



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

**27th August 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
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, East Berkshire CCG
Jonathan Pettit	JP	Head of Financial Management & Reporting, East Berkshire CCG
Iain McKenzie	IMcK	Interim Lead Contracts Manager, CSU
Jackie McGlynn	JM	GP Governing Body Member, B&A Locality
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG
Jennie Ford	JF	Practice Manager, B&A Locality
Mike Hoskin	MH	GP Governing Body Member, Slough Locality
Nooshin Khan	NK	QIPP Delivery Lead
Angela Woolman	AW	PA / Minutes
Apologies:		
Ian Murdock	IM	Associate Director of Contracting & Performance, East Berkshire CCG
Alan Mackay	AM	Practice Manager, WAM Locality
In attendance:		
David Patrick	DP	Frimley BI Programme Director
Julie West	JW	Acting Head of OT, PT, Podiatry and Surgical Appliances (Neurology Deep Dive presentation)
Hasan Ahmed	HA	Project Lead, Neurology QIPP (Neurology Deep Dive presentation)
Lesley Morson	LM	Strategy & Operations Administrator (Observing)

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 23rd July 2019	
	Minutes for meeting held on 23 rd July 2019 were approved. There was a minor amendment to the minutes on page 3, 2 nd paragraph and page 7, 7 th paragraph. They were amended to read: Page 3: “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>Page 7:</p> <p>Discussions are continuing with B&A to utilise the Dermatology Advice & Guidance (A&G) service.</p>	
<p>5.</p>	<p>Action Log.</p>	
	<p>The Action Log was reviewed and outstanding actions were updated or closed.</p> <p>Actions 253, 254, 256, 257, 258, 259, 260, 261, 262, 263 were closed.</p>	
<p>6.</p>	<p>Finance Report</p>	
	<p><u>2019/20 – Month 4 Report</u></p> <p>JP reported a year to date position on plan and with a forecast to meet the planned in-year surplus of £1k.</p> <p>JP stated that the Acute contracts outside the ICS have continued to perform well and ambulance costs have reduced thus the Acute forecast has improved by £420k.</p> <p>There has been further cost pressures absorbed in Mental Health and this is largely from placements cost. MH/LD placements have moved £267k further adverse and MH NCA costs have moved £121k adverse which is mainly attributed to a single invoice for one patient which requires validating.</p> <p>The position has been mitigated by favourable movement with Corporate costs, £83k, taking the forecast variance to £267k.</p> <p>Prescribing costs are favourable year to date and forecast to remain on plan. Continuing care plans are also favourable year to date and the forecast remains on plan.</p> <p>The key risks identified to this 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 • Better Care Fund (BCF) minimum contributions announced for 1819 are higher than the planned contributions by £984k across our 4 BCFs. An anticipated allocation of £480k has been advised to cover the social care contributions subject to assurances being provided to NHSE. The teams are looking at other schemes within the CCGs spend which may meet the BCF requirements which may mitigate the remaining £500k. • Continuing care costs • Prescribing costs • QIPP slippage <p>There was a discussion regarding London Contracts which are potentially a risk; an allocation related to the Provider Eligibility List (PEL) allocation has been taken from our allocation, however there has not been a subsequent reduction in the activity. The</p>	



	<p>CCG is following up with specialist commissioning.</p> <p>AF sought assurance regarding MH placements and if current forecast is adequate for further growth. FSB acknowledged that it can be a challenge and the BHFT team are looking at every individual who is currently placed to ensure that they are in the right accommodation, has the right care plan and at reasonable cost.</p> <p><u>6.1 Primary Care Report</u></p> <p>JP briefly summarised the Month 2 status for the Primary Care Services Commissioning budgets.</p> <p>The month position at month 2 is £79k below plan.</p> <p>Overall the YTD position is a favourable variance of £78k. This is mainly due to the release of prior year GPIT accruals £68k.</p> <p>JP referred to page 7 of the report and the reserves and the business cases/proposals that will be coming later in the year.</p> <p><u>6.2 Frimley RTT Briefing Note & 6.2.1 Investigations Process</u></p> <p>DP presented an overview of his investigations, summarising the challenge, the investigations processes and updated the committee with his progress and findings.</p> <p>Consensus of the committee was that the RTT report is useful and clear, particularly to have sight of system wide data. DP sought endorsement that the report includes data that the committee members would like to see and explained that the report is likely to evolve over time.</p> <p>It was agreed that it would be beneficial for DP to present the report at a joint PRG meeting.</p> <p>Action: MH to liaise with DP and invite to a Joint PRG meeting</p>	<p>MH</p>
7.	Provider Performance Report	
	<p>IMcK summarised the M3 activity from the PPM report.</p> <p>This month the SLAM data did not have the plans in, therefore plans have been applied using equal 1/12ths (straight line) based on full year agreed value to allow for in-month comparison.</p> <p><u>Frimley Health (FH)</u></p> <ul style="list-style-type: none"> • Frimley Health is on plan although there are some pressures in Medicine particularly in the south of the patch and there are A&E pressures on both sites. • Non Elective activity is below last year's average monthly activity (at Freeze). • Accident and Emergency – Below last year's average monthly activity for each month this year. Ongoing issues with Symphony software and coding the correct complexity code. • Uncoded activity has again increased, 3,742 in month – up 50% on M2 	



Royal Berkshire Hospital (RBH)

- Risks and areas of concerns are eye casualty high activity and this is being investigated.
- Planned phasing and this is showing an overspend at yearend. Looking to be on plan at year end after some adjustments.
- There is one patient with high costs in M2 and is being queried by the Trust and possibly attributable to NHSE.

Oxford University Hospital (OUH)

- Clinical Haematology big spend in M2 and M3 this year which has not been seen in previous years. This could be due to IR change
- Slight deterioration in month - mainly due to drugs and devices. The largest increase is Eltrombopag, a drug given to patients with low platelets. This is being looked at to see if there has been a change in identification rules.

Bucks Healthcare

- The main overperformance is emergency excess bed days, 53 days.
- The underspend is driven by NEL activity. There does not appear too much concern with stroke activity although there was one stroke patient with 49 excess bed days who was discharged in M2.

Ashford & St Peters (ASPH)

- There has been an underspend in critical care.
- A&E activity has slightly increased but the bulk of the activity is showing an underspend.
- There is a reduction in elective activity for M3

Berkshire Healthcare

- IMcK reported that the information for Berkshire Healthcare in this month's Provider Performance Report had been extracted from Berkshire Healthcare's Board Report. IMcK requested that committee members review the information and to come back to him should there be any questions.

SCAS

- There is a remedial action plan in place which is being actively monitored and measured. There have been positive improvements in performance.

Independents

IMcK reported that performance is generally good. At M3, the Independent Acute providers collectively are underperforming against plan by - £160k (24%) which is an increased underperformance by £64k since M2. Spire Thames Valley and BMI Princess Margaret Hospital are largely responsible for this position, with underperformance of £58k and £60k respectively.



	<p>WT sought confirmation that at RBH and the underperformance in Lucentis, is due to the drug becoming subject to national prices which came into effect in May 2019. Action: IMcK to confirm that this is due to national pricing</p> <p>WT referred to page 10 of the PPM report to check that the IAPT metrics are being reported. FSB confirmed that the metrics are reported nationally but not reflected in the Provider Performance Report.</p>	<p>IMcK</p>
<p>8.</p>	<p>QIPP Report 2019/20</p>	
	<p>NK gave a summary of M4 QIPP schemes. Using freeze data for April and May, a forecast of 82% meaning we can expect £11,622k net of the full year plan.</p> <p>NK highlighted the change in performance with Gastro compared to last month, a reduction of 11%. NK stated that promoting the scheme is the key focus. The Gastro team feel that the service is ready to use but that many practices are not aware of the new pathway. Information packs are being prepared and sent to relevant practices by mid-August. Advice & Guidance is also being considered at Frimley. The project lead will attend Finance & QIPP meeting in October with a Deep Dive report.</p> <p>Optimise Rx continues to have a significant impact, with a further 32% reduction compared to last month.</p> <p>Over the Counter is forecast to achieve 116% at year end.</p> <p>Neurology data shows a reduction in the Length of Stay (LoS) in hospital and Non elective admissions (47 less admissions in May 2019).</p> <p>ICDM – the only area of concern is the Frailty Liaison Service. The (before and after) length of stay comparison has not shown the reduction in the hospital days that was expected.</p> <p>The Frailty Liaison teams have increased their hours of operation to 60 hours per week (Frimley Park) and 50 hours per week (Wexham Park). It is anticipated that the services will increase to 70 hours per week once the teams are fully recruited to, which is possible now that recurrent funding has been secured. This is expected to be by September 2019 for Frimley Park, and by December 2019 for Wexham Park</p> <p>Diabetes prescribing has seen a slight drop 84% to 82% for the full year projection.</p> <p>Demand Management – Audiology is not achieving and this is being reviewed to establish what is happening with the scheme and the reasons for underachieving. There was a discussion around the Audiology service and patients expectations. Action: NK to liaise with Sangeeta Saran to request an update on the scheme.</p> <p>NK declared that other potential savings could come from MSK. Having seen the data, NK advised that there continues to be good performance, particularly for Hip and Knee replacements and B&A locality.</p> <p>PRG chairs were encouraged to push the Gastro pathway changes at PRG meetings. Action: PRG chairs to highlight the Gastro pathway at the PRG meetings Action: NK to check that the Gastro pathway is featured in the GP Bulletin and on the website.</p>	<p>NK</p> <p>MH/JF/AM</p> <p>NK</p>



8.1 ICS Neurology Report

Julie West (JW) and Hasan Ahmed (HA) attended the meeting to inform the group of the progress that has been made with the Neurology Service.

JW advised that 2 new consultants have been recruited and started at Wexham Park Hospital. They have started to address the backlog of patients who have been awaiting new consultant appointments. They have also been able to respond to inpatient neurology review requests more quickly which has had a positive impact on the non-elective length of stay.

However JW stated that there has been a significant increase in neurology referrals for new patient appointments particularly from Slough and WAM localities. It is not yet clear what the reason is for the rise in referrals and in the first instance, the team are working with the members to ensure the referrals are appropriate and the pathways, e.g. Headache & Migraine Pathway, are adhered to.

There was a discussion regarding the cause for the increase in demand and JW confirmed that there is working happening around the Diagnostic Pathway and access for diagnostics, with engagement from 2 locality GPs.

Length of Stay has reduced and this is attributed to the new consultants having the capacity to go and see the patient in a timely fashion and discharging where appropriate. Figures continue to look encouraging.

JW confirmed that there is a Lead Neurologist who is working across the patch and supporting the consultants. An MS Consultant has also been employed as well as an MS Nurse Specialist who requires some training.

JW reported that the triage of the pathways is currently different across the patch and this is due to the differing IT capabilities and PAS systems.

It was suggested that the Neurology service could be costed differently and it was felt that this should be followed up with NF and the wider ICS. FSB felt that the issue of a change in costing a service could be raised with NF but as a general point rather than Neurology or a specialty specific.

Action: FSB/DF to raise potential change in costing for services with NF

FSB/DF

8.2 ICDM Deep Dive Report

FSB presented the report to the committee and the key messages of the ICDM scheme. FSB pointed out that the ICDM scheme for EB CCG includes schemes with care homes and this is not the case for the ICS wider scheme.

- ICDM programme is delivering some significant improvements, both generally and from a practice perspective in East Berkshire area.
- EB CCG has appointed 3 local Integration Leads, one for each Place. They will be out visiting colleagues locally once they are in post.
- There are some practices with very low numbers of Anticipatory Care Plans (ACP). This is being reviewed and Adrian Hayter (AH), Clinical Lead, will write to those GP practices to advise them that their numbers are low and if there is a reason for not delivering.
- Overall there has been a reduction in emergency admissions and the number of bed days. The data is extracted from a specific group of patients, with



	<p>identification by NHS number and patients who have ACPs. Action: FSB to share with PRG chairs the details of practices that have low numbers of ACPs.</p> <ul style="list-style-type: none"> • FSB reported that there have been improved working relationships between professionals and stakeholders, enabling appropriate and timely interventions. This has also helped with a more proactive approach and opportunities for early help and prevention. • FSB summarised some of the next steps including the opportunities, challenges and risks: <ul style="list-style-type: none"> ○ Alignment of the CCGs and strengthening of place ○ Emergence of Primary Care Networks (PCNs) ○ Opportunity for realignment and streamlining of wider system transformation programmes ○ Data reporting and ‘one version of the truth’ ○ Digital - data sharing and Shared Care records ○ Recruitment and capability. <p><u>8.3 Continuing Healthcare – Financial Impact Assessment with Local Authorities (LAs)</u></p> <p>FSB gave a verbal update to the committee regarding conversations that have been with Local Authorities around Continuing Healthcare (CHC) and the backlog of new assessments and reviews. There has been a significant reduction in spend on care packages by the CCG. However there has been a potential increase in expenditure on packages of care by the Local Authorities as they come out of CHC and moved to the care of Local Authorities. An analysis is now being undertaken by the CCG to look at the patients and all the costs and the Local Authorities are doing some validation and will come back with their costs. FSB stated a pace of change arrangement may need to be considered to support them through the period as there are some significant costs involved.</p> <p>FSB will provide a further update at the next Finance & QIPP meeting. Action: FSB to update the committee next month</p>	<p>FSB</p> <p>FSB</p>
9.	QIPP and Performance Review Groups	
	<p><u>Windsor & Maidenhead Locality</u></p> <p>All those in attendance confirmed that they were happy with the notes from WAM QIPP & PRG, 26th July and no questions.</p> <p><u>Bracknell & Ascot Locality</u></p> <ul style="list-style-type: none"> • JF confirmed that B&A had reviewed cancer screening and will task the GP Practices to go away and talk about it. It has also been decided to run a screening workshop at GP council to share ideas. • Dementia rates appear to be quite good. JF explained that the Locality will ask for searches to be run on specific codes relating to dementia through Enterprise which may benefit whole of East Berkshire. • Dermatology Advice & Guidance – JF reported that this was discussed at PRG. • JM pointed out that some concerns had been raised that the Members Meetings were dominated by the planned care pipeline. There was a conversation how best performance issues, commissioning intentions and targeted workshops could be scheduled and accommodated at the members 	



	<p>meetings and to ensure that they are managed in the same way across all 3 places. It was agreed to discuss further at EMT.</p> <p><u>Slough Locality</u></p> <p>MH summarised the action log. Main points included:</p> <ul style="list-style-type: none"> • Dementia Diagnosis was 66.7% which is slightly lower than the other 2 localities. • E Referrals saw an overall increase of 3%. • Prescribing - the budget has been set and increased by 3.65%. There have been more QIPP targets set for Over the Counter drugs, e.g. eye drops. • NEL admissions have seen an increase of 15% for Slough. Clarification to be sought if this increase was in one month or overall. <p>Action: MH to follow up to understand what the increase relates to.</p> <ul style="list-style-type: none"> • Bowel Screening – SHB will liaise with Ringmead surgery as they have the highest uptake for screening and what can be learnt in order to improve the uptake for Slough. • MH confirmed that the first joint PRG has been scheduled for October. 	<p>MH</p>
Any Other Business		

Meeting Month	Date of Meeting	Room	Time
September 2019	Tuesday 24 th September	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
October 2019	Tuesday 22 nd October	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30