

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
 BOARD MEETING**

**14<sup>th</sup> August 2018**

<b>Title of the report:</b>	Quality Report
<b>Section:</b>	For Information
<b>Report by:</b>	Pat Ford, Interim Deputy Chief Nurse
<b>Presented by:</b>	Gillian Adams, Lay Member

<b>Report supports the following West Leicestershire CCG's goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

<b>Equality Act 2010 – positive general duties:</b>
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on the latest quality issues and developments
Discussed by	Quality and Performance Committee on 15 <sup>th</sup> May 2018
Environmental Implications	Not Applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**Quality and Performance Committee  
17<sup>th</sup> July 2018**

**INTRODUCTION**

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last committee meeting in May 2018 and that includes:
  - LLR CCG Mental Capacity Act Policy
  - LLR Care and Treatment Review Policy
  - Rebate Scheme for Convatec
  - Implementation of NHSE Guidance on Conditions for which over the counter items should not routinely be prescribed in primary care

**LLR CCG Mental Capacity Act (MCA) Policy**

2. The committee was presented with an up-dated and amended MCA policy by the LLR CCG Designated Nurse for Safeguarding that had been endorsed by the LLR CCG Safeguarding Group in April 2018. The policy outlines how Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, will discharge the statutory obligations of the Mental Capacity Act 2005 (MCA) within their commissioning duties. The Mental Capacity Act 2005 (MCA) is a statutory framework that is intended to assist and support people who lack capacity to make decisions for themselves, or have capacity and want to make preparations should they lack capacity in the future. The act aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make particular decisions. The act provides a framework for anyone who is making these decisions on their behalf.
3. The policy up-date has reflected review of the MCA, Deprivation of Liberty Safeguards and the new requirements of the General Data Protection Regulations. The LLR CCG MCA Policy aligns with the LLR multi agency MCA guidance.
4. The committee approved the LLR MCA Policy

**LLR Care and Treatment Review (CTR) Policy**

5. The LLR CTR Policy has been developed in response to NHSE requirements for CCGs and Transforming Care Partnerships to have a local CTR Policy. The policy applies to Leicester Leicestershire and Rutland (LLR) Clinical Commissioning Groups (LLR CCGs), Leicester City Council, Leicestershire County Council, Rutland Council, and Leicestershire Partnership Trust.
6. The policy describes the way CTRs and Local Area Emergency Protocol (LAEP) will be managed across LLR health and social care services. LAEP is a process for admission avoidance for people on the 'At Risk of Admission' register and who are residing in the community.

7. The policy has been developed to ensure that there is a shared understanding of the systems and processes to be used for CTRs. In the CCGs the policy specifically applies to the Chief Nurses and their deputies who chair the CTRs.
8. CTRs have been developed as part of NHSE commitment to improving the care of people with learning disabilities, autism or both -with the aim of reducing unnecessary admissions, avoidance of prolonged stays in hospitals and reducing health inequalities.
9. Specific elements of the local policy include the following:
  - Local population based data, including how many CTRs are anticipated for the locality.
  - Local risk criteria used to define the 'At Risk of Admission' population.
  - Governance arrangements locally including who is responsible for the at risk of admission register, the process for managing the register, any information sharing agreements in place between parties, where the register is held, who is responsible for updating the register and how it gets reviewed, and updated.
10. A significant change in CTR policy has been the adoption of the Key Lines of Enquiry (KLOE) approach to the structure of CTRs. Currently CTR revised template is being reviewed by NHSE due to operational challenges.
11. The LLR CTR policy has been presented to the LLR Transformation Care Partnership organisations in January/ February 2018, following which minor amendments have been made based on feedback.
12. The committee approved the LLR CTR Policy

### **Rebate Scheme: Approval of rebate for Convatec**

13. Primary care rebate schemes are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates on GP prescribing expenditure for particular branded medicine(s). They provide an alternative method, which allows industry to deal with reference pricing, and by which costs of medicines to the primary care sector can be reduced within the constraints of the global pricing environment. They also enable retrospective refunding of money back to the NHS. This allows suppliers the commercial flexibility to achieve the following:
  - Offer NHS organisations a lower price without adjusting list price. This prevents parallel trade and maintains the UK list price as a European reference point.
  - Develop a commercial approach specific to individual organisations or groups of organisations.
14. There are potentially significant opportunities to improve the efficient use of the prescribing budget, facilitate access to valuable products for patients and contribute to QIPP efficiencies.
15. The new rebate scheme for Convatec (small range of primary care dressings) has been reviewed by Presqipp Pharmaceutical Industry Scheme Governance Review Board and assessed and approved by the LLR Medicines Optimisation Committee. The potential annual income is approximately £5,200 per annum.
16. The CCG for this rebate scheme will follow the LLR CCG Principles for Managing Rebates on Prescribed Products in Primary Care Policy. This guidance provides a set of underlying principles and a governance framework to manage the implementation of rebates as offered by the Pharmaceutical Industry.

17. The committee approved the rebate scheme for Convatec

**Implementation of NHSE Guidance on Conditions for which over the counter items should not routinely be prescribed in primary care**

18. In Jan 2018, following a national consultation, NHSE produced guidance for CCGs on conditions for which over the counter items should not routinely be prescribed in primary care. The expectation is that CCGs take the proposed guidance into account in formulating local policies, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective. This now gives the opportunity to align guidance across the three Leicestershire CCGs and reduce variation in practice.

19. The paper presented described:

- The differences between current WLCCG guidance on self-care for minor ailments and the NHSE national guidance on “which over the counter items should not routinely be prescribed in primary care”.
- How the national guidance would be implemented across LLR taking into account that each CCG within the Leicestershire area had different guidelines in place and the impact on WLCCG.
- The public consultation undertaken by WLCCG on its own guidelines, and the requirement to move towards LLR guidelines.

20. Discussion and consideration focused on whether the WLCCG and NHSE guidance were different enough to warrant a further public engagement exercise or whether the initial engagement exercise would suffice.

21. The committee agreed that a local engagement exercise would be beneficial across the WLCCG Patient Participation Groups (PPG).

22. The Committee approved an engagement exercise via local PPGs .

**RECOMMENDATIONS:**

The West Leicestershire Clinical Commissioning Group Board is requested to:

**RECEIVE** the contents of the report.