

**Commissioning Executive Team (CET)
and Commissioning Executive Approvals Group Update**

Item 10c

Governing Body meeting

6 November 2014

Author(s)	Ian Atkinson, Accountable Officer
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications?	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
This paper provides assurance that risks will be identified and managed to help ensure the achievement of the CCG's objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No.	
There are no specific issues associated with this report.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
None required	
<u>Recommendations</u>	
The Governing Body is asked to note the report.	

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1. Introduction

This paper sets out the current key issues being addressed by the CET and the newly formed CET Approvals Group and provides a forward look to potential commissioning issues that will need to be addressed or will be subject to further work and involvement of the committee.

1.1 Commissioning Executive Team (CET)

- Agreed in principle the proposals to support the System Resilience Bids in Primary Care, subject to contracting undertaking the necessary preparations and reporting arrangements.
- Reviewed the proposed improvements to Clinical Engagement in CET and additional Locality representation in readiness for approval in November after further consultation with Locality Executive Groups (LEGs).

1.2 CET Approvals Group

The following projects have been considered and the following agreed:-

- **Acute Services (Elective Care) Outpatient Transformation (2014-10-14-1)**
Decision: Agreed to work up a Project definition
Rational for decision: Outcomes-based solution, whole system approach
- **Respiratory Programme (2014-10-14-2)**
Decision: Agreed to work up the strategy
Rational for decision: Bring together existing CCG Respiratory work within a wider programme and strategy. Whole system approach. Supports Patients Education, Patient, not condition-focussed.
- **Sleep Apnoea (2014-10-14-3)**
Decision: Declined
Rational for decision: Insufficient evidence base. Low patient need for identified project. Cost pressure to the CCG. Needs to be part of a wider part of work.
- **Computerised Therapy for Aphasia (2014-10-14-4)**
Decision: Declined
Rational for decision: Whilst the proposed project has an evidence base, the decision was not to proceed as no discretionary funding available.

- **Headache and Migraine Intermediate Service (2014-10-14-5)**

Decision: Declined

Rationale for decision: Insufficient indicators of success of current service. Lack of robust evaluation of current service. Small patient numbers and the current discharge process is not well defined. Further work on the impact of Neurology will need to be considered and the role of community services in response, but not this service. Current service will be de-commissioned in line with contract requirements and protocols and advice for practices that may have used this service will be completed.

2. Recommendation

The Governing Body is asked to note the report.

Ian Atkinson
Accountable Officer
October 2014