

Finance & QIPP Part 1 Meeting Minutes - Final
Friday 26th October 08:30 – 10:30
King Edward VII Hospital, Boardroom

Present	Initials	Job Title & Organisation
Fiona Slevin-Brown	FSB	Director of Strategy & Operations – East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance – East Berkshire CCG
Catriona Khetyar	CK	Head of Medicines Optimisation – East Berkshire CCG
Jennie Ford	JF	Practice Manager – B&A Locality
Jonathan Pettit	JP	Head of Financial Management & Reporting – East Berkshire CCG
Iain McKenzie	IMcK	Interim Lead Contracts Manager – CSU
Zara Devine	ZD	Business Manager Strategy & Operations- East Berkshire CCG
Mike Hoskin	MH	Governing Body Member – Slough Locality
Arthur Ferry	AF	Governing Body Lay Member – East Berkshire CCG
Apologies:		
Sarah Bellars	SB	Director of Nursing & Quality – East Berkshire CCG
Ian Murdock	IM	Associate Director of Contracting & Performance- East Berkshire CCG
Alan Mackay	AM	Practice Manager – WAM Locality
Mark Dillon	MD	Deputy Director of Provider Management - CSU
William Tong	WT	Clinical Chair – East Berkshire CCG

Item No	Item	Action
1	Welcome and Apologies	
	Chair welcomed members. Apologies listed above. CK attended in SB’s absence.	
2	Declarations of interest	
	No new declarations or conflicts of interest declared.	
3	Notice of Any Other Business	
	ToR for approval.	
4	Minutes of the Last Meeting held on 28th September 2018	
	Minutes accepted.	
5	Action Log	
	The action log was updated with the following actions closed: 149 169 184 186 188 189	
6	QIPP Report	
	Month 6 QIPP Report FSB updated the committee the total QIPP plan for 18/19 is c£13.8m to be delivered over 35 schemes. The year to date performance is 68% of the plan with the full year forecast at 80% with a decrease of c£200k. It was highlighted the AIRS service has seen a positive impact with a reduction in non-electives. The Paediatric Hotline is beginning to have an impact on non-elective activity; this could result in an increase in outpatient activity due to consultants booking paediatric appointments in	

	<p>There has been improvement in the quality of care and reduction in incidents. The team have been looking at waste to ensure efficiency for the practices and community pharmacists. It was suggested for CK to speak with Jonathan Sly on ICDM and pharmacy input and what resource is needed for the frailty cohort.</p> <p>High Cost Drugs- Blueteq Surrey are leading on moving Blueteq across the ICS to gain a better offer, NEHF CCG are not using Blueteq. Concerns were raised over stock piling drugs ahead of Brexit and what advice NHSE have given to mitigate this risk. The CCG will need to plan for the increased costs of drugs ahead of Brexit. ACTION: CK to ask for guidance on risk mitigation from the regional NHS Pharmacy team, DF to request guidance from the regional finance team and log this risk for the planning process.</p> <p>Stoma Prescribing There is an increase in spend that will require a deep dive with the clinical team. There is an issue with viewing who has prescribed from the acute trusts, E-prescribing will be rolled out at Frimley Park then Wexham. Concerns arose over the suggestion of a single prescribing pad is used on the ward which could be a clinical risk.</p> <p>Items not for routine prescribing There has been good engagement from Primary Care, the team have been to all practice's however there are some practices in East Berkshire that have not complied. This issue should be taken to the locality PRG meetings.</p> <p>OptimiseRX prescribing decision support software This has had good acceptance rates from practices and looking at sharing across the ICS. There are various practices that are outliers on spend per weighted population, Tim Langram is exploring this.</p> <p>Cedars Surgery and Great Hollands have seen good results; it was suggested to provide more education to those practices struggling. The community pharmacists have received all the material however a large proportion of the community pharmacists are locums and do not want the clinical responsibility therefore refer patients back to the GP.</p> <p>Antibiotics Quality Premium: Trimethoprim On target to achieve the reduction in prescribing Trimethoprim across NEHF Surrey Heath and East Berkshire CCG.</p> <p>Diabetes Medication Tim is working with Sangeeta Saran to obtain more data, the team are working with practice to go through the audits.</p> <p>Over the Counter Policy Over the counter policy has been well supported and Primary Care is on target.</p>	<p>CK/DF</p>
<p>8</p>	<p>Provider Performance Month 5 Report</p> <p>The ICS is forecasting an overspend of c£10m for year end. The ICS have agreed a contract value for Bucks CCG, which is planned to be signed off w/c 29th October 2018.</p>	

	<p><u>Frimley</u> There is an early warning report for month 6 demonstrating November should be good for cost and activity however there is a drop in non-electives for Wexham. The working day 5 report is a high level report looking at A&E, non-elective, elective and outpatients. The IR allocation is still outstanding and need sign off, NEHF have taken a lead to get it signed off in November 2018.</p> <p><u>RBH</u> A&E was over performing in A&E for Month 6 which could be a coding issue.</p> <p><u>Berkshire Health Care</u> Over performing year to date with critical care stabilised. In non-elective have seen an increase in stroke due to complexity not additional cases.</p> <p><u>Oxford</u> There has been no bone marrow transfer in Oxford since Month 4 IMCK to chase this as awaiting feedback as this is the same across the ICS.</p> <p><u>Ashford & St Peters</u> An overspend on elective and ambulatory care, which is being monitored. The block offer from A&SP Bradley unit was discussed and clarification was provided that the Block value for this Unit is reset each year based on the previous year's usage, on this basis it was therefore agreed that the offer from A&SP could be accepted.</p> <p><u>Independent Sector</u> Still underperforming in Month 5.</p> <p>Concerns were raised over the spike in month 4 data this year in comparison to last year where the spike was seen in months 1 & 2 due to the winter pressures. This spike is due to the additional weekend work this should level out by Christmas. Winter pressure will need to be modelled in.</p> <p>Urgent care contracts have been extended to 2020 the document will need to be updated to reflect this change.</p> <p>ACTION:- The PPM report to be corrected to reflect the Urgent care contracts have been extended to 2020.</p>	<p>IMcK</p>
9	<p>Finance update Month 6</p>	
	<p><u>East Berkshire Month 6 Report</u> The CCG are on target to achieve the surplus in line with the plan, the Mental Health placements are showing adverse movement due to a back payment for an individual LD patient, the CCG have agreed they were liable for the costs of c£200k.</p> <p>It was highlighted within the report the CCG have planned reserves of c£11m with c£700k in uncommitted spend and c£6.225m in committed spend. It was noted a large amount is transformational money which goes to Frimley and is not under control of the CCG. It was suggested to categorise this spend and separate into system money and CCG money, as Month 7 shows an increase in the reserve figure which could be misinterpreted as an improved position for the CCG.</p>	

	<p>Concerns arose on using non recurrent funds to cover recurrent spend which will need to be allocated for 19/20. It was suggested to bring back to the committee a full list of non-recurrent spend with narrative to plan for 19/20, it was also noted that mental health is sitting in non-recurrent, the CCG will be expected to pick up those cost in 19/20.</p> <p>ACTION: JP DF FSB do a deep dive on underlying non recurrent items covered in position within the CCG for Novembers meeting with estimated end of year position.</p> <p>DF and FSB to present to the committee what was funded in 18/19 via transformational money and will need to be picked up as core funding by the CCG in 19/20.</p> <p>ICDM was funded via transformational money for 2years however the project started late in 18/19 therefore should be funded part way into 20/21.</p> <p>ACTION: FSB and DF to explore and confirm the funding timelines and ownership for the ICDM and Neurology projects.</p> <p><u>19/20 Financial Bridge</u> The planning guidance has not yet be released, the CCG are working on a plan with internal assumptions with local input until the guidance is released. The ICS will be looking at the CIP/QIPP, it was suggested to bring back the draft plan to Novembers meeting.</p> <p>ACTION: November’s agenda to have Financial Deep Dive and the first draft planning assumptions with non-recurrent services to understand the financial impact to the CCG.</p>	<p>DF/FSB</p> <p>DF/FSB</p> <p>DF/FSB</p> <p>IM/DF</p>
10	QIPP & Performance Review Group	
	<p><u>Bracknell & Ascot</u> The members have requested for month in arrears figures to ensure discussions can be taken back to the practice. There will be a deep dive into cardiology and EMT at the members meeting; it was suggested for the commissioning lead to attend to help answer any questions. FSB suggested the commissioning team to explore Dr Koefmans data.</p> <p>ACTION: SS to explore the EMT data and send on to the PRG chairs.</p> <p><u>Paediatric Hotline</u> It was noted Bracknell & Ascot have not seen any movement from last year which could be a coding issue. It was noted Frimley North are paid via a block contract for the calls and therefore should be no extra charge to the practices.</p> <p><u>Slough</u> MH informed the Joint PRG was productive. There were issues with the delivery of flu vaccine in 3 batches and demand, practices successfully managed this. Communications were circulated to practices to confirm no pork DNA was used in the flu vaccine however there has been no official confirmation from Public Health England. Langley practice compiled a letter and shared with GP’s to help patients to make an informed decision after seeking advice from a mosque who were in support of the flu vaccine if it was advised by the GP.</p> <p>Kumar Medical Centre and Manor Park Centre have a below average for prescribing diabetes medication as they are using dietary interventions. The practices have been asked to carry out a deep dive into the data to see how they compare with other areas. A Reading GP has seen diabetics go into remission after losing c15kg following low carb and low calorie diets which is comparable to national data.</p>	<p>SS</p>

