

Provider Group Meeting

03 February 2015 – Friends House, Euston Road, London

Chair: Chris Hopson, Foundation Trust Network

**Present:**

- Adam Bateman, Alder Hey Children’s NHS Foundation Trust
- Dr Andrew Taylor, Great Ormond Street Hospital for Children NHS Foundation TrDr  
Helen Byworth, Newcastle Upon Tyne Hospitals NHS Foundation trust
- John Quinn, The Heart Hospital / UCLH Cardiac Services
- John Wareing, Central Manchester University Hospitals NHS Foundation Trust
- Ruth Titchener, Oxford University Hospitals NHS Trust
- Sue Leamore, University Hospital Southampton NHS Foundation Trust
- Tony Wilding, Liverpool Heart and Chest Hospital NHS Foundation Trust

**In attendance:**

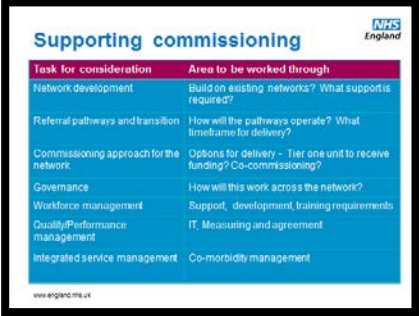
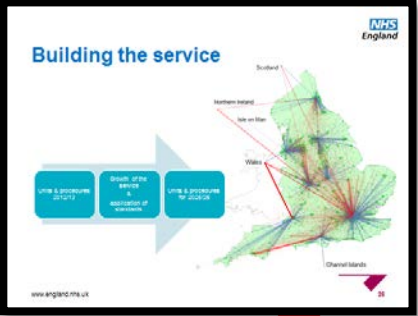
- John Holden, Director of Commissioning Strategy, NHS England
- Michael Wilson, Programme Director, NHS England
- Wayne Bartlett-Syree, Specialised Commissioning, National Team, NHS England
- Carrie Gardner, Specialised Commissioning, London Region, NHS England
- Nicola Humberstone, Programme Manager, NHS England; and
- Jennie Smith, Engagement Coordinator (Secretariat).

Item	Agenda Item
1	<b>Welcome and apologies</b> Apologies had been received for the late arrival of the Chair. Michael Wilson therefore took the chair for the opening part of the meeting.
2	<b>Notes from the previous meeting</b> The notes of the previous meeting were not considered.
3	<b>Declarations of Interest.</b> No additional declarations of interest were noted.
4	<b>Where are we now and where do we go from here?</b>

Item	Agenda Item
<p>Slides</p>	
	<p>Michael Wilson welcomed attendees and began the meeting with an update of the review's work.</p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Where we are in the review process?</li> <li>• What happened during consultation ?</li> <li>• How are we responding to consultation?</li> </ul>
<p>Slides</p>	
	<p>Mr Wilson outlined the governance and assurance process that the work of the review must pass through in order to seek final approval from the NHS England Board in the summer.</p> <p><b>Decision Making Process</b> Each of the groups/boards will have a distinct role to ensure there is agreement and sign-off of the proposed service provision. The board would consider all of the review's work and not just the proposed service specification.</p> <p><b>Business Case</b> An example of the format that could be used to support the board's decisions.</p> <p><b>Timetable</b> The phased approach to implementation of the review was described - commissioning development, procurement; leading to full implementation.</p> <p>John Holden spoke briefly about NHS England's Five Year Forward View document and the supporting planning guidance which puts the Five Year Forward View into action. This formed the context against which the work of the CHD review would be implemented. Mr Holden noted that NHS England wanted to work with providers to design think through implementation and commissioning. He noted that the foundations laid by the CHD review in engaging with stakeholders would be important in that co-development, and there continued to be good dialogue that should be maintained.</p>

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<p>Slides</p>	
	<p>Michael Wilson went on to give a short update on three of the review’s objectives.</p> <p><b>Objective 2:</b> The analytical work underpinning the original financial assessment supporting the capacity and demand of the current system and the predictions for the future were being refreshed to reflect 2013/14 data.</p> <p>Other new analyses were being developed to inform the business case. NHS England had reviewed the adult CHD mortality data as this analysis was not available in the NICOR report. No obvious problems or outliers were detected providing a level of reassurance about the safety of this part of the service.</p> <p><b>Objective 5:</b> Ben Parker had been leading on objective 5 - speaking to hospitals, research groups and international advisers to obtain a clearer picture on current information availability. An interim report informed by these discussions was being collated to offer recommendations on priorities, with regards to data collection and access. A second report will look at priorities taking account of what is practicable and achievable.</p> <p><b>Objective 6:</b> A report was being prepared reviewing current service provision. It would describe the current situation and offer recommendations to focus resource and support service development, focussing on:</p> <ul style="list-style-type: none"> <li>• National anomaly register</li> <li>• Sonographers workforce</li> <li>• Sonographer training</li> <li>• Commissioning</li> </ul> <p>Chris Hopson invited attendees to ask questions regarding these three objectives. No questions were forthcoming at that point.</p>
<p>5</p>	<p>Networking</p>

Item	Agenda Item
<p>Slides</p>	
	<p>Michael Wilson, discussed the potential functions of a network, and drew attention to the range of practicalities that would need to be worked through for networks to operate.</p> <p><b>Networks:</b></p> <p>It was noted by all parties that if networks were to work effectively then behaviours within the NHS would need to change, to increase communication and productivity, to meet the demands on the service. Collaborative working being essential.</p> <p>A discussion followed on what providers felt needed to be organised and commissioned at a national level, or worked through by NHS England; as well as what was perceived as solvable at a regional or local level, as a network approach.</p> <p>A conversation followed centred on the practical issues of network working, not only with regards to facilities and environment but staffing and responsibilities, as well as risk sharing.</p> <p>It was agreed these issues would need resolving and that guidance and support would be needed.</p>
<p>6</p>	<p><b>Commissioning</b></p>
<p>Slides</p>	

Item	Agenda Item
	 
	<p>Wayne Bartlett-Syree, Assistant Head of Planning and Delivery (Specialised Commissioning), introduced the subject of commissioning specialised services. He discussed the potential for improving outcomes with limited resources. He advised the group that Richard Jeavons had been appointed as the Director for Specialised Commissioning. NHS England recognised the value of provider input in designing the commissioning process that would support service provision, being beneficial for all parties. It was acknowledged that there were alternatives to traditional commissioning routes. It was noted the proposed 50% tariff cap could be a challenge for the implementation of the standards but that an exception rule for the marginal tariff could be applicable.</p> <p>Following the commissioning element of the presentation a discussion followed. Discussion points included:</p> <ul style="list-style-type: none"> <li>• National vs regional – commissioning and contracting</li> <li>• Commissioning guidance</li> <li>• Catchment areas vs patient flow</li> <li>• Finances</li> <li>• Limited resources</li> <li>• Tariff proposals</li> <li>• Contracts – duration and type</li> <li>• Networks – multicentre option</li> <li>• Executive team and Medical Director involvement</li> <li>• Co-location</li> </ul> <p>Chris Hopson reiterated the opportunity for providers to have a real input into the commissioning process; to design a commissioning process that works for providers, commissioners and patients. He emphasised that if the group falters, and does not take this opportunity then essentially the traditional method for commissioning would be likely to continue and providers chance to contribute to the design of commissioning in future may have passed.</p>
7	<b>Providers discussion on the next steps</b>
	NHS England staff left the room so that group members could have an open conversation about their involvement in the review going forward and what that might look like.
8	<b>Working together in the future</b>

Item	Agenda Item
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NHS England returned to the meeting. Chris Hopson advised on the outcome of the discussions and the proposal for working together in the future, shown in the table below:

**Next steps**

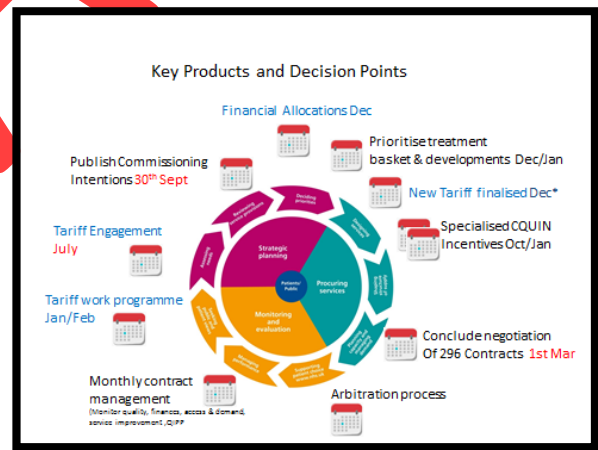
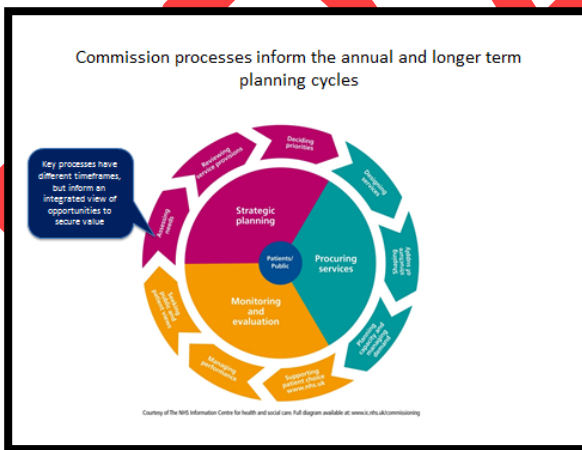
Action	Reason
Letter to CEO & MD copied to lead clinicians	To <ul style="list-style-type: none"> <li>Establish buy-in to work to a principle for commissioning of services in a given time period</li> </ul>
Providers to collaborate	To <ul style="list-style-type: none"> <li>work together on a solution for the proposal to be fed back to NHS England. Using the criteria from the standards and service specifications</li> </ul>
NHS England	To <ul style="list-style-type: none"> <li>Advise on the timeline for providers to work to given the pre-election restricted period</li> <li>Consider proposal in the wider context of specialised commissioning services</li> </ul>

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<b>9</b>	<b>Any other business</b>
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No further business was raised.  
 It was agreed that to slides would be provided by commissioning, to support the understanding of the planning process (see slides below).



**Date of next meeting:**  
 There will be a Joint Engagement Advisory Group meeting on **09 March 2015**.  
 The meeting will run from **10:30 – 16:30** and will be held at:  
**Coin Street Conference Centre**  
**Coin Street Neighbourhood Centre**

Item	Agenda Item
	<p><b>108 Stamford Street</b> <b>London</b> <b>Greater London</b> <b>SE1 9NH</b></p> <p><b>Tube: Waterloo</b></p>

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