

**MINUTES OF THE WARWICKSHIRE NORTH CLINICAL COMMISSIONING
GROUP GOVERNING BODY MEETING HELD IN PUBLIC
ON THURSDAY 26th JUNE 2013 AT NUNEATON TOWN HALL, COTON ROAD,
NUNEATON, 10:00AM TO 12:00PM.**

UNCONFIRMED

Present: Governing Body Members		
Dr Heather Gorringe	GP	Chair
Neil Hart	Lay Member	Audit and Governance
Karen Ashby	Lay Member	Public and Patient Involvement
Dr Paul Batra	GP	Clinical Governing Body Lead
Dr Deryth Stevens	GP	Clinical Governing Body Lead
Dr Belen Calvo-Til	GP	Clinical Governing Body Member
Dr Inayat Ullah	GP	Clinical Governing Body Member
Dr Kiran Singh	GP	Clinical Governing Body Member
Martin Dennis	Secondary Care Specialist Doctor	Clinical Governing Body Lead
Jacqueline Barnes	Executive Nurse	Clinical Governing Body Lead
Andrea Green	CCG Executive	Chief Officer
Mike Burns	CCG Executive	Chief Finance Officer
Also in attendance:		
Katie Buckle (from Item 8.2)	CCG Executive	Director of Commissioning
Jenny Horrabin	CCG Executive	Director of Integrated Governance
Glen Charman	CCG Executive	Director of Operations
Stan Orton	Deputy Chair, WNCCG Public and Patient Group	PPG Governing Body Representative
Gill Tunkle	Administration Team	
Alan Turner	Administration Team	Minutes
Apologies:		
Michael Caley		Warwickshire Public Health
Lesley Hill	Chair, WNCCG Public and Patient Group	PPG Governing Body Representative
Dr Dave Weston	GP	Local Medical Committee Observer

Enclosure B

		Action
1.	Dr Gorringe opened the meeting at 10:05am and welcomed the members of the public attending.	
2.	Declaration of Interest: Dr Gorringe requested members to declare any interests relevant to the matters to be discussed. There were no declarations of interest.	
3.	<p>Minutes of the Meeting held in Public on 23rd May 2013: the minutes were confirmed by Members as being a true record of the meeting held on 23rd May 2013 with the following amendments:</p> <ul style="list-style-type: none"> • Page 4, Item 7.2, Mortality Assurance Position Statement, last but one paragraph: amend 1st sentence to read: Ms Barnes confirmed that mortality is subject to ongoing review by Warwickshire North Clinical Commissioning Group, although the outcome of the Keogh Review process is awaited; • Page 4, Item 7.3, Communications and Engagement Report, last sentence, amend to read: ‘.....on a tour of Nuneaton and Bedworth Network Practices’; • Page 5, Item 7.3, Communications and Engagement Report, first sentence, amend to read: ‘.....Ms Barnes said that a lot of excellent work was being undertaken.....’; • Page 6, Item 8.1.2, Finance and Performance Report Month 12, last but one paragraph, delete third sentence beginning ‘She said that outside the meeting.....’ and replace with ‘She said a process is being developed with Arden Commissioning Support to enable Practices to feed back any quality concerns which are not complaints to the WNCCG quality surveillance systems in a systematic way’; and • Page 9, Item 10.1, Whistleblowing Policy, additional action identified ‘to seek guidance from NHS England on how to amend the Warwickshire North Clinical Commissioning Group Constitution to include additional wording’. 	
4.	Matters Arising/Action Schedule:	
4.1	Matters Arising:	
	<p>There was one matter arising from Item 8.3, Report from the Commissioning Finance and Performance Committee (CFP), 17th April 2013, Cancer Waiting Times.</p> <p>Dr Singh advised that from the national evidence about one case out of five who had been waiting more than 100 days for cancer treatment, the delay could have been minimised by primary care anticipating and perhaps even initiating the process for a patient who lacks capacity to make decisions.</p>	
4.2	Action Schedule:	
	<p>Members considered the action schedule and made the following decisions:</p> <p>Meeting 23rd May 2013, Performance and Finance - Finance and Performance Report Month 12: case review with respect to long waits for cancer showed no patients had been put at risk, process to be developed for advising Practices of the results, and the results of any future reviews.</p>	

	<p>Dr Gorrington said this action could now be recorded as complete (see (3) above, amendment to the Minutes of 23rd May 2013, Page 6, Item 8.1.2).</p> <p>Members agreed to remove this item from the schedule.</p>	
	<p>Meeting 23rd May 2013, Authorisation and Planning: action was revised to: Project Highlight Report: Clinical Strategy to be presented to WNCCG Governing Body.</p> <p>Members agreed to amend and leave the action on the schedule.</p>	
	<p>Meeting 23rd May, Agreed Topics for Communication to Member Practices: feedback on Francis Report. Outstanding action.</p> <p>Members agreed to leave this item on the schedule.</p>	
5.	Chair's Report:	
	No report given.	
6.	Chief Officer's Report:	
	<p>Ms Green advised that:</p> <ul style="list-style-type: none"> • she and Ms Barnes had attended the Quality Surveillance Group – this is an Area Team wide group initiated by NHS England to create an opportunity for all key stakeholders to collate and consider any matters relating to patient safety or poor quality. The meeting is held monthly and the last meeting considered a surveillance dashboard the Area team have developed. The detailed report is taken to the Warwickshire North Clinical Commissioning Group (WNCCG) Clinical Quality, Safety and Governance Committee (CQSG); • she and Ms Barnes had participated in the Keogh Review Risk Summit held on Friday 21st June in Cambridge. The final report will be published by as part of the report from Professor Keogh on the 14 hospitals reviewed; • themes from complaints/comments this month have focussed on concerns with the 111 service and local concerns with the operation of the phlebotomy service at Atherstone. Ms Ashby advised that herself and Ms Green had received feedback from the GEH Patient advocate group on problems identified with missing notes in outpatient clinics; • WNCCG have submitted a financial recovery plan to the Area Team, as the plan does not meet the national planning guidance. The scale of the Quality, Innovation, Productivity and Prevention (QIPP) savings has been challenged and further advice sought to see if the CCG can accelerate the savings planned to achieve the planning guidance in 2 years instead of the current plan to achieve this in 3 years. On reviewing the plan, it was not felt realistic to increase the scale of savings, although the CCG will keep this under review; and • Warwickshire Health and Well Being Board - Ms Green reported that she had attended the meeting on 11th June. The Director of Public Health had presented an update on the Joint Strategic Needs Assessment (JSNA) and reported that a local version of the JSNA will be brought to a future meeting once this is available. <p>Members noted the verbal report.</p>	

7.	Quality, Safety and Governance:	
7.1	Prospectus:	
	<p>Ms Green presented this item and explained that NHS England Planning Guidance - <i>Everyone Counts: Planning for Patients 2013/14</i> - asked that by 31st May 2013 each Clinical Commissioning Group (CCG) publish its Prospectus for its local population. WNCCG published the Prospectus on 31st May 2013 developed from the CCG's three year plan. The prospectus was shared with Warwickshire Health and Well Being Board (HWBB) at their meeting held on 11th June 2013.</p> <p>Members of the HWBB have until the end of June to advise on any suggestions for amendments. Ms Green invited comments from Members to be provided outside the meeting by the end of the week. The Prospectus would then be finalised and brought to the July Governing Body meeting for approval.</p> <p>Members noted the report and the comments made and the timescale for producing the final document.</p>	AG
7.2	Mortality Assurance Position Statement, June 2013:	
	<p>Ms Barnes presented the latest version of the Mortality Assurance Report. She said this Report, initially presented to the CQSG in May 2013 and to the Governing Body in May 2013, had been updated to reflect actions taken in the month. This latest report had also been presented to the CQSG on 20th June 2013.</p> <p>She also referred to the 2nd document provided, for information purposes only, which is an extract from the Data Pack for the Keogh Review of the George Eliot Hospital NHS Trust (GEH). The extract focuses on mortality data. The full version of the data pack is available on the NHS Choices website.</p> <p>Ms Green said she was very proud of this document which records in a very transparent way the controls, gaps and actions being taken. She hoped members of the public take assurance from this. Ms Green asked if Ms Barnes could seek feedback from the Area team on the report.</p> <p>Members noted the report and the actions being taken to provide assurance.</p>	JB
7.3	Communications and Engagement Report:	
	<p>Mr Charman introduced the report which provided an overview of the community and engagement activity undertaken by WNCCG during May 2013, and invited questions. There were no questions.</p> <p>Ms Ashby gave an update as follows:</p> <ul style="list-style-type: none"> The Voluntary and Community sector workshop on Vision for Quality took place on Wednesday 19th June with over 60 representatives in attendance. The workshop looked at four key areas (see list in Item 9.1) and received excellent feedback to inform the clinical strategy work. Ms Green and Ms Ashby have already committed to holding another event for this sector, and patients and public, later this year to provide feedback on the findings from these events and what the next steps will be. Ms Ashby thanked all clinicians and everyone who gave their time to make the event the success it was; 	

	<ul style="list-style-type: none"> • The online surveys for clinical strategy will close at the end of June. Overall feedback from patients, public and voluntary events held so far is around 40 responses on stroke, and 140 responses on urgent and emergency care. Again this information will feedback into the clinical strategy work; • Ms Ashby has now visited around half the WNCCG Practices with the aim of encouraging and supporting development of patient participation groups. Ms Ashby thanked Dr Batra for his help in facilitating the Practice visits and gave assurance that she would visit the remaining Practices as soon as possible; • As a result of the visits to Practices, three more patient groups had been set up with Riversley Road Practice holding its first meeting later today. The next meeting of the WNCCG patient group forum takes place on Monday 8th July; • Ms Ashby reported that WNCCG is continuing to develop links with the GEH Patient Advocacy Forum, with the Chairman due to attend the next WNCCG patient forum meeting. Mr Stan Orton will be representing WNCCG at GEH meetings. It is hoped that with the two patient groups working together, problem areas will be identified more easily and solutions worked upon together in a more co-ordinated way; • Ms Ashby reported that the WNCCG patient leaflet had been finalised and she provided copies for Members. This leaflet is now going to print and would be distributed to all Practices and Healthwatch hubs during July; • Ms Ashby reported that the communications team had been recruiting Health Champions throughout the area this month. A further 208 champions had been recruited to share their views on local health issues; and • Ms Ashby reported that as from Tuesday, WNCCG had been live on Twitter. On the first day there were ten followers, including University Hospitals Coventry and Warwickshire NHS Trust (UHCW). She advised that this would obviously increase over time and would provide a further useful mechanism for sharing information with patients and public and gathering feedback. <p>Mr Charman thanked Ms Ashby for her contribution and very pro-active approach to patient and public engagement.</p> <p>Members noted the report and update.</p>	
<p>7.4</p>	<p>Report from Clinical Quality, Safety and Governance Committee, 16th May 2013:</p>	
	<p>Ms Horrabin presented this item and guided Members through a comprehensive summary of the meeting, including the key actions agreed. She said that in future months a more detailed Governing Body Quality and Safety Report will be presented.</p> <p>She provided a summary of the key areas and actions from the Quality Dashboard and the Quality Report for each of the four main providers, Coventry and Warwickshire Partnership Trust (CWPT), GEH, South Warwickshire Foundation NHS Trust (SWFT) and UHCW.</p>	

	<p>She referred to the actions identified from the minutes of the March 2013 Clinical Quality Review meetings for each of the four main providers used to provide information and assurance. Ms Horrabin also covered actions arising from Patient Safety meetings, updates provided for CFP and paediatric services, safeguarding, the GEH Mortality Action Plan, Inpatient Surveys, Primary Care Quality and Emergency Planning.</p> <p>She informed Members that of the seven actions referred to the CQSG by the Governing Body to date, five had been completed and two were in progress. The CQSG had also reviewed and approved the schedule of business for the work of the Committee which included the addition of two joint meetings per year of the CQSG and CFP.</p> <p>With regard to the section of the report entitled Paediatric Update, Dr Gorringe confirmed that the Consultant Paediatricians would be available 24 hours a day, 7 days a week once the new unit is open.</p> <p>Dr Gorringe informed Members that Dr Karen Marlow had resigned as WNCCG Primary Care Quality Lead.</p> <p>Members noted the areas discussed and actions taken by the CQSG.</p>	
<p>7.5</p>	<p>Report on Action - Francis Report:</p>	
	<p>Ms Barnes presented this item and summarised progress in response to the Francis Report as follows:</p> <ul style="list-style-type: none"> • A copy of the Executive Summary of the Francis Report was provided to all members of the Governing Body, with complete sets of the Francis Report available on line and within the CCG; • On 25th April 2013, a summary of the recommendations for commissioners, together with a position statement for the CCG, was presented to the Governing Body. This was designed to provide an interim update to the Governing Body on actions taken and planned and to agree the next steps for the CCG; and • A CCG Governing Body Workshop was held on 17th May 2013 to review the recommendations for commissioners from the Francis Report and agree actions for the CCG. <p>She explained that the outcome of the event held on 17th May was the identification of a series of initial priorities to focus on in the next three months, together with a series of other actions that would need to be addressed and incorporated into the CCG's response to the Francis Report. The three areas agreed as priorities were:</p> <ul style="list-style-type: none"> • Complaints Handling; • GP and Patient Concerns and Feedback; and • Data Quality <p>A detailed action plan for the three areas (including a timetable) was reviewed at the CQSG on 20th June 2013. It is proposed that updates on progress against the action plan will be reported to CQSG on a monthly basis for subsequent review by the Governing Body.</p> <p>Members noted the report, endorsed the three priority areas for review and the monitoring and reporting arrangements proposed.</p>	<p>JB</p>

7.6	Report on achievement of Commissioner requirements - Winterbourne View:	
	<p>Ms Barnes presented this item and explained that abuse occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire, England, owned and operated by Castlebeck. It was exposed in a Panorama investigation broadcast in 2011 into physical abuse and psychological abuse suffered by people with learning disabilities and challenging behaviour.</p> <p>The final report of the Department of Health's (DoH) review into the events at Winterbourne View was published on 12th December 2012. A copy of the report and accompanying Concordat agreed with over 50 key partners, good practice, guidance and other documentation are all available on the DoH website.</p> <p>In summary, WNCCG have met the national requirements in respect of Winterbourne View to date. New guidance has been released recently expanding the group of patients to ensure that "every person with a learning disability and/or autism with complex needs and behaviours which challenge receives the right care in the right place", by 1st June 2014. The Coventry and Warwickshire Winterbourne Steering Group is ensuring the new guidance is implemented in full.</p> <p>Ms Barnes advised that it is normal practice not to provide information about the specific numbers of patients currently in hospital provision when less than five due to possible identification; hence the reference to less than five in the report.</p> <p>Members agreed that the report gave the level of assurance required at this stage.</p>	
8.	Performance and Finance:	
8.1	Finance Report:	
	<p>Month 2 Report: Mr Burns presented this item and apologised for the lack of a written report for the 2013/14, Month 2 position. He explained that this was due to delays in the implementation of the new National System to ensure all CCGs operate consistently on the same platform. However, he advised that sufficient information is available to be able to confirm to Members that WNCCG is on plan at Month 2, working towards an operating surplus of £0.5m.</p> <p>Ms Green said it was unfortunate the information was not yet available, but Mr Burns said the NHS England Area Team was expressing no concerns currently about any CCGs being significantly off plan. In terms of future reports, there was a brief discussion about the timing of Governing Body meetings relative to the closing of the monthly ledgers to ensure that Members are kept as up-to-date as possible about the financial position. Mr Burns advised that he would check the position and provide an update with his Month 3 finance report at the July Governing Body meeting.</p> <p>Recovery Plan: Mr Burns explained to Members that the operating surplus referred to above was not in line with National Planning Guidance and WNCCG is under intense scrutiny from the NHS England Area and Regional Teams. WNCCG's view is that the national position will take 3 years to achieve and a Recovery Plan has been submitted to that effect.</p>	MB

	<p>The plan has been accepted by the Area Team and forwarded on to the Regional Team who have provided comments. WNCCG has responded by providing additional information and assurances. Feedback is expected shortly.</p> <p>Members noted the report and the comments made.</p>	
8.2	Integrated Performance Report (including QIPP):	
	<p>Ms Buckle presented this item and explained that this report provides the Governing Body with an update on both performance and QIPP. Future Integrated Performance Reports will also integrate the quality aspects. She said the report was discussed at the CFP on 19th June 2013.</p> <p>This report provides the Governing Body with:</p> <ol style="list-style-type: none"> 1) An overview of the key performance issues and assurance that appropriate and timely action is being undertaken to manage performance; and 2) The QIPP Position for Month 12 and year end to 2012/13. <p>She advised that the report focuses on Month 1 performance, with Month 1 activity and finance currently unavailable due to new reporting timescales. In future months activity and finance relating to Providers will be reported as well. This report has been co-ordinated with the quality report presented to the CQSG on 20th June 2013 to ensure that any performance and quality concerns are considered together.</p> <p>In summary Ms Buckle said that WNCCG are achieving all referral to treatment targets, waiting times targets, 31 and 62 day cancer targets, the response to Category A calls resulting in an emergency response arriving within 8 minutes - Red 1 Calls, and there have been zero mixed sex accommodation breaches. The areas where performance is below standard and impact on our population are:</p> <ul style="list-style-type: none"> • Category A calls resulting in an emergency response arriving within 8 minutes - Red 2 Calls; • Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) (GEH); • Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (GEH, UHCW); • Ambulance Handover in less than 30 minutes (GEH); and • Choose and Book Indicators (GEH). <p>Ms Buckle confirmed that with the exception of Choose and Book all of the above have clear remedial action plans.</p> <p>Ms Buckle reported that the 2012/13 year end position for QIPP was delivery of £4.443m, against a plan figure of £6.217m. This year end position is higher than the Month 11 forecast of £4.113m.</p> <p>Ms Buckle drew Members' attention to the report and specifically 3.1, Promoting the NHS Constitution - WNCCG/GEH, proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit.</p>	

	<p>The figure of 68.75% should be highlighted red, not green with the following commentary: step down ward was closed to admissions due to norovirus so patients could not be discharged from the stroke ward which impacted on admissions. The Trust have now put in place a process so that this will not occur again and are looking at reconfiguring the stroke and step down wards at the moment.</p> <ul style="list-style-type: none"> • Members noted the contents of the performance report for Month 1 of 2013/14; and • Members noted the 2012/13 year end position for QIPP was delivery of £4.443m against a plan figure of £6.217m. 	
8.3	<p>Report from Commissioning Finance and Performance Committee, 17th April 2013.</p>	
	<p>Ms Buckle presented this item and said that the CFP had met on 15th May 2013.</p> <p>The CFP agreed the following:</p> <ul style="list-style-type: none"> • Accident and Emergency (A&E) 4 hour waits: for 2013/14 GEH failed the April 2013 target and the Committee agreed to issue a contract query. An action plan for A&E from arrival at the hospital site to discharge is in place which follows best practice guidance. GEH is reporting the target daily and reporting their performance against the action plan weekly. Whilst April's performance was below target, it is currently being achieved in May 2013. At the present time GEH can still meet the Quarter 1 target of 95%. • Transient Ischemic Attack (TIA): a performance notice was issued to GEH for failure to achieve the TIA target in both December 2012 and January 2013. GEH have sent WNCCG an excusing notice with regard to the following: <ul style="list-style-type: none"> - New national target is 90% and this is in the 2013/14 contract. - 95% target was set at 90% for UHCW and South Warwickshire Foundation Trust (SWFT) for 2012/13. - The target is a quarterly target. <p>The CFP agreed to accept the excusing notice on the basis that 90% was achieved on a quarterly basis for 2012/13 and this was reasonable given the other local Trusts had a lower target and the 2013/14 target was 90% nationally.</p> <p>The CFP noted the following:</p> <ul style="list-style-type: none"> • The finance and performance report at Month 12 was noted. The summary position shows a final outturn deficit of £4.9m. The position has deteriorated due to an increased overspend on acute activity. However the application of the Primary Care Trust's (PCT) reserves has resulted in a small surplus for the year, subject to the external audit of the PCT's accounts; • There are currently two performance notices with GEH live for cancer waiting times (62 day waits) and cancelled operations; • Cancer Waiting Times (62 day waits): the cancer 62 day wait target was met for Months 11 and 12. Currently there are no patients waiting over 100 days. A clinical meeting is taking place on 16th May 2013 with GEH to discuss cases; 	

	<ul style="list-style-type: none"> • Cancelled Operations: the cancelled operations target was met for Months 11 and 12; • Mixed Sex Accommodation: GEH had no further mixed sex accommodation braches in March 2013 and therefore this performance notice has been closed; • QIPP 2012/13 financial position for WNCCG is £3.895m against a plan figure of £5.660m. Forecast figures show that schemes are projected to save £4.113m against a plan of £6.217m, leaving a shortfall of £2.104m. This is a variation to Month 10 where forecast savings were £4.338m against plan. The fluctuation is mainly due to slight under delivery in the mental health out of area scheme and the acute psychiatric liaison service. Further information on both schemes is being requested to ensure that this does not impact on 2013/14; and • The Practice Action Plan report for 2012/13 was noted. <p>The CFP agreed to recommend the following to the Governing Body:</p> <ul style="list-style-type: none"> • The Financial Recovery Plan to be approved; • The commissioning policy - Rituximab in rheumatoid arthritis for patients with a contraindication (absolute or relative) to anti-TNF therapy for approval; • The commissioning policy - Rituximab in rheumatoid arthritis for patients unable to take methotrexate for approval; • To amend the Low Priority Procedures Policy to remove ambiguity – remove “may fund” to “fund” or “do not fund”; • The commissioning policy for Wet Age Macular Degeneration (AMD) for approval; and • To withdraw the following policies from WNCCG as commissioning responsibility has transferred to NHS England: <ul style="list-style-type: none"> - Morbid obesity and bariatric surgery - Single-photon emission computed tomography (SPECT) for Parkinson's; and - Gender Dysphoria. <p>Members noted the matters considered and initiated and the actions taken.</p>	
9.	Authorisation and Planning:	
9.1	Project Highlight Report - Clinical Vision for Quality:	
	<p>Ms Green presented this item and explained that the CCG’s Vision for Quality project is to collectively, with patients and the public, member practices and expert clinicians, develop a clinical strategy. This will define the service quality and health outcomes to be commissioned over the next three years and will identify any proposals for commissioning service changes.</p> <p>She advised that four themes have been outlined in the Project, agreed by the Governing Body, namely:</p> <p>Theme 1: Stroke, emergency general surgery, emergency care and urgent care;</p>	

	<p>Theme 2: Long term conditions including cardiovascular disease and heart failure, services for those who are frail and those at the end of their lives;</p> <p>Theme 3: Mental health (for those admitted to hospital with a physical ailment); and</p> <p>Theme 4: Dementia.</p> <p>The Vision for Quality is being developed through a series of engagement exercises with patients and the public, including patient surveys, providers and GP Member Practices. Patient and public involvement events have already taken place with the final event held on 19th June 2013 for the voluntary sector. On 25th July the CCGs Clinical Leads will meet with the medical directors from the main providers to agree how the CCG best moves forward with the outputs of the Vision for Quality. For GPs there are two remaining consolidation sessions of the fortnightly programme, which began back in February 2013, on 4th July 2013 and 18th July 2013.</p> <p>She said that urgent and emergency care requires more planning and multiagency and patient representatives were meeting later today to review and refine the model of care.</p> <p>Ms Green pointed out that one of the four key risks identified had been closed, namely: <i>'Insufficient Arden Commissioning Service capacity to deliver project, especially re information analysis'</i>. This was closed as the main information pack has been completed and other information requirements are less substantial.</p> <p>During a short discussion Ms Ashby confirmed that development work had benefitted considerably from a series of engagement events and initiatives involving public and patients.</p> <p>As previously agreed, Ms Green advised that the final strategy will be received by the Governing Body on 26th September 2013.</p> <p>Members noted the progress and highlight reports and that the project is being delivered on time and within the resources available with three key risks identified.</p>	AG
9.2	Progress to address Conditions on Authorisation:	
	<p>Ms Green presented this item and explained that WNCCG is progressing actions set out in the 'Authorisation Conditions Rectification Plan' to develop capability against the three conditions of authorisation, namely:</p> <p>3.1.1B: CCG must have a clear and credible integrated plan that meets authorisation requirements;</p> <p>3.1.1C: CCG must have detailed financial plan that delivers financial balance, sets out how it will manage within its management allowance, and is integrated with the commissioning plan; and</p> <p>3.1.2C: CCG to evidence member practice understanding, at least at a high level, of their local plan and priorities.</p> <p>On 3rd June 2013 WNCCG submitted evidence of capability and capacity against each condition for consideration by NHS England. Ms Green advised that it would be difficult for the CCG to have the conditions removed relating to the financial plan where the CCG are not meeting the planning guidance, and this may also affect the ability to remove the condition for the clear and credible plan.</p>	

	<p>The CCG is meeting with the NHS England Area Team on Monday 8th July to discuss.</p> <p>Members noted the report.</p>	
10.	Policies:	
10.1	Commercial Sponsorship:	
	<p>Ms Horrabin presented this item and explained that the Commercial Sponsorship Policy provides guidance and a procedure to follow when considering Commercial Sponsorship for CCG activities.</p> <p>Dr Batra raised several points as follows:</p> <ul style="list-style-type: none"> • Paragraph 2.4, Ms Horrabin to confirm requirements relating to final bullet point about GP Practices being advised to consult with the medicines management group prior to accepting sponsorship; • Paragraph 2.13, Ms Horrabin to provide further clarification; • Appendix B, Ms Horrabin to change CCG Medicines Management Lead to CCG Medicines Management Group; • Appendix C, 2nd paragraph, reference to Appendix B should be amended to Appendix D; and • Appendix C, Checklist, to ask for a rationale if the answer to the question for any Criteria is 'No' and amend the instructions for completion to indicate acceptance of rationale if adequate. <p>Mr Hart expressed concern that the process might be too onerous and not used, but he would ratify on the basis that compliance with the policy will be reviewed and changes made if necessary.</p> <p>Members agreed to ratify and adopt the Commercial Sponsorship Policy, subject to the actions and amendments identified above.</p>	JH
10.2	Commissioning Policy: Treatments subject to clinical eligibility thresholds and Low priority treatments:	
	Policy deferred until a future meeting.	KB
10.3	Commissioning Policy - Rituximab in rheumatoid arthritis for patients with a contraindication (absolute or relative) to anti-TNF therapy:	
	<p>Ms Buckle explained that the WNCCG CFP met on 15th May 2013 and agreed the following for ratification by the Governing Body:</p> <p>To approve the Commissioning Policy - Rituximab in rheumatoid arthritis for patients with a contraindication (absolute or relative) to anti-TNF therapy.</p> <p>Members ratified the decision made at CFP to approve the commissioning policy- Rituximab in rheumatoid arthritis for patients with a contraindication (absolute or relative) to anti-TNF therapy.</p>	
10.4	Commissioning Policy - Rituximab in rheumatoid arthritis for patients unable to take methotrexate:	
	<p>Ms Buckle explained that the WNCCG CFP met on 15th May 2013 and agreed the following for ratification by the Governing Body.</p> <p>To approve the Commissioning Policy - Rituximab in rheumatoid arthritis for patients unable to take methotrexate</p>	

	Members ratified the decision made at CFP to approve the commissioning policy - Rituximab in rheumatoid arthritis for patients unable to take methotrexate.	
10.5	Commissioning Policy: For Treatment of Wet Age- Related Macular Degeneration and Other Neovascularising Eye Conditions:	
	Ms Buckle explained that the WNCCG CFP met on 15 th May 2013 and agreed the following for ratification by the Governing Body: To approve the Wet Age Related Macular Degeneration (AMD) and other Neovascularising Eye Conditions Policy. Members ratified the decision made at CFP to approve the Policy for Treatment of Wet Age - Related Macular Degeneration and Other Neovascularising Eye Conditions.	
10.6	Commissioning Policy: Treatments Designed to Improve Aesthetic Appearance:	
	Policy deferred until a future meeting.	KB
10.7	Clinical Commissioning Policies – withdrawal of transfer policies from PCT for: Morbid obesity and Bariatric surgery; Single-photon emission computed tomography (SPECT) for Parkinsons; Gender Dysphoria:	
	The WNCCG CFP met on 15 th May 2013 and agreed the following recommendation to the Governing Body: <ul style="list-style-type: none"> To withdraw the following policies from WNCCG as commissioning responsibility has transferred to NHS England <ul style="list-style-type: none"> - Morbid obesity and bariatric surgery. - SPECT for Parkinson's. - Gender Dysphoria. Members ratified the decision made by the CFP to withdraw the following policies: Morbid obesity and Bariatric surgery; SPECT for Parkinsons; and, Gender Dysphoria.	
11.	Agreed Topics for Communication to Member Practices:	
	Items to cover: <ul style="list-style-type: none"> Francis update; Commissioning Policies - to be made available on WNCCG website; Encourage PPG representatives to attend next meeting to be held on 8th July 2013 at GETEC, starting at 6.30pm; and 2013/14 QIPP update. 	JB JH KA KB
12.	Questions from the Public:	
	Mr Les Yeates, Chief Officer of the Warwickshire Local Pharmaceutical Committee (LPC), asked if the Prospectus and WNCCG leaflet could be shared with local pharmacies and dentists. Members supported Mr Yeates' suggestion and invited him to provide contact details to the Communication Team representative present.	

13.	AOB:	
	<ul style="list-style-type: none"> • Dr Stevens asked if time could be allocated at the next Governing Body meeting to present a patient story. Members suggested patient stories should be regularly included on the Agenda. • Dr Singh suggested that as this meeting had finished half-an-hour early for the second time, the Closed meeting could be extended to allow more time for discussion. <p>Dr Gorringe noted the comments for further consideration outside the meeting.</p>	
	<p>Dr Gorringe closed the meeting at 11:35am:</p> <p>Date of Next Meeting: Thursday, 25th July 2013</p> <p>Time: 10.00am - 12.00pm</p> <p>Venue: Nuneaton Town Hall, Committee Room A.</p>	

DRAFT