

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 December 2012 at The Folk Hall, Hawthorn Terrace, New Earswick, York

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
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
Dr Andrew Phillips	GP Member
Mrs Rachel Potts	Chief Operating Officer
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman	Executive Assistant

Apologies

Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council
Mr Keith Ramsay	Lay Member

Exclusion of the Public

The Shadow Governing Body had met in a private session before the meeting in public. In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was 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.

Ten members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting.

The following matters were raised in the public questions allotted time:

1. Ms Gwen Vardigans, Royal College of Nursing

(I) Referred to 'rationing' of outpatient appointments elsewhere in the country and sought assurance that the GP referral review would respect clinical recommendations.

Mark Hayes responded that the CCG had no plans to implement rationing; the referral review would be jointly undertaken by a GP and a consultant. Brian McGregor additionally explained that moderation could only take place by a GP and a consultant.

(ii) Following discussions regarding QIPP and efficiencies what is the CCG's intention and principles in regard to the use of alternative providers? Is the CCG intending to use private and or independent providers and if so for what services?

Mark Hayes confirmed that NHS providers would be included in preferred providers where possible.

2. Mrs Carolyn Murphy, Chair of the York LINK Pharmacy Group

York LINK Pharmacy Group has received concerns about inconvenience to patients around 30 day prescribing. If this practice is going to be increased, as suggested in Item 5 of the paper about the QIPP programme presented at the November meeting, how can we be assured that patients and carers will not be unnecessarily inconvenienced by repeated trips? What is the evidence base and calculation for the predicted savings of this policy, and how will it be evaluated?

Shaun O'Connell confirmed that the 28/30 day prescribing was not a new policy and that the CCG had no plans to change the current implementation. He advised that the waste initiative which was currently being considered would aim to allow flexibility as well as cost effectiveness.

Brian McGregor noted that the waste initiative was a national policy based on Department of Health guidelines and advised that the Local Medical Committee was involved in this work.

Carolyn Murphy expressed the hope that LINK could be involved in the implementation of this work.

3. Councillor John Clark, North Yorkshire County Council Overview and Scrutiny Committee (OSC) and Ryedale District Council

Do you intend to increase the hours at the Malton Minor Injuries Unit after the demise of the PCT or do you believe that in view of the in excess of £70M debt of the PCT that complete closure may be the only financial option?

Mark Hayes responded that the figure of £70M debt was incorrect as at the PCT Board meeting on 27 November expected achievement of the forecast agreed £19M deficit budget had been reported. The reduction in hours at the Malton Minor Injuries Unit was a temporary turnaround measure. In the event of such a decision being permanent the OSC would be involved in the requisite consultation. The KPMG report, to be published at the January PCT Board meeting, would make recommendations for a sustainable health economy.

Adrian Snarr additionally clarified that two issues were reported by the PCT: in year spending and prediction of future ongoing impact of spending. The CCG's outline plan for 2013/14 included a number of assumptions. CCG allocations for 2013/14, scheduled for publication on 14 December, and the rules to be applied in regard to the PCT deficit would inform planning for the next financial year within the allocated resource envelope.

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 1 November 2012

The minutes of the meeting held on 1 November 2012 were agreed.

The Shadow Governing Body:

Approved the minutes of 1 November 2012.

.

4. Matters Arising and Action Log

Redesign of the Performance Dashboard: Rachel Potts reported that meetings were taking place with Business Intelligence to progress this work.

GP to be identified to provide clinical intelligence to data interrogation work: David Hayward had commenced work with Kirsty Kitching, Head of Contracting.

Serious Incidents: Carrie Wollerton reported that draft process maps had been developed and agreed with the CSU. The CCG policies were in draft and required consultation with members prior to publication.

Summary of PROMS (Patient Related Outcome Measures): Carrie Wollerton advised that this information would be included in the quarterly Quality Report which would be presented at the February Shadow Governing Body meeting.

Acronym Buster: Members welcomed the acronym buster and requested that this be forwarded to Vale of York CCG GPs.

The Shadow Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

Mark Hayes referred to his report which provided information on an NHS Commissioning Board event for CCGs, the authorisation site visit, the ongoing KPMG work and the Vale of York CCG Constitution. He advised it was expected that most of the 12 'red' criteria in the authorisation assessment would be converted to 'green' by 1 April 2013, with the exception of those relating to finance, and highlighted that the constitution, signed by all the Vale of York GP practices, had been presented to the site visit panel.

In reporting his attendance at the York Shadow Health and Wellbeing Board on 5 December, Mark Hayes asked Pete Dwyer to provide further information. Pete Dwyer explained that the CCG operates within the context of the three Shadow Health and Wellbeing Boards – York, North Yorkshire and East Riding of Yorkshire – and, in terms of York, final consultation was taking place on the Health and Wellbeing Strategy, which reflected discussions with the CCG. Implementation of the strategy was via four Delivery Boards, two of which were chaired by Shadow Governing Body Members: Tim Hughes for Older People and Long Term Conditions and Cath Snape for Mental Health and Learning Disabilities.

Pete Dwyer additionally reported that the local contract for Healthwatch had recently been awarded to York Council for Voluntary Service and that a pilot had been proposed for the introduction of resident held patient passports.

In response to clarification sought from members, Pete Dwyer advised that the approved Health and Wellbeing Strategy would be presented for endorsement to the Shadow Governing Body. He confirmed that the Shadow Health and Wellbeing Board meets in public and that there was an expectation that the local delivery groups would do so too.

Paul Edmondson-Jones explained that all three local authorities were developing Health and Wellbeing Strategies. Implementation would be by partnership working on programmes which would be evaluated for both

clinical and cost effectiveness. The usual expectation in terms of budget for evaluation of a new project was 10%.

The Shadow Governing Body:

Noted the Chief Clinical Officer report.

6. Performance and Quality Dashboard

Performance and Quality

Carrie Wollerton highlighted a number of improvements in performance at York Teaching Hospital NHS Foundation Trust with particular reference to patients still waiting for treatment for 52 weeks or more after referral by their GP or other healthcare professional; this now stood at seven. She noted the impact of the recent outbreak of norovirus and reiterated ongoing work to maintain control of clostridium difficile rates within the challenging target.

In respect of the Summary Hospital Mortality Index, rated 'as expected', work was ongoing to understand the detail which would be reported in the quarterly Quality Report at the February meeting of the Shadow Governing Body. Root cause analyses were being undertaken for the two never events: a retained swab and a dental procedure. Lessons learnt would also be included in the Quality Report.

In response to Alan Maynard's request for clarification on the recently published *Dr Foster* mortality data, Carrie Wollerton and Shaun O'Connell explained that this information reported combined data relating to both York Teaching Hospital NHS Foundation Trust and Scarborough and North East Yorkshire NHS Healthcare Trust. They noted that discussions were taking place to obtain a more detailed breakdown to enable identification of issues by site. Tim Hughes additionally reported on regular meetings with the Clinical Director at York Teaching Hospital NHS Foundation Trust as part of the monitoring of Commissioning for Quality and Innovation. He highlighted commitment of clinicians to provide high quality care and noted improvements in terms of assessment and monitoring of patients to identify any deterioration in their condition and focus on timely intervention.

Carrie Wollerton noted ongoing work to further develop engagement with mental health providers. She additionally noted the need to improve the format of information presented in graphs to enable easier reading and understanding.

Finance

In presenting the overall financial position Adrian Snarr focused on areas of movement and highlighted the improved forecast outturn position of the York Teaching Hospital NHS Foundation Trust contract. He noted the greatest risk was failure to deliver the QIPP turnaround initiatives discussed at the previous meeting as these were timed to impact towards the end of the financial year.

Adrian Snarr also reported on improvement in the Continuing Healthcare budget as a result of non recurrent technical efficiencies implemented by the PCT. There was a risk to this budget due to the number of retrospective claims for assessment; however the impact of this may not be within the current financial year.

In regard to prescribing, a national repricing of Category M drugs provided an improvement which appeared to be slightly more than previously estimated.

In confirming that the forecast deficit outturn of £7M exceeded the planned £5.2M deficit position, Adrian Snarr noted risks around QIPP, winter pressures and the acute system.

QIPP

Rachel Potts reported that delivery was forecast of £5.9M QIPP schemes against the annual target of £7.3M and clarified areas of risk:

Long Term Conditions: There was a significant risk as, although excess bed days had reduced, the expected reduction in emergency admissions had not taken place.

Elective Care Pathways: The risk in this area related to the fact that pain management and rheumatology had not yet been incorporated in the MSK service as planned. A number of further actions, including the 4Cs work, were ongoing.

MSK Expansion: A number of actions had been taken to address the significant risk to this scheme. All orthopaedic referrals, apart from agreed exceptions, must be made through this service. Additionally, Mark Hayes was meeting on 7 December with members of York Teaching Hospital NHS Foundation Trust to discuss shared decision making. Rachel Potts highlighted the ongoing work to deliver this £1.7M turnaround scheme noting that it was dependent on successful engagement with York Trust.

Lucentis: A price negotiation had been agreed and York Trust had revised their usage which was now aligned with that of the CCG.

Whilst recognising the progress and pressures described, Pete Dwyer highlighted the impact on Local Authority home care budgets of the increased dependency of patients being discharged.

The Shadow Governing Body:

1. Noted the Performance and Quality Dashboard.
2. Noted that consideration would be given to further developing the information presented as graphs.

7. Safeguarding Children and Young People, Learning and Development Strategy 2012/ 2015

Carrie Wollerton presented the Safeguarding Children and Young People Learning and Development Strategy which the North Yorkshire and York CCGs had agreed to implement as both a vehicle for workforce development and as a significant contribution to the interagency workforce development agenda of the North Yorkshire and City of York Safeguarding Children Boards. She noted that further information was currently awaited regarding training for GPs.

Brian McGregor noted that GPs should be working towards Level 3 and highlighted the need for awareness raising of decision making in respect of safeguarding any vulnerable adult. He also suggested, in respect of the requirement for a Lead GP, that Carrie Wollerton contact Dr Claire Anderton, from Gale Farm Surgery, who had been a member of the Safeguarding Board.

In respect of adults, Pete Dwyer reported that the York Adult Safeguarding Board was meeting on 7 December and that Vale of York CCG was represented. He welcomed the ongoing work and recommended that the report also be presented at the Children's Safeguarding Board to provide assurance.

Members noted that alerts relating to adult safeguarding would be reported at the meeting on 7 December, referred to above, and that comprehensive data was presented regarding safeguarding children at the YorOK Board. Safeguarding data reflected the comparative composition of the population of the city.

The Shadow Governing Body:

1. Accepted and approved the Safeguarding Children – Learning and Development Strategy.
2. Noted that Carrie Wollerton would contact Dr Claire Anderton at Gale Farm Surgery regarding the CCG Safeguarding Children Lead role.

8. 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 23 October 2012.

9. Any Urgent Business

None.

10. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 7 February 2013; venue to be confirmed.

Post meeting note: The meeting on 7 February 2013 will take place at Priory Street Centre, 15 Priory Street, York YO1 6ET

11. Follow Up Actions

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 6 DECEMBER 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	Work ongoing Ongoing
2 August 2012	Information Governance Strategy	<ul style="list-style-type: none"> Summary to be produced for staff 	Rachel Potts	Ongoing
20 September 2012	Serious Incidents	<ul style="list-style-type: none"> SI process to be mapped for GP Forum and distributed to Shadow Governing Body members 	Carrie Wollerton	7 February 2013 meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
1 November 2012	Chief Clinical Officer Report	<ul style="list-style-type: none"> Information from conference to be circulated 	Mark Hayes	
1 November 2012	Performance and Quality Dashboard	<ul style="list-style-type: none"> Summary of the PROMS top to be provided Review of the 'green' for the percentage of patients who have depression and/or anxiety disorders who receive psychological therapies. 	Carrie Wollerton Carrie Wollerton	7 February 2013 meeting
6 December 2012	Matters Arising	<ul style="list-style-type: none"> Acronym Buster to be forwarded to GPs 	Michèle Saidman	Completed 10 December 2012
6 December 2012	Performance Dashboard	<ul style="list-style-type: none"> Graph presentation to be improved 	Carrie Wollerton	7 February 2013 meeting
6 December 2012	Safeguarding Children and Young People, Learning and Development Strategy 2012/ 2015	<ul style="list-style-type: none"> Discussion to take place with Dr Claire Anderton regarding potential membership of the Safeguarding Board 	Carrie Wollerton	Ongoing

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record
EWTD	European Working Time Directive

Acronym	Meaning
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINK	Local Involvement Network
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	Leeds and York NHS Partnership Foundation Trust
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology
NPSA	National Patient Safety Agency

Acronym	Meaning
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning
PbR	Payment by Results
PDR	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
QALY	Quality Adjusted Life Year (used by NICE)
QIPP /QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT	York Teaching Hospital NHS Foundation Trust