procedures, eg hysterectomy, are now being discharged to general practice for follow up. It was suggested that in the discharge letter (for GP) what timeframe and examination (if relevant) should be undertaken, to ensure that good quality follow up is maintained. Also advice regarding any future therapies for the original reason for surgery eg Hormone Replacement Therapy post TAH.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 8 AUGUST 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
3 May 2012	York Teaching Hospital NHS Foundation Trust minutes	<ul style="list-style-type: none"> • CCG representation on the Executive Board to be sought. • Annotated notes of Executive Board meetings to be requested 	Alan Maynard Alan Maynard	Completed 2013/14

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 June 2012	York Teaching Hospital NHS Foundation Trust Executive Board	<ul style="list-style-type: none"> 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
7 June 2012	Quarterly Review of NICE Guidance and Medicines and Technologies	<ul style="list-style-type: none"> Maternal Caesarean requests to be progressed outwith the meeting 	Emma Broughton	Ongoing
5 July 2012	Performance Dashboard	<ul style="list-style-type: none"> IT/Choose and Book session at GP Forum List of Never Events to be circulated 	David Hayward Rachel Potts	16 August 2012 Completed
2 August 2012	Public Questions	<ul style="list-style-type: none"> Barbara Sim to receive service specifications for comment 	Tim Hughes	Completed
2 August 2012	Plan on a Page	<ul style="list-style-type: none"> Amendment to wording and alignment with City of York Council and North Yorkshire County Council priorities 	Mark Hayes	

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 August 2012	Fairness and Inclusion Strategy	<ul style="list-style-type: none"> 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	
2 August 2012	Information Governance Strategy	<ul style="list-style-type: none"> Summary to be produced for staff 	Rachel Potts	