

BUSINESS CASE SUBCOMMITTEE MEETING

M2

Notes for the meeting held on
Tuesday 27th August 2013 from 2pm – 4pm
Small Meeting Room, Level 3, Guildhall 1
High Street, Kingston upon Thames KT1 1EU

PRESENT					
Phil Moore (Chair)	PM	Julia Gosden	JG	Tonia Michaelides	TM
Junaid Syed	JS	Helen Raison	HR	Kellie Hunt (Notes)	

APOLOGIES	
Jenny Sinnott	Naeem Iqbal

DISCUSSION & ACTION POINTS
<p>1. Welcome, Introductions and Apologies</p> <p>PM welcomed everyone to the meeting.</p> <p>2. Terms of Reference and Business Case Template Review</p> <p>TM talked the Committee through the updated TOR and Business Case Template.</p> <p>2.1 Terms of Reference</p> <p>Significant changes noted includes Section 2 ix which references how conflicts of interest associated with business cases will be considered.</p> <p>The group discussed the impact of decisions made in the Business Case Subcommittee meetings and it was acknowledged that while the group is a clear steer with the power to make decisions, ratification still needs to be completed by the Governing Body. As a result, the Governing Body needs to be assured that all issues have been looked at in detail by the subcommittee.</p> <p>PM made the suggestion that before a Business Case is reviewed by the Business Case Subcommittee it would be beneficial if it was scrutinised by finance and all were in agreement.</p>

2.3 Business Case Template

Group discussed Business Case Template and suggested amendments to enhance the document which would provide guidance and make the process for those developing and reviewing a Business Case easier.

Group acknowledged that the financial part of the Business Case Template could be improved with the aid of a simple spread sheet that would need to be completed for each Business Case.

ACTIONS:

- **TM to add the following items into the TOR:**
 - Quality Manager, Patient and Public Involvement Manager and Chief Pharmacist role into Membership section.
 - A point relating to Clinical Governance and Quality Issues.
 - A point detailing that each Business Case needs to have been scrutinised and signed off by Finance before it can be reviewed by the Business Case Subcommittee.
- **TM to speak with the Finance Team about developing a template/spread sheet to support Business Case Financial Modelling.**
- **TM to circulate updated TOR and Business Case Template once it had been amended to reflect the discussion.**

3.Urology Evaluation Business Case

JG gave the group an overview of the pilot which has been commissioned again for 2013/14. The pilot has proven successful in shifting GP referrals into the community setting but there is the usual challenge of some referrals going directly into providers and not through KCAS.

The programme is currently experiencing a problem with high level DNA service cancellations and there is no solid feedback/evidence as to why. Group discussed how beneficial a text messaging reminder service would be but are unsure if the KCAS system has the ability to do this.

The group also discussed the gap in information where KCAS is failing to capture through which path people are coming into treatment.

ACTION:

- **PM to confirm with KCAS if they have text messaging ability.**

4. GP Led weekend Walk in Centre Pilot Business Case

For this item, PM declared a conflict of interest in that he would be interested in a Walk in Centre in the Surbiton area. PM handed the role of chair over to JS for this agenda item.

TM gave the group an overview of The Groves Walk In Centre Business Case application. After discussion the following concerns were raised:

- The costing associated with the service were not transparent enough
- No clarification on where the proposal would sit within the KCCG Unscheduled Care Strategy.
- Potentially a number of services include in the model could be offered by nearby practices
- It was unclear as to whether the WiC would be a Primary Care facility or a place for alternative Urgent Care.

The Group agreed the main areas of concern for this Business Case were: costings, service model and site. Given these concerns the committee did not approve the business case.

ACTION:

- **TM to draft a letter in response to the applicant which confirms the decision of the committee outlining the reasons why the business case was declined**

5. Stay Well at Home Business Care

JG gave the group an overview of the service which will be continuing through until March 2014 and the good results seen from the programme highlighted in the evaluation report.

Previously, Age Concern submitted a Business Case for funding the service over three years at which stage KCCG acknowledged they were joining with the borough to review the strategy for provision and recommission services in the light of this review. However, the committee noted that this work was currently on hold.

The Committee noted that in light of the delay in the review and recommissioning of prevention services JG is working with Charlie Knell to develop an options paper which will detail possible alternatives.

ACTION: The committee, at the next meeting, to consider the available options for funding the service from April 2014.

5. GPsWI Service Management Transfer to Chambers

For this item, PM and JS declared an interest as their practices are members of Chambers.

JG gave the group an overview of this service explaining how discussions with had been had with Chambers around potentially taking on Operational Management of the three GPsWI services:

- Neurology
- Urology
- Dermatology

This would transfer the operational management of these services to one contract that the CCG would hold with Chambers. This would benefit the CCGs by freeing up some of their resources and would make performance management easier. JG highlighted that this would also provide better support in terms of putting better governance in place for those services with more information about quality of service and a better service for patients.

Chambers had drawn up Business Case for a service which would provide functions such manager support and board leadership for £41,000 per annum.

PM suggested that management costs should be built in to the individual GPsWI services and the committee agreed to this approach.

PM asked if this would mean that all GPsWI services would operate through Chambers in the future and that was discussed by the group. JG clarified that would not be the case and there is an emphasis on developing a model that would provide flexibility for the future.

PM suggested that this paper is lacking evidence that other possible avenues have been considered (YHC, individual practices etc.).

ACTION: PM to have a general chat with Pete – regarding this – objections etc. Report back to committee.

6. Any Other Business

Service Developments

HR raised the issue of CSU requesting service developments for certain services (eg: manual lymphatic drainage) as a potential gap. Therefore, business cases would be requested in from a number of different providers. Is it the responsibility of the Business Case Subcommittee to oversee these potential service developments?

PM suggested that there would be times when that would be appropriate but only if the business development required a Business Case.

JG asked if there was a cross CCG meeting that may be able to take these on.

Overall, it was agreed that the decisions around this are not the responsibility of the Business Case Subcommittee.

Funding

JS reported to the group about an Enhanced Services meeting he had recently attended and reported that that current forecasts show that is going to be an underspend this year in the CCG Enhanced Services budget.

As a background PM informed the group that money to fund Enhanced Services is taken out of the Primary Care budget and fed back in through specific services and was part of the original funding for primary care. However, now the money is only filtered back in if it is only primary care who can undertake the service (unless it is an Enhanced Service that is being rolled over) which results in a potential loss of income stream for some practices.

Moving forward, for a new Enhanced Service to start it needs to go through NHS England but an old Enhanced Service can be rolled over.

JS not sure who makes the decision with regards to this. Group acknowledged that it is not a Business Case and therefore the Business Case Subcommittee is not the place to raise the issue. PM suggests it goes to the officers Tonia Michaelides and Neil Ferrelly.

ACTION:

JS to talk to TM about where to go with this next.