

CWHHE CLINICAL COMMISSIONING GROUP COLLABORATIVE

Performance Committee

Thursday 15th January 2014, 10:00am-11.30pm
Room 5.4, 15 Marylebone Road

Members in attendance

Trevor Woolley (TW)	Lay member, Hounslow CCG, Chair
Philip Young (PY)	Lay member, CWHHE CCGs
Clare Parker (CP)	Chief Officer, CWHHE CCGs
Nicola Burbidge (NB)	Chair, Hounslow CCG
Ruth O'Hare (ROH)	Chair, Central London CCG
Mohini Parmar (MP)	Chair, Ealing CCG
Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG
Rachel Garner (RG)	Vice chair, West London CCG
Alan Hakim (AH)	Secondary Care Member, CWHH CCGs
John Riordan (JR)	Secondary Care Member, Ealing CCG
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Kathryn Magson (KM)	Managing Director, Ealing CCG
Louise Proctor (LP)	Managing Director, West London CCG
Philippa Jones (PJ)	Managing Director, Hammersmith and Fulham CCG
Sue Jeffers (SJ)	Managing Director, Hounslow CCG
Kiran Chauhan (KC)	Deputy Managing Director, Central London CCG

Non-members in attendance

James Eaton (JE)	Associate Director of Performance and Delivery, CWHHE CCGs
Elizabeth Ogunoye (EO)	Associate Director, NWL CCGs
Simon Hope (SH)	Deputy Managing Director, West London CCG
Elizabeth Youard (EY)	Account Director for Imperial College Healthcare Trust, Hammersmith & Fulham CCG
Tochi Balogun (TB)	Performance and Delivery, CWHHE CCGs
Liz Eckert (LE)	Senior Manager, Attain Commissioning Support
Riordan Hill (RH)	Governance Officer, CWHHE CCGs

	Business Items	Action
1.	Welcome/apologies	
1.1.	Apologies were received from Fiona Butler.	
2.	Declaration of interests	
2.1.	No interests in addition to those previously identified were declared at the beginning of the meeting.	
3.	Minutes from previous meetings	
3.1.	The minutes from the 27 th November and the 11 th December were approved as an accurate record of each meeting.	
4.	Matters arising	
4.1.	The group agreed that all matters arising from the previous two performance committees had been closed and required no further action.	
5.	Terms of Reference update	
5.1	Ben Westmancott introduced the updated terms of reference. It was reported that the update now accurately reflected how the performance committee functioned and the approach taken when tackling big issues.	
5.2	JE added that they also reflected that the performance committee was taking on the role of the system resilience group. This meant that the urgent care working groups reported into this committee.	
5.3	The committee approved the updated terms of reference.	
6.	Urgent Care System project update	
6.1	Louise Proctor introduced a paper that provided an update on the Urgent Care System project for the committee to consider.	
6.2	The project sat across the collaborative to review the service specifications prior to 2015's procurement process, with a view to establishing a clear baseline for the current services and to ensure that the existing service specifications meet the Shaping a Healthier Future requirements.	
6.3	<p>The key principles that had emerged from the workshop held in December were to:</p> <ul style="list-style-type: none"> - maximise primary care capacity; - simplify the services; and - maximise convenience for patients. <p>Patients had specifically stated that they wanted to:</p> <ul style="list-style-type: none"> - be able to contact their GP; - be made to feel safe; and - understand the complexities of the system. 	

6.4	<p>The following points emerged in discussion;</p> <ul style="list-style-type: none"> - Different segments of the population had different needs, and each patient had a different approach to their illness based on their own circumstances; a needs based approach was therefore required. - Advising patients that they would be seen where they turned up could be problematic. A phone call prior to arrival to agree a location, alongside informing them that they were at risk of not being seen without calling in advance, could begin to solve this problem. - As primary care was a finite resource, any solution had to be realistic. Informing patients of these limitations could prove useful. - There was a need for a nationwide approach to this issue and any solution should integrate into the Whole Systems programme. - There was a need to streamline the redirection process as the specification had moved on in the last four years. - The vast majority of Urgent Care Centres could be delivered via community contracts. 	
6.5	<p>Louise Proctor advised that sticking to the current timeline would be challenging as the workshops had highlighted a number of issues that needed to be addressed and requested the support from the committee for an extension.</p>	
6.6	<p>Clare Parker agreed that an extension was needed, but that the procurement implications, including for the duration of the current contract, required examination. and it is a requirement to look at the procurement implications of doing so and how we might extend the current contact.</p>	
6.7	<p>Trevor Woolley stated that this topic should go to the meeting of the CWHHE chairs for further discussion.</p>	
6.8	<p>ACTION: Louise Proctor to circulate a written pack containing the summary of the themes, management of contracts and a first proposal for engagement on these issues.</p>	(LP)
7.	A&E update	
7.1	<p>Trevor Woolley introduced the A&E update paper which raised the following points;</p> <ul style="list-style-type: none"> - Performance across NWL had deteriorated compared to the same period last year and had also deteriorated since September 2014 - As a result of deteriorating performance across London NHSE had introduced a reporting process with twice daily conference calls between CCGs and Trusts providing A&E, with escalation to Chief Officer level if inadequate assurances were provided <p>The following system wide actions have been taken;</p> <ul style="list-style-type: none"> - Extension of NWL conference calls to 7 days a week - Repatriation amnesty declared across the patch in the New Year with all providers making an effort to accept their patients back from other trusts. - A level of attention had been afforded to the number of patients who are medically fit but not formally agreed as DTOC. 	

7.2	Trevor Woolley asked why performance had deteriorated when attendances hadn't increased.	
7.3	<p>The following responses were put forward;</p> <ul style="list-style-type: none"> - There had been a fall in attendances at A&Es including a fall in emergency admissions, apart from at LNWH. This was in line with the modelling under SaHF. - The average length of stay had increased from 4.1 to 4.9 days; it was suggested this was a flow issue brought about by a lack of management and clinical capacity including lack of capacity in the community to aid swifter discharge from hospital. - A&Es were using different systems when a patient saw a clinician and ambulatory care was being underused. - Stronger clinical leadership could help to address the issue - Morale across the clinical workforce might be a contributory factor - There was a cultural element and changing behaviours and approaches to work could have a positive impact - Having senior clinicians available to make the decision when a patient presented at an A&E in the first instance, alongside effective administration, would improve performance. - As this was a bed occupancy issue, an occupancy rate needed to be set to aim at and maintained. This would require all medical staff to be focussed on the full medical journey - There was a need for medical leadership; a medical director needed to be able to take action when medical staff were not supporting the swift medical journey through hospital required. 	
7.4	<p>Clare Parker informed the committee of work that McKinsey had started with Northwick Park, and that has been extended to both Imperial and Ealing. The following work streams had been identified:</p> <ul style="list-style-type: none"> - The first hour in the emergency department - Interaction with the site team after 7pm (Out of hours) - Bed booking and bed management - Simple discharges - Internal delays and cross-cutting hospital wide triggers 	
7.5	<p>It was reported that historical data could be used to trigger responses to help manage certain scenarios. It has been agreed that commissioners could sit on the steering group and actively engage in work where appropriate. Clare Parker stressed the need to bring clinicians in to this process to ensure that any cultural issues were addressed.</p>	

7.6	<p>The following actions were agreed:</p> <p>ACTION: Clare Parker and James Eaton to decide how to most effectively focus a discussion between commissioners and the provider organisations, considering what questions needed to be addressed, and to prepare a letter to provider organisations accordingly.</p> <p>ACTION: This meeting to be booked in.</p> <p>ACTION: The principles that come out of these discussions between commissioners and the provider organisations are reported to urgent care working groups and to BHH equivalent committees to encourage a sector wide approach.</p>	<p>CP & JE</p> <p>JE and RH</p> <p>JE</p>
8.	Performance report	
8.1	It was agreed that the topics of the performance report focussed on A&E and therefore had already been discussed.	
9.	Imperial Update	
9.1	A paper had been circulated prior to the meeting. There was insufficient time to discuss this item, it was noted.	
10.	Any other business	
10.1	Ealing CCG – Property services; Philip Young highlighted problems regarding Property Services and the need for CCGs to work alongside them deliver what was outlined in our commissioning plans. It was suggested that inviting Property Services to discuss these issues with the performance committee could prove to be beneficial. This issue was brought to light in the context of Ealing CCG; however similar problems were confirmed across the collaborative.	
10.2	<p>The following actions were agreed;</p> <p>ACTION: Comments to be emailed to David Cox so that a letter can be sent to the CEO of Property Services and a senior representative from NHSE inviting them to discuss this issue with the committee.</p>	All
11.	Any other business	
11.1	None.	
Dates of next meeting		
<p>Date and time of future meetings:</p> <ul style="list-style-type: none"> • <i>Thursday 5th February</i> • <i>Thursday 12th March</i> • <i>Thursday 16th April</i> 		