

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:14.....

Date of Meeting:29th June 2018.....

TITLE OF REPORT:	CCG Executive Update	
AUTHOR:	Su Long, Chief Officer	
PRESENTED BY:	Su Long, Chief Officer	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	To update board members on decisions taken at the Executive, within the Scheme of Delegation, that has a financial, reputational or operational impact.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver Year 3 of the Bolton Locality Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	√
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to note the content.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	All items will have been through the CCG Executive. Most items will have been to other relevant committees/groups dependent on topic.	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of interest are reviewed at every meeting.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients, carers or the public will have been involved as required for each individual topic area.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	Each topic will have been individually assessed for equality impact as required.	

CCG Executive Update

1. Executive Summary

- 1.1 Under the Scheme of Reservation and Delegation - appendix D of the NHS Bolton CCG Constitution a number of decisions are delegated to the CCG Executive.
- 1.2 Where these decisions are of an operational, financial or reputational matter, they will be reported to the Board within this CCG Executive Update.
- 1.3 Decisions between 23rd May and 13th June 2018 are contained within this report.

2. Business case for the delivery of a Bolton Frenulotomy [Tongue Tie] Service

- 2.1 The Executive was informed that currently Bolton patients travel to Oldham or Stockport for this service as it is not currently provided at Bolton FT, but Bolton FT is keen to provide a service locally. The FT does have experience and capability to provide a service as they offer a private midwife service at a cost to the patient.
- 2.2 The Executive recognised that access currently offered to Bolton people was not good and that offer of choice from Bolton as a capable provider was appropriate.
- 2.3 The Executive supported the delivery of a local service at comparable tariff with contractual arrangements to be formalised. It was recommended that this service is monitored on a regular basis in relation to numbers attending. The CCG will recommend an Effective Use of Resource policy at a Greater Manchester level is developed to ensure clinical effectiveness and consistency of offer.

3. Lung and Colorectal Faster Diagnosis

- 3.1 Transformation and Vanguard funding has contributed to speeding up first assessment and diagnostics for lung, lower and upper GI cancer faster diagnosis.
- 3.2 The paper outlined what has been put into place currently, noting significant reductions being seen in the pathway for lower GI by 9 days and lung by 4 days.
- 3.3 Efficiencies through the colorectal pathway should be seen by continued investment into nursing requesting £26,418 recurrent funding from 2018/19 to provide a 0.6 wte B6 nurse to support the lung faster diagnosis pathway and £26,418 non recurrently in 2018/19 to provide a 0.6 wte B6 nurse to support lower GI faster diagnostic with recurrent funding to be reviewed upon publication of the GM pathway.
- 3.4 The Executive noted the report recognising the investment into the cancer nursing service. Discussion took place in relation to taking activity out of consultant clinics, realising this cost and taking into account when setting the contract the wider strategic financial conversations going forward.
- 3.5 The Executive supported the investment for the recurrent and non-recurrent nurse support posts should be made in CCG Financial Plans.

4. A&E Audit

- 4.1 An overview of the results from a recent audit undertaken in A&E was presented to the Executive.
- 4.2 Of the 113 patients audited in one afternoon, it was concluded that 65 patients, 57.5%, were appropriate for an A&E attendance. Of the 65 deemed appropriate for A&E, further opportunity was identified for alternative management of some of these patients, rather than the traditional A&E model. For example, 15 patients could have been streamed straight to X-ray, 8 could have bypassed triage straight to minors, and 4 could have potentially bypassed triage straight to a physiotherapist.
- 4.3 The Executive discussed the findings, recognising the potential to expedite flow by streaming and improving pathways. Presentation to be made to the Urgent Emergency Care Board meeting and feedback to relevant teams and GP practices to be given.

5. Elective Orthopaedics – Proof of Concept Pilot

- 5.1 A report outlining a proposal in relation to piloting an orthopaedic operating list at Wrightington, Wigan and Leigh Foundation Trust (WWL) for Bolton patients was considered by the Executive.
- 5.2 The proposal forms part of the plan to meet 18 week referral to treatment targets. The Executive recognised that this proposal provides a choice to patients of undergoing their procedure at WWL with their Bolton surgeon, which is supported by the NHS constitution.
- 5.3 It was confirmed this will be delivered at no additional cost to the CCG as this has activity has been contracted for as part of 18 week treatment achievement. A sub contractual arrangement will be made between providers.
- 5.4 Following confirmation that this pilot provides additional capacity for Bolton patients on top of that provided already at Bolton FT, the Executive confirmed the need for the CCG to approve the Standing Operating Procedures and require reporting on planned and actual activity, cancellations, impact on waiting times, number of people accepting this choice and patient feedback.
- 5.5 The Executive confirmed support for a 6 month period on the basis this was additional capacity already contracted for and requested that appropriate KPIs are put into place.

6. Recommendations

- 6.1 It should be noted that all other discussions at Executive which require decision are on the Board agenda.
- 6.2 NHS Bolton Clinical Commissioning Group Board is asked to note the content of this paper.

Su Long
Chief Officer
June 2018