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Eastern Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Eastern Locality Board
Meeting
22nd October 2014

Exmouth Rugby Club, Imperial Recreation Ground, Exmouth,EX8 1DG

MINUTES

Present:	**Title:**
Dr Simon Kerr (SK)*	Vice Chair, Eastern Locality and Chair Wakley Sub-locality
Dr Alex Degan (AD)*	Vice Chair, Mid-Devon Sub-Locality
Dr Mike Slot (MS)*	Vice - Chair, Wakley Sub-locality
Dr Tom Debenham (TD)*	Chair, WEB Sub-Locality
Dr Rob Turner (RT)*	Co-Chair, Exeter Sub-Locality
Gilly Champion	Co-Chair, Exeter Sub-Locality
John Finn (JF)*	Managing Director, Eastern Locality
In attendance	
John Dowell (JD)	Locality Chief Finance Officer
Dr Alison Round (AR)	Clinical Policy Committee Board member
Sue Moreton (SM)	Patient Safety & Quality Support Manager
Anne Gunther (AG)	Governing Body Lay Member
Tracey Polak (TP)	Senior manager – Public Health
Apologies	
Dr David Jenner (DJ)*	Chair, Eastern Locality and Mid-Devon Sub-Locality
Dr Richard Mejzner (RM)*	Vice Chair, WEB Sub-Locality
Barbara Jones (BJ)	Head of Locality Contracting
Dr Joe Mays (JM)	Executive GP
Tamara Powderley (TP)	Head of Commissioning
Jemma Moore (JM)	Locality Business & Governance Manager
Richard Croker (RC)	Head of Medicines Optimisation
Lorna Collingwood- Burke (LCB)	Deputy Chief Nursing Offices
Christopher Roome (CR)	Head of Clinical Effectiveness

***Voting member**

PART A

Part A of this meeting was held in private and therefore there are no minutes to report or approve.

PART B

1. Attendance and Apologies

Noted as above

2. Register of Interests

Dr Simon Kerr requested that members review their entries and inform Hannah Tapp of any updates accordingly.

3. Minutes of the last meeting and Action Log

The minutes were agreed to be a true and accurate record of the meeting held on the 24th September 2014.

The Board reviewed the actions from the previous meeting and the Action Log was reviewed and updated accordingly.

EL_04_14_034 – Warning notice – Tiverton Hospital – Sue Moreton and Dr Alex Degan to discuss with NDHT at the next Integrated Provider Assurance Meeting (IPAM). AD to contact Graham Lockerbie to clarify whether GPs require training on the Mental Capacity Act or just TEP completion. To be updated at next month's board.

EL_04_14_038 – Breast care referrals – It was confirmed that pathways have been developed which are now back with the relevant consultants for approval. GPs will be informed via the North and East Formulary (located on the CCG website). It was queried whether a change in referral rates was anticipated. TD stated that it is hoped that this will have an impact and therefore, it is important to publish these pathways on the website which will then form a reference point for consultants and provide education as to where to look prior to referral. RT queried if all 2 week wait referrals have been subject to the same level of scrutiny. TD confirmed that this is difficult to do due to the fact that these are national policies but can tweak guidelines where problems are identified.

EL_07_14_042 – Winter Resilience Plans – JF explained current position regarding the signing off of the winter resilience plans with a view to releasing the winter funding. JF to update next month's Board.

EL_07_14_045 - Activity and cost report summary – to November Board

4. Joint Locality Managing Director/Locality Chair's Report

John Finn presented the joint locality director/Chair's report to the Board (commencing on page 19 of 80 of the Board papers) and noted the following:-

4.1 Operational and resilience planning 14/15 – JF outlined to the Board that as part of planning for 2014/15, Strategic Resilience Groups (SRGs) must develop organisational resilience and capacity plans involving all key local organisations, and each plan to be developed collaboratively and signed off by SRG member organisations in each locality. JF confirmed that the Eastern SRG have reviewed proposed schemes for the Eastern locality (which forms part of the Devon wide plan) and at a meeting on the 9th October agreed the proposals. It was identified at this meeting that there is currently a gap of 6 bed equivalents and agreement as to how to take this forward in terms of need and capacity. JF confirmed that the next step in this process is to obtain signatures from senior representatives of each provider organisation to this plan for submission to the Area Team which will trigger the release of the first tranche of winter monies. However, despite confirmation from those who represented their organisation at the SRG on the 9th October that they had delegated authority to act on behalf of their organisations to make decisions in terms of supporting the winter resilience plans, organisations are now not signing the plan off at organisational level. JF confirmed that without final sign off, funding will not be released and essentially the locality (and Devon) will not have a winter resilience plan. JF confirmed that in terms of next steps, the CCG are working with the Area Team to take advice at regional level. SK queried with whom the risk currently sits and it was confirmed that the risk is currently held at locality level with accountability to the Governing Body. The Board discussed that this is a significant risk to the CCG as the winter months approach.

4.1.2 Royal Devon & Exeter contract position and CCG financial position – JF confirmed the main issues are the over performance against the RD&E NHS FT contract of £4.4 million and continued growth on continued healthcare of £7.4 million, as a result of which, the CCG has now entered into a period of emergency measures with a view to driving an improvement in the financial position.

4.1.3 2015-16 Transformation Challenge Fund - JF outlined the ICE Project to the Board as stated in his report and the nature of the bid put forward in the sum of approximately £750k. JF confirmed that supplemental to the contents of his report that there is a high degree of confidence that this bid will be successful. The Board discussed the project and queried the simultaneous trial that will take place in Crediton. JF confirmed that this is to test the outcomes of the project in both a rural and urban area to enable the project team to assess impact for these different populations.

DECISION: The Board NOTED the report.

5. Vice Chair's Report

Dr Simon Kerr gave a verbal update to the Board and noted that following:-

5.1 CHC - SK confirmed that the CHC budget presents a significant risk to the CCG with growth in continuing care activity and budget projections leading to an overspend on a budget of £70 million (currently increasing by 16%) which will lead to a substantial overspend on this budget by the end of the year. SK confirmed that in terms of mitigation, there is a recovery plan in place which includes enhancement of the database which collates data of those patients in receipt of CHC funding and those who are due for review. There is also work underway to understand reasons for the increase in expenditure and also to review processes in terms of improving efficiencies and to develop mechanisms to assure

ourselves that funding is being allocated appropriately. There is however, recognition that this is a high risk for the CCG who have committed to increases in staff time and resources to mitigate spend.

5.2 Mental health – SK confirmed that the CCG continue to be well assured in terms of our contract with Devon Partnership Trust (DPT). Following a recent CQC inspection, it has been identified that the acute care pathway needs to be enhanced with particular focus on the following three areas supported and managed by a multi-disciplinary acute care pathway steering group with regular reporting mechanisms to the Integrated Provider Assurance meeting (IPAM):-

a) Provision of out of hours services
b) Places of safety
c) Crisis support

SK confirmed that Enhanced Crisis Support (psychiatric liaison) in the Emergency Department at the RD&E Wonford is in place with a new Section 12 rota in operation as of the 1st October. In terms of out of hours support a further proposal has been submitted to the Strategic Resilience Group to expand liaison functions at the RD&E and NDHT to allow for an increased presence in A&E and extended coverage at evenings and weekends.

SK confirmed that ongoing work to identify places of safety, and that there is work underway to review the use of psychiatric intensive care units (PICU).

Finally, SK confirmed that in terms of out of area placements, the IPP plan programme's success continues in repatriating patients back into Devon and the work on attending to the waits for psychological therapies is also progressing favourably.

DECISION: The Board NOTED the report.

6. Integrated Performance Report

John Finn presented the report to the Board (commencing on page 25 of 80 of the Board papers). JF outlined the processes for agreeing risk and the purpose of the reports to assure the Board that each of the identified risk are being managed and noted the following:-

6.1 Assurance Summaries

6.1.1 **RD&E Contract – Risk rating RED**- JF confirmed that the Eastern Locality has signed a £208 million fully variable PbR contract which is underpinned by a partnership agreement which does not limit our financial risk and the value of which represents the 13/14 outturn levels of activity. Modelling within this contract anticipated no increase in emergency activity and approximately 5% increase in elective activity and the management plan to include QIPP schemes based on avoidance of elective activity growth to bring this back in terms of affordability. JF confirmed that data for September shows an overspend of £3.9 million and, therefore, due to financial risks to both the CCG and the locality, a series of urgent and necessary measures have been communicated to local providers to impact on

this year's financial position. These include, inter alia, management of consultant to consultant referrals and out of area referrals as well as a series of measures around approval of new thresholds limits for elective activity to include hips and knees. JF confirmed that there is also a need for increased focus on in year QIPP plans based on elective activity to bring the contract back within affordability levels. It was confirmed that there is a further list of emergency measures currently before the Governing Body for consideration. SK asked JF to elaborate on schemes under consideration and JF confirmed these include rapid referral review (in appropriate cases, patients to be returned to GPs for management of their care. To review first outpatient appointments with a view to introducing ESPs as part of the triage process to reduce the number of first appointments and to review plans around follow ups (the return on which would be loaded towards the second half of the year)

SK stated that at present we are overspent on emergency activity and underspent on elective care, QIPP plans are in place to focus on bringing finances back on track but queried what was being done in terms of managing the increase in emergency activity? JF confirmed that Dr David Jenner who is chair of both the Strategic Resilience Group and Emergency Department Working Group whose main focus is on the Emergency Department and who have recovery plans in place to reduce ED attendances and there is a high level of confidence that the work planned will have an impact on attendances. JF also confirmed that the Prime Minister's challenge fund allocation for NEW Devon CCG will facilitate the increase in primary care capacity over the Christmas period. Furthermore, the PMF is also supporting community pharmacies to host minor ailment services. Finally, it has been agreed that there will be a full review of front door services at the RD&E which will include enabling patients to attend the Walk in Centre at the RD&E without the need to be triaged at the RD&E.

6.1.2 **Stroke – Risk Rating RED** – JF confirmed that this risk relates to patients who have had a stroke and have not experienced 90% of their stay on the acute stroke pathway and as a result will receive sub-optimal care. JF confirmed that the ambition is for the rehabilitation and stroke beds to be situated on the RD&E site, however, that is not financially viable and therefore as a temporary measure consideration to site this facility at Poltimore Ward was considered but not possible due to the conversion of the ward into office space. Therefore, at a meeting of the chief executives in September it was agreed that consolidation of community stroke beds will temporarily be placed at Ottery St Mary community hospital subject to the appropriate assurances that funding will be available.

6.1.3 **62 day urgent referral to first definitive cancer treatment – Risk Rating RED** – JF confirmed the reported position for breaches continues to deteriorate and there is work underway to understand why performance continues to decrease. It was noted that the main contributor to this is urology and more specifically use of the robot that has attracted activity from across the South west and thus contributing to the delay in treatment times. JF assured the Board that those patients who have breached are subject to a Multi-Disciplinary Team (MDT) review and is assured that no patients have come to harm as a result. However, JF confirmed that it is unlikely that the RD&E will achieve an acceptable level of performance in this financial year but have plans in place to bring performance into line next year. SK queried if there were plans to further resource urology? JF confirmed that the majority of patients who opt for the robot service are breaching and therefore, extra resource

would not impact on this particular service. The Board queried what would happen if patients to come to harm. JF confirmed that this is reviewed via contractual mechanisms to include integrated provider assurance meetings where performance is closely scrutinised.

6.1.4 **Watching brief –** JF confirmed that the following areas are under a Watching Brief:-

- Diagnostic breaches
- Consolidation of inpatient beds
- Delayed transfers of care
- Urgent Care system resilience

6.2 Quality, patient safety and performance

Sue Moreton presented the report to the Board (commencing on page 37 of 80 of the Board papers) and noted the following:-

6.2.1 **Dashboard information**

SM specifically drew the Board's attendance to the following dashboard information:-

62 days waits – SM confirmed that benchmarking for this data is against comparable services and highlighted that the RD&E perform well against other hospitals.

Pressure Ulcers – SM noted to the Board that there has been a steady decline of Grade 3 pressure ulcers. There is currently underway a root cause analysis of pressure ulcers the outcomes of which will be brought to the Board in November for review.

Falls – SM noted that there is a steady decline in falls taking place is hospital due to greater vigilance and awareness on the part of RD&E staff.

Ambulance handovers – The Board reviewed figures for ambulance handovers. It was confirmed that the time is measured from when the ambulance arrives to when the patient is discharged to a nurse. MS confirmed that such delays cause unnecessary stress to the patient. The delays predominantly impact on ED and AMU but it was discussed that the Board had not seen a breakdown as to those services affected. It was confirmed that the overall risk is held by the Northern Locality as Caroline Dawe is the executive lead for this but it was agreed that it would be useful for the assurance template to be included within the assurance reports.

C.Difficile Infections – SM noted that there were 4-5 cases noted at the RD&E and following peer review it was confirmed that all cases were unavoidable.

6.3 Finance Report

John Dowell presented the report to the Board (commencing on page 44 of 80 of the Board papers) and noted the following:-

6.3.1 **Overall Financial Position -** JD confirmed that the overall financial position for the CCG is a planned £14.7 million deficit in year, in addition to repayment of the prior year deficit of £14.6 million. In addition, JD stated that there is a significant risk to delivery of this position as many of the risks identified in previous reports had crystallised. The forecast risk to delivery is £14.5m above planned deficit and a number of immediate and necessary measures will be required to recover the position.

In terms of the Eastern Locality position, it was noted that the report should recite an overspend of £10.8 million not £11.8 million as stated. JD confirmed that there has been a significant deterioration between month 5 and month 6 attributable to 3 main factors; the RD&E contract which has worsened by £4.126 million, prescribing with a worsening of £1 million due to anticipated impact of category M drug price changes and Tiverton MIU by £0.496m due to an outstanding budget transfer. The latter issue will resolve in the following month with no adverse financial impact on the CCG.

6.3.2 **RD&E Contract** - JD drew the Board's attention to the table on page 48 of the Board papers which outlined the worsening trend on the RD&E contract forecast outturn and the component parts of the forecast which culminates in an overall forecast overspend position of £8.5 million. JD confirmed that that in order to recover this position, focus will be directed towards maximising the impact of the planned QIPP schemes to deliver more than £2million as forecasted from the identified £5million opportunity as well as additional urgent and necessary measures to impact on both emergency and elective activity.

6.4 Contract Report

John Dowell presented the report to the Board (commencing on page 53 of 80 of the Board papers) and noted the following:-

6.4.1 **RD&E contract** – the Board discussed the Contract Query notice raised by the CCG concerning timeliness and accuracy of RD&E data and indeed the Activity Query Notice raised by the RD&E due to emergency activity being significantly above plan for Quarter 1. It was stated that at this current time when the CCG are facing significant financial challenges, it is important to receive timely and accurate data from provider organisations. The new BluTeq IT system was outlined to the board (currently used by NHS England) which involves data feeds being put in place which assists the CCG in identifying those drugs and procedures for which the CCG has a policy in place to only commission under restricted circumstances and can be used to raise challenges and well as feedback to trusts targeted information about activity. Thus ensuring commissioners that the necessary information is obtained in terms of NICE required prior to any drugs being issued to patients. AR raised the issue of reconciliation of low priority procedures approved together with numbers undertaken which has been delayed due to patient identifiers in the data received not being readily available and which would assist in cross referencing this information. JF to follow this up with David Lewis and Chris Roome.

ACTION:
EL_10_14_047 – RD&E Contract – Reconciliation of low priority procedures. JF to review availability of patient identifiers data with David Lewis and Chris Roome.

6.4.2 **NSL** – JD confirmed that following the CQC inspection and subsequent report on the 28th August, NSL have implemented a number of measures to include the appointment of a programme director to implement the action and improvement plan devised in response to the aforementioned report. There is also commitment on the part of NSL to employ additional drivers to meet capacity demands.

6.4.3 **111 SWAST Contract** – JD confirmed that SWAST are achieving most of their key performance indicators with the exception of the call backs times which are, however, the subject of an improving trajectory.

6.5 Clinical Effectiveness & Medicines Optimisation

Sam Smith presented the report to the Board (commencing on page 55 of 80 of the Board papers) and noted the following:-

6.5.1 **Primary Care prescribing** – SS confirmed that there is an in year cost pressure of £1million due to the adverse impact of October Drug Tariff Category M price changes. Therefore the team are focusing on prescribing opportunities with practices. It was confirmed that there are on-going discussions with practices to include challenging delivery processes, prioritising resources to areas upon which practices focus and exploring how the CCG can work with practices to make the necessary changes. SK queried if the team were focusing their reviews on practices who have the larger overspend. SS confirmed that this was indeed the case but in this context there are challenges in terms of practices simply not undertaking the necessary work. SS confirmed that there remains money in the Optimising Prescribing Scheme (OPS) and there are discussions to look at how the remaining 20p per registered patient could be spent to maximise delivery as an incentive to get the necessary work done.

GC raised the issue of Script Switch and queried if the CCG were effectively targeting those practices for whom the scheme is not working. SS confirmed that they are currently awaiting responses from 3 practices for whom Script Switch savings are not covering costs and there are currently discussion taking place to review this. Script Switch is regularly monitored to ensure that there is appropriate challenge and review for those practices where Script Switch is not covering costs. SS to contact GP Chairs with a list of those practices who are not engaging /responding with Medicines Optimisation team.

DECISION: The Board NOTED the Integrated Performance report.

7. NICE Planning & Advisory Group Report (NPAG) & Clinical Policy Committee (CPC)

Dr Ali Round presented the Clinical Policy Committee to the Board (commencing on page 79 of 80 of the Board papers) and noted the following:-

AR confirmed that following the recent meeting of the CPC, it was recognised that there is a disconnect between the constitution and function of the committee and the needs of the CCG. Whilst there is good clinical decision around effectiveness and risk of new policies, considerations regarding financial impact and affordability do not take place. Therefore it was proposed that there would be a 6 month review of the membership and format of this committee to align it's function in the context of clinical effectiveness policy decision making with associated affordability and financial considerations. The Board agreed to this course of action.

DECISION: The Board NOTED the contents of the report and to the proposal of a 6 month review of the membership and format of the clinical policy committee to align it's function in the context of clinical effectiveness policy decision making with associated affordability and financial considerations.

8. Sub-Locality Reports

SK asked each of the Sub-Locality Chairs in their locality updates to make specific reference as to how each locality is looking at referral rates and to provide the appropriate assurance.

8.1 Mid Devon – Dr Alex Degan confirmed that he will review referral information with Dr David Jenner with a view to formulating a plan to address increase in referrals rates and to bring to next month's Board.

8.2 Exeter - Gilly Champion confirmed that a number of practice visits have been undertaken and as a result of which an action plan has been agreed to manage referrals to include peer review and also an audit of referrals and the outcomes achieved. It was recognised that practices have worked hard to ensure that referrals are directed to the most appropriate place. It was also identified that there is a need to link with locum groups to share this learning. It was therefore agreed that SK to review the possibility of organising an event/protected learning event for locums (which would also require engaging GPs to attend with a view to sharing referral information and learning).

8.3 WEB - Dr Tom Debenham confirmed that there is work underway to merge new business intelligence data to include spend and activity at the RD&E and to make comparisons with DRSS data for review and comment by practices.

8.4 Wakley - Dr Mike Slot confirmed that at the most recent protected learning event there was significant challenge around what GPs can do to contribute to the issue of demand management. It was confirmed that Adam Carrick is to undertake a piece of work to review DRSS information and to refine business intelligence with a view to formulating a plan to consider what practices can do to impact on demand management. In terms of referral management, it was confirmed that this is scheduled to be discussed at the next Wakley Forum.

ACTION:
EL_10_14_048 – GP Referrals - Locum Education – SK to explore possibility of organising an event/protected learning event for locums.

DECISION: The sub-locality reports were NOTED by the Board accordingly.

9. QIPP Reporting

John Finn gave a verbal update to the Board and noted that the CCG is currently in a deteriorating position and as a result of which a number or urgent and necessary measures are being formulated the aim of which is, between now and April 2015, to save £20million to ensure sustainable services for patients. As well as the QIPP work as mentioned in paragraph 6.1, JF outlined proposed urgency and necessary measures to the Board to include:-

- Weight loss for morbid obesity prior to routine surgery
- Weight loss for obesity prior to routine surgery
- Avoided Consultant to Consultant referrals and related activity
- 6 weeks smoking cessation prior to routine surgery, separate to BMI
- Restrictions on Out of Area referrals
- Establish appropriate Watchful Waiting / Active Monitoring on 18 week pathways, commissioning to the natural history of presenting conditions
- Account more clearly for the impact on follow-ups of QIPP schemes which target first outpatients
- Criteria based prior approvals: hernia, cataracts, anal fissures, anal skin tags, botulinum toxin outpatient procedures
- Suspension of treatments with poor evidence of outcomes, pending commissioning review
- Revaluation of QALY threshold on existing commissioning decisions.

JF confirmed that plans will be fully worked up in consultation with the public, GPs and consultants which will then be submitted to the CCG's Governing Body for approval. Par

JF to update the Board at next month's meeting to confirm progress of these plans.

DECISION: The board NOTED the verbal report and requested to be kept updated as to progress of these proposals.

END OF MEETING

Signed.....

Dr David Jenner, Eastern Locality Chair

Dated 26th November 2014

Signed.....

John Finn, Managing Director, Eastern Locality

Dated 26th November 2014