Minutes

NHS England & Monitor Quality and Cost Benchmarking Advisory Group

23rd July 2014 – 1330-1600

Richmond House, Library
79 Whitehall London SW1A 2NS

Attendance

	Apologies	
Adil Aslam		Addenbrookes
Alex Manu		NHSE London Region LAT
Kaye Bentley		NTDA
Madi Parmar		University Hospitals Birmingham NHS Foundation Trust
Tom Foley		Newcastle University
Mike Henley		BMA
Paula Monteith		HSCIC
	Attendees	
Maureen Donnelly (chair)		Cambridge CCG
Andy Fugard		UCL
Carole Green		Project Director Care Pathways
Chris Marshall		Royal Marsden
John Bradley		Cambridge UH
John Walsh		Imperial NHS Trust
Kevin Brett		Glos CCG
Martin Ellis		Coventry and Warwickshire NHS Trust
Patrick McGinley		Maidstone and Tunbridge Wells NHST
Peter Pratt		Sheffield H&SC NHSFT
Siva Anandaciva		FTN
Leela Barham		RCN
Tabitha Randell		Nottingham Children's Hospital
Debbie Hollister		NTDA
James Raymond		BMA
Gareth Dear		HSCIC
	Monitor and NHS England Attendees	
Martin Williamson		NHS England
Glen Pearson		Monitor
Bela Prasad		Monitor
Sue Nowak		NHS England
Jake Gommon		NHS England
Yash Patel		Monitor

Agenda

No.	Item	Time	Presenter
1.0 1.1	Apologies and Welcome Introduction	13.30	MD
2.0	Terms of Reference - Ways of Working - How we interact with other groups - What we mean by Quality	13.45	MD
3.0	Quality and Costing - Local Variation - BPT - What others are doing - What systems we have - Benchmarking Tools	14.15	SN/BP
4.0	Work plan - What next	15.00	MD
5.0	Close and Next Steps	15.45	MD

Item No.	Notes	Presented by
1.1	**Introduction to the Quality and Cost Benchmarking Group (QCBG)** MD introduced the meeting and round the table introductions. MD led the group in discussion to get a shared understanding of the expectations that Monitor and NHSE could have of QCBG and the expectations that members of the group had. Key Points: • QCBG members will take time to come up to speed • Group agreed quality in the context of this group is primarily quality of outcomes for patients but that quality of processes and quality of clinical outcomes would be considered as appropriate. • The majority of the group are attending because of their particular skill set and these individuals should not provide substitution representation. However there are a number of external organisations that are represented (HSCIC, BMA, FTN and RCN) and it would be appropriate for these to provide substitutes. • Once minutes had been agreed by the group they would then be published on the Monitor website. • Detailed discussions would remain confidential however action focused minutes would be made public along with a list of members of the group. • Informal meetings, VC, and TC could be held if required. **ACTION: MW to inform Monitor that members agree to publication of names, affiliated organisations and minutes of meetings being published on the Monitor website.**	MD
2.0	**Terms of Reference (ToR)** The group reviewed the ToR. The following changes were recommended: • Ability to co-opt people on specific projects. • There were several gaps which needed to be filled in the membership including GPs, community services, commissioners. It was noted that several other areas were not represented, such as dental and oral heath, and ophthalmology. This will be reviewed when the work plan is agreed. • Papers would be sent to members at least two weeks in advance. • 1 meeting in 4 would be in Leeds. Members agreed they were happy to share e-mail addresses with each other. **ACTION: MW to revise Terms of Reference and circulate membership**	

	for the next meeting The confidentiality clause relating to meeting papers was discussed. There was a view that the blanket confidentiality clause meant that participants were unable to seek the relevant technical support for particular items. The confidentiality clause will remain in place, but it was agreed that papers could be shared to obtain specialist opinion/advice. Group members would use their own discretion unless informed a paper was specifically not to be shared outside the group. **ACTION: Updated Terms of Reference to be brought back to the next meeting** There should be an online work area and discussion group created to enable group membership to access documents and assist with work plan. This area should also hold meeting papers and links would be sent to group members to avoid e-mail issues relating to large attachment size. **ACTION: MW to investigate secure group area with access to all group members.** JG explained how this group related to other advisory groups and led a discussion. Main points raised were: • How recommendations from the group would feed back into JPG. This would be done by NHS England and Monitor who would submit papers as and when required. • That the Chairs of all four advisory groups should meet once a quarter to ensure there was co-ordination of work streams. • To aid interaction with JPG: • The Chairs of the Advisory Groups should meet The Chairs of JPG. • The Chairs of the Advisory groups could be invited to attend JPG when papers are presented relating to their groups or an area of particular interest. **ACTION: MW to liaise with monitor secretariat to arrange meeting of all chairs.** **ACTION: A ways of working would be prepared** **ACTION: A meeting with JPG and JPE chairs with other groups to be arranged within the month.** **ACTION: ToR for JPG and JPE to be sent to group**	

3.0	**Quality and Costing** BP went through some background information on how the payment system now worked covering: national price setting, National prices, national variations and local payment arrangements. The main points were: • What the National Tariff covers • Why a National Tariff was needed • 2015/16 key proposals • How benchmarking of quality and costing data is not where we would want them to be • Monitor and NHS England are very aware that data at national and local level needs improving and this is what the group can help with. SN led a discussion on quality and some of the main vehicles we use currently to try and improve quality through the pricing system. The main points to come out of discussion were: • Understanding that cost, tariff and efficiency have an impact on quality. • Good to have groups' thoughts on what aspects to include in 2016/17 tariff. • Don't want providers or commissioners to be penalised for trying things to improve quality. • What are the benefits of and is there the supporting evidence for linking outcomes to finances • Better quality doesn't need to mean greater costs. • Most of current Best Practice Tariffs (BPT) is process driven but direction is to try and link to outcome measures. • Group discussed anecdotal evidence of the impact specific BPTs (e.g. paediatric diabetes) have had on patient outcomes and noted the existence of a published evaluation of BPTs which could be reviewed at a future meeting. • It is important that the patients are represented. Possibly as a permanent member, need to ensure that we get their views. • Shared expectations of outcomes are important and a considerable amount of work is being done in forensic and secure mental health with service users to build a consensus on shared outcomes. • There are a number of contracts now being designed which withhold payment if outcomes are not delivered. • We need to learn from successes but also help to educate the sector about the miss-use of outcome measures. • There needs to be feedback to the group on what their inputs and ideas to NHS England and Monitor have achieved. • Group would value the opportunity to review future BPT proposals and recommend which to take forward **ACTION: MW to share a list of all work current being done on quality outcomes and benchmarking (complete with links).**	BP

	ACTION: Group to share with NHS England and Monitor any areas that they may not be aware of that the sector is working on or have found useful.	
4.0	**Work plan and what next** • Input from group will be focussed initially on the 2016/17 Tariff, and longer-term thinking. • Monitor and NHS England will provide more direction for the group, particularly to ensure it is interlinked with other three groups and JPG. • Group needs to link in with NHS IQ Group. • October meeting will look at 3-5 areas of which two will be long term. The list might include specialised services, CAMHS, Paediatric, Over 65s, community care, mental health, long term conditions, primary and secondary care. • A list of possible areas will be submitted to JPG to ask what they would like the group to prioritise. • By the next meeting Monitor and NHS England should have agreed on 2016/17 pricing priorities. **ACTION: MW to invite Gulnaz to join group to feed in how wider incentives interact with quality and costing.** **ACTION: NHS England and Monitor to submit paper to JPG to get a steer on the priority areas for the groups input.** **ACTION: MW to set next 3 meeting dates and venues.** MD consulted the group on whether their expectations for the meeting had been met. They agreed that it had. The meeting closed.	MD