



**FINAL Minutes of Finance & QIPP Meeting
Part I**

**23rd July 2019, 08:30 – 10:30
King Edward VII Hospital, Board Room**

Chair – Dr William Tong

Present	Initials	Job Title & Organisation
Dr William Tong	WT	Clinical Chair – East Berkshire CCG (Chair)
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Iain McKenzie	IMcK	Interim Lead Contracts Manager, CSU
Ian Murdock	IM	Associate Director of Contracting & Performance, East Berkshire CCG
Jennie Ford	JF	Practice Manager, B&A Locality
Alan Mackay	AM	Practice Manager, WAM Locality
Jim O'Donnell	JO	Slough Locality Lead, East Berkshire CCG
Nooshin Khan	NK	QIPP and Performance Programme Manager
Angela Woolman	AW	PA / Minutes
Apologies:		
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, East Berkshire CCG
Jackie McGlynn	JM	GP Governing Body Member, B&A Locality
Mike Hoskin	MH	GP Governing Body Member, Slough Locality
Jonathan Pettit	JP	Head of Financial Management & Reporting, East Berkshire CCG
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG

Item No	Item	Action
1.	Welcome and Apologies.	
	The Chair welcomed members to the meeting and apologies were noted as above.	
2.	Conflicts / Declarations of interest	
	There were no declarations of interest noted.	
3.	Notice of Any Other Business.	
	There were no items of any other business noted.	
4.	Minutes of the Last Meeting held on 25th June 2019	
	Minutes for meeting held on 25 th June 2019 were approved.	
	Action: E mails to be sent to absentees to gain approval of previous minutes.	AW
	WT referred to page 6 of the minutes and the ICDM Frailty Service – a point was raised at Members Meeting at WAM and Bracknell. BHFT did not attend Slough meeting. Not sited on BHFT service which included beds, did we commission the service. It was thought that beds were not commissioned	
5.	Action Log.	
	The Action Log was reviewed and outstanding actions were updated or closed.	
	Actions 240, 251 & 252 were closed.	



6.	Finance Report	
	<p><u>2019/20 – Month 3 Report</u></p> <p>DF outlined the current pressures the CCG are facing. MH/LD placements have moved £136k adversely, and ambulance cost pressures have increased by £137k.</p> <p>The position has been mitigated by a favourable position on Corporate costs £184k and further non recurrent benefits £120k. From the Corporate position, £100k relates to non-recurrent benefits from the prior year and £84k relates to the release of in year surplus budget.</p> <p>Other key risks to the forecast position currently are:</p> <ul style="list-style-type: none">• Frimley contract – IR and PEL (Provider Eligibility List) £580k (allocation anticipated)• London contract– IR and PEL (Provider Eligibility List) £430k (activity reduction anticipated)• Royal Berkshire contract – High cost drugs for ophthalmology.• Further growth in Mental Health placements• Continuing care costs• Prescribing costs• QIPP slippage <p>The 5 year plan is coming in September; guidance has been received and is currently being reviewed.</p> <p>Better Care Fund (BCF) – DF reported that the figures have just been released with a query around the figures which will potentially be a cost pressure. There was a discussion regarding this and if this was having a similar effect on other CCG's. A further update will be brought to next month's meeting following some further investigations.</p> <p>Increase in ambulance costs was partly due to the use of private ambulances and some patients who are taken to other sites such as Reading e.g. bariatric patients who are not accommodated at the satellite clinics.</p> <p><u>6.1 ICS Finance Update</u></p> <p>DF gave a brief update with ICS Finance Month 2. Summary included:</p> <ul style="list-style-type: none">• A revised reporting format which has been agreed at the Finance Reference Group and with a focus on the costs incurred by the System rather than the transfer of funding between Providers within the System.• Risks across the system have been identified and total £20.2m with £10.8m mitigations available. Majority of the risk identified is within the Acute segment, a net risk of £9.4m across the system.• Pages 4/5 focus on the organisational performance. <p>There was a conversation regarding contributions from Local Authorities (LAs) in regard to budget lines.</p> <p>There are IR pressures in the Acute, London and Provider Eligibility Lists at ICS level.</p>	



	<p>The IR PEL for Frimley is aligned on finance but now reviewing the activity behind the finance. Once the validation is concluded it is thought the finance and activity will align. St Georges are doing a Year on Year analysis of the IR changes to demonstrate the expected shift in activity and have currently reported underperformance YTD against the agreed plan.</p> <p>WT referred to the Continuing Care Services slide and Hampshire CHC reporting forecast of £1m overspend at M2, early in the year. It was recognised as a risk but has been mitigated.</p> <p><u>6.2 Procurement Log</u></p> <p>IM presented the Procurement Log which details contracts with expiry dates up to March 2021 and where contracts do not automatically roll over. The Procurement Log generally consists of smaller contracts with fixed expiry dates and some have an option to extend.</p> <p>Each contract has a lead manager who has responsibility to ensure that there are discussions with Procurement to discuss options in moving forward with the contracts and the provision of services. Discussion will also be required with the PCNs.</p> <p>CYP- These are largely with voluntary sector organisations where expired contracts are in place and the CCG is working on an implied basis pending decision on STWs.</p> <p>EOL – currently a grant agreement and the CCG will be going out to tender for a single contract which will incorporate the current grant agreement and phone services.</p> <p>IM confirmed that the Procurement Register is presented to Audit Committee and Finance & QIPP meetings to give assurance that plans are in place and to give full sight of the contracts and expiry dates.</p> <p>JO questioned if the contract for Ophthalmology had changed from Evolutio as he had received feedback that the provider was referring patients back to the GP to be re-referred to the Acute for cataract removal.</p> <p>Action: IM to follow up and check if there is a change in provider or name change with Company House.</p>	<p>IM</p>
7.	Provider Performance Report	
	<p>IMcK briefly reported on the M2 performance, advising that the Indicative Activity Plans for 2019/20 are yet to be finalised and therefore are not included in the report. It is expected that plans will be incorporated over the next quarter.</p> <p><u>Frimley Health</u></p> <ul style="list-style-type: none"> • Most activity is in line with M1. It is noted that A&E for M2 YTD is lower than M2 18/19, as is Non Elective (NEL). • Risks include coding within A&E; a system fix has been agreed. Refer to Treatment increase, a referral analysis is underway and the Trust has an action plan. It is not yet clear if this is an increase in demand. • NELs – not seeing the switch from +1 length of stay to 0 length of stay; overall total is generally in line with plan. 	



	<ul style="list-style-type: none"> • Electives – increase is fairly steady in last 3 months. An analysis is underway to understand if this is an increase in referrals or a change in performance • IMcK stated that both North and South patches had seen increases in referrals for some specialities including Derm and Thoracic. <p>There were concerns raised with regards to Ambulatory Care and coding of the activity, e.g. patients who are asked to return a day or two later were coded as elective activity.</p> <p><u>Royal Berkshire</u></p> <ul style="list-style-type: none"> • Overperformance in M2 of £147k. One patient with costs of £89k is under query with the Trust and this will be formally disputed in M2 challenges. <p><u>Oxford University</u></p> <ul style="list-style-type: none"> • An overspend of £34k at M2 compared to overspend of £12k last month. • The major change in overperformance is due to 1 critical care patient. <p><u>Buckinghamshire Healthcare</u></p> <ul style="list-style-type: none"> • Bucks has a continued underspend against plan in M2. • Best Practice tariff charge of £26k is being queried by the Trust requiring back up information. <p><u>Ashford & St Peter's</u></p> <ul style="list-style-type: none"> • ASPH has a continued underspend against plan in M2 • It is reported that there is much less critical care, daycases and elective activity than prior year. <p><u>7.1 Review of other HASUs (Hyper Acute Support Units) coding and activity</u></p> <p>IMcK reported back to the committee with regards to the activity of other HASUs based on the two most complex HRGs. Looking at Bucks and Royal Berkshire Hospital acuity, the 2 most acute HRGs is approximately 30% of their overall mix. An analysis of how the patients are presenting to the two units was inconclusive. It was noted that Bucks patients are more acute and with the assumption that they are transferred in by ambulance. In Frimley the 2 most acute HRGs are around 15%; they have higher but less acute attendance.</p> <p>It was felt that there is a material increase in the numbers going to Bucks and not Royal Berks but both units have seen an increase in the acuity of patients.</p> <p>JO felt that there is likely to have been a coding change rather than clinical change. Albeit small numbers, it was agreed that an audit would be appropriate in order to validate the coding.</p> <p>Action: IMCK to undertake an audit and liaise with JM to review the acuity</p>	<p>IMcK</p>
<p>8.</p>	<p>QIPP Report 2019/20</p>	
	<p>NK reported on M3 QIPP schemes, summarising the current status.</p>	



<p>Berkshire has increased by 45% and continues on an upwards trend.</p> <p>Area of concern still remains to be Frailty Liaison Service, the (before and after) length of stay comparison has not shown the reduction in the hospital days, something that will be closely monitored on a monthly basis.</p> <p><u>Biosimilars</u> No data available yet. It is anticipated that the scheme will achieve the QIPP savings. Early forecasts indicate 70% currently.</p> <p><u>Optimise Rx</u> No data available, however M1 prescribing data is very promising with a forecast of achieving 188% of the FY target.</p> <p><u>Diabetes Prescribing</u> The full year projection has dropped from 100% to 84%, a drop of 16%. There is significant savings of (£35k) in M1 but this is not enough to achieve the QIPP target in the first month. The team is confident that this should not be a problem and gradually will achieve more savings. JO requested if there is a breakdown of data for each practice to be shared at each PRG. Action: NK to liaise with TL to request that the data by individual practice is shared with the PRGs</p> <p><u>Gastro</u> There is a drop of 12% and are expecting an achievement of 88% of the FY plan.</p> <p>Inflammatory Bowel Disease (IBD) - all posts now appointed to. (Wexham Park) IBD nurse started early July and both coordinators are now in post.</p> <p>Virtual clinics seeing 10 patients per month at Frimley Park but the team are optimistic the uptake will improve in the coming months.</p> <p>Irritable Bowel Syndrome (IBS) - 24 patients have contacted the dieticians for the webinar link.</p> <p>A high number of referrals in GI has been noted in Apr 19. The team is now going to meet with the higher referring GP practices to understand this increase and see how they can help.</p> <p>Action: NK to liaise with JL to ensure outcomes of the visits to GP Practices are shared with PRGs.</p> <p><u>Gynaecology</u> NK reported 68% achievement on the FY plan, down from 84% on the previous month although this was not based on robust data. The team has been invited in Nov 2019 to attend the F&Q meeting for a deep dive.</p> <p>The latest data confirms that the demand is increasing in Gynaecology. A closer look at Gynaecology Day case, Elective, Outpatient First and Follow-up activity shows an</p>	<p>NK</p> <p>NK</p>
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<p>increase of 10% in one month (Apr 2018 compared to Apr 2019). The Triage service has not yet been established, with IT Infrastructure being one of the main issues. It has not been confirmed who will host the Triage Service in East Berkshire.</p> <p>The committee requested that Gynae & Derm bring a Deep Dive report to Finance & QIPP in August or September.</p> <p>Action: NK to advise project leads and Lalitha Iyer and invite to August or September's meeting.</p> <p><u>Dermatology</u></p> <p>This scheme has dropped from 100% to 75% FY achievement. Dermatology team have been invited in Nov 2019 to attend the F&Q meeting for a deep dive.</p> <p>WAM started with transfer of existing service to the new way of working from May 19. Started in Jun 19, Slough is seeing their own PCN patients only, continuing discussion with other Slough PCNs to deliver service.</p> <p>The 25% drop is considering the following:</p> <ul style="list-style-type: none"> • Sickness of key member of staff who was going to help mobilise Dermatology in B&A • Clinical lead is leaving who would oversee referrals • Impact of Royal Berkshire Hospital routine referral suspension and increased demand into Frimley • Advice and Guidance (A&G) route must be utilised in full <p>Discussions are continuing with B&A to utilise Dermatology Advice & Guidance (A&G) service.</p> <p>Project lead will highlight the above issues in the next PRG meeting to see how to work together in the interim and help with mobilising the service in B&A.</p> <p>It is thought that West Berkshire is referring patients into the service due to the current situation at Royal Berkshire Hospital. JO stated that Slough and WAM data indicates that numbers are quite flat, down by 1 or 2% but the real numbers are down by 36% and being filled with West Berkshire patients who are referred to Wexham Park.</p> <p>JF queried whether B&A were signed up to the Dermatology LCS. It was understood that Dermatology triage service is coming back to practices with the new LCS but this is not yet in operation.</p> <p>Action: NK to check what is happening with regards to B&A Dermatology LCS. Dermatology to come to Finance & QIPP earlier than November.</p> <p><u>8.1 Mental Health Placements Report</u></p> <p>NB attended the meeting and updated the committee with regards to MH placements and with a focus on the aftercare for patients following detention (Section 117 of the Mental Health Act) and the associated costs. Patients are 100% health funded, usually a 50/50 split between the CCG and the Local Authority. There are no time constraints for patients and their aftercare e.g. if a patient was detained two years ago and their</p>	<p>NK</p> <p>NK</p>
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	<p>mental health deteriorated thereafter at any time they would be entitled for funding to be reinstated.</p> <p>NB explained that there are 2 cohorts of patients that are funded, Mental Health (MH) and Learning & Disabilities (LD). NB referred to the total costings based on 2017/18 FY. MH was £4.2m (130/140 people) and LD £2.2m (approximately 30 people). Looking at this year, 2019/20 there is a more even spread with £3.5m on MH and £3.3m for LD. Number of people that is being funded is significantly different as LD patients are more costly due to the complexity of individuals and support needs.</p> <p>There has been a placement review of 98 patients (Mental Health only) by BHFT, November 18 – June 19; planned spend for the year was around £3.6m.</p> <p>Figures are still being reconciled as BHFT declared £750k savings and CCG £500k. Moving forward, there will be:</p> <ul style="list-style-type: none"> • Joint monthly meetings for 19/20 • Ensure robust/reconciled monthly savings • First meeting 30th July - update next Finance & QIPP <p>NB presented a case study.</p> <p>There is a second cohort of 76 adult patients to be reviewed by March 2020. BHFT has advised this will cost approximately £70k and they will continue to review the patients. JO requested that the 76 patients are identified by postcode in order to identify if a specific area requires greater support needs and service requirements.</p>	
9. QIPP and Performance Review Groups		
	<p><u>Windsor & Maidenhead Locality</u> AM reported that the next PRG is 26th July and to date, had not received a data pack. AM highlighted that there were no packs available for last month's meeting although the meeting had been cancelled.</p> <ul style="list-style-type: none"> • Referral LCS review - This is on the PRG agenda for this Friday. • On forthcoming PRG agenda (September) - Deep Dive into Capacity and Demand of Thames Hospice Service at practice level. <p>Action: Data packs for the localities come from Planned Care and Urgent Care directly. IM to follow up the issue as to why WAM did not receive the packs and JF reduced pack.</p> <p><u>Bracknell & Ascot Locality</u></p> <p>JF stated there had not been a good turnout at PRG this month, however were able to focus on looking at the Audit, which had been quite helpful. It was highlighted that there are queries in relation to patients who are discharged after one outpatient appointment – how are they measured and were they appropriate; the audits indicate that if a patient is discharged after one appointment, in most cases, this does not make it inappropriate. JM had stated that it should be returned to QIPP and Finance to be</p>	IM



<p>emphasised and to understand if the wrong outcome measure is being applied.</p> <p>JF agreed that feedback of the audits should be shared with the Practice Managers.</p> <p>JF raised a concern regarding the content of GP Council meetings as it was felt that there is more focus on ICS and CCG conversations rather than the PRG issues.</p> <p>JF reported she had received a reduced data pack for her PRG meeting.</p> <p>Action: PRG chairs to ask the Planned Care Team to consolidate the comments from the audits and share</p> <p><u>Slough Locality</u></p> <p>JO reported Slough has been reviewing a lot of data and the application of the data to the Networks. The GP Patient Survey was also discussed which was found to be useful.</p> <p>Leads continue to visit practices to share information and data including good performance and areas which require improvements.</p> <p>Bowel Screening numbers continue to improve.</p> <p>JO confirmed receipt of Slough data pack.</p>	ALL
Any Other Business	

Meeting Month	Date of Meeting	Room	Time
August 2019	Tuesday 27 th August	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
September 2019	Tuesday 24 th September	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30