

# MINUTES

## BOARD MEETING HELD IN PUBLIC

**Date/Time** Wednesday, 28 November 2018 – 11:00-13:00

**Location** Rooms 102A & 124A, Skipton House, London

### ITEMS

#### 1. Welcome and Introduction

- 1.1. The Chair welcomed everyone to the meeting.
- 1.2. Apologies for absence were received from Wendy Becker, Michelle Mitchell and Joanne Shaw.
- 1.3. Richard Douglas declared an interest in relation to item 8, update on the new voluntary medicines pricing scheme.

#### 2. Minutes of the previous meeting

- 2.1. The minutes of the meeting held on 27 September 2018 were approved as an accurate record. There were no matters arising.

#### 3. Chair's Report

- 3.1. The Chair:
  - 3.1.1. Welcomed Matthew Style to his first Board meeting as interim Chief Financial Officer;
  - 3.1.2. Noted that this was to be the final meeting for Professor Jane Cummings, who will retire from the NHS on 31 December 2018; thanking her for her almost forty years of NHS service. In addition, the terms of office of both Dame Moira Gibb and Lord Victor Adebowale as Non-Executive Directors will come to an end on 31 December 2018; thanking them for their significant contributions over the past six years.
  - 3.1.3. Remarked that he felt privileged to have been appointed as Chair of NHS England.
- 3.2. The Board received and noted the Chair's update.

#### 4. Chief Executive's Report

- 4.1. The Chief Executive:
  - 4.1.1. Reported that the Chancellor in his Budget had confirmed the £20.5bn real terms budget increase for 2023/24 as set out in his June 2018 announcement averaging 3.4% a year increases;
  - 4.1.2. Reported that he had joined the Prime Minister as she had visited community health services in London where she had confirmed the investment commitment to primary medical and community care;
  - 4.1.3. Said it was expected that the Long-Term Plan could be published during December 2018; and
  - 4.1.4. Noted that, along with Secretary of State for Health and Social Care, he had attended a Health Select Committee the previous day to discuss work underway led by the Department of Health and Social Care in the event that there is a no-deal Brexit.
  - 4.1.5. The Board received and noted the Chief Executive's update.

#### 5. Freedom to Speak Up

- 5.1. Emily Lawson reported that:
  - 5.1.1. There were now forty Freedom to Speak Up Guardians within NHS England, one third of whom were from a BME background. Full training had been provided and a formal network was now in place;
  - 5.1.2. Although there was no single appropriate model in primary care, NHS England was committed to ensuring that staff have easy access to Freedom to Speak Up Guardians. As such work was underway with Health Education England to develop an e-learning programme to provide training for staff in primary care to undertake a similar role;
  - 5.1.3. NHS England had undertaken a formal review of the first 12 months, with feedback provided to the National Guardian's Office.
- 5.2. Henrietta Hughes presented the National Guardian's Office Freedom to Speak Up Annual Report and reported that: :

- 5.2.1.1. There were now over 800 champions and ambassadors across the NHS around the country and over 12,000 cases had been reported to date, with the largest proportion being around bullying and harassment.
- 5.2.1.2. Training had been provided for all Freedom to Speak Up Guardians, with Board guidance having been published alongside NHS Improvement. She reiterated the commitment to support the ongoing work in primary care.
- 5.3. The Board noted the update.

## **6. Developing the Long Term Plan: reducing inappropriate clinical procedures**

- 6.1. Professor Steve Powis was joined by Professor Carrie McEwan (Chair of Academy of Royal Colleges) to present this item. They:
  - 6.1.1. Reminded the Board that they had approved a consultation earlier in the year on CCG guidance in regard to some procedures of limited clinical effectiveness.
  - 6.1.2. Confirmed that the guidance did not propose a ban on any clinical procedure, but that it did recommend specific clinical criteria should be met before intervention is considered.
  - 6.1.3. Reported that work had continued with NHS Clinical Commissioners to refine those proposals and to develop evidence-based statutory guidance setting out specific criteria which should be met to ensure national consistency.
- 6.2. Noted that the guidance aligned with the “Choose Well” campaign and that it encouraged patients and families to ask more questions and to be better informed in the process.
- 6.3. The Board:
  - 6.3.1. Noted the update;
  - 6.3.2. Approved the response to the consultation;
  - 6.3.3. Agreed that NHS England should issue the statutory guidance to CCGs and proceed to implement the programme with our national partners.

## **7. Low Priority Prescribing Consultation and Gluten-Free Food Guidance**

- 7.1. Professor Steve Powis was joined by Bruce Warner, Deputy Chief Pharmacy Officer for this item, and reported that when the guidance for CCGs on *Items that should not be routinely prescribed in primary care* was published in November 2017, the clinical working group had committed to reviewing the guidance at least annually.
- 7.2. The clinical working group had developed guidance to identify and review existing items and set out new proposals that guidance on rubefacients (excluding topical NSAIDs) should be updated to consider exclusion of capsaicin cream in line with NICE guidance.
  - 7.1. The clinical working group had identified a further eight new items to form part of further consultation which were felt to have relatively low clinical value or were unsafe, including three where more cost-effective alternatives were available.
- 7.2. The Board:
  - 7.2.1. Approved formal public consultation on further low priority items that should not routinely be prescribed in primary care, as they were considered to be relatively ineffective, unnecessary, inappropriate or unsafe for prescription in the NHS; and
  - 7.2.2. Approved publication for CCGs, and an accompanying Equality and Health Inequalities Impact Assessment, on prescribing of Gluten-Free Foods in primary care

## **8. Update on new voluntary medicines pricing scheme**

- 8.1. Matthew Style reported that the Pharmaceutical Price Regulation Scheme (PPRS), agreed between government and industry to control branded medicines spend in the UK, comes to an end on 31 December 2018 and outlined the new voluntary medicines pricing scheme which was expected to be in place by 1 January 2019. It was noted that negotiations continue on the full detail of the final agreement.
- 8.2. The new scheme would ensure head room for faster access to innovative medicines while ensuring the branded medicines bill remains affordable limits.
- 8.3. The Board noted the update.

## **9. Best Value adalimumab product in the NHS**

- 9.1. Matthew Swindells reported that Humira® is the single highest spend drug in the NHS and the patent expiry of this branded product had enabled the use of the best value adalimumab product for the NHS. It was noted that a procurement process had taken place to create plurality in the market and to drive value for money for the NHS. The original provider of the branded product along with four other suppliers of biosimilar equivalents would now supply the NHS, with the anticipated £300m in savings being made available to improve care for patients.

- 9.2. The Board commended the work of the medicines management team, in partnership with the pharmaceutical industry, and noted the update on the readiness of the NHS to use the best value adalimumab product from 1 December 2018.

### **10. Third progress report from the Empowering People and Communities Taskforce**

- 10.1. Neil Churchill joined Jane Cummings to present the work of the Empowering People and Communities Taskforce on personalised care and frailty. Jane reported:
- 10.1.1. Work has taken place to support engagement in the Long-Term Plan and development of the NHS Assembly, addressing the importance of health inequalities for the Long-Term Plan and developing improvement objectives including priorities having been identified for improvement and principles developed for partnership working with the VCSE sector
- 10.2. Lord Victor Adebawale thanked those involved in the Taskforce for their commitment to design the process to ensure it was inclusive of both patients and the public.
- 10.3. The Board:
- 10.3.1. noted the work to date of the Taskforce and the recommendations for personalised care and frailty;
- 10.3.2. Approved the priorities identified for improvement and the principles for partnership working with the VCSE sector; and
- 10.3.3. Thanked Lord Victor Adebawale for his leadership of the Taskforce.

### **11. NHS Performance and update on progress against the FYFV**

- 11.1. Matthew Swindells reported:
- 11.1.1. The redesign of services such that: in elective care GP referrals had risen by only 0.2%; MSK triage in GPs has seen a 10% reduction in orthopaedic referrals; first contact care in practices and managing care differently had reduced the burden on hospitals.
- 11.1.2. Calls to NHS 111 service and minor injury visits had increased by around 10%, in line with the aim of moderating growth in A&E attendances. The online system was now fully integrated in two thirds of the country.
- 11.1.3. There had been 2.5million more visits to the NHS website
- 11.1.4. Delayed transfers of care had reduced by 14%, and the number of patients in hospital over 21 days had reduced by 3%, resulting in an increase in the number of beds available for patients.
- 11.1.5. A&E performance was at 89.1%, ambulance performance had improved against the new standard, and the elective waiting list for 18 weeks was 86.7%. There had been a successful focus on reducing the number of long wait treatments.
- 11.1.6. Within primary care there had been an improvement to extended access with evening and weekend appointments available in every area to support the challenges the health sector faces during winter.
- 11.1.7. 100% of CCGs were on track to meet the mental health investment this year.
- 11.1.8. Challenges remain regarding the 62-day cancer target, where there had been an increase in demand and activity, predominantly within urological and prostate referrals, although Matthew noted a £10m investment in cancer services across the country.
- 11.2. The Board noted the update.

### **12. Winter Preparations 2019-20**

- 12.1. Matthew Swindells presented the report, outlining that last winter had seen the NHS continuing to deliver high quality care despite the worst 'flu season in seven years. This year's focus continued to be working with the most pressurised trusts to try and improve their performance, ensuring that GP out of hours services were in place, ensuring GP streaming was present in all A&E departments, and that 111 continued to be fully prepared and robust as the Urgent and Emergency Care Strategy continued to be rolled out across the service.
- 12.2. He reported that there was a more effective 'flu vaccine available, with a new set of requirements on staff vaccinations, to ensure the overall safety of NHS services.
- 12.3. There has been a continued focus on increasing available hospital capacity, working closely with Social Care colleagues to ensure additional funding for staffing and packages of care to avoid inappropriate hospital stays and ensure good flow through hospitals.
- 12.4. There was a close level of scrutiny with clear oversight of winter plan delivery in each region on a full-time basis, with NHS Improvement and NHS England colleagues providing support to Trusts where necessary.
- 12.5. The Board noted the update.

### **13. Consolidated Month 6 2018/19 Financial Report**

- 13.1. Matthew Style presented the year to date financial position at Month 6. He reported:
- 13.2. Following routine review of central budgets to identify any further underspend, the NHS England plan has been revised to take account of this alongside the savings discussed earlier in the meeting around PPRS and Biosimilar medicines, the anticipated M7 position was expected to show a managed underspend of £450m
- 13.3. The Board noted the update.

**14. Reports from Board Committees**

- 14.1. The Board noted the report from the Commissioning Committee held on 26 September 2018 and 24 October 2018.
- 14.2. The Board noted the report from the Specialised Services Commissioning Committee Meeting held on 19 September 2018.
- 14.3. The Board noted the report from the Audit and Risk Assurance Committee Meeting held on 2 October 2018, approved the Risk Register and endorsed the Risk Appetite Statement as recommended by the Committee.
- 14.4. The Board noted the update from the Investment Committee Meeting held by correspondence in July 2018 and the meeting held on 16 October 2018.

**15. Any other Business**

- 15.1. On behalf of the Board, the Chairman expressed thanks to Jane Cummings for her contribution to the work of the NHS and wished her well for the future.
- 15.2. On behalf of the Board, the Chairman expressed thanks to Dame Moira Gibb and Victor Adebawale for their significant contribution to the work of the Board.
- 15.3. The Board resolved to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted) and the meeting was closed.

**Agreed as an Accurate Record of the Meeting**

<b>Date:</b>	
<b>Signature:</b>	
<b>Name:</b>	Lord David Prior
<b>Title:</b>	NHS England Chairman

**Members:**


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Lord David Prior	Chairman
David Roberts	Vice Chairman
Simon Stevens	Chief Executive
Lord Victor Adebawale	Non-Executive Director
Richard Douglas	Associated Non-Executive Director
Dame Moira Gibb	Non-Executive Director and Chair of Investment Committee
Noel Gordon	Non-Executive Director and Chair of Specialised Services Commissioning Committee
Professor Jane Cummings	Chief Nursing Officer
Ian Dodge	National Director: Strategy and Innovation
Emily Lawson	National Director: Transformation and Corporate Operations
Professor Steve Powis	National Medical Director
Matthew Style	Interim Chief Financial Officer
Matthew Swindells	National Director: Operations and Information

**In attendance:**


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Professor Carrie McEwan	Chair of Academy of Royal Colleges (Item 6)
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**Apologies:**


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Wendy Becker	Non-Executive Director and Chair of Commissioning Committee
Michelle Mitchell	Non-Executive Director
Joanne Shaw	Non-Executive Director and Chair of Audit and Risk Assurance Committee

**Secretariat:**


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Gemma Reed	Deputy Board Secretary
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