NHS
East Berkshire
Clinical Commissioning Group

Business Planning & Clinical Commissioning

Thursday 20th November 2018
9:30am -11:30am
King Edward Hospital, St Leonards Road, Windsor, SL4 3DP
Chair – Fiona Slevin-Brown

Present:	**Initials**	**Job Title & Organisation**
Lalitha Iyer	LI	Medical Director, EB CCG
William Tong	WT	Clinical Chair, EB CCG
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, EB CCG
Sarah Bellars	SB	Director of Nursing & Quality, EB CCG
Huw Thomas	HT	GP & GB Member EB CCG
Debbie Fraser	DF	Deputy Director of Finance, EB CCG
Jackie McGlynn	JMG	Locality Lead for B&A, EB CCG
Catriona Khetyar	CK	Head of Medicine Optimisation, EB CCG
Nithya Nanda	NN	GP, GB Member, EB CCG
Mike Connolly	MC	Lay PPI for Slough, EB CCG
Helen Single	HS	AD of Strategy & Operations & Bracknell, EB CCG
In Attendance:		
Zara Devine	ZD	PA- Director of Strategy & Operations & Director of Nursing
Sangeeta Saran	SS	AD of Planned Care & Slough, EB CCG
Sameera Malik	SM	Commissioning Manager Planned Care, EB CCG
Janette Fullwood	JF	Head of Children's Young People and Families, EB CCG
Claire Nolfok	CN	Senior Commissioning Manager, Surrey Heath CCG
Apologies:		
Jim O'Donnell	JOD	Locality Lead for Slough, EB CCG

Agenda Item	**Item**	**Action Owner**
	Introduction	
1	**Welcome and Apologies**	
2	**Conflicts of Interest**	
	All GP's were conflicted on item 6 NN was conflicted on item 8	
3	**Minutes of the last meeting**	
	The Minutes of the previous meeting held on 18th October 2018 were agreed as an accurate record.	
4	**Action Log**	
	The action log was updated accordingly.	
5	**CYP LTP Quarterly Report**	
	The Joint Commissioning Board for CYP is a delegated meeting of Business Planning and Clinical Commissioning; a quarterly report is required back to the committee on decisions made. There have been no formal decisions made by the board during 18/19 to report back on. JF summarised the progression of the Joint Commissioning Board for CYP	

	noting it is still evolving with various workstreams reporting in. It was suggested for the committee to understand the purpose of the Board and direction of travel; JF to write up the priorities, purpose and next years plans to present to the committee. **ACTION: To write up the priorities and plans of the Joint Commissioning Board for CYP and circulate to the committee.** JF summarised the presentation and noted feedback from NHSE, the CCG are behind in comparison to other areas. Within the plan the CCG have written a statement in collaboration with the Directors of children services for the 3 local authorities. The previous plan had 9 outcomes with little evidence; the new plan consists of 4 outcomes with deliverables which are aligned with other local authorities. The links into education are improving with heads of schools being key stakeholders. **ACTION: The CYP Plan to be presented at January's meeting.** There is an agreement with local authorities to explore extending section 75, each local authority have been funding different amounts. FSB noted there could be funds available from BCF for CYP physical health where this supports achievements of BCf indicators for example non elective admissions. **ACTION: JF to seek support from FSB and DF on funding options and applications from BCF budgets for Section 75.** The CCG are committed to investing in early intervention, it was noted for 19/20 values for CYP Transformation are being developed. The range and model of prevention and early intervention services needs reviewing as these are currently fragmented. Concerns were raised over the lack of weekend services available for children who self-harm with GP's reporting a lack of access to CRISIS service, and have been advised to direct parents to take children to A&E. JF informed a deep dive into inappropriate referrals of CAMHS is needed to define the services required.	**JF** **JF** **JF**
5.1	**Funding for Waiting List Initiative Specialist CAMHS**	
	JF summarised the initiative will be funded from underspend from the local transformation plans. Potential providers will be challenged to demonstrate they can address the back log of assessments by March 2019. The assessments will be done via a skype, Berkshire Health Care use Healios, and can complete 53 assessments across East Berkshire however the waiting list total of children over the 52 weeks is 161. The committee asked for assurance from Healios that funding £128k would cover all of the assessments of the 161 children over the 52 week waiting list. This project will be a pilot, testing a different way of working. Clarification is needed on the number of assessments that will be completed from the waiting list, along with the inclusion of children who are on the border of breaching the 52 week wait; it was suggested to include children who have been on the waiting list for 10monts or more. JF informed the committee other CCGs have used Healios and Katie Simpson is	

	satisfied with the clinical model. Concerns were raised over the impact to other services after the assessments have been completed, along with the impact on primary care services. FSB highlighted a number of the children on the waiting list will not require access to secondary care services, Healios will assess the children and identify the services they need to access which could be the voluntary sector such as the Autism Society. It was noted the CCG commissioning voluntary sector services and information flyers for parents. **ACTION: Have a clear pathway defined for both children who have a need for an onward referral and those who do not.** **ACTION: JF circulate the information flyer to Practice Managers and include in the CCG bulletin for general practice.** JF confirmed not all of the underspend will be allocated to the pilot, c£100k will be held in reserves. The committee approve the pilot with the following recommendations: 1. Confirmation from Healios they will carry out assessments on the total breached cases of 161. 2. Promote what services are available to GP's to help navigate parents and children. 3. BHFT and Healios to track patients after the assessment to understand what the recommendation was and who needed a referral. JF informed after the CPE triage appointment c70% of children need a referral. <u>Band 5 Nurse</u> Discussions took place around the band 5 nurse FTC for 12months as a transition to provide additional capacity whilst the CCG explore the shared care options within primary care. The committee asked for JF to propose a HCA on a 6months FTC to carry out the 6month review clinics for height weight and BP. The trust would then need to pick up the business as usual cost after 6motnhs. <u>Helpline/duty support</u> The committee agreed this would need to be an experience clinician and not an agency staff member due to needing a local knowledge of the area to better inform and navigate parents and professionals. The committee agree to the following recommendations: • ADHD pathway provided 161 cases are completed along with cases that have been on the waiting list for 10 months or over. • Joint Autism and ADHD Assessment • Admin support • Helpline/ duty support provided they are experienced clinicians and not agency staff. • Support a HCA for 6 months FTC **ACTION: JF to provide an update to the committee in January on the wait**	**JF** **JF** **JF**

	list initiative for CAMHS.	
6	**Gynaecology Strategy**	
	LI noted all GP's were conflicted as a decision would have an impact on practices. LI introduced the item highlighting Bracknell & Ascot and Slough have the 4th highest referral rate spending c£6m on referrals a year. There are women within the community who are being missed for Mirena Coil fittings in primary care and have to be seen in secondary care resulting in additional charges to the CCG. There are a range of practices within East Berkshire who have GP's with specialist interest in Gynaecology and can treat these patients and reduce the referral rates. The purpose of this proposal is to upskill GP's and nurses in each practice to be able to carry out minor procedures. This was piloted in 3 Slough practices and saw a reduction in referrals of 10%. Phase 1 • Triage service led by experienced GP's Phase 2 • Commission LCS It was noted negotiations will need to be taken to PCCIC or PCOG for the LCS in February 2019 with a details paper to BP&CC in March 2019. LI has had discussions with Frimley who have confirmed higher spend is from East Berkshire patients, NEH&F CCG have an LCS in place for minor procedures. The committee agreed to support the proposal and agree to move towards phase 1 requesting a business case to be compiled with alignment across the ICS. It was noted the committee are not approving the Gynaecology Business Case at this stage. It was suggested for the finance team to write a brief on the benefits to the system and savings to the trust if East Berkshire were to commission the service. **ACTION: Gynaecology Business Case in January for an update with system benefits.** On page 6 the total referral rate percentage is incorrect for each locality. **ACTION: To amend the outpatient referrals total on page 6 of the gynaecology strategy document.**	**SS** **SM**
7	**EoL update**	
	FSB summarised East Berkshire are in the process of securing an offer for CYP a business case was due this month with a go live date of February 2019 however due to discussions with various partners to ensure the best offer, the go live date will be May 2019. FSB is supportive of this with Jenna Gilkes asking for assurance from the committee the money allocated in the original business case can carried across to 19/20 with a small amount of spend in year. c£37k for 18/19 c£126k for 19/20 c£138k for 20/21. The finance team will need to profile this change into the QIPP plan as an	

	investment only case. The committee agreed the request.	
8	**Cardiology update**	
	FSB summarised there a various cases for recommendation with the following cases needing a decision on East Berkshire investments: • Cardiac Rehab • Arrhythmia A business case has been signed off for anticoagulation to reduce variation as system. The Frimley pharmacist will be recruited to work in practices who are under 90%. It was noted hospital pharmacists will be used as they are the most senior pharmacists, due to concerns over the skill mix of pharmacists in certain areas. NN disagreed and suggested utilising the networks as hospital pharmacist do not have an understanding of primary care working and felt primary care pharmacist were better. WT also agreed with this statement and raised concerns over creating an additional workforce. SS noted this has been approved by the Reducing Variation workstream and has been funded by the system transformation funding. At the time of planning this Primary Care Networks were not formed. **<u>Arrhythmia Business Case</u>** East Berkshire has seen an increase of 10% in outpatient appointments. The request is for equipment across the system with East Berkshire non recurrent investment of c£27k. Queries arouse around the service and up keep cost implication of the equipment CN informed there is a 2 year warranty on the equipment, it was raised again what the maintenance cost would be. **ACTION**: **CN to confirm if there are maintenance fees associated with the equipment for East Berkshire and report back.** There will be 16 devices that are to be distributed to the areas with the most activity. Despite having a service in the North it was reported this is where the most activity is. There are individual practices with high usage; it was suggested to remove this service from ICE to manage those practices. Clinicians were satisfied with a 2 week turnaround on results. **ACTION: SS to map out the activity in East Berkshire.** CN confirmed there will be no additional cost to provide the service, as existing staff paid via a block contract will provide this service. The committee supported this proposal and noted it is non-recurrent spend. **<u>Cardiac Rehab</u>** SS informed the committee there is no service for East Berkshire patients in the south. The PRB model in the north is charged at best practice tariff. It was highlighted since the paper was submitted demonstrating a c£236k gap, Frimley have revisited the figures with a baseline of £83k by reducing direct	**CN** **SS**

	costs. This is a quality gain not a QIPP. The assumption is the CCG will not be charged at best practice tariff on top of the service charge. The service will cover c700 patients the original business case was to cover 450 patients. Concerns over the time take to deliver the service, the original business case was approved in 2016, it was noted the delay was due to a changes in leadership for the cardiology programme and trust leadership. The committee approved the case subject to Frimley confirming the additional cost is £83k and not £236k; the CCG would not be able to support recurrent investment of £236k. The committee would like to see an integrated model for respiratory and cardiology. DF will need to review the figures and have sight of the other cardiology QIPP investments from East Berkshire. **ACTION: SS to formulate a table to demonstrate the QIPP from other cardiology services can be offset to cover the Cardiac Rehab costs and send to DF.** The committee agree to support the Cardiac Rehab proposal subject to the trust confirming the investment is £83k. The chair summarised the agreements: • Hotler funding of £27k with actions on longer term commissioning. • Cardiac Rehab – an additional investment of £83k subject to QIPP table being approved by DF Concerns were raised on the investments of c£160k for 18months for pharmacists, as it was felt this was not money well spent. **ACTION: CN to feed back into the RV workstream the comments made by clinicians on the AF Business Case.**	**SS** **CN**
9	**Approved Minutes Reducing Variation Group**	
	For noting	
10	**Freestyle Libre Position Statement**	
	FSB informed the committee NSHE have made a national decision and proposal with an implementation time line of April 2019. No objections were made and the committee were asked to note the additional expenditure of c£255k. It is not clear if there will be national investment to support this.	
	ICS CYP Proposal Paper FSB informed the committee the first meeting has taken place with priorities set. Other areas are supportive of the system wide approach to education and promoting healthy lifestyle choices for CYP and families. FSB has asked Public Health for advice on how to do this successfully across the ICS foot print.	

	AoB Concerns were raised over the time allocated to the meetings to ensure there is enough time for discussion on each item, it was agreed the next meeting will take place in January and will be extended to 3hours.	

Next meeting:
Tuesday 18th January 9am-12pm
Room2, King Edward Hospital, St Leonards Road, SL4 3DP