MINUTES OF THE TENTH MEETING OF THE KINGSTON COMMISSIONING COMMITTEE HELD ON TUESDAY 7 FEBRUARY 2012 HOLLYFIELD ROAD, SURBITON

PRESENT: Dr Naz Jivani (Chair)
Dr Phil Moore
Dr Pete Smith
Dr Junaid Syed
Dr Annette Pautz (Up to item 12/15)
David Knowles Non Executive Director
David Smith Director of Health & Adult Services
Jonathan Hildebrand Joint Director of Public Health
Tonia Michaelides Head of Commissioning & Delivery
Hardev Virdee NHS SWL Director of Financial Strategy

IN ATTENDANCE: Anil Patel PEC member
Sandra Berry Kingston’s HealthWatch Pathfinder
Julius Parker Local Medical Committee
Yarlini Roberts Finance Manager
Phil Chapman CCG Project Manager
Seema Buckley
Michael Hepworth
Sylvia Onyekwelu
Dr Zoe Spyvee (for item 4 only)
Jo Dandridge Business Manager

APOLOGIES: Dr Prasun Kumar Dr Naeem Iqbal
Dr Charles Alessi Dr Vince Grippaudo
Dr Anthony Hughes Dr Greg Maylen
Dr Arun Kochhar Anna Asher

Welcome and Introductions: All present were welcomed to the tenth meeting of the Kingston Commissioning Committee.

Declaration of Interest: Jonathan Hildebrand declared his role as Director of Public Health for NHS South West London.
12/10 MINUTES OF LAST MEETING
The Minutes of the ninth meeting held on 10 January 2012 were agreed as an accurate record and would be signed by the chairman.

12/11 MATTERS ARISING & ACTIONS FROM PREVIOUS MEETINGS
There were no matters arising and the actions log had been circulated with the agenda papers.

12/12 BETTER SERVICES, BETTER VALUE (BSBV) REVIEW PRESENTATION
Dr Zoe Spyvee, GP Registrar and part of the NHS SW London Strategy Team updated the committee on the latest position with the BSBV review.

The committee heard that the financial challenges facing the NHS in SW London had resulted in the review to drive up clinical quality through a process designed to be clinically led.

As part of the review, there were up to 3,500 different options identified and this needed to be filtered down to around 20 options based on the ability to implement, feasibility and capacity. A scoring panel was being established and would meet in mid March.

With the disappearance of PCTs due in April 2013 and the taking over of statutory functions by CCGs from that time it was considered a critical transition period.

A formal Public Consultation period of 3 months was expected to take place after the mayoral election in May, based on the top 2 or 3 options for the future shape of services. The focus would be to ask the public whether they considered the NHS had got the clinical data and analysis of evidence right.

The committee noted that some work is already going on ahead of the consultation process with changes in the community ie. long term conditions, end of life care, some urgent care services and mental health.

The committee questioned what efficiencies were likely to be achieved if there was significant restructuring.

The committee were advised that within SWL, the four main hospital providers would have to deliver £370m savings each year by 2016/17, this is a reduction of around 24% in their costs but it was noted that there would be a worsened position if changes were not made. It was not about huge savings, but of ensuring quality of care for patients.

ACTION: The Committee noted the progress to date on the BSBV review and would continue to receive updates as the review moves forward.

12/13 GOVERNANCE REPORT
A report detailing governance issues, compliance with mandatory or statutory requirements and highlighted areas of risk had been circulated with the agenda papers.
13.1 **CQC De-Registration**
The committee were being asked to approve the de-registration of services from the Care Quality Commission (CQC) due to Kingston PCT no longer carrying out any regulated activities. Jonathan Hildebrand raised concerns that CQC was still required as Public Health consultants were PCT employees until April 2013 and therefore required CQC registration as part of their employment cover in this role.

**ACTION:** The Committee agreed this matter would be discussed further outside of the meeting and the final decision was delegated by the committee to Jonathan Hildebrand & Jill Pearse.

13.2 **Serious Incidents**
The committee were advised of the 3 incidents referenced in the report that had been carried forward from the previous quarters and were awaiting executive sign off. Jonathan Hildebrand believed that this sign off had been completed.

**ACTION:** Jill Pearse to confirm whether sign off had been received.

13.3 **Claims**
A point of factual accuracy was noted for M11CP073/002 where 3 GP practices were cited in the breach of duty claim, not just 1 as stated in the report.

13.4 **Information Governance Steering Group (IGSG)**
The committee were being asked to approve the IGSG Terms of Reference but noted in the membership that a Board GP representative had not been included.

**ACTION:** Subject to the inclusion of a Board GP representative, the committee approved the IGSG Terms of Reference.

### 12/14 COMMISSIONING UPDATE

14.1 **FINANCE REPORT**
A copy of the Month 9 position presenting the financial results for the period to end December 2011 had been circulated with the agenda papers.

The committee noted that NHS Kingston’s financial plan is a recurrent surplus of £3.959m which is 1.5% of the recurrent revenue resource. The financial performance shows the year to date position reflects an underspend of £2,969k in line with the target surplus.

The committee were advised of the significant over performance on the Kingston Hospital contract at Month 8 of £3.9m before applying challenges and KPI adjustments. The main drivers of the over performance remained as non-electives (£0.9m), day case activity (£1.4m) and outpatient activity (£1.3m).

The committee also noted the St George’s contract over performance of £1.6m at Month 8 before applying challenges and KPI adjustments. The main areas of over performance were major trauma and elective care.
The committee were advised of the large variance within mental health services largely due to the slippage of the QIPP scheme and a case for arbitration was being considered.

When looking into 2012/13, in order to mitigate risk there was potential in trying to negotiate a cap and collar agreement with the major providers.

Hardev Virdee considered the broader issue going forward in future years was in stemming the flow with volume and price adjustments.

The committee noted that Kingston PCT had bid for capital monies for Surbiton Hospital from the national capital allocation.

The committee also noted that year end settlements were being negotiated with our major providers. The chair also asked an update for Royal Marsden and Brompton due to large variances.

**ACTION:** Yarlini Roberts agreed to follow up this position and report back.

**ACTION:** The Committee noted the Month 9 position together with the forecast financial position for 2011/12 and the assumptions contained within it.

### 14.2 PERFORMANCE REPORT

The February 2012 performance report detailing the latest position against the 2011/12 Headline and Supporting Measures had been previously circulated with the agenda papers.

The following areas of concern and actions for delivering improvements were highlighted:

**MRSA Bacteraemia (HQU01) and C-Difficile (HQU02) – missed target.**

Currently the year to date reported position of MRSA cases is 3 against an annual target of 3 and for C-Difficile, 30 cases reported year to date against an annual target of 19. No new cases of MRSA had been reported since September 2011.

**18 week referral to treatment times (HQU05-07, SQU24-26) –.** There are three 18 week performance targets that are currently underperforming as follows:

- RTT waiting 95\textsuperscript{th} percentile patients on admitted pathways
- Admitted patients seen in 18 weeks
- Non Admitted patients seen in 18 weeks

The committee noted that by year end, achievement of all the 18 week performance targets was predicted.

**NHS Health Checks (SQU27) –** As previously reported, we are forecasting a “Red” rating at year end for the percentage of eligible people who have been offered a health check in 2011/12 and those who had received a health check. It is believed that Q3 figures will show an improved position, however significant risk remained around the achievement of both parts of
this target mainly linked to under performance in some local GP practices and Community Pharmacies. Further discussion was taking place on moving activity from under performing providers to those who have reached their annual quota to maximise delivery.

Activity Measures (SRS11-13) – As previously reported activity levels across all domains are higher than expected. Actions to improve performance had been identified and was being progressed.

Number of self reported four week smoking quitters (SQU18) - Against a Q2 target of 309, 272 four week smoking quitters were reported, although it is very likely that the final figures for both quarters will be higher due to late submission of data.

Activities and strategies have been put in place to maximise referrals and quits ensuring the service hits the year end target of 675.

Although the numbers of quitters for Q2 are below trajectory performance is better than the same time last year and the service is confident that with the initiatives in place the target will be met.

Women seeing midwife etc by 12th week of pregnancy – Performance against this target has improved to 82.3% against a target of 90%, although this is still RAG rated as Red. Actions to secure this target are monitored through Clinical Quality Review Groups.

Breastfeeding at 6-8 weeks Prevalence – A performance issue was identified regarding distinct GP practices who have had a drop in performance in Q3. These practices have been contacted by Your Healthcare and all parties are working together to ensure improved performance for Q4, through baby café’s and other co-ordinated outreach work.

Drug misuse numbers in effective treatment – Whilst work is continuing with the treatment agencies in Kingston to ensure that problem drug users are effectively managed and discharged in a planned and consistent way, recent local work suggests that these targets are becoming more difficult, as the prevalence of PDU’s is decreasing. As part of the re-tendering of substance misuse exercise, specifications and payments for services will be written on the basis of outcome measures. The committee noted that this indicator will be discontinued in 2012/13.

Choose and Book – In April 2011, performance against the Choose and Book (CAB) target was 74.8%. As at December 2011, the reported performance was 58.3%. The target for the number of GP first referrals to be booked through CAB is 90%. Achievement of this target remains a priority by ensuring that any new outpatient services developed in the community are bookable through CAB and by maximising the number of referrals managed through the referral management service. However, as Kingston is experiencing an increase in GP referrals slot availability has become an issue as the provider Trusts have not opened up sufficient slot capacity to cope with the extra demand. Whilst the majority of GP referrals are being booked through KCAS, an increasing number are having to be
booked outside CAB. A detailed action plan is being developed to deal with increasing demand will be brought to the committee for approval.

**ACTION:** The committee noted the latest position against the 2011/12 Headline and Supporting measures.

### 14.3 QIPP UPDATE

A copy of the QIPP Dashboard for November 2011 and a progress report on delivery of the 2011/12 QIPP schemes had been circulated with the agenda papers.

The committee were aware of the £6.8m worth of QIPP schemes identified for delivery in 2011/12. The current forecast outturn based on Month 8 (November 2011) reported position shows a shortfall of £304k. This is an increase of £149k from the Month 7 shortfall position of £155k. The increased shortfall mainly due to the continued underperformance of the Community Rehabilitation Integrated Service (CRIS) and the Neurology and Urology service redesign schemes. Work continues to bring these schemes back to plan.

The committee noted that some of the schemes were predicted to achieve their annual savings target by the year end and the remaining gap was expected to be closed through the continued work to claw back the underperforming schemes and through the introduction of a referral management scheme.

**ACTION:** The committee noted the progress to date against the 2011/12 QIPP schemes.

### 14.4 MONTH 8 ACU REPORT

The NHS SW London ACU Month 8 report summarising the year to date and forecast out-turn position in respect of the financial performance of Kingston’s main providers of secondary care had been circulated with the agenda papers.

The committee noted that gross over performance at M6 for the Borough is £7.4m. After applying KPIs and challenges of £2m that reduces to a net over performance of £5.4m. It was also noted that the M8 gross figure of £87.1m is only 4% above the M8 figure in 2010/11 of £83.4m.

**ACTION:** The committee noted the 2011/12 M8 ACU Report

The latest Kingston Hospital activity analysis report had also been circulated with the agenda papers and the committee were advised that with the introduction of the Cerner Information system, some coding issues had been identified in (1) Trauma & Orthopaedics with significant over reporting of consultant to consultant referrals and an under reporting of A&E referrals and in (2) Ophthalmology with an impact on ACU ability to forecast 2011/12 activity coupled with a rise in ophthalmology referrals led to an over performance problem within this financial year.

The committee noted with the move to SUS, a data monitoring tool, in April 2012 there will be more transparency on what is spent on activity.
The committee stressed the importance of verifying data at individual practice level early in the financial year so that challenges can be made. Implementation of the CareTrak system will help with this process. Major changes would also need to be reflected in the contract.

**ACTION:** The committee noted the Kingston Hospital Activity Analysis Report.

**12/15 OPERATING PLAN 2012/13**

The final version of the 2012/13 Kingston Operating Plan had been circulated with the agenda papers.

The committee noted the following sections of the 2012/13 Kingston Operating Plan:
- Section 3 – Performance Priorities
- Section 4 – Priority Areas
- Section 5 – Commissioning Development
- 2012/13 Financial Plans
- Performance Trajectories
- 2012/13 QIPP Milestones

The committee were asked to approve the 2012/13 Kingston Operating Plan as part of its evidence towards the CCG Authorisation process.

The committee were reminded that for 2012/13 there was a need to deliver a 1.5% surplus, maintain a 0.5% contingency reserve and have to reinstate the 2% reserve.

A copy of the Milestones for transformational change on QIPP 2012/13 was tabled at the meeting.

The committee noted that the value of unidentified QIPP schemes currently stood at £377k and work continued to fully close the gap.

The committee requested the milestone data was RAG rated to identify each quantified workstream and the risk on delivery.

Hardev Virdee agreed to present suggestions for what is achievable to go beyond the £10.5m at the next committee meeting. He advised the committee that there would be tough messages and decisions to be made.

**ACTION:** The Committee approved in principle the 2012/13 Kingston Operating Plan and agreed they wanted to receive the priorities, know what they are and what going to address. A final version would be brought back to the committee in March.

**12/16 CCG DEVELOPMENT**

**16.1 WORKPLAN TOWARDS AUTHORISATION**

A summary of activities and progress against a number of development areas required for the CCG authorisation process had been circulated with the agenda papers.
Operational Model and Running Costs
The committee noted that NHS SW London were encouraging Kingston to review its CCG model due to the uncertainty of the running cost allowance of £25 per head of population per annum for 2013/14. It had not been confirmed yet whether the running cost allowance refers to registered or weighted populations. These two population figures differed by £982k. The local integrated commissioning function that had been pursued to date appeared only affordable based on registered population figures.

Recruitment to Governing Body
The recruitment of the nurse and secondary care specialist positions for the CCG governing body had been delayed until national arrangements were finalised. Interim arrangements would be necessary for a number of the governing body positions from 1st April 2012. The committee noted that the role of lay members could be filled by PCT Non Executive Directors and noted the number of challenges this could present.

ACTION: The committee noted the update on Authorisation.

16.2 CONSTITUTION
A first draft copy of the Constitution for the emerging Kingston Clinical Commissioning Group prepared by Morgan-Cole had been circulated with the agenda papers.

The committee noted that emerging CCGs are to have a Constitution in place from 1st April 2012 and national guidance had described the requirement and some of the content. It was expected that DH would provide a model constitution early February but in the meantime we have progressed work with Morgan-Cole (part of the KPMG alliance) to produce a straw man checklist to gain support of members and a mandate for the governing body before April 2012 when it was expected to take delegated commissioning responsibilities from the PCT.

The committee were being asked for their comments on the draft copy prepared by Gayle Curry, a Partner at Morgan-Cole and the following was noted:

- patient engagement has to be written in to the Constitution;
- all reference to the Council of members should state ‘The Council of Representative Members’;
- ‘Holding Members to account’ (Pg 5, para 18) – more clarity needed and reworded as ‘supporting members...’;
- Council of members (p6, para 20) – ‘not accept benefits from third parties’;
- Changing the geography (Pg 6 para 21) – doesn’t represent the local population. Need to take into consideration other practices joining. Further clarification needed;
- Meetings of the Council of Members (Pg 6 para 24) – remove [any Member] reference;
• Voting rights (Pg 7, para 31-33) – further discussion on modifying required.
  **ACTION:** Pete Smith/Phil Chapman to progress.
• A Member shall cease to be a Member… (Pg 9, para 51) – amend ‘Is a sole practitioner…’ to read ‘single handed practice’;
• A Member shall cease to be a Member… (Pg 10, para 51) – Re-word… ‘the Member ceases to be eligible for membership’;
• **Conflict of Interests** (Pg 10, paras 52-56) - section to become an Annex to the Constitution;
• **Conflict of Interests** (Pg 10, para 56) – Figure to be agreed for ‘… Where ? % of Governing Body members have declared conflicts of interest,…’;
• **Patient & Public Involvement** (Pg 10, para 60) – cross reference – will be amended.
• **Inter Practice Agreement** - needs to be an Appendix as a separate document

The committee noted that from April, the monthly CCG Governing Body meetings would be held in public. Wherever possible, papers would be submitted one week before the meeting.

**ACTION:** The committee agreed the above changes to be made to the draft Constitution

**12/17 NHS SINGLE POINT OF ACCESS (SPA) 111 SERVICE SPECIFICATION**

A copy of NHS 111 London Service Specification together with a proposed Kingston SPA 111 Service Specification for approval had been circulated with the agenda papers.

The committee were informed that as part of the DH policy on introducing the NHS SPA 111 number across England, Kingston was required to produce a service specification to support the procurement of the service locally. The expectation was that the NHS 111 number would go live in Kingston from November 2012.

The committee noted that it was not proposed to tender the GP Out of Hours service at the same time as the NHS SPA 111. The initial procurement for NHS SPA 111 is for 2 years therefore there will be an opportunity to tender both services together in 2014.

The committee raised their concerns regarding the costings and affordability to support the implementation and running costs of the NHS SPA 111 service as these had not been identified.

**ACTION:** The Committee approved the NHS SPA 111 Service Specification for Kingston but the next steps were to seek further clarification of the costs and resources available. It was agreed that to take forward, a letter would be drafted to NHS SW London’s Chief Executive seeking clarification of resources available to implement this service and the costs of this service.

**POST MEETING NOTE:** Meetings were being organised by NHS SW London to address the funding issues for implementing this service.
12/18 COMMUNITY WELLBEING SERVICE TENDER
A report detailing the progress of this project had been circulated with the agenda papers.

The committee heard how NHS Kingston had worked closely with the Royal Borough of Kingston (RBK) to plan the transformation of its Improving Access to Psychological Therapies (IAPT) and Substance Misuse Services into a combined Community Wellbeing Service (CWS) commissioned on the basis of outcomes. The Service would be provided in two parts: a Gateway Assessment Service and a Treatment Service.

The Service would be distinguished by features of strong partnership working, community engagement, service user and carer involvement and co-production.

The committee were being asked to support the continued progress of this project to advert for expressions of interest for the tender.

The committee noted this as this was an important and innovative service development, it may well attract wide interest across the nation. It was therefore important that every detail was carefully risk managed. The project has been over a year in; preparation and there had been extensive involvement of service users, carers and service provision personnel. These have scrutinised the detail on multiple occasions. Nevertheless a full risk assessment is being prepared so the process and implementation of the service may be safely managed.

ACTION: The Committee approved the continued progress of this project to advert for expressions of interest for the tender.

12/19 REFERRAL MANAGEMENT PROCESS
A paper detailing an initial scoping of multiple methods of reducing costs in order to achieve a £1.9m QIPP saving had been circulated with the agenda papers.

The committee heard how Kingston had been accused of being an outlier in terms of an increase in referrals but this was refuted and individual practice data confirmed there had been no increase as had been published. The next steps were to look at changes in activity, the financial target and what would be achievable in the first year. Committee members were asked to feedback their comments to Phil Moore.

There was some discussion on Consultant to Consultant referrals within the acute trust and a suggestion to implement post payment verification was noted. There may also need to be additional steps written into the contracts with attached penalties.

ACTION: The committee noted the report and agreed to contribute to the scoping for ways to produce a saving of £1.9m on the OP referral budget.
12/20 BREAST CANCER SCREENING ANNUAL REPORT
The Breast Cancer Screening report for 2009/10 and 2010/11 had been circulated with the agenda papers.

The committee noted an overall improvement in breast screening uptake across SWL PCTs with Kingston having one of the highest coverage rates (72.6%) against a target of 70%.

The committee heard that discussions were taking place with the Surbiton Health Sub Committee regarding possible location of a digital mammography static site within the new Surbiton Health development.

The plans to increase the eligibility for women aged between 47 and 73 being invited for screening will result in an approximate 30% increase in activity. **ACTION:** JH agreed to confirm with Yarlini Roberts whether the costings for this change in eligibility has been taken into account for next year’s contracts.

**ACTION:** The committee noted the Breast Cancer Screening Report for 2009/10 and 2010/11.

12/21 KINGSTON COMMISSIONER SUPPORT OF KINGSTON HOSPITAL’S FOUNDATION TRUST APPLICATION
A progress report on achievement of the three caveats that had been identified in order to receive a formal expression of commissioner support for Kingston Hospital’s FT Application had been circulated with the agenda papers.

The committee were advised that the Systems Sustainability Board (SSB) were overseeing a lot of this work against the caveats and that the following progress had been made so far:

- A High Cost Drugs group had been established in November 2011 with commissioner and Trust representation to collectively manage the pressure on the high cost drugs budget;
- A workstream had been established through the SSB to redesign the urgent care service;
- Initial workstreams to support the redesign of care pathways to support QIPP and delivered through the SSB had been agreed for Cardiology, Frail Elderly, High Cost Drugs, Anti-Coagulation, Urgent Care and Prevention;
- SSB established with primary and secondary care involvement to provide a population health focus to healthcare and ensure mutual viability of commissioners and KHT;
- Negotiations being undertaken with Kingston Hospital to agree a year end settlement for 2011/12 and seeking a ‘cap and collar’ agreement for 2012/13 to achieve financial stability across the local health economy; and
- Seeking full assurance that all key performance indicators will be delivered and particularly the 18 weeks waiting time target.

**ACTION:** The Committee noted the progress made to date against the caveats put in place for commissioner support to KHT’s FT Application.
12/22 UPDATES FROM SUB COMMITTEES:

22.1 SYSTEM SUSTAINABILITY BOARD (SSB)
Phil Moore gave a verbal update from the last SSB meeting. He reported that it had been a positive meeting with a willingness to co-operate by all parties. The committee noted that the Foundation Trust issues were being addressed by the SSB. A specification was being written for July with ongoing viability for workstreams.

**ACTION:** The Committee noted the verbal update.

22.2 SURBITON HEALTH SUB COMMITTEE
An update on the progress to date of the Surbiton Health Sub Committee together with an amended version of the Terms of Reference for the Committee had been circulated with the agenda papers.

The changes to the Terms of Reference were to reflect primary care representation within the membership to include practice managers and stating that Phil Moore would be the Chair of the Sub Committee going forward.

**ACTION:** The Committee approved the amended Terms of Reference for the Surbiton Health Sub Committee and noted the progress made to date.

12/23 ANY OTHER BUSINESS

23.1 Snowfall
The committee heard that there was snow expected overnight which was a change from the previous forecast resulting in possible disruptions tomorrow morning.

23.2 Indicative Public Health Budgets
The committee noted that based on submissions the indicative public health budgets had been published. The amount for 2012/13 was £8.069m which equated to £45 per head of population to cover public health programmes, staffing and service provision.

12/24 DATE OF NEXT MEETING
6 March 2012
13:00hrs to 16:00hrs
Meeting Room 2, 22 Hollyfield Road, Surbiton KT5 9AL