

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

08 May 2018

Title of the report:	Quality Report
Section:	Quality, Maintaining and Improving High Quality Care
Report by:	Amy Linnett, Quality Lead
Presented by:	Caroline Trevithick, Chief Nurse & Quality Lead

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

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 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.

Additional Paper details:	
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 17 th April 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
17th April 2018**

INTRODUCTION

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last meeting in April 2018 and that includes:
 - Excess Treatment Process and TANDEM study
 - Transferring Care Safely
 - Rebate approvals
 - Performance Report – Clinical Navigation Hub proposed deep dive

Excess Treatment Process

2. A review of excess treatment costs (ETCs) attached to research has been undertaken by the Leicester City CCG Research and Development Lead. The review outlined historic, current and projected spend for ETCs with an overview of studies with associated ETCs.
3. A Standard Operating Procedure (SOP) has also been developed for the process of approving ETC requests, which required approval prior to consideration of further studies.
4. Currently, no budget exists for excess treatment costs and the item remains on WLCCG finance and planning risk register. £5,000 – £6,000 has been spent on ETCs in 2017/18 and this amount has been included in the plan for 2018/19.
5. The Quality and Performance Committee:

APPROVED the Revised Approval Process for Excess Treatment Costs sign-off; subject to the amendments below.

APPROVED the QPC as the appropriate WLCCG committee to sign off ETC approval.

APPROVED the Standard Operating Procedure for ETCs for WLCCG.

APPROVED an ETC budget indicative of the 2017/18 spend.

APPROVED a minimum threshold of £2000 ETC per study (over the lifetime of the study) for WLCCG (in line with the NHSE ETC consultation). It is expected that providers would absorb costs below this threshold. (This has already been approved by ELR CCG and LC CCG committees)

AGREED that each ETC above the proposed minimum threshold and up to £3000 per study (over the lifetime of the study) be approved by the Q&P on an individual basis

Transferring Care Safely

6. The Transferring Care Safely Interface Group (TCSIG) has the overall function of understanding and improving the transfer of care processes as patients move between partners within Leicester, Leicestershire and Rutland (LLR).
7. The TCSIG have created a PRISM reporting page and supplementary guidebook which has been successfully rolled out, in piloted stages across LLR General Practice. Currently, concerns are reported for UHL, and 2 LPT directorates; however there is a plan to roll out to the remaining LPT directorate shortly.
8. Engagement and input from UHL had been positive, communications have improved and there is greater awareness of both the reporting process and the issues raised, resulting in positive system improvements. UHL have identified a lack of capacity within their GP

services team to continue processing, responding to and chasing consultant investigations. This had been raised to UHL executive Board.

9. LPT have proportionately less concerns and therefore the addition of remaining directorate to go live on PRISM was priority for the second LPT phase of roll out.
10. The TCSIG thematic review and analysis of data has moved at pace, enabling the identification of highest concerns by speciality and the appropriate actions needed to improve and strength the transition patient care. The TCSIG identified suggested resolutions to improve system working that required further support:
 - Clinical input and review of any changes to UHL discharge letter templates
 - Formation of a task and finish group to understand and aim to improve the process of returned letters for deducted patients.
 - Send out GP survey to clarify care home patient acceptance parameters
 - Formation of a task and finish group to understand and aim to resolve the handover issues to general practice from GPAU / ED
11. The Quality and Performance Committee:

APPROVED the suggested resolutions from the TCSIG subject to engagement with UES team on existing GPAU review

IDENTIFIED the process for STP to request UHL to review resources and capacity within the GP Services team; this will enable more efficient processing, investigation and response to GP Concerns.

IDENTIFIED the appropriate escalation route within LPT to ensure the timely roll out the remaining directorates (importantly community health services) and a streamlined approach for GPs reporting into LPT

Rebate Approvals

12. The suggested rebate schemes for 2018/19 have been reviewed by Presqipp Pharmaceutical Industry Scheme Governance Review Board and assessed and approved by the LLR Medicines Optimisation Committee. The potential annual income was approximately £20,000 comprising of:
 - Xaggitin- potentially £6,000 if 60% patients are switched to this preparation.
 - Gluco Rx Medley £13,000
 - Edoxoban- although this is an LLR Formulary item there is very little prescribing and the rebate potential is <£1,000

13. The Quality and Performance Committee:

APPROVED the rebate schemes

Performance Report – Clinical Navigation Hub proposed deep dive

14. An overview of performance assurance data for WLCCG was discussed including an overview of the high risk indicators and remedial actions in place for commissioned contracts across LLR.
15. The Committee referred to services provided by DHU and suggested a deep dive at the May Quality and Performance meeting with an aim of having more visibility of the service areas, in respect of the clinical navigation aspect of the contract. It was agreed it would be useful to see a comparison with the original service aims.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the contents of the report.