NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 4 October 2012 at The Folk Hall, Hawthorn Terrace, New Earswick, York

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Paul-Edmondson-Jones	Director of Public Health and Well-being
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
Mr Keith Ramsay	Lay Member
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Ms Michèle Saidman	Executive Assistant

Apologies

Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Nine members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting and in particular welcomed Carrie Wollerton as Nurse Representative on the Shadow Governing Body. He apologised for an issue with the Vale of York Clinical Commissioning Group (CCG) website which had arisen during improvement work.

The following matter was raised in the public questions allotted time:

1. Lesley Pratt, Chair, York Local Involvement Network (LINk):

York LINk has services for older people on its work plan this year. Bone loss increases in later life and it is estimated that by the age of 75 about half of the population will have osteoporosis.

From April 2012 osteoporosis has been included in the Quality Outcomes Framework (QOF), giving GP practices financial incentives for diagnosing and treating osteoporosis. Practice participation in QOF is voluntary – do you know how many of the Vale of York CCG practices will be participating.

Cath Snape responded that this information would not be available until the end of 2012/13 but advised that historically GP practice engagement in this element of QOF was good. The year end position of practice participation would be reported when available.

Shaun O'Connell additionally reported that a new osteoporosis protocol was currently being agreed with York Teaching Hospital NHS Foundation Trust to ensure consistency across primary and secondary care.

2. Diane Robinson:

Expressed interest in clinical research, particularly initially in data mining and where to best utilise funding.

Mark Hayes confirmed that the CCG wished to develop research and was planning a shared research post with the University of York. Discussions were also taking place with other research networks.

Mark Hayes also noted the planned employment of key staff with skills in Lean Six Sigma as referred to in his report at item 5.

3. John Yates, York Older People's Assembly:

i Sought clarification on the meaning of Black Belt in Lean Six Sigma.

Mark Hayes explained that this was shorthand for a level of ability in an improving and improvement methodology.

ii Highlighted the continuing rise in A&E attendances reported on page 7 of the Performance Dashboard and sought clarification as to whether this related to the move of the Walk-in Centre to York Trust.

David Hayward responded that A&E attendances were rising nationally year on year but noted that the previous Performance Dashboard had reported a decrease. The move to the Unscheduled Care Centre had been intended to improve the patient experience. GP practices were being asked to review A&E attendances as part of the Quality and Performance work.

iii *The Performance Dashboard rated as green patients waiting more than 31 days to receive their second or subsequent stage of treatment for cancer where that treatment was radiotherapy, however there were no figures detailed.*

Adrian Snarr advised that this information required checking.

iv *Reported that he had met with Julian Sturdy MP to discuss the financial challenge across the North Yorkshire and York health economy.*

4. Mr Peter Jarman, Hartrigg Oaks Residents' Committee and New Earswick Community Association:

Referred to involvement with work looking at risk factors in the community and asked whether the CCG would be considering teenage pregnancy, obesity, drug abuse and alcohol and undertaking associated preventative work.

Paul Edmondson-Jones responded that these areas were part of the public health function that would transfer from the NHS to Local Authorities on 1 April 2013. He confirmed that joint commissioning of these services and close working arrangements would be implemented.

1. Apologies

As noted above.

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

David Hayward noted in regard to item 6 that the GP members of the Shadow Governing Body had a conflict of interest in view of the proposal for the potential cessation of enhanced primary care service payments as these relate to GP income.

3. Minutes of the Meeting held on 6 and 20 September 2012

The minutes of the meeting held on 6 September 2012 were agreed, subject to the correction on page 6 of the spelling of *Concilium* to *Consilium*.

The minutes of 20 September were agreed subject to the addition at item 6 'Serious Incident Reporting and Management – Transition from PCT to CCG' of:

'A detailed policy would be presented at a future meeting to provide assurance to the Shadow Governing Body'.

The Shadow Governing Body:

1. Approved the minutes of 6 September 2012, subject to the above amendment.

2. Approved the minutes of 20 September 2012 subject to the above amendment.

4. Matters Arising and Action Log

6 September 2012

Performance Dashboard: In regard to the reported prescribing overspend, Adrian Snarr advised that, although the current forecast from the Prescription Pricing Authority was favourable, significant pressure continued on the prescribing budget. Work was ongoing to understand the variances.

Alan Maynard reported that following representations received from a third party about the reference to a drug on page 7 in the Shadow Governing Body minutes of 2 August and 6 September meetings, redaction had been agreed pending resolution of the matter.

Patient and Public Engagement: Cath Snape reported that the Public and Patient Engagement Forum would be held on 22 November to allow feedback from the KPMG report to inform the debate; information would be sent out in due course. She requested attendance of Shadow Governing Body members at this event.

The Shadow Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

In referring to his report Mark Hayes highlighted the successful uploading of the authorisation documents on 28 September; feedback would be provided prior to the Panel Visit on 28 November. He also noted the arrangement with Scarborough and Ryedale CCG to share a senior nurse and create a joint support team from existing staff to ensure safeguarding and quality functions; appointment of a secondary care clinician had been deferred.

Mark Hayes also noted that the KPMG report was due to be published on 15 November.

In response to clarification sought by members Mark Hayes explained, in regard to the 360º feedback aspect of authorisation, that North Yorkshire County Council and East Riding of Yorkshire Council had expressed ongoing concerns about boundaries; mitigating assurance had been provided.

In regard to the financial challenge and CCG attendance at the PCT Board, Rachel Potts described the formal accountability arrangements through the monthly Business and Delivery Review Meetings but advised that the PCT Chairman had requested that CCG representatives present their turnaround initiative action plans at the October Board meeting.

In discussion of the forthcoming KPMG report members noted that a clinical workshop with primary and secondary care attendance was taking place on 11 October; this would provide an opportunity to influence the recommendations. Mark Hayes emphasised that the recommendations were expected to detail radical measures, to achieve system change and address the financial challenge. Adrian Snarr additionally explained that work was required to identify costs at the community hospitals and ensure the most flexible utilisation.

Mark Hayes clarified the historic debt and the current deficit. He noted that the deficit was due to year on year increased demand for services and highlighted that for this reason, regardless of the deficit, radical service changes would be required.

Alan Maynard and Keith Ramsay reiterated that difficult decisions would be required and emphasised the need to expedite implementation of the KPMG recommendations on publication.

The Shadow Governing Body:

Noted the Chief Clinical Officer report.

6. NHS North Yorkshire and York Turnaround Initiatives

Rachel Potts referred to the report which had been presented at the NHS North Yorkshire and York Cluster Board on 25 September. She advised that in agreeing these initiatives the CCGs had adopted three principles:

- Cost of reduction in activity in the current year was not being deferred to 2013/14
- There would be no impact on patient safety
- No actions would impact on clinical engagement

Rachel Potts described the implementation of the initiatives:

1. A review of elective activity: Shared decision aids before elective surgery and an extension of the Quality, Innovation, Prevention and Productivity (QIPP) scheme for GPs to review referrals with consultants.
2. A review of outpatient follow-up appointments in line with best practice: GPs working with providers by specialty to reduce follow-up appointments.
3. A review of Minor Injury Units' opening hours: Discussions ongoing with York Teaching Hospital NHS Foundation Trust and Harrogate and District NHS Foundation Trust who provide services respectively at Malton and Selby.
4. A review of community hospital beds with a view to short term closures: Discussions ongoing with providers.
5. A review of high cost treatment and drugs: Discussions ongoing regarding offering Avastin as an alternative to Lucentis

6. Potential cessation of enhanced primary care service payments: Discussions ongoing with the Local Medical Committee (LMC) about changing GP delivery of some services.
7. A review of Mental Health and Continuing Health Care placements: Work ongoing to reduce costs incurred through out of area placements.
8. Ceasing expansion of health visitor implementation: The PCT had taken the decision not to make additional appointments which would have delivered national targets.
9. Redesigning patient transport services: This joint working between the PCT and CCGs would improve patient care.

CCGs were now required to present their action plans at the PCT Cluster Board meeting on 23 October.

In relation to the review of Mental Health and Continuing Health Care placements Cath Snape explained that issues of bed occupancy at Bootham Park Hospital arose due to lack of local facilities for patients who could potentially be better placed elsewhere. She also noted plans for supported housing for patients with learning disabilities to reduce out of area placements. Adrian Snarr additionally noted that most out of area placements were for intensive care packages which could be delivered more efficiently. Work had already commenced to redesign Continuing Care services at a North Yorkshire level; similar discussions were required with Tees, Esk and Wear Valleys NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust in relation to Mental Health. In this regard Pete Dwyer expressed a level of confidence following attendance by the Chief Executive of the latter provider at the Health and Well-being Board the previous day.

Mark Hayes emphasised that shared decision making was a core requirement of best practice. He highlighted that with effect from November 2012 hospitals were required to demonstrate that patients undergoing surgery had been through the decision making tool and made their choice accordingly.

In regard to Health Visitors Pete Dwyer reported that in terms of the national position the cessation equated to 0.8 of a post; he was discussing the implications for the 0 to 5 Health Visitor Programme with the PCT. He also sought and received clarification that the CCG's turnaround actions would be integrated into the existing QIPP schemes to provide potential for some over achievement.

Tim Hughes highlighted the complexities of the review of community hospital beds due to contract arrangements with providers. Detailed work with providers and patients was required to ensure services provided were meeting identified need. In this regard Keith Ramsay emphasised the importance of providers understanding the seriousness of the current financial position.

Emma Broughton assured members that work was continuing with member practices to review referrals and ensure best practice. Tim Hughes additionally noted that as a clinical community admission rates compared

favourably with other areas but that 'good' needed to become 'excellent' in the national and financial contexts.

Rachel Potts advised that progress on the turnaround initiatives would be a regular agenda item and Mark Hayes reported that the PCT Cluster was leading on communications relating to the turnaround initiatives. The KPMG report would be presented at the December Shadow Governing Body meeting.

The Shadow Governing Body:

Noted the turnaround initiatives.

7. Innovation Update

This item was discussed at item 9.1.

8. Authorisation Update

Mark Hayes reiterated that the documentation had been uploaded to the web portal on 28 September for the 119 criteria. In terms of the red, amber green ratings he anticipated that there would be a number of 'reds', including finance and the boundary issues, but advised that there was opportunity to provide additional evidence and potentially convert 'red' to 'green' during the authorisation process.

The Shadow Governing Body:

Noted the update.

9. Performance

9.1 Performance Dashboard

Finance

Adrian Snarr referred to the Month 5 overall position noting that York Teaching Hospital NHS Foundation Trust remained an outlier in variance of spend against budget; the initiatives discussed at item 6 above sought to improve this position. He also highlighted that Vale of York CCG experienced unique pressures compared with the other North Yorkshire CCGs in terms of private providers due to contracts with the Nuffield Hospital, where there was a significant overtrade mainly due to patient choice, and the Ramsay Hospital, which undertook orthopaedic procedures therefore was a key element in the review of the musculo-skeletal service (MSK).

In referring to the Yorkshire Ambulance Service (YAS) performance, which was below national targets but improving in terms of the contract, Adrian Snarr noted that the data correlated with the unscheduled care demand and

the earlier discussion about the GP based in the Urgent Care Centre. Initiatives were in place to address concerns about YAS performance.
In respect of prescribing Adrian Snarr reported a £2M reduction in the forecast outturn variance but emphasised that ongoing work with the GP membership was required to focus on this budget area.

Adrian Snarr clarified that the forecast detailed was based on Month 5 information to year end without any remedial action. It assumed delivery of the QIPP plan and no further deterioration of contracts but did not include the additional £3.6M turnaround initiatives.

Members sought and received further clarification on a number of areas: further work was required to commission Continuing Care in accordance with the health and social care market following detailed work across North Yorkshire and York in recent years; the 'Other NHS Commissioning' budget included a contingency reserve; and contract arrangements and associated issues were discussed.

In regard to the 40 patients who had waited 52 weeks or more after referral by their GP or other healthcare professional Adrian Snarr confirmed that, except in cases of patient choice, they all had admission dates by the end of October. Shaun O'Connell additionally assured members that the associated action plan was being monitored and advised that York Teaching Hospital NHS Foundation Trust had agreed to implement a local target of no more than 36 week waiting times in the next contract. He also noted that in some specialist areas capacity contributed to the waiting time issues.

Pete Dwyer welcomed the current review of the format of the Performance Dashboard and agreed to forward to members a whole system dashboard published in the North West.

Performance

This was discussed within item 9.2 below.

Quality, Innovation, Productivity and Prevention (QIPP)

Rachel Potts highlighted that the financial forecast assumed delivery of £6.1M of the £7.3M QIPP, noted positive developments and confirmed that the turnaround initiatives would be implemented in conjunction with the QIPP plans as discussed above.

Elective Care Pathways: The '4Cs' work (Clinical Collaboration to Co-ordinate Care) was being extended.

Long Term Conditions: Tim Hughes reported on the first stakeholder event in development of co-commissioning with local authority partners where delivery of agreed specifications for Neighbourhood Care Teams had been discussed. He highlighted the organisational development requirements to implement whole system working, noted the approach of the workforce both doing the job

well and knowing how to make improvements, and commended the engagement and commitment to work together. Tim Hughes noted that implementation would be incremental with the first stage relating to care for the most vulnerable - people in care homes - and the need to identify the most appropriate use of community hospitals.

Urgent Care: Rachel Potts noted that this scheme was delivering as a result of tariff agreement. David Hayward detailed the evaluation of the GP based in the Urgent Care Centre reporting that in view of the associated costs this arrangement would not be continued. He assured members that other work was ongoing to identify patient need and expectation from emergency departments.

MSK expansion: Elective activity for hips and knees had not reduced as expected therefore a clinical audit of this service, not yet completed, had been agreed with York Teaching Hospital NHS Foundation Trust. Members noted that the MSK service was not performing as per agreed commissioning and expressed concern at the impact on the QIPP programme. They requested that the clinical audit outcome be expedited and remedial action be considered as a matter of urgency.

Contracting: Continued underperformance was due to the Lucentis tariff. A proposal was under discussion with David Geddes, PCT Cluster Medical Director and Director of Primary Care, and York Teaching Hospital NHS Foundation Trust.

9.2 Commissioning for Quality and Outcomes

Shaun O'Connell initially referred to the Infection Control information welcoming the fact that no cases of MRSA had been reported at York Teaching Hospital NHS Foundation Trust in the current year. However, in regard to clostridium difficile he described concerns and ongoing work in view of the current level of reported cases, whilst recognising that the annual plan was a challenging target. In response to members' discussion Shaun O'Connell confirmed that he was discussing with York Teaching Hospital NHS Foundation Trust the need for more training with regard to antibiotic prescribing.

Shaun O'Connell reported that processes for Serious Incidents were currently under discussion and provided assurance and clarification as requested. Carrie Wollerton noted that the information presented in this regard required more clarity and additionally agreed to provide a more detailed report to a future meeting so that members could consider the information they wished to receive.

In regard to cancer Shaun O'Connell noted the explanation received from York Teaching Hospital NHS Foundation Trust. He also assured members that work was ongoing to address the matter of patient awareness of being on a suspected cancer care pathway.

Shaun O'Connell highlighted that Yorkshire Ambulance Service turnaround times was an issue across North Yorkshire and York and improvement planning work was currently taking place. Implementation of Choose and Book was being addressed via the turnaround initiatives and discussion with the LMC. Practices had also been offered support and training.

Alan Maynard requested inclusion in the Performance Dashboard of information on mortality rates at York Teaching Hospital NHS Foundation Trust compared with similar hospitals nationally and on Patient Reported Outcome Measures.

The Shadow Governing Body:

1. Noted the Performance Dashboard.
2. Noted the Commissioning for Quality and Outcomes Report.
3. Requested a detailed Serious Incidents report.
4. Requested inclusion in the Performance Dashboard of comparative mortality information and Patient Reported Outcome Measures.

10. NHS North Yorkshire and York Cluster Board Minutes

Tim Hughes expressed concern, which was reiterated by members, at the perception reported under the Corporate Performance Dashboard Business and Delivery Review summaries that the CCG had not identified any actions relating to the financial pressures. Tim Hughes emphasised that the CCG's ongoing work programmes recognised the need for system change through clinical engagement.

The Shadow Governing Body

Received the minutes of the NHS North Yorkshire and York Cluster Board meeting held 24 July 2012, noting with concern the incorrect perception regarding the CCG's work.

11. Any Urgent Business

None.

12. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 1 November 2012 at The Folk Hall, Hawthorn Terrace, New Earswick, York

13. Exclusion of the Public

There was no private session.

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 4 OCTOBER 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	• 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	• Presentation to be forwarded to members • Amendments to be made relating to East Riding	Carrie Wollerton	
20 September 2012	Serious Incidents	• SI process to be mapped for GP Forum and distributed to Shadow Governing Body members	Carrie Wollerton	
20 September 2012	Policy for the Reporting and Management of Patient Complaints	• Clarification to be sought on policy for complaints against GP practice staff	Carrie Wollerton	
4 October 2012	Public Questions	• 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	
4 October 2012	Performance Dashboard	• Circulation of whole system dashboard produced in the North West	Pete Dwyer	

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 October 2012	Commissioning for Quality and Outcomes	• Detailed SI report	Carrie Wollerton	
4 October 2012	Performance Dashboard	• Inclusion of comparative mortality data and PROMS	Rachel Potts	