

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 1 November 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 Tim Hughes	GP Member and Deputy Chair
Dr Shaun O'Connell	GP Member
Dr Andrew Phillips	GP Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay	Lay Member
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
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Apologies

Dr David Hayward	GP Member
Dr Tim Maycock	GP Member

Twelve members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting. He sought and received members' agreement to co-opt Dr Brian McGregor, Local Medical Committee Liaison Officer, Selby and York, on to the Shadow Governing Body.

The Shadow Governing Body:

Agreed that Dr Brian McGregor be co-opted on to the Shadow Governing Body.

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

1. Mr Eric Innes

- i I believe that it is the intention to exclude the public from the 6 December meeting by reference as justification to Para 8, schedule 2, sub 3 of the H&SCA 2012. Given the commitment to transparency would the Board disclose the grounds for the need for secrecy in this case.*

Adrian Snarr explained that in addition to public meetings, the Shadow Governing Body reserved the right to consider in private matters which were commercial in confidence, such as the awarding of a contract. The outcome of any such consideration would be made public as soon as possible.

- ii. Where can a copy of the Vale of York CCG constitution be obtained? if this is as yet not complete and still in draft form can the Board advise when it is anticipated to be complete and how members of the public can provide an input to influence the content in those areas where the template allows discretion?*

Mark Hayes responded that the constitution was at its final stage of development. Subject to legal advice awaited by the Local Medical Committee confirming that, in view of the financial position of the NHS North Yorkshire and York Cluster, the government would not be able to claim back debt from individual GP practices, the constitution would be sent to practices for signature and would then become a public document. Mark Hayes advised that any comments from members of the public on the constitution would be considered but noted that its purpose was as an agreement of how the CCG worked with its member practices and of accountability to the government.

- iii The published minutes of Board meetings inevitably contain technical references and argot, and particularly the use of acronyms or initial letter designations. It would be helpful for lay persons if an explanatory schedule was appended to the minutes for such references. Can this be done to help with transparency and clear communication?*

Mark Hayes agreed that a glossary be developed. This is attached at Appendix B.

2. Mrs Carol Pack, Information and Engagement Officer, York Local Involvement Network (LINK):

‘York LINK believes that GP Patient Participation Groups play a vital role in involving patients in decision making and improving services and facilities.

How many of the GP practices within the Vale of York CCG area now have active Patient Participation groups? Is there a process for monitoring the activity and effectiveness of these groups?’

Cath Snape reported that a survey of patient participation activities in GP practices was currently taking place. The results would help to inform effectiveness from the patient perspective and improvement opportunities, including training, would be implemented. Carol Pack offered LINK support to implement developments.

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 4 October 2012

The minutes of the meeting held on 4 October 2012 were agreed, subject to the amendment of number (iv) on page 3 to read:

'John Yates reported that he had met with Julian Sturdy MP to discuss the financial challenge across the North Yorkshire and York health community.'

The Shadow Governing Body:

Approved the minutes of 4 October 2012, subject to the above amendment.

4. Matters Arising and Action Log

20 September 2012

Safeguarding Children: Carrie Wollerton confirmed that the presentation on 'Safeguarding Children – Transition from PCT to CCG Responsibility' had been circulated to members and the amendment relating to East Riding of Yorkshire had been incorporated.

Serious Incidents: Carrie Wollerton reported that work was being progressed by the North Yorkshire and York CCGs with the Commissioning Support Unit (CSU). This would be reported to Shadow Governing Bodies at their December meetings with policies.

Policy for the Reporting and Management of Patient Complaints: Carrie Wollerton reported that complaints against GPs were currently the responsibility of the PCT pending a decision from the Local Area Team on future arrangements. The CCG Complaints Policy had been approved by the Shadow Governing Body at its meeting 20 September.

4 October 2012

Commissioning for Quality and Outcomes – Detailed Serious Incident Report:
A report was being presented at the Part II meeting on 1 November.

The Shadow Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

Mark Hayes reported that, following training, he had undertaken authorisation site visits in Brighton and Crawley which provided an insight into the requirements for the Vale of York CCG authorisation site visit on 28 November.

A number of meetings with the CCGs and KPMG had been held to discuss the financial challenge across the North Yorkshire and York health community. Discussions were also ongoing with York Teaching Hospital NHS Foundation Trust to address the overspend.

Two hundred people had attended the conference *Innovation: Accelerating adoption and diffusion to improve health and healthcare* where the speakers had been Jim Easton, National Director for Improvement and Transformation, NHS Commissioning Board, Göran Henriks, Chief Executive Officer of Learning and Innovation, Qulturum, Jönköping County Council, Sweden, David Albury, Director, the Innovation Unit and Professor Helen Bevan, Chief of Service Transformation, NHS Institute for Innovation and Improvement. In reporting the success of the conference Mark Hayes hoped that it would become an annual event. Members commended the success of the conference and requested that the information be circulated.

Mark Hayes also reported that he and Adrian Snarr had attended a conference *Developing Strategic Thinking* and that work was ongoing to improve commissioning of community services. Discussions were taking place with City of York Council regarding development of joint commissioning of social care and community services; similar discussions would take place with North Yorkshire County Council.

The Shadow Governing Body:

1. Noted the Chief Clinical Officer report.
2. Requested that the information from the conference be circulated.

6. NHS North Yorkshire and York Turnaround Initiatives: Quality, Innovation, Productivity and Prevention (QIPP) Programme

Mark Hayes presented the report which described a number of turnaround measures to support the CCG's implementation of the relevant elements of the NHS North Yorkshire and York financial recovery actions to address the

financial challenge. These specific actions, which built on existing QIPP schemes and aimed to achieve £2.074M savings, related to referral management and clinical thresholds, elective activity, outpatient follow-up appointments, primary care prescribing, urgent care access and direct access to MRI and CT. Additionally, the forthcoming report from KPMG was expected to overlap in some areas. Mark Hayes also reported that the future funding allocation was not yet known and that the NHS Commissioning Board had announced further spend on specialist commissioning which would be deducted from budgets.

Emma Broughton reported on the impact on the referral management and clinical thresholds work due to planned expansion of the GP element of the 4Cs (Clinical Collaboration to Co-ordinate Care). She also noted and commended primary care colleagues on a reduction of 1.9% in outpatient referrals from the previous year. Brian McGregor additionally advised that part of the 4Cs work would be resourced through the Quality and Outcomes Framework and Shaun O'Connell highlighted the LMC's support in this work.

Members discussed the QIPP actions in terms of new ways of working and GP capacity. The measures being implemented would be evaluated in terms of patient need and based on this evidence would either be continued and therefore become embedded practice or ceased. Progress would be reported at the next meeting of the Shadow Governing Body.

Shaun O'Connell provided clarification on the 30 days primary care prescribing initiative and potential achievement of further efficiencies. Brian McGregor reported on associated discussions between the LMC and NHS North Yorkshire and York for implementation in approximately six weeks time of a scheme to reduce medicines waste.

Members discussed communication with the public in regard to the ongoing work noting the role of the Public and Patient Engagement Group. Discussion also included shared decision making in respect of the MSK service. In this regard Adrian Snarr reported on discussions with providers, mainly York Teaching Hospital NHS Foundation Trust, where there had been overtrading on both the MSK and orthopaedic services. He highlighted that the 2013/14 contract should specify that all MSK referrals were required to adhere to the pathway for the service commissioned.

Alan Maynard welcomed the ongoing work emphasising the need for radical culture change to service delivery.

The Shadow Governing Body:

1. Noted the measures to support the CCG's implementation of the relevant elements of the NHS North Yorkshire and York financial recovery actions.
2. Noted that progress would be reported at the December meeting.

7. Performance and Quality Dashboard

Performance

In introducing this item Rachel Potts referred to the discussion at the previous item but additionally highlighted early developments to the format of the Dashboard. She reported on the ongoing work with Commissioning Support Unit (CSU) Business Intelligence colleagues and advised that a timescale for full implementation of the new Dashboard would be agreed at a forthcoming meeting.

Quality

Whilst noting gradual step changes, Carrie Wollerton commended utilisation of the nursing workforce in the long term conditions work being led by Tim Hughes. She also highlighted inclusion in the Dashboard of narrative to provide explanation of performance rated as 'red' and advised of the intention to work towards a monthly summary via the Dashboard and a more detailed quarterly quality and performance report.

The issue of Patient Reported Outcome Measures (PROMS) was discussed. Carrie Wollerton had not included this information in the Dashboard but would undertake some further analysis and provide a summary for the December Shadow Governing Body meeting.

Figures for the Summary Hospital Standardised Mortality Index would be included on completion of analysis of separate data for York Teaching Hospital NHS Foundation Trust and Scarborough and North East Yorkshire NHS Healthcare Trust as this information was currently combined.

In respect of patients who had waited 52 weeks or more after referral by their GP or other healthcare professional, Carrie Wollerton reported that regular meetings were taking place to monitor progress against the agreed action plan. She confirmed that, subject to patient choice, this trajectory should be 'green' from December.

The 'red' rating for clostridium difficile was discussed within the context of the national target of no more than 27 in 2012/13 for York Teaching Hospital NHS Foundation Trust. Shaun O'Connell updated members on ongoing work on antibiotic prescribing highlighting that he had requested that prescribing advice be available 24/7. He also noted that he had discussed medical infectious disease updates for medical staff. Development of potential contractual levers to address clostridium difficile performance in 2013/14 was discussed.

In response to concern raised by Cath Snape at the 'green' for the percentage of patients who have depression and/or anxiety disorders who receive psychological therapies Carrie Wollerton undertook to review this.

Carrie Wollerton highlighted the action taken in response to the two incidents where patients had waited on trolleys in the Emergency Department longer than 12 hours for a hospital bed. She noted that there was unlikely to be a recurrence of this situation as York Teaching Hospital NHS Foundation Trust had put in place robust procedures.

Further discussion included ongoing work in respect of inclusion of mortality rates in the Dashboard, separate reporting of Scarborough and Ryedale CCG and Vale of York CCG data, and clarification of Choose and Book take up rates by practices. In regard to the latter members noted that an audit was currently being undertaken.

In response to a request from Alan Maynard for PROMS information, Carrie Wollerton agreed to circulate the quarterly report on York Teaching Hospital NHS Foundation Trust with a one page analysis.

Finance

Adrian Snarr referred to the discussion at item 6 and advised that the turnaround plans were not currently reflected in the financial forecast presented due to the requirement for analysis of their delivery. The original QIPP plan was expected to deliver and the financial position was similar to that reported in October.

Adrian Snarr described ongoing discussions with York Teaching Hospital NHS Foundation Trust in view of the differential prediction of QIPP noting that this was part of the contractual process. In regard to Nuffield Hospital, York, he noted the £3.2M projected activity against the £1.9M plan advising that this related to the orthopaedic activity and to patient choice. Work was required to address this overtrade.

Improvement in the prescribing budget as a result of a national price adjustment was welcomed. However, Adrian Snarr highlighted the need for the CCG work on this budget to be maintained.

Adrian Snarr clarified that the MSK contract was accounted for under 'Other NHS Contracts below £1M' and that 'Partnerships' related predominantly to complex mental health and learning disability patients for whom services were not currently available in North Yorkshire and York. Members discussed further the overtrading at York Teaching Hospital NHS Foundation Trust with particular reference to MSK and orthopaedics and in the context of the spend at Nuffield Hospital, York.

Pete Dwyer referred to the forecast £0.5M underspend on continuing care and ongoing work to address the backlog of assessments due to vacancies in the staff team. Whilst noting that discussions were taking place with the CSU in regard to managing continuing care, members expressed commitment to progressing innovative, joint working between the CCG and the two local authorities.

Alan Maynard noted the under-spend on the Ramsey Hospital, Clifton Park, York, and the over-spend on the Nuffield Hospital, York. He inquired when and why these expenditure streams had changed from plan.

In conclusion Adrian Snarr confirmed that the forecast presented was the 'probable' position and explained that if the turnaround measures delivered the forecast £8M overspend would reduce to £6M. There was therefore a requirement for further measures to be identified.

QIPP

Rachel Potts advised that schemes would be reported by exception.

Elective Care Pathways: The palpitations pathway would be implemented during November following a delay with development of referral templates for primary care.

Long Term Conditions: Tim Hughes detailed the ongoing work to implement the transformation programme highlighting:

- The systematic review of patients most at risk through use of a risk tool.
- Implementation of the rolling programme of integrated Neighbourhood Care Teams which was due to be completed by April 2013. Evaluation would be undertaken by the University of York. However, evidence demonstrated that embedding of this culture change would take up to two years.
- Improving self care and self management through radical change in provision of community services

Tim Hughes noted that the Local Medical Committee was organising a conference on adapting to the future.

The Shadow Governing Body:

1. Noted the Performance and Quality Dashboard.
2. Noted that Carrie Wollerton would provide a summary of the PROMS information for the December meeting.
3. Noted that Carrie Wollerton would review the 'green' for the percentage of patients who have depression and/or anxiety disorders who receive psychological therapies.
8. **NHS Scarborough and Ryedale Clinical Commissioning Group and NHS Vale of York Clinical Commissioning Group Joint Audit Committee: 5 October 2012**

Keith Ramsay highlighted the key messages to the Shadow Governing Body from the first meeting of the Audit Committee which had been held jointly with Scarborough and Ryedale CCG Audit Committee.

The Shadow Governing Body:

Received the minutes of NHS Scarborough and Ryedale Clinical Commissioning Group and NHS Vale of York Clinical Commissioning Group Joint Audit Committee held on 5 October 2012.

9. 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 25 September 2012.

10. Any Urgent Business

None.

11. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 6 December 2012 at The Folk Hall, Hawthorn Terrace, New Earswick, York

12. 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.

13. 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 1 NOVEMBER 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
2 August 2012	Information Governance Strategy	<ul style="list-style-type: none"> Summary to be produced for staff 	Rachel Potts	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
20 September 2012	Safeguarding Children	<ul style="list-style-type: none"> • Presentation to be forwarded to members • Amendments to be made relating to East Riding 	Carrie Wollerton	25 October 2012 Completed
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	6 December 2012 meeting
20 September 2012	Policy for the Reporting and Management of Patient Complaints	<ul style="list-style-type: none"> • Clarification to be sought on policy for complaints against GP practice staff 	Carrie Wollerton	See Matters Arising
4 October 2012	Public Questions	<ul style="list-style-type: none"> • Clarification of patients waiting more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment was radiotherapy 	Adrian Snarr	Updated in Core Performance Dashboard to 1 November meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 October 2012	Performance Dashboard	<ul style="list-style-type: none"> • Circulation of whole system dashboard produced in the North West 	Pete Dwyer	1 November 2012
4 October 2012	Commissioning for Quality and Outcomes	<ul style="list-style-type: none"> • Detailed SI report 	Carrie Wollerton	Part II meeting 1 November 2012
4 October 2012	Performance Dashboard	<ul style="list-style-type: none"> • Inclusion of comparative mortality data and PROMS 	Rachel Potts	Ongoing
1 November 2012	Public Questions	<ul style="list-style-type: none"> • Development of a glossary of technical terms 	Mark Hayes	Attached at Appendix B
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	6 December 2012 meeting

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
CRP	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