Notes of the KCC Business Case Sub-Committee held on 9th March 2012

In attendance:

Phil Moore	GP & KCC chair
Prasum Kumar	GP & KCC member
Vince Grippaudo	GP & KCC member
Jonathan Hildebrand	Director of Public Health
Julia Gosden	Lead Commissioner
Tonia Michaelides	Head of Commissioning & Delivery

1. Telehealth

After considering the business case for the provision of a Telehealth service by Tunstall the committee was not able to approve the business case at the current time. This decision was reached for the following reasons

- The business case demonstrated that savings would not be achieved until Year 3 of the service being operational. In Year 1 the best case would be a break even, although there is a risk that the service would actually incur extra cost due to the need to purchase kit.

- Recently published reports have thrown doubt on the effectiveness levels of savings that can be realised through the use of Telehealth

- There have been reports from a neighbouring PCT that the number of kits that the number of kits that they have been able to deploy is much lower than the number they purchased.

The Committee would be prepared to reconsider the business case if there was some risk share with the provider around costs; further review of evidence around the effectiveness of Telehealth: further discussions with the neighbouring PCT around their experience of deploying the Telehealth kit and any lessons learnt.

2. GPSI/GP Chambers Proposal

The Committee noted the proposal to move the GPSI contracts to GP Chambers. This purpose of the proposal is to move away from managing individual provider contracts to having one umbrella contract with GP Chambers. This will reduce the risk in the contracts when they move to the CCG and release commissioning time.

The Committee noted the proposal but felt that it needed to be discussed in a different forum, either the Governing Body or Management Team meeting, due to the potential conflict of interests

ACTION: TM/JG to present the paper at a future meeting of the Governing Body or Management Team

3. Kingston Hospital Business Cases

The Committee considered a range of business case presented by Kingston Hospital as part of 2012/2013 contract negotiation process. The decision reached for each business case is summarised below:

1. One Stop Breast Clinic

The Committee agreed to support this development

2. Varicose Veins

The Committee agreed to support this development

3/4/5. Oral Assisted Sedation/Oral IV Sedation/Oral Paeds GA

These changes in recording were agreed by the Committee as it was noted the changes proposed where in line with PbR guidance

6. Sleep Apnoea Service

The Committee at this point were not able support the development o f this service locally. However they requested information from Kingston Hospital around tine annual number of patients and where they are currently being referred. This would give an idea of the level of demand and whether repatriation of patients to a local service would be viable in terms of numbers and cost.

7/14 Pelvic Floor and Endo Anal Ultrasound

The Committee considered these two business cases together as they are linked. After some discussion the commissioners felt that the business cases weren't clear and contradictory. They felt the Royal College guidance being quoted as quite dated.

With respect to the Endo Anal Ultrasound commissioners requested confirmation as to whether Kingston were planning to not only carry out the diagnostics teat but also any associated surgery, particularly for those patients referred to St Marks

The presenting of the Pelvic Floor Clinic Business Case also raised concerns around the quality of maternity and the Public Health Department were talked to benchmark the incidence of tears with similar units.

The Committee would reconsider the service developments if they were presented with a full business case that including patient numbers and the proportion that would be repatriated.

8. CT KUB

The Committee were unable to support this development as there is no benchmarking against current costs and therefore no understanding as to whether this development represents a saving or cost pressure.

9. Fetal Fibronectin

The Committee support the use of this diagnostic test. However feel that due to the low cost of the test and the fact that the provider will retain any savings due to the use of maternity calculator to cost maternity activity.

10. CT Cardiac

The Committee supported the proposal in principle as it appears the development would support the delivery of a GP Pathway that could potentially avoid admissions. However the pathway was not described clearly in the business case and no costings were included. The committee agreed to consider this business case again once these areas are addressed.

11. Ultrasound MSK

The Committee believed that this service was already offered and questioned whether the proposal was for a simple price change. The provider to confirm whether this is a brand new service , if so to demonstrate how the proposal fits in with the current agreed pathways for MSK.

12. Chorionic Villus Sampling

The Committee agreed in principle to this business case as it support the repatriation of pregnant women from St George's Hospital for a recognised diagnostic test. The support was given on the understanding that the transfer would be cost-neutral and that the eligibility criteria is agreed by commissioners

13. Adult Community Enteral Feeding Service

The Committee believed that this service should be provided in the community, not by secondary care. Discussion with Kingston's Chief Pharmacist will be held to establish how best to achieve this.

15. Increased Colposcopy Procedures

The Committee accepted this business case in principle as it simply represented an increase in capacity for an existing service to meet new clinical guidelines. A review of the numbers or extra procedures quoted by Kingston Hospital as being required on an annual were, when reviewed by Public Health felt to be an overestimated. However it was noted that as

colposcopy activity is charged as PbR and therefore commissioners will only pay for activity that takes place.

16. Expansion of Outpatient Hysteroscopy Service

As this is an existing service, with a simple request for increasing capacity this doesn't require funding up front and will be paid for as activity occurs. If the provider believes that extra capacity is required to meet waiting times and demand then this capacity should be increased by the provider at risk.
The Committee had two questions:

- What are the current waiting times
- Can the eligibility criteria for hysteroscopy be shared with commissioners

17. Paediatric MDT Clinics

The Committee supported the proposal for the provision of MDT clinics for Paediatrics. What was not clear from the business case whether this is an existing provision or whether the MDT clinics are to be set up. If the clinics are already established the commissioners wish to understand the tariff as they understand that PbR does have a tariff for this activity.

6. Date of Next Meeting – To be confirmed