



Business Planning & Clinical Commissioning
Tuesday 18th June 2019
9:30am -11:30am
King Edward Hospital, St Leonards Road, Windsor, SL4 3DP
Chair – Fiona Slevin-Brown

Present:	Initials	Job Title & Organisation
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, EB CCG
Catriona Khetyar	CK	Head of Medicines Optimisation
Jackie McGlynn	JMG	Locality Lead for B&A, EB CCG
William Tong	WT	Clinical Chair, EB CCG
Azma Ali	AA	GP, GB Member, EB CCG
Mike Connolly	MC	Lay PPI for Slough, EB CCG
In Attendance:		
Zara Devine	ZD	PA- Director of Strategy & Operations & Director of Nursing
Janette Fullwood	JF	Head of Children's & Families, EB CCG
Sangeeta Saran	SS	AD of Planned Care, EB CCG
Apologies:		
Jim O'Donnell	JOD	Locality Lead for Slough, EB CCG
Huw Thomas	HT	WAM GB GP, EB CCG
Lalitha Iyer	LI	Medical Director, EB CCG
Sarah Bellars	SB	Director of Nursing & Quality, EB CCG
Nithya Nanda	NN	GP, GB Member, EB CCG
Debbie Fraser	DF	Deputy Director of Finance, EB CCG

Agenda Item	Item	Action Owner
	Introduction	
1	Welcome and Apologies	
2	Conflicts of Interest	
	No new conflicts were recorded.	
3	Minutes of the last meeting	
	The minutes of the last meeting held on 16 th April 2019 were agreed as an accurate record.	
	ACTION: RW to provide an update on the commissioning intentions for Windsar Care Home	RW
4	Action Log	
	The action log was updated accordingly.	
5	LAC Business Case	
	Due to an increase in Looked After Children, there is additional pressure on the team to deliver the initial health assessments; data has informed additional investment of c£30k is needed. JF- made a recommendation to the committee to support the case to allocate additional resources to prevent a breach on Initial Health Assessments timelines	



	<p>for Looked After Children noting this is a statutory requirement from DfE and DfH.</p> <p>ACTION: JF to liaise with Berkshire Healthcare to seek assurance as to how they will manage the respective increase of the Review Assessments for LAC within current resources.</p> <p>Discussion took place around the “was not brought” rate which has been raised as a concern and will be taken to the Joint Commissioning Board in July 2019 for input for the DCS’s.</p> <p>Assurance is needed from Berkshire Healthcare that there will be flexibility on appointment times and locations as this may be a contributing factor to the “was not brought rate”.</p> <p>It was noted Berkshire Healthcare have a “was not brought” policy in which the team actively follow up.</p> <p>Berkshire Healthcare has informed the main reason for “was not brought” is due to a placement change of the young person and the young person declining the appointment.</p> <p>It was suggested the social workers need to be more engaging with the young person to inform them of the benefits to them for attending the appointments and offer encouragement to attend.</p> <p>LI informed the committee the “was not brought” rate was raised in CQC safeguarding visits.</p> <p>JMG raised concerns on the 38% increase of LAC in Bracknell & Ascot. The Local Safeguarding Board monitor LAC numbers etc.</p> <p>ACTION: Debbie Hartrick to provide feedback at the August meeting on the increase in Looked After Children in Bracknell.</p> <p>ACTION: JF to provide a written update on the points raised on the LAC investment regarding review assessments at the August committee.</p> <p>ACTION: JF to bring the commissioning intentions on the CYP Local Transformation Plan spend to the August meeting.</p> <p>The committee approved the additional investment.</p>	<p>JF</p> <p>DH</p> <p>JF</p> <p>JF</p>
<p>6</p>	<p>LCS Amendments</p>	
	<p>FSB summarised the paper was presented to the committee to provide an audit trail of decisions made at BP&CC and PCOG on LCS with financial amendments. A summary of the financial schedule will be circulated to the committee.</p> <p>ACTION: SS to circulate the financial summary for the LCS to the committee.</p> <p>The membership of the LCS Provider Liaison Group that provides advisory guidance on the construction of LCS’s will need to be reviewed in light of the PCN.</p> <p>The Gynaecology Service Spec has not yet been sent, once it has been</p>	<p>SS</p>



	<p>approved by the committee it will be sent to practices, the ICUD has also not been sent. It was noted the ICUD will need to go to 5F for a discussion on the costs. Following recommendation from 5F FSB will take chairs action and provide a written statement to the committee.</p> <p>ACTION: FSB to provide a written statement to the committee on the outcome of the executive discussion on pricing for the Gynaecology service.</p> <p>Concerns were raised over who would carry out the vulva biopsies and it was recommended this will need to be a specialist which is to be included within the service specification.</p> <p>Discussion took place around the training, it was suggested to have a forward timeline for training session that is shared in advance with practitioners to allow sufficient sign up. Gynaecology training has been included in the service spec due to funding allocations. The specific steering groups will plan the training sessions and timelines.</p> <p>The LCS is an invitation for all practices to sign up, not all practices will be able to sign up to all schemes, therefore it is required to be documented the intentions is to seek interest from practice to lead on specific services. For Gynaecology it is asked for qualified trained leads to apply there are 2 tiers the 2nd tier is for GP's interested to apply and offers training and support form consultants. SS confirmed it is clear which tier practices are to sign up to.</p> <p>Concerns were raised over practices who offer coil fitting if those are prevented from fitting them this will cause an increase in capacity to neighbouring practices that have signed up to the LCS. Assurance there will be adequate coverage across the networks to ensure equability and prevent a specialist clinic appointment.</p> <p>Discussions took place around LCS sitting with the PCN to map out site services however it was suggested to keep LCS with individual practice at present. It was noted Primary Care Commissioning Committee are exploring how to commission LCS moving forward.</p> <p>Gynaecology LCS is approved with the exception of IUCD which needed to be discussed at the 5F Executive meeting.</p> <p>Questions</p> <ol style="list-style-type: none"> 1. On near patient testing changes variation out of hydroxichlorine 2. Business case for alternative shared near testing options <p>Guidance has been release that informs GP's no longer need to do the testing, Royal Berkshire will not take on the monitoring, therefore an alternative solution needs to be sought. Frimley are continuing to monitor.</p> <p>SS suggested for Evolutio to triage the service as an interim measure.</p>	<p>FSB</p>
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	<p>The planned care team will need to work through options for the most effective way to carry out the review appointments ensuring General Practice and Acute's are not overloaded ensuring there is no gap in service. This solution needs to be within the budget of £33k if the investment needed is greater a case will need to be presented to BP&CC.</p> <p>West Berkshire patients are seen in the community, and have an offer in place.</p> <p><u>Pre Diabetes</u> Concerns were raised that the LCS is due to expire on 30th September 2019, the preference is to continue the service and extend the LCS to March 2020. The financial implications will need to be taken via PCOG. ACTINO: SS to take the financial implications for extending Pre diabetes LCS to the next PCOG.</p> <p>The committee supported the extension of the Pre Diabetes LCS for a further 6months to allow ICS level discussion. This programme is part of the Prevention and wellbeing strategy across the ICS.</p> <p><u>Cardiology</u> Are ICS led projects, DF to confirm the financials in the plan.</p> <p>The Anticoagulation offer has been changed as per the recommendations from the committee previously however the budget and outcomes remain the same.</p> <p>The committee approved all of the LCS amendments presented and authorised all to be sent to practices.</p> <p>The committee approved the following:</p> <ul style="list-style-type: none"> • Gynaecology LCS • Extending the pre diabetes LCS to March 2020, with a financial statement being brought back for information. • Ophthalmology – team to find an alternative solution for drug monitoring, a case will be required for approval if the solution is outside of the c£33k budget. 	<p>SS</p>
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**Next meeting:
 Tuesday 20th August, 2019 9:30 -11:30am
 Board Room, King Edward Hospital, St Leonards Road, SL4 3DP**