

Business Planning & Clinical Commissioning Draft Minutes

**Thursday 18th May 2017 9:30am -11:30am
Board Room, King Edward Hospital, Windsor, SL4 3DP**

Present	Title	Initial
John Lisle	Accountable Officer, BE CCG	JL
Lalitha Iyer	Medical Director, BE CCG	LI
Debbie Fraser	AD of Finance & Performance, BE CCG	DF
Jackie McGlynn	Clinical Director & GP, Bracknell & Ascot CCG	JMG
Karen Maskell	Lay PPI, Bracknell & Ascot CCG	KM
Siva Sithrapathy	Clinical Director & GP, Slough CCG	SI
Mike Connolly	Lay PPI, slough CCG	MC
Catriona Khetyar	Head of Medicines Optimisation, BE CCG	CK
Huw Thomas	Clinical Director & GP, Windsor Maidenhead & Ascot CCG	HT
Fiona Slevin-Brown	Director of Strategy & Operations, BE CCG	FSB
William Tong	Clinical Chair & GP, Bracknell & Ascot CCG	WT
Dawn Best (DB)	Prescribing Lead, WAM CCG	DB

Apologies	Title	Initial
Nigel foster	Director of Finance & Performance, BE CCG	NF
Lise Llewellyn	Head of Public Health, Bracknell Forest Council	LL
Adrian Hayter	Clinical Chair & GP, Windsor Maidenhead & Ascot CCG	AH
Sarah Bellars	Director of Nursing & Quality, BE CCG	SB
Kirstin Ostle	GP, WAM CCG	KO
Jim O'Donnell	Clinical Chair & GP, Slough CCG	JOD
Judith Kinder	Clinical Director & GP, Windsor Maidenhead & Ascot CCG	JK

In Attendance	Title	Initial
Zara Devine	PA, Director of Strategy & Operations BE CCG	ZD

Item No	Item	Action
1	Welcome and Apologies	
	The Chair JL welcomed members to the meeting and noted the above apologies.	
2	Conflicts CK was conflicted on item 5 therefore DB presented this item.	
3	Minutes Minutes of the last meeting held on 20 th April 2017 were agreed as an accurate record.	
4	Action Log The Action Log has been updated. ACTION: To clarify what service is available for patients at Royal Berkshire Hospital.	FSB

	<p>FSB updated the committee on the Dry House proposal, following conversations with Public Health and Lisa McNally it was suggested for the CCG to invest in the Wexham Liaison service. Due to changes to the service specification an update will be provided in June to reflect the procurement change.</p> <p>ACTION: To provide a one page update informing the committee of the changes to the Dry House proposal.</p> <p>FSB informed the committee the Horizon agreement has been made on a health gain, discussions took place around alternative payment options with the provider however it was felt the agreement should not incentivise to reduce packages but ensure quality of patient care.</p> <p>It was agreed to remove heart failure from the forward planner and close this action.</p>	<p>FSB</p>
<p>5</p>	<p>OptimiseRx Prescribing Support Software Business Case DB informed the committee the software has been piloted in 5 practices, there are no current competitors. The software is now compatible with vision, the software should go live in September 2017 there is a potential risk if vision does not go live in September 2017. For 17/18 the savings will be cost neutral, in 18/19 there will be a £60k saving. It was suggested for Tim Langran to negotiate with the provider to reduce the cost.</p> <p>It was suggested to present the Business Case at the members meetings highlighting the practices involved in the pilot and evidence their preference to take up the new software. The CCG will need to give notice to Script Switch by 31st May 2017 therefore will need prior agreement from the members.</p> <p>ACTION: Write to practices to ask for agreement with the Business Case.</p> <p>The committee approve the Business Case subject to QIPP monitoring, Writing to practice for agreement along with negotiating a reduced cost.</p>	<p>CK</p>
<p>6</p>	<p>Business Planning ToR Comments were received back and inserted into the ToR with the updated ToR being presented for the committees approval. It was suggested to add in Patient and Public Involvement assurance.</p> <p>ACTION: Add into the Objectives assurance on Equality and Diversity and public engagement.</p> <p>Discussions took place around the Quaroy and it was agreed this committee is a joint committee, if a clinician cannot attend they are advised to deputies to another clinician to feedback their comments.</p> <p>It was suggested to include an appendix in the ToR to reflect the commissioning process on engagement.</p> <p>ACTION: FSB to include an appendix in the ToR.</p> <p>The committee approve the ToR subject to the insertion of an appendix.</p>	<p>FSB</p> <p>FSB</p>

7	<p>Community Nursing Review</p> <p>There will be two workshops run one in June 2017 for stakeholders and one in July for PPI and providers. A full report has been completed on how the service is provided by BHFT, it is critical to align the community nurses service with the current service.</p> <p>The Local Authorities attend the steering group and will be invited to the workshop. Community Nursing is on the forward planner for the members meeting and awaiting the chairs approval for the date.</p>	
9	<p>Neurology Update</p> <p>It was noted the Neurology service will be at STP level and will be a service transformation with a contract variance using the current funds and providers.</p> <p>The CCG have engaged with the providers to inform them of the change of payment to a block contract and highlighted there will be no additional funds.</p> <p>Concerns were raised around the use of a block contract, the committee were informed there will be strict monitoring of the contract and activity. A block contract was chosen due to uncertainty of the number patients that will be moved to a community service, the contract can be reviewed at a later stage.</p> <p>The current patient that are seen in London have been accounted for, Charing Cross Hospital will provide support in this process and have developed guidelines for moving patients to the community.</p> <p>The programme is to go live on 1st October 2017, there is a strong link with the comms team to ensure all information around the service is provided to the public.</p> <p>Discussion took place around the potential location for the service, it was noted there will be domiciliary visits in addition to a central location. There will be wider involvement including consultants at the location planning stage.</p>	
10	<p>Ambulatory Care Update</p> <p>FSB updated the committee on the current situation, there is an expansion of Ambulatory Care at Wexham and Frimley. The CCGs are working together to have an agreement in place across the 5CCGs within the STP however this has been prolonged.</p> <p>It was noted an offer has been made however the Frimley South and Surrey Heath CCG have not accepted the offer, it was suggested to escalate this to System Leaders Reference Group. This is at high risk costing c£1million per month with the possibility of a further 3 months delay.</p>	
11	<p>CAMHS Transformation Update</p> <p>The update provided a breakdown of spend for each CCG. Discussions took place around the services provided to adolescence, it was</p>	

	<p>noted there are a number of areas invested for adolescence e.g Xenzone and Youthiline. The Little Blue Book will be distributed within East Berkshire that signposts children to an app and online support.</p> <p>Concerns were raised around the IAPT's referral for young people with learning disabilities for Slough CCG who have large waiting list. ACTION: Revise the IAPTs referral service.</p> <p>The comms team have circulated information to GP's around the support services commissioned for mental health.</p>	FSB
	<p>Meeting Review Members were asked individually for their feedback on the meeting, overall the meeting went well with fewer items it was felt the agendas are prioritised better.</p>	

**Next meeting:
Thursday 15th June, 9:30am – 11:30am
Board Room, King Edward VII Hospital, St Leonards Road, Windsor, SL4 3DP**

DRAFT