

## Business Planning & Clinical Commissioning Final Minutes

**Thursday 17<sup>th</sup> August 2017 9:30-11:30 am**  
**Board Room, King Edward Hospital, Windsor, SL4 3DP**

<b>Present</b>	<b>Title</b>
John Lisle (JL)	Accountable Officer, BE CCG
Lalitha Iyer (LI)	Medical Director, BE CCG
Debbie Fraser (DF)	Deputy Director of Finance & Performance, BE CCG
Sarah Bellars (SB)	Director of Nursing & Quality, BE CCG
Sangeeta Saran (SS)	AD of Planned Care & Operations, BE CCG
Jackie McGlynn (JMG)	Clinical Director & GP , Bracknell & Ascot CCG
Jim O'Donnell (JOD)	Clinical Chair & GP, Slough CCG
Karen Maskell (KM)	Lay PPI, Bracknell & Ascot CCG
Nithya Nanda (NN)	Clinical Director & GP, Slough CCG
Mike Connolly (MC)	Lay PPI, Slough CCG
Fiona Slevin-Brown (FSB)	Director of Strategy & Operations, BE CCG
Rachel Wakefield (RW)	AD of Urgent Care & Operations, BE CCG
William Tong (WT)	Clinical Chair & GP, Bracknell & Ascot CCG

<b>Apologies</b>	<b>Title</b>
Huw Thomas (HT)	GP, WAM CCG
Adrian Hayter(AD)	Clinical Chair & GP, WAM CCG
Judith Kinder (JK)	GP, WAM CCG

<b>In Attendance</b>	<b>Title</b>
Zara Devine (ZD)	PA, Director of Strategy & Operations Director of Nursing & Quality, BE CCG

<b>Item No</b>	<b>Item</b>	<b>Action</b>
<b>1</b>	<b>Welcome and Apologies</b>	
	The Chair JL welcomed members to the meeting and noted the above apologies.	
	<b>Conflicts of Interest</b> No new conflicts were registered.	
<b>3</b>	<b>Minutes of the Last Meeting</b> The minutes of the last meeting held on 15 <sup>th</sup> June 2017 were agreed as an accurate record.	
<b>4</b>	<b>Action log</b> The action log was updated accordingly.  Discussions took place around the decision process for Business Cases to be presented at the committee. It was noted the CHC invest to save scheme could have been resolved outside of the committee with member engagement. The committee agreed with this statement.	

	<p>It was suggested for Business Cases to be circulated to all GP member with comments fed back to the GB GP's to raise at this committee.</p> <p>The committee were informed ENT did not require quality sign off as the process recommended would not impact patients. CHC was an internal management decision to manage the current workforce and would not impact patients.</p>	
5	<p><b>CHC Invest to Save Scheme</b>  FSB summarised the recommendation is to utilise the current budget to improve staff retention and recruitment, in order to carry out patient review and assessments in accordance with the timeline targets.  Discussions took place around the finances available, it was confirmed there is an underspend on the CHC budget.</p> <p>It was suggested to benchmark staffing against other CCGs along with individual support and development to be provided to staff.</p> <p>The committee were in agreement with the proposal.</p>	
6	<p><b>ENT Business Case</b>  This Business Case recommends for ENT to move to Advice and Guidance service, with the closing down of GRACe, consultants have noticed an increase in inappropriate referrals. This is a trust request that will cost the CCG £25k.</p> <p>Bracknell &amp; Ascot CCG have note used GRACe for some time and have not had an increase in inappropriate referrals, it was suggested this was due to Frimley hospital and Wexham park hospital operating differently along with the support from Dr Robert Koefman whom has supported the local GP's, providing education around ENT referral guidelines. It was noted in Slough there is no local ENT specialist to provide the same support.</p> <p>It was suggested to review and compare the community services provided in Bracknell with that of Slough and share the learning to help reduce the spike in referrals from Sough.</p> <p><b>ACTION: It was suggested for a one page summary to be circulated to member practices for comments on papers that will be presented at this committee.</b></p> <p>The committee approved the Business Case.</p>	ALL
7	<p><b>Heathlands MoU</b>  The Mou is an agreement with BE CCG and Bracknell Forest Council to develop a system owned Care home facility.  Concerns were raised around previous services that lacked nursing support; Frimley will provide the clinical support to the site.</p> <p>It was suggested to implement a communication and engagement plan at the earliest convenience to gain public support.</p> <p>Discussions took place around the finances and it was noted that a capital bid will reduce bed cost, if this is not achieved the CCG will try to achieve</p>	

	<p>capitalised costing.</p> <p>Concerns were raised over the governance of commissioning beds to a particular provider, this option is not available to all providers; this scenario is different as the CCG will have control over the service delivery.</p> <p>It was suggested to bring back a Business Case to highlight the financial commitments.</p> <p>The committee approved the proposal.</p>	
<b>8</b>	<p><b>Community Paediatric Hotline</b></p> <p>The committee were informed this is a case for change to manage the increased paediatric attendance in A&amp;E.</p> <p>The Trust have informed the CCG the current 1 hour hotline is being used and would like the CCG to fund a consultant full time, costing £130k.</p> <p>Concerns were raised over the location of the service and the Bracknell &amp; Ascot patients who do not access Wexham Park hospital.</p> <p>Concerns were raised over the current hotline with GP's experiencing poor advice. It was felt in Slough the service works well and helps to avoid admissions to A&amp;E.</p> <p>The committee members confirmed no individual was conflicted on this item.</p> <p>The committee agreed the proposal in principle with the following points for consideration:</p> <ul style="list-style-type: none"> <li>• Location of the service</li> </ul> <p><b>ACTION: Provide a one page design principle to take to the Joint Commissioning Forum for agreement.</b></p>	<b>RW</b>
<b>9</b>	<p><b>Ambulatory Care update</b></p> <p>FSB informed the committee at present there is a unit at both Wexham park hospital and Frimley hospital, the CCG and would like to extend the access to the service to evenings and weekends, to fit with the national best practice model.</p> <p>There is support from the trust to extend the access and would like this to be carried out across the 5 CCGs.</p> <p>It was noted the delays are between the 5 commissioning CCGs rather than with the Trust.</p> <p><b>ACTION: To escalate the delay at System Leaders to ensure a decision is met in time for the winter resilience.</b></p>	<b>JL</b>
<b>10</b>	<p><b>Extended Scope Physio in General Practice</b></p> <p>The committee were informed the AWP contract is with Berkshire Health Care Foundation Trust which expired in April 2017.</p> <p>At present there is not a Business Case, a new model is being worked up in line with finances and will be brought back to the committee.</p>	

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	<p>It was noted the contract has been extended to October 2017 under the same terms and conditions, moving towards a block contract.</p> <p><b>ACTION: To check the MSK referral access for each locality.</b></p>	<p><b>SS</b></p>
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**Next meeting:  
Thursday 21<sup>st</sup> September 2017  
Board Room, King Edward VII Hospital, St Leonards Road, Windsor, SL4 3DP**

**FINAL**