

<b>Agenda Item: 10 (i)</b>	<b>Meeting: Governing Body Meeting: 15<sup>th</sup> September 2015</b>	 <b>East Riding of Yorkshire Clinical Commissioning Group</b>	
<b>Report Author(s): Alex Seale Director of Commissioning and Transformation</b>	<b>Presented at Meeting by: Alex Seale Director of Commissioning and Transformation</b>		
<b>Title:</b>	Commissioning Briefing		
<b>Recommendations:</b>	<b>The Governing Body is asked to: Note the work programme undertaken by the Service Redesign and Commissioning Sub-Committee over the past three months</b>		
<b>Sub Committee Process and Assurance:</b>	Commissioning Items all presented at Service Redesign and Commissioning Committee (SRCC).		
<b>Strategic Aims: (Delete as required)</b>	<ol style="list-style-type: none"> <li>1. To support our patients and population to achieve healthy independent ageing.</li> <li>2. To reduce health inequalities across the East Riding.</li> <li>3. To improve the physical and mental health and wellbeing of children and young people</li> <li>4. To work within our financial allocation</li> <li>5. To meet our commitment to deliver improving outcomes in line with our key statutory duties.</li> <li>6. To ensure the workforce is equipped with knowledge, skills and capacity.</li> </ol>		Tick ✓ ✓ ✓ ✓ ✓ ✓
<b>Patient/Clinical and Stakeholder Engagement:</b>	Patient and Public involvement is integral in commissioning processes and projects with Involvement, Communications and Engagement (ICE) plans developed for all major commissioning programmes. This is summarised in each of the papers presented to the SRCC		
<b>Financial Impact:</b>	Financial impacts are detailed within the overall strategic and operational plan and within individual items presented to the SRCC		
<b>Legal/regulatory considerations:</b>	Procurement legislation is considered followed throughout the commissioning process and is considered within individual items presented to the SRCC		
<b>Equality and Diversity (E&amp;D) Analysis:</b>	E&D impact assessments are integral to the process of development and implementation of each individual commissioning project.		
<b>Sustainability Impact:</b>	Sustainability impact assessments are integral to the process of development and implementation of each individual commissioning project.		
<b>How will Conflict of Interest be managed if necessary:</b>	Conflicts of interest are declared at each meeting for relevant individual items a declaration of interests and register are considered at every meeting		

<b>VOTING REQUIRED:</b>	YES	NO
<b>Overall risk (Likelihood and consequence):</b>	Low	

**Reason for the report:**

**Summary of the work programme for the Service Redesign and Commissioning Sub-Committee**

The Service Re-design and Commissioning Sub-Committee is responsible for ensuring that the CCGs commissioning plans are implemented and deliver the required outcomes. A summary of the work undertaken in the last three months by the sub-committee is attached.

## Highlights Report on Delivery of the Work Programme for the Service Redesign and Commissioning Committee

Item	Commissioning Updates and Actions	Outcome/Decision
<b>June 2015</b>		
Dementia Diagnosis	An audit of dementia diagnosis was agreed in Bridlington care homes to establish if dementia diagnosis has been captured on GP registers. This will support the dementia diagnosis target to ensure that people are diagnosed and can therefore be in receipt of care planning and support.	Audit to be undertaken
Pathway Information Portal	SRCC received and update on the Pathway Information Portal (PIP). SRCC discussed how this links with Map of Medicine and agreed that a few practices would pilot the use of the PIP.	To be reported back at a future SRCC. SRCC to receive a demonstration of the PIP
Primary Care Pathfinder	Following approval by the Governing Body to support a pilot on the transformation of primary care to support new ways of working in primary care, SRCC discussed the model for the pilot through the development of a Pathfinder and agreed the objectives and criteria for the pilot. The Pathfinder will run for 12 months with initial evaluation at 6 months.	Pathfinder bidding process to be developed for final approval before being circulated to practices
TAG Approvals	<p>SRCC agreed to not routinely commission verteporfin PDT for chronic serous chorioretinopathy. Individual funding requests would have to be submitted to the individual funding request panel for consideration.</p> <p>SRCC agreed that Tiotropium (Spiriva Respimat) was approved for routine commissioning according to the following criteria:-</p> <ul style="list-style-type: none"> <li>• As a treatment option at step 4 of the BTS guidelines and</li> <li>• As a therapeutic trial after other options at step 4 of the BTS guidelines have been tried/considered.</li> </ul>	IFR exceptionality criteria guidance to be produced and submitted to SRCC
Out of Hours Cost Improvement Plan	SRCC agreed to support the proposal to trial a 'sleeping shift' primarily covering the Holderness area of the CCG. A range of options have been explored previously with this option agreed as the preferred option.	Humber Foundation Trust (provider of service) to be notified as the outcome

Out of Hours services for prisons	Following a recent re-procurement medical services for prisons, the CCG is required to ensure that cover in the out of hour's period. Humber FT (provider of in hours services) are not able to provide this service out of hours and SRCC approved a proposal that City Healthcare Partnerships provide interim cover for a 3-6 month period until the commissioning model and future provision options have been fully assessed.	Interim cover arrangement to be established.
Perinatal mental health services	SRCC considered a business case for extending the current perinatal mental health service to ensure that there is East Riding wide coverage. SRCC agreed the business case	New service to be commissioned
SRCC Annual Report 14/15	SRCC considered the Annual Report which was recommended for approval by the Governing Body in June	Report to be presented to Governing Body in June
Building a Healthy, Sustainable Future for the Goole	SRCC received a report on the Building a Healthy, Sustainable Future for the Goole Hospital programme	The progress on the report was noted
Transforming Community Nursing Services Partnership Board	SRCC were asked to note the terms of reference of the and work programme Transforming Community Nursing Services Partnership Board	SRCC to be kept updated on this programme of work
<b>July 2015</b>		
Co-Commissioning	Views were sought from SRCC on whether the CCG should progress to the next level of authorisation for co-commissioning – level 3 fully delegated. The majority of members felt that the CCG should progress to level 3. The final decision will need to be taken by the Council of Members.	To be considered at the Council of Members in September 2015
Configuration of Locality Commissioning Forums	SRCC considered a paper that presented a number of options for the future configuration of Haltemprice Locality as this locality had expressed a desire to change its configuration. The two preferred options were either to form a sixth LCF or have 8 practices and 2 practices in 2 separate meetings under one locality (Haltemprice). SRCC recommended that latter option should be taken forward as this was in line with the CCG Constitution. The final decision would be made at Council of Members	Proposals to be considered by the Governing Body and Council of Members
Referral Support System	Bridlington Locality Commissioning Forum has agreed to pilot the Referral Support System. This is a method for providing support to GPs when they make a referral to ensure that the referral is in line with best practice guidelines.	Referral Support pilot to be taken forward

Key performance targets	SRCC received a presentation on key performance targets and the plans in place to deliver improvement in targets. The areas covered were A&E 4 hour waits, dementia diagnosis, referral to treatment RTT (18 weeks), Children and Adolescent Mental Health Services (CAMHS), NHS referral (electronic referral), improving access to psychological therapies (IAPT) and ambulance targets.	Progress to be continued on the development of plans
Prescribing rebate scheme	SRCC agreed proposals for rebate schemes for two drugs Rivaroxaban and Fencino	These will be added to the list
Hull and East Riding Anticoagulation Guidelines	SRCC approved the Hull and East Riding Anticoagulation Guidelines.	Guidelines to be published
IFR Terms of Reference	SRCC considered the terms of reference and asked for a number of amendments to be made prior to them coming back the August meeting	Terms of reference to be approved
Commissioning statements Varicose veins Ganglions–	SRCC approved the commissioning statement for varicose veins subject to confirmation on the position of the NICE guidance in relation to compression hosiery SRCC approved the commissioning statement on the treatment of ganglions SRCC approved the commissioning statement on the use of Functional Electrical Stimulation SRCC approved the statement on Cyclone Plus therapy which stated that we would not commission this service	Statement to be published
Approval process for new guidelines/guidance	SRCC approved the approval process for new guidelines/guidance	Approval process to be utilised for all guidance/guidelines
Stroke – Early Supported Discharge	SRCC approved a proposal to establish a task and finish group to understand the rehabilitation component of the stroke pathway and recommend how this could be developed to support Early supported Discharge	Task and Finish Group to be established
Future Direction of Enhanced Services	SRCC agreed an approach to the commissioning of enhanced service. Subject to Governing Body approval of the route to market, service specifications will be brought to SRCC for approval	Proposed route to market to be taken to the Governing Body
Tier 3 Weight Management	The service model chart and service specification along with the preferred route to market were approved. Members approved the recommendation that `ERY Public	Service model to be implemented

	Health be asked to develop the current Live Well service into an integrated Tier 3 service'. *	
Primary Care Pathfinder	SRCC approved the application form for the Primary Care Pathfinder including assessment criteria and weighting	Final application form to be circulated to practices
<b>August 2015</b>		
Clinical Policy Sub Group	The SRCC agree to establish a Clinical Policy Subgroup which will be responsible for the approval of Treatment Advisory Group (TAG) recommendations, commissioning statements and clinical policies/guidelines	Terms of Reference to be produced
Primary Care Development	SRCC received a presentation on the development of a blueprint for primary care. The Primary Care Development Group will lead the development of the blueprint and a work plan will be brought back to SRCC	Blue print to be completed by December 2015.
<b>Treatment Advisory Group Recommendations</b> Tapentadol Verteporfin Photodynamic Therapy Ketamine	SRCC members agreed not to commission Tepentadol The commissioning statement for Verteporfin Photodynamic Therapy (PDT) exceptionality criteria was agreed by SRCC SRCC supported the commissioning statement that ketamine should not be prescribed for new patients and that a management plan and exit strategy should be produced for existing patients using the drug	Updated guidance to be published
<b>Care Homes Steering Group</b>	SRCC agreed (subject to amendment) the terms of reference for the Care Homes Programme Group. A work programme for the group will be brought to the October meeting of SRCC	Amended ToR to be circulated and Workplan to come to the October meeting.
<b>Rapid Response Service Evaluation</b>	SRCC received the evaluation report and approved continuation of a modified version the pilot until March with the proviso that there is a review of the linkages to other services and that a business case is produced to address issue raised and consider future sustainability to understand the cost of continuing some elements of the service. Any continuation after March 2016 will require approval.	Business case to be developed
<b>Care Homes Scheme Evaluation</b>	Following a review of the evaluation of the care homes scheme, SRCC agreed to continue the scheme for a further year	Care home scheme to be continued

<b>SystemOne in Care Homes</b>	SRCC agreed to support a pilot within a small number of care homes who are willing to participate in having resident	
<b>Pharmacists in General Practice</b>	SRCC locality leads were asked to encourage their locality practices to put forward bids. This is an initiative from NHS England to promote different working models in primary care including the use of pharmacists to support a different skill mix	To be added to LCF agendas. Post meeting note: it was agreed that a proposal would be brought to the next SRCC in September for consideration
<b>Primary Care Psychological Therapies Review of Service Model</b>	SRCC members reviewed the service model to ensure that it facilitates access to all individuals who can benefit from the service. SRCC agreed to end the current caseness threshold for entry to the service and maintain the assessment and brokerage model at this stage. The service is also open to self-referral from individuals.	Current providers will be contacted to advise of end to caseness threshold and contract variation put in place
<b>Prescribing Lead GP</b>	SRCC agreed that a job description for a GP prescribing lead would be circulated	JD to be circulated

- See Pathfinder Path