Notes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 04 October 2018 13:00-16:00
South Ribble Borough Council, Civic Centre, West Paddock, Leyland, Lancashire, PR25 1DH

Phil Watson (Chair)	Independent Chair	JCCCGs	Attended
Voting Members (one vote per CCG)			
Penny Morris	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
David Bonson	Chief Operating Officer	Blackpool CCG	Attended
Roy Fisher	Chair	Blackpool CCG	Attended
Dr Richard Robinson	Chair	East Lancashire CCG	Attended
Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
Gora Bangi	Chair	Chorley South Ribble CCG	Attended
Mark Youlton	Chief Officer	East Lancashire CCG	Attended
Jerry Hawker	Chief Officer	Morecambe Bay CCG	Attended
Dr Adam Janjua	GP and Vice Chair	Fylde and Wyre CCG	Attended
Mary Dowling	Chair	Fylde and Wyre CCG	Attended
Debbie Corcoran	Lay Member	Greater Preston CCG	Attended
Sumantra Mukerji	Chair	Greater Preston CCG	Attended
Clive Unitt	Lay Member	Morecambe Bay CCG	Attended
Doug Soper	Lay Member	West Lancashire CCG	Attended
In attendance			
Andrew Bennett	Executive Lead Commissioning (ICS)	Healthier Lancashire and South Cumbria	Attended
Denis Gizzi	Chief Officer	Chorley and South Ribble and Greater Preston CCG	Attended
Lawrence Conway	Chief Executive	South Lakeland District Council representing also Barrow and Lancaster City Councils	Attended
Elaine Johnstone (Item 6)	Chair, Commissioning Policy and Implementation Group	Midlands and Lancashire Commissioning Support Unit (M&L CSU)	Attended
Rebecca Higgs (Item 6)	IFR Policy Development Manager	Midlands and Lancashire Commissioning Support Unit	Attended
Harry Catherall	Chief Executive	Blackburn with Darwen Borough Council	Attended
Marcus Safadi	Staff and Engagement Lead	Healthier Lancashire and South Cumbria	Attended
Amanda Doyle	Chief Officer	Healthier Lancashire and South Cumbria	Attended
Andy Curran	Medical Director	Healthier Lancashire and South Cumbria	Attended
Carl Ashworth	Strategy and Policy Director	Healthier Lancashire and South Cumbria	Attended
Gary Raphael	Finance Director	Healthier Lancashire and South Cumbria	Attended
Mitchell Gadd	Freshwater	Healthier Lancashire and South Cumbria	Attended
Neil Greaves	Communications and Engagement Lead	Healthier Lancashire and South Cumbria	Attended
Gaynor Jones	Executive Assistant	Healthier Lancashire and South Cumbria	Attended
Apologies			
Jane Cass	Locality Director	Healthier Lancashire and South Cumbria	
Paul Kingan	Chief Finance Officer	West Lancashire CCG	
Geoff Jolliffe	Clinical Chair	Morecambe Bay CCG	
Katherine Fairclough	Chief Executive	Cumbria County Council	
Sir Bill Taylor	Chair	Healthwatch Blackburn with Darwen	
Dean Langton	Chief Executive	Pendle Borough Council	
Allan Oldfield	Chief Executive	Fylde Borough Council	
Angie Ridgwell	Interim Chief Executive	Lancashire County Council	
Louise Taylor	Executive Director of Transformation	Lancashire County Council	

A.	Standing Items	Action
1	**Welcome and Introductions** The Chair explained the new meeting arrangements that had been put in place following comments from the last meeting. The Chair stated that this is a joint business meeting of the Clinical Commissioning Groups (CCGs) held in public. The Chair confirmed that together with Andrew Bennett, a pre-meeting had taken place with members of the public to introduce the agenda and to take questions about this. The Chair informed members that a question and answer session would also take place at the end of the meeting relating to the items on the agenda only. Any questions raised that cannot be dealt with in the time available, would be responded to outside of the meeting. The Chair welcomed members to the meeting and introductions were made.	
2	**Apologies** Apologies were noted and listed above. The Chair informed the committee that the meeting was being recorded and would be available on YouTube after the meeting.	
3	**Declarations of Interest** The Chair reminded members present that if during the course of the meeting a conflict of interest subsequently became apparent, it should be declared at that point. Gora Bangi declared an interest as a GP provider. G O'Donoghue subsequently declared an interest in Item 6e, policy on commissioning for glucose monitoring.	
4	**Minutes from previous meetings for ratification** 4a Minutes of the public meeting held on 05 July 2018. The minutes were agreed as an accurate record. The Chair thanked Mary Dowling and A Bennett for their input in reviewing the minutes. 4b Minutes of the public meeting held on 07 June 2018. The minutes required a minor amendment. Dr Tony Naughton was in attendance and had not sent apologies. **RESOLVED**: The Committee agreed the minutes subject to the minor amendment to the June minutes.	
5	**Action Matrix review** The item on mental health prevention was to be discussed at a later date.	
B.	**Improving Population Health**	
6	**Commissioning Policies** Elaine Johnstone introduced the item and explained the context on the work of the Commissioning Policy Development and Implementation Group (CPDIG). The Group was established to enable the eight CCGs to address areas where commissioning policies were required to ensure the most evidence-based and effective use of NHS resource equitably across the whole of Lancashire and South Cumbria (L&SC). A briefing paper outlined the process used by the CPDIG to develop and review policies including comprehensive and robust evidence reviews, clinical involvement, public engagement and equality and impact assessments. The outcomes of this process were reviewed by the CPDIG in order to make recommendations on each of the policies. E Johnstone stated that the first page of each policy noted the changes made and informed members that all the policies had the ability for an individual case to be considered as an exception to a policy, through the individual funding request process. **a)** ***Policy for photorefractive surgery for the correction of refractive error*** The CPDIG had reviewed the clinical evidence for any changes. The CPDIG concluded that this is not an intervention that is an appropriate use of NHS resources and the rationale for this was explained. E Johnstone asked the	

Committee if they were willing to ratify the policy.

The Chair asked if there were any questions or comments relating to the policy.

S Mukerji requested clarity on the process of the public and patient engagement.
E Johnstone informed members that a tiered approach to public engagement had taken place on the basis of whether it was a new or existing policy with proposed changes. This engagement was carried out through CCGs' websites and online surveys. E Johnstone pointed out that this was an existing policy with no substantive changes made to it.

RESOLVED: that the Committee agreed the policy.

b) ***Excision of Uterus for the management of heavy menstrual bleeding***
E Johnstone advised that this policy had existed in individual CCGs, was consistent in approach and had now reached its review date.
E Johnstone added that the updated National Institute for Health and Care Excellence (NICE) clinical guidelines had been published during the lifetime of this policy and those guidelines had been applied in the policy review. Neither consultation with clinicians or the public nor the equality impact assessment had led to any proposals to change the policy. E Johnstone asked if the Committee was willing to ratify the policy.

The Chair asked if there were any questions or comments relating to the policy.

Dr A Janjua informed members that he would have liked to have seen alternative medical treatments being attempted first. E Johnstone accepted Dr Janjua's comment and advised members that legal advice had been taken regarding this issue and the advice was that the wording was not to differ from the extant NICE Guidelines.

P Morris questioned the reason why the review date had not been included on the policies. R Higgs informed members that the review date would be inserted post ratification of all the policies. If new NICE Guidance was issued during the period or if there was a major piece of clinical evidence on effectiveness or safety of any of the intervention, this would prompt an earlier review.

RESOLVED that the Committee agreed the policy.

c) ***Policy for managing lower back pain – spinal injections and radiofrequency denervation***
E Johnstone informed members that this policy had begun life in Pennine Lancashire (East Lancashire and Blackburn with Darwen CCGs). Once Lancashire-wide arrangements had been established this was recognised as an area which would benefit from a Lancashire-wide policy. Managing back pain is a common issue across the whole of L&SC and while there were policies in existence elsewhere, they varied in scope and access criteria.

The Chair asked the Committee if there were any questions or comments relating to the policy.

J Hawker, S Mukerji and M Dowling sought clarity about aspects of the policy.

A Bennett stated that in light of these comments it would be appropriate to make further clarifications and bring the document back for ratification at the November meeting. The Committee agreed to this.

Action: E Johnstone/R Higgs

RESOLVED: that the Committee was to receive the re-drafted policy in November.

d) ***Policy for the management of otitis media with effusion (OME) using grommets***

E Johnstone explained that existing CCG policies were in force which had reached their review dates and they were consistent across Lancashire. An evidence review had again been undertaken followed by clinical and public consultation and an equality impact assessment none of which led to proposals to change the access criteria in the policy. Therefore the policy was unchanged and in line with extant NICE guidelines.

RESOLVED: that the Committee agreed the policy.

e) *Policy for the provision of Insulin Pump Devices*

E Johnstone informed members that this policy had been the subject of a mandatory piece of NICE Guidance called 'Technology Appraisal 151' originally published in 2008. E Johnstone informed members that the policy was entirely in line with the conditions in the NICE guidance.

The Chair asked if there were any questions or comments relating to the policy.

M Dowling commented that section 1.1 seemed to be out of place in the document
R Higgs informed members that section 1.1 was meant to be read in conjunction with section 1.2.

RESOLVED: that the Committee agreed the policy.

f) Policy for the provision of Continuous Glucose Monitoring (CGM) and Flash Glucose Monitoring devices

G O'Donoghue declared a personal interest in this item. The Chair agreed that G O'Donoghue could remain in the room but could not take part in the discussions.

E Johnstone informed members that the context of this policy was more complex than the others presented. The overall intent of the policy was to give a single clear position on access to both types of glucose monitoring device to address existing variation in patient access to CGM devices across L&SC and enable the provision of access to new technology - Flash Glucose Monitoring devices for the first time. The recommendation in the draft policy was aimed at allowing those patients who are most likely to benefit, based on the current evidence, to access a device and to be consistent about all the devices across L&SC.

The Chair asked if there were any questions or comments relating to the policy.

Dr A Janjua thought that the policy could have cost ramifications for the health economy and raised concerns about the clinical response to patients with a fear of hyperglycaemia. E Johnstone provided assurance that the expectation of the policy was that these devices would be initiated and continuously managed through Specialist Services and one route as a GP would be to request Specialist Services to review the specific needs of an individual patient.

J Hawker requested that a review of patient outcomes and financial implications of the policy should take place much earlier than the three-year life of the policy.
E Johnstone confirmed to members that the CPDIG will monitor the policy impact.

G Bangi requested clarification if the clinical scrutiny was in line with best practice and NICE Guidance. E Johnstone informed members that continuous glucose monitoring was aligned to NICE clinical guidelines. Flash glucose monitoring did not have NICE clinical guidelines at the present time.

RESOLVED: that the Committee agreed the policy

Dr A Doyle added that it was vital to standardise some of the policies as new products are constantly being provided that can benefit patients and therefore worthy of investment. Dr Doyle informed members that there is work going on nationally around the clinical effectiveness of interventions and we may find that we need to

	bring policies back for review to align with the national standards and some policies are going to be affected by ongoing consultation. E Johnstone confirmed that the current national proposals in the consultation were in line with our policies. A Bennett thanked E Johnstone and R Higgs for their detailed work and reiterated the five ratified policies: • Commissioning photorefractive surgery for the correction of refractive error • Excision of the Uterus for the management of heavy menstrual bleeding • The management of otitis media with effusion (OME) using grommets • The supply and funding of Insulin Pumps for patients with diabetes mellitus • The provision of continuous glucose monitoring and flash glucose monitoring to patients with diabetes mellitus It was agreed that one policy (*policy for managing lower back pain - spinal injections and radiofrequency denervation*) was to come back to the November meeting following further drafting and clarification.	
7	**Consultation Framework** G Raphael presented the final draft of the Engagement and Consultation Framework which had been created to support the effective coordination of major service changes across L&SC and ensure that the legal responsibilities of CCGs were fully addressed. G Raphael confirmed that the framework also gives the public and other stakeholders a clear view on how the NHS in L&SC is expecting to undertake these activities. The intention is for any engagement involvement, pre-consultation and formal consultation for large service change within L&SC should be subject to the framework. To clarify what is being asked of the Committee G Raphael stated that the framework is a mixture of legal and other mandatory requirements together with aspirational aspects relating to best practice. The Committee was asked to adopt the document as their framework. L Conway responded by saying it was an excellent document and commended the hard work from a local authority perspective. Not only did the local authority welcome the consultation and engagement but also their involvement in the process. L Conway requested rewording on page 18, fourth paragraph, second sentence to read: “local campaign groups sometimes seek Judicial Review of the public decisions”. This change was agreed. G Bangi noted that Lancashire Care Foundation Trust was reported as an overarching organisation but it is also a local organisation to some areas as a provider of community services. M Dowling stressed the importance of all levels of service being involved in major changes to avoid the framework becoming too centralised. A Bennett emphasised that the framework helps the JCCCGs to discharge its duties for communication and engagement more effectively in the public domain to be credible, coherent, evidence-based and honest. **RESOLVED**: that the Board agreed the document as the policy for consultation, subject to the suggested improvements being made.	
8	**Overview: Our Health Our Care (OHOC)** The Chair noted that this item was being presented for information. It was understood that any consultation arising from the OHOC programme in Central Lancashire will be carried out by Greater Preston CCG and Chorley and South Ribble CCG.	

	D Gizzi explained the purpose of the overview and noted two very specific objectives: • to provide an executive overview of the work of the Central Lancashire Integrated Care Partnership (ICP) to transform the whole of the care system; • to provide an update on the acute sustainability element of the programme. D Gizzi presented the triple aims of the Central Lancashire ICP, which are to improve population health outcomes, the quality of care and that other service received provides best value to the public. D Gizzi outlined the seven strategic platforms and areas for development under the OHOC programme. He informed members that the public and patients are included in every part of the consultation process and public engagement was to continue. A timeline was put forward for pre-consultation and engagement with the local population. Following the local election period in 2019, it was expected to move to a formal consultation with the public. D Gizzi requested that the Committee accepts the update and confirmation of the processes as described to manage the acute sustainability, including the pre and post-election engagement consultation processes. The Chair thanked D Gizzi for the presentation and asked for any questions or comments. From a question raised by D Soper whether specialised services was part of the remit, A Bennett informed members that ad this process develops, if there are any potential impacts on some specialised services, the Committee needed to clearly understand those from a whole L&SC perspective. **RESOLVED:** that the JCCCGs accepted the update and confirmation of the processes to manage the acute sustainability.	
9	**Any other business** None reported.	
10.	**Date and time of next meeting:** 01 November, Morecambe Bay CCG, Moor Lane Mills, Lancaster at 13:00 with a pre-meet with the public at 12:30.	

Questions from the public

The Chair asked if members of the public wished to raise questions in relation to any items on the agenda.

Q: Acute mental health care and the impact of a reduction in-patient beds. If there was any reasoning behind the decision and if there is support to alleviate the reduction in in-patient beds, as it falls on families if they can't get an in-patient bed and there is stress within community mental health teams to find beds. Was there any provision where that risk can be reduced or catered for or if there is any support for families in those situations?

A: A Bennett provided a response: There are pressures in the mental health system particularly with acute illness that needs in-patient treatment. CCGs in Lancashire are working with the Lancashire Care Trust to identify a range of actions, some long and some short term, as to how we try to reduce some of the pressures. One of the very specific actions we have begun is a piece of work with another mental health Trust Northumberland Tyne and Wear (NTW) who are undertaking a peer review of services in Lancashire and looking at pressure in demand, flow patient experience and staff experience. This began in September and the results are expected in November. This is an example of how commissioners and providers are trying to work together. If there is anything more specific at the end of the meeting we can try to get a more precise answer to that question.

Q: on behalf of M Morgan was relayed to members:
'*re engagement, excellent start to develop the necessary level of public participation but it is clear that at the highest level i.e. the Board there is none, yet the Board leads on definition and more so what is eligible consultation. Repeatedly the document reinforces the need for public engagement, especially*

from representative bodies: MPs. Councillors trade unions, councils, community campaigns. Could it not be considered to have engagement at every level? There is a distinct lack of adequate representation at every level of decision making and none with lay members and public bodies in our experience. I am a member of Chorley A&E campaign and we did publicise the OHOC meeting which meant we had a better turn out'.

Q: Would the lay person for the (Chorley and South Ribble) CCG attend some of the meetings to keep us informed. He must be very well informed on what is going on and we would like to perhaps see him at some of our meetings.

A: G O'Donoghue welcomed the publicity from the Chorley A&E Group and responded by saying that from a CCG's point of view we constantly ask after our events how we can do things better. There is a clear issue that we could do better and in terms of attendance at a campaign group, the role of a Lay Member is to ensure that processes are accurate.

Q: Do you have a budget for public engagement as this was not seen in newspapers or leaflets. The public get text messages all the time about flu jabs but could we not have a text from GP surgeries in the same way to announce these meetings to get the public engaged at a higher level.

A: G Raphael informed members and members of the public that money has been put aside to develop ICS (L&SC) communications and engagement teams. We are also looking at linking with local engagement teams and between a central and local team to do a better job than at present. Within the budget we have identified up to £1m to be able to do this better than in the past. Part of that money is being used this year to supplement resources and the CCGs in Central Lancashire are devoted to this project. Freshwater specialises in supporting public bodies to use the most modern techniques to consult the public and that is something that we want to fund to make sure we do it properly. We are making sure that a good level of consultation is achieved and that resources have been devoted to doing that. It was recorded that the use of NHS acronyms was a problem for some members of the public.

A: A Doyle picked up the question regarding decision making and lay involvement and informed that there is at least seven or eight members of the JCCCGs who are here to bring lay perspectives to decision making to ensure we understand this. Some of our lay members have local responsibilities within CCGs around public engagement. There are different ways of communicating, all of which have pros and cons. Very few people read local newspapers but there are those that do just that and do not look at social media so we have to cover all angles, and we also have to look at resources as it costs thousands of pounds to put information in local papers. We do talk to the local press but we do not want to spend thousands on adverts if there are other ways to get the messages out, as you equally would not want us using NHS and local authority resource not in the most effective way.

A: A Janjua picked up the specific text messaging question. As a GP and a GP partner regarding sending text messages for public meetings; when people sign up for text messaging services with their general practice it is only for information directly relating to their care. General Data Protection Regulations (GDPR) that came into force on 24 April 2018 means that GPs have to be very careful how they use that data. If GPs are found to be in breach by sending text messages soliciting attendance at various public events as important as that may be, patients may object so that would never be an option for GPs to do unfortunately.

Q: regarding policies and commissioning and accountability when that decision on whether the findings is going to be given to any one in particular patient for surgeries, or treatments, who is going to be responsible if it goes wrong? Is it the financial body, or is it the GP?

A: Dr A Doyle responded to the question and stated that the accountability for the commissioning decision on what is funded and commissioned is the Commissioning Body, usually the CCG. Accountability for individual clinical care is the individual clinician who gave that clinical care. If the issue that is raised was due to a commissioning decision then the accountability lies with the commissioning body, which is the CCG.

The Chair thanked the Committee members and members of the public for their attendance and closed the meeting at 15:15.

Chair Approval (signature):_____ Date: _____