NHS
Wiltshire
Clinical Commissioning Group

NOTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP
FINANCE MEETING
HELD ON 11 NOVEMBER 2014 IN THE CONFERENCE ROOM,

Present:

Dr Steve Rowlands	SR	Chair WCCG
Deborah Fielding	DF	Accountable Office
Simon Truelove	ST	Chief Financial Officer
Steve Perkins	SP	Deputy Chief Financial Officer
Peter Lucas	PL	Lay Member (Vice Chair)
Christine Reid	CR	Lay Member
David Noyes	DN	Director Planning, Performance and Corporate Services
Jo Cullen	JC	Group Director WWYKD
Mark Harris	MH	Group Director SARUM
Ted Wilson	TW	Group Director NEW
Dr Toby Davies	TD	GP Chair SARUM Group

Apologies:
Jacqui Chidgey-Clark

FIN/11/11/01	**Welcome and apologies for absence** SR welcomed everybody to the meeting noting the apologies above.	**ACTION**
FIN/11/11/02	**Declarations of Interests** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG). No declarations of interest were raised.	
FIN/11/11/03	**Previous Minutes of the meeting held on 14 October 2014** The minutes were agreed as an accurate record.	
FIN/11/11/04	**Month 7 Provisions Update** SP presented the previously circulated paper which sets out the month 7 position. The financial position shows a deterioration of £c£1m within the reported position in comparison with month 6. Further risks to the position can be mitigated by the residual reserves however if there is further over performance on budgets and non-delivery of QIPP the financial position of the CCG will be at risk. Successful delivery of the recovery plans would now be essential to deliver the 2014/15 position and minimise the recurrent impact on 2015/16 QIPP challenge. Alongside the reported financial position there are a number of other sizable risks not included within the reported position as they have not yet been realised. If they are realised the residual mitigations available are insufficient to offset them. The Chair and the Lay members present reiterated the need to deliver the following:	

	• Slow the trend in the current over performance to mitigate further recurrent financial impact • Maximise existing QIPP schemes for 2014/15 • Identify achievable additional high impact opportunities • Utilise contract opportunities • Seek to minimise the recurrent impact of existing over performance into 2015/16. ST reminded the committee that the CCG is in a position where things are getting tight. NHSE are aware of the situation, however he is yet to inform NHSE through the formal route as the failure to achieve the CCG control total will initiate a formal financial recovery plan requirement. DF felt that the CCG need to be calm and prove that delivery is achievable however it would be tight during 2014/15 and 2015/16 when new community staff were being appointed and the CCG strategic plan was being delivered. PL commented that following recent attendance at an Audit Chairs meeting he came away with the sense that WCCG was one of the better performing CCGs. Discussion was had about the additional resource that had flowed into the Wiltshire health economy over the last few months. PL asked what opportunities there was to ring fence some of this resource to fund the ongoing over performance. ST confirmed that some of the in-year investments had been badged against the additional non recurrent resources. MH described SFT deep disappointment that they had not received the expected operation resilience money. MH confirmed that they were lobbying Monitor to see if additional resources could be secured for SFT. MH agreed to work with SFT The committee reviewed the progress on the recovery plan and the actions that were being undertaken by the Groups. A number of the recovery plans were being put at risk by the issues with the Help to Live at Home Provider in the South (Mears) being closed to new referrals which was putting pressure on the urgent care system. Pressures on urgent care were also being exasperated by vacancies in the community teams and the inability of the community provider to recruit to the planned investment of 20 additional community staff. TW agreed to challenge GWH on the speed of the recruitment of community staff Access to Care – TD mentioned the lack of care packages and beds risked the December deadline getting back on track. A joint meeting has been arranged between Wiltshire Council, CCG and Care at Home (Salisbury) working with DART will hopefully improve the situation. MH agreed to undertake a review of the Non Contracted Activity that had been charged to the CCG to ensure that the activity charged to the CCG was appropriate. The pressure on prescribing budgets was discussed and a recovery plan was requested from the Medicines Management Team about what actions could be taken to delivery some savings by the end of the year. ST agreed to discuss with Nadine Fox Slippage on the Better Care Programme was discussed and ST agreed to discuss further with the Council Finance Director. The financial	**MH** **TW** **MH** **MH** **ST** **ST**

	position is assuming £1m slippage on the BCP schemes in 2014/15. ST to confirm whether this can be achieved JC to discuss with the Transforming care for older people leads on whether there is going to be any impact in 2014/15. ST to discuss with JC-C on whether the issues of CHC fastback at the RUH have been resolved. If not then SR happy to get involved. PL articulated his concern that the CCG was at risk of delivering its control total and hence damaging some of its reputation. It was felt that there should be a clear message articulated about the financial challenge faced by the CCG and that the general public need to be made aware about the financial issues. ST agreed to do a presentation at the November Board on the future financial outlook and DN agreed to discuss with the communications department about messages to go out to the local media and general public. **Action: The Finance Committee were asked to note the M7 financial position and to support the monitoring and delivery of the Financial Recovery Plan**	**JC** **ST / JC-C** **ST** **DN**
FIN/11/11/05	**Specific Group Recovery Updates** **WWYKD:** JC. RUH, Mental Health and Urgent Care. As at Month 7 WWYKD contract portfolio is forecasting a financial overspend of £4.54m (3%), within this projection the RUH contract is forecasted to deliver over performance of £3.55m. The worst case scenario assuming continued high levels of over performance against non-elective activity would increase to 5%. The Urgent Care Programme is currently forecasting QIPP achievement of Nil against the target of £3.629m. A meeting of primary and RUH secondary care clinical leads is being convened by JC to address the Emergency Department / Non Elective position and identify what can be done to reduce demand, recommendations will be taken to the January Clinical commissioning reference board **DTOC:** There are still concerns over the number of excess bed day being utilised by patients waiting for Care Home placements. **Mental Health:** Demand for inpatient beds out strip the number of beds available, and patients are being placed out of area, which has a quality and financial risk, because not on block policy contracts. **RUH**: Wilts CCG are working with Somerset carrying out information analysis deep dive. Practices and localities need to understand where the over performance is, it is not just one problem with a quick fix, conversations are being held with the Clinical Reference Group. KPI tracking investment of £7.1m is in place. Milestone tracker have planned levels return and investment embedded into the plans. Devizes area have seconded a paramedic working with GP on early day visits. **TCOP:** Staff a Westbury and Bradford on Avon are pushing to see	

	investment. **NHS 111**: There are still issues around the quality of staff. Patients are bypassing 111 and going straight to A&E, a large number are being sent out again. TD asked whether there was another way the CCG could influence the way that 111 works as the triage system was flawed by the use of non-clinical inexperienced staffing **Action: ST to speak with Public Health regarding the number of patients going into A & E.** **ACTION: Set up an Internal working group. Finance team to look at GP numbers with Patrick Mulchay** **SARUM**: The portfolio shows a financial forecast overspend of £2.44m (+2.4%). SFT is showing an overspend of £2.350. This position is reliant on successful actions and adjustments totalling £1.071m. **Action: MH to report back at the next finance committee on actions to revert current trend in activity; clinical physiology recording issue; day attenders** **NEW: TW** The contract portfolio is showing a financial forecast overspend of £1.86m (+1.7%) based on month7. GWH acute contract shows determined forecast overspend of £1.29 (+3%), which is reliant on agreement of adjustments, assuming no significant increase in activity level. Other contracts NEW lead on are showing an overspend of £0.57m, with BMI being the main contributor, although Guys and St Thomas have the highest % overspend. PL asked what controls could be put in place to control spend in the independent sector. MH stated that there was very little that could be done to influence choice however referral criteria were key to reducing planned care across all providers. There is no savings from the Optimising Community Services Programme or diabetes programme for 2014/15 however it is assumed that both will deliver savings in 2015/16**. TW to update the committee on the current position in respect to the recruitment of additional community staff.** PL asked if there was any benefit to be realised in 2014/15. **TW to consider and confirm for the next meeting.** NEW QIPP programme financial target £2.2m for GWH (14/15) have schemes in place, however delays in actions have meant the current achievement forecast is £0.45m (14/15). There are actions identified that could improve this achievement. There is an increase in Paediatrics and Working age patients, and work is ongoing looking at patient records at GWH. **TW agreed to report back on this work to the committee for the next meeting**	**PM/Finance** **MH** **TW** **TW** **TW**
FIN/11/11/06	**Medicines Management Recovery Paper** The Maximising prescribing costs savings paper was circulated prior to the meeting by Nadine Fox, Head of Medicines Management. Prescribing have a reported £1m overspend with a forecast of an extra £600k.	

	Savings Options: • Switching 2 branded products to cheaper brands • Singing up to GSK for 3 Primary Care Rebate Schemes (PCRS) for Dabigatran, Rivaroxaban and Seretide. The potential savings are £281,678. (£70,000 in year depending on agreement and implication). The contract would be for 1 year with agreement of a 1 month notice period. The PCRS issues has already been discussed previously at Clinical Exec, against the backdrop of the Bribery Act 2010 and subsequent NHS London Procurement Partnership (who obtained legal advice) principles document. The 3 PCRS are for drugs already on Wiltshire formularies so there is no risk of the PCRS creating prescribing bias. Additional savings can be sought by replacing expensive drugs with equally effective lower cost brands, targeting areas where substantial savings are available and proven brands available via local wholesalers. Switching familiar Cerezette to Cerelle and Yasmin to Lucette Members commented: • TD the hospital have no antidote to bleeding, and data requires monitoring. Haematologists in the Acutes need to agree to the switch. The Trusts need to sign up. The committee were asked to agree to the application of primary care rebates schemes and drug switches listed. The committee agreed that the financial savings are attractive however it was agreed to request the decision to be passed to the clinical executive **Action: The paper to be taken to Clinical Exec for agreement decision.**	**Paper Clinical Exec for Decision**
FIN/11/11/07	**Community TPP** The TPP Community Programme paper for Wiltshire CCG had been circulated prior to the meeting. ST presented the paper which set out the implications for TPP System One community model across all 20 integrated teams, non-core and intermediate care staff working within Wiltshire. Successful implementation of a community system would support the CCG vision of integrated care with Community Services linking together. To date 95% of practices have signed up. The target is to have the 20 clusters working on TPP by June 2015. The proposal to fund the deployment and licences, would require some headroom funding, but the recurrent costs are significantly lower than the previous GWH business case previously put to the Finance Committee. There is a risk that the project could be delayed if the CCG were challenged regarding the requirement for a single tender waiver at the start of implementation, and resources of staff with sufficient TPP knowledge. The system is due to go live in December. The first 3 demonstrator sites will be Bradford on Avon, Calne, Salisbury City., The new community system would be off the ground by February 2015. ST confirmed that a PID will be produced, covering clinical requirements, detail of technical soft and hardware requirements, and changes in culture around information sharing with the Council and single view of the customer programme.	

	Comments: SR enquired about the affordability of costs going forward. Financial implications : ST confirmed that the underspend on the GP IT monies would be used to cover the cost of the implementation and that the ongoing revenue costs would be funded from the current EPEX costs that were being incurred by GWH. PL commented on the recent track record of the CSU, asking if the is a need for more evidence skill set capabilities to gain assurance to deliver. ST replied that there are concerns around provider performance and information management, however IM&T support teams were well staffed and well regarded and therefore the CSU was well placed to deliver the community system replacement.. **Action: The Finance Committee approved the Community TPP scope**	
FIN/11/11/08	**Any Other Business** **Commissioning Intentions** DN presented the draft Commissioning Intentions Paper which had previously been discussed at the 3 Group Executive meetings. The document links with WCCG's five year strategy and the overall objective to deliver care closer to home. The document will go the Clinical Exec for approval before being uploaded onto the CCG website. Date of the Next Meeting 13 January 2015 @ 11.45 aprox	