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## **Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 2 August 2016 in the Boardroom, Blackpool CCG**

### **Part I**

Present: Mr R Fisher, CCG Chairman  
Dr M Williams, GP Member/Vice Chairman  
Dr A Doyle, Chief Clinical Officer  
Dr S Fairhead, GP Member  
Dr S Singh, GP Member  
Dr S Green, GP Member  
Dr C Augustine, GP Member  
Dr M Martin, GP Member (from GB122/16)  
Mr D G Edmundson, Lay Member  
Mr C Brown, Lay Member  
Mr D Bonson, Chief Operating Officer  
Dr A Rajpura, Director of Public Health

In Attendance: Mrs Y Rispin, Interim Director of Ambulance Commissioning  
Miss P Crawford, Interim Deputy Chief Finance Officer  
Mrs H Lammond-Smith, Head of Commissioning (for GB122/16)  
Mr J Nelson, Complex Case Officer (for GB122/16)  
Miss L J Talbot, Secretary to the Governing Body

Public Attendees: Mrs J Blackburn, Business Development Manager, Spire Fylde Coast Hospitals  
Ms L Rhodes, GP Liaison Officer, Spire Fylde Coast Hospitals

**Welcome and introductions were made at the meeting. In particular, the Chairman welcomed Mrs Rispin to her first meeting of the CCG Governing Body as the Interim Director of Ambulance Commissioning.**

#### **GB120/16 Apologies for Absence**

Apologies for absence had been received from Mr Harrison, Ms Skerritt, Dr Rudnick, Mrs McKenzie-Townsend, Mr Alizai, Mr Cain and Mr Molyneux.

#### **GB121/16 Declarations of Interest Relating to the Items on the Agenda**

**RESOLVED:** That the interests declared by members of the Governing Body as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:  
<http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/our-governing-body/>

#### **GB122/16 Prioritising the Use of Resources**

Mr Bonson spoke to a circulated report regarding the prioritisation process for the use of resources. He explained that there are huge growing pressures on NHS finances both nationally and locally which were primarily due to the slowing down of growth in allocation to the NHS, along with other parts of the public sector, eg, Councils and a rising demand for services. Blackpool CCG has a challenging year and we are required to reduce our expenditure during 2016/17 in order to ensure

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adequate resources are available to fund the services we commission for the people of Blackpool. Mr Bonson explained that the CCG's plan relies upon us reducing our spending by £6.4m (net). Even this does not achieve the business rules set by NHS England. He further explained that the main factors driving the challenges for Blackpool are the underlying shortfall in our allocation - we remain 2.9%/£11.5m under our place based target. There was also an increase in demand for services, particularly elective care which grew by £3.5m in 2015/16 compared with 2014/15. The growth had, therefore, driven our increase in costs predicted for 2015/16 which were unaffordable for the CCG. Mr Bonson took members through the report which covered:

- The financial recovery plan
- Proposals for discussion
  - Managing referrals
    - Implementation of the new GP Plus contract
    - Implementation of the referral management systems
    - Developing further policies for procedures of limited clinical value
    - Prior approval
  - Low priority prescribing

Detailed discussion had been held at the Clinical Leadership Team and a further report would be submitted to the next meeting.

Mr Bonson explained the work taking place in respect of the above issues relating to managing referrals. Discussion ensued regarding the issues brought out of the report and in particular:

- **Prior Approval Scheme** – All providers will be required to seek approval from the CCG before undertaking any procedure. Dr Singh sought clarification on whether BTH colleagues were aware of this. Mr Bonson informed members that discussion on the principles of the prior approval scheme had been held at a senior level. Information would be cascaded and there was an acceptance that we focus on this. All of our providers would be notified.
- **Low Priority Prescribing** – A further list of low priority prescription items had been considered by the Clinical Leadership Team. It was noted that over £800,000 per year could be saved in respect of “over the counter” medicines, such as paracetamol, cough and cold remedies, sunscreens, haemorrhoid preparations etc. Dr Fairhead commented that other CCGs had already implemented a process to reduce this.

The Chairman commented that it was important to have strong support of the Executives and the Clinical Leadership Team. Members noted that detailed clinical discussions had been held via the Clinical Leadership Team and Dr Doyle had been given delegated authority at the previous meeting of the Governing Body to approve processes, rather than delay and then to report back to the Governing Body accordingly. Dr Doyle commented that this was the first stage of the process and we would be rapidly adding to it including procedures and medicines. She went on to say that it was important that the Governing Body agree the principles. It was recognised that there are difficult decisions to be made and it was important that there is Governing Body support. Work was taking place in looking at the least impact on health outcomes. Mr Bonson commented that individual clinical support is required at both practice level and across the locality. The Chairman reiterated that it was important the information is available in the public domain. An engagement plan was being drawn up by the Communications Team to be sent out to the public and it was recognised that this would need to be undertaken fairly quickly.

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Mr Edmundson asked if there had been clear communication to the providers as it was important that the health economy plays their part as well. He went on to say that the whole of the health system needs to work together in order to achieve good outcomes.

**RESOLVED: That members receive the report and agree the process of engagement with the public and other key stakeholders, noting that work would take place with providers to reduce activity.**

**That members be reminded that Dr Doyle had delegated authority to agree the schemes in advance of future Governing Body meetings.**

**Framework Policy for Considering Applications for Exceptionality** – Mrs Lammond-Smith and Mr Nelson spoke to a circulated report and reminded members of the work that had taken place with the CSU and the CCG to develop and agree a framework which underpins the decision making of individual commissioning policies and individual funding decisions across Lancashire. Members were reminded that the Governing Body had ratified the Statement of Principles and General Policy for Individual Funding Decision Making at the meeting on 1 March 2016. However, concern was raised at that time regarding the Exceptionality Policy, specifically the right of the referrer to present the CCG with new guidance around a treatment including the use of a device, medication, intervention or surgical procedure and for the CCG to consider this evidence and waive the existing Commissioning Policy. The Policy for Considering Applications to Make Exceptions or to Waive Commissioning Policies was appended with the report and explained how a referrer can demonstrate that a particular patient is an exception to a clinical policy. A new paragraph had been inserted at 3.6 and the title of the document had changed. The concept and definition of exceptionality had been left intact retaining consistency with the rest of pan Lancashire. However, it had added the opportunity for Blackpool CCG to waive the policy in the event of overriding guidance being issued. Members were informed that on waiving the policy and granting exceptionality to the policy were, therefore, two different things. It was recognised that sharing the same framework documents across Lancashire would ensure consistency in processing individual funding requests and making funding decisions.

Mr Edmundson confirmed that the wording at paragraph 3.6 within the policy clarified his query raised at the Governing Body meeting held on 1 March 2016.

**RESOLVED: That the Governing Body:**

- **Note the amendments to the policy.**
- **Ratify the policy for considering application to make exceptions or to waive commissioning policies.**
- **Support the remaining work in relation to the development/review of clinical policies.**

**Thanks were conveyed to Mrs Lammond-Smith and Mr Nelson and they left the meeting.**

#### **GB123/16 Establishing the Joint Committee of Clinical Commissioning Groups (JC CCGs)**

Mr Bonson spoke to a circulated report and reminded members of the discussion held at the May meeting of the Governing Body regarding the establishment of a Joint Committee of Clinical Commissioning Groups (JC CCGs) at which the draft Terms of Reference (ToR) were submitted.

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Attached to the Executive Summary presented to members was a further draft of the ToR of the JC CCGs sent to the voting and non-voting membership organisations. A minute of the decision made by the Governing Body was required in order to establish the JC CCGs and to commence the next phase of the Healthier Lancashire and South Cumbria Change Programme.

**RESOLVED:** That members of the Governing Body:

- Agree the revised draft JC CCGs ToR and note the amendments.
- Note that the ToR and the notes on creating the JC CCGs which offers definitions and an explanation remain draft, but that these were not detrimental to establishing the JC CCGs.
- Agree that a minute of the decision be sent to the Healthier Lancashire and South Cumbria Change Programme.
- Agree that in order to allow a first meeting to be called, the voting representatives to be included on the JC CCGs from Blackpool CCG will be Mr Roy Fisher, CCG Chairman and a Clinician on the Governing Body (name to be provided once the dates and times of meetings are agreed).
- Agree that where applicable, the necessary steps will be taken to amend the CCG's Constitution.
- Note the next steps as outlined within Section 7 of the report.

**GB124/16 Any Other Business**

There were no issues.

**GB125/16 Date, Time and Venue of Next Meeting**

The next meeting would be held on Tuesday, 6 September 2016 at 1.00 pm in the Boardroom, Blackpool CCG.

**EXCLUSION OF THE PUBLIC**

*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".*

*(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).*

*The meeting closed.*

*Minutes approved as a correct record.*

**CCG Chairman** .....

**Date** .....