

**SUMMARY MINUTES**  
**Draft**

**Commissioning Development Board**

**Action note of the meeting held April 6 2011**  
**Cathedral Room, Richmond House**

**Attendees:**

Barbara Hakin (DH)	Rosamond Rougton (DH)	Alex Morton (DH)	Ben Dyson (DH)
Bob Alexander (DH)	Bruce Keogh (DH)	Christine Beasley (DH)	Claire Aldiss (DH)
Colin Douglas (DH)	Karen Wheeler (DH)	Nic Greenfield (DH)	Tim Rideout (DH)
Kathryn Tyson (DH)	Richard Barker (North East)	Ailsa Claire(Y&H)	Moira Dumma (West Midlands)
Hannah Farrar (London)	Dominic Hardy (South Central)	John Bewick (South West)	Guy Boersma (South East Coast)
David White (Norfolk CC)	Wendy Saviour (East Midlands)	Ian Carruthers (South West)	Candy Morris (South East Coast)
Gail Richards (DH)	Rachel Markey (DH) for agenda item 6		

No.	Agenda item	Key points / Action	Action
1.	<b>Minutes of last meeting and matters arising</b>	The notes of the previous meeting had been circulated with the meeting papers.	
2	<b>Barbara Hakin Update</b>	Barbara Hakin provided the Board with an update on the current position in light of SofS statement in The House of Commons on 4 April 2011. It was noted that during the 'pause' consideration would be given to specific aspects of the Bill and this was an opportunity to listen and engage to improve.	

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3	<b>Informatics</b>	<p>Christine Connelly provided the group with an update on the Informatics Transition Programme. In her presentation she particularly highlighted the current hypothesis on the future state and thinking on NHSCB. Ailsa Claire followed with a presentation on NHS CB Intelligence function.</p> <p>In discussion the Board considered</p> <ul style="list-style-type: none"> <li>• how providers particularly would come together to use / access systems and the relationships to providers ‘freedom’</li> <li>• work taking place on primary care information and the need to consider information shared by primary care as providers</li> </ul> <p>It was agreed that Ailsa Claire, Ben Dyson and Claire Aldiss would consider links of informatics to GP contracts.</p>	<p>Ailsa Claire, Ben Dyson, Claire Aldiss</p>
4	<b>NHS Commissioning Board</b>	<p><b>Critical Path</b> Tim Rideout introduced a timetable and critical path for the establishment of the NHS CB. It was noted that this had been produced prior to the SofS statement.</p> <p>Tim highlighted there would be a group of interlocking delivery critical paths and presented the first of these ‘establishment’.</p> <p><b>Specialised commissioning</b> Tim introduced a paper on specialised commissioning. The paper set out the transitional journey. As a relatively discrete area, the specialised commissioning area has moved further faster than other areas.</p> <p>The Board discussed the paper, highlighting:</p> <ul style="list-style-type: none"> <li>• The more detailed discussions at CDOG previously</li> <li>• Discussion on evidence based commissioning</li> </ul>	

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	<b>NHS Commissioning Board</b>	<p><b>Update</b> Tim provided an update on the NHS CB workstream. He highlighted the detailed review of NHS CB workstreams and subsequent action.</p> <p>Tim also highlighted work on convergence to a single operating model. Proposals are under development and these will be presented to a future CDB meeting. It was noted that this work would align with the work being undertaken by Jim Easton on Clusters.</p>	
5	<b>GP Consortia</b>	<p>Gail introduced a paper and presentation on GP consortia, focussing particularly on authorisation. This was of course subject to the deliberations of the listening exercise</p> <p>Gail particularly sighted CDB on the following:</p> <ul style="list-style-type: none"> <li>- The more detailed work that would be taking place on a comprehensive development programme and convergence</li> <li>- Stages to authorisation and beyond; and the most appropriate language to reflect this journey</li> </ul> <p>It was noted that the Pathfinder programme continues to roll. 220 pathfinders are now in place covering 87% of patient population.</p>	
6	<b>Commissioning Support</b>	<p>Liz Bowsher introduced slides on commissioning support, highlighting key points from the presentational material, including 6 core functions for commissioning support in the future and associated scales for delivery.</p> <p>Discussion followed including:</p> <ul style="list-style-type: none"> <li>• the link between commissioning support and the success of consortia.</li> <li>• the role and involvement of Local Authorities</li> </ul>	

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7	<b>Quality in the new commissioning architecture</b>	<p>Bruce Keogh led a session on quality in the new commissioning architecture, presenting the outline work programme.</p> <p>In discussion the Board considered:</p> <ul style="list-style-type: none"> <li>- Quality standards and quality aspirations</li> <li>- The link between quality and authorisation process and opportunities for continuous improvement</li> <li>- How we ensure the pace of work led by directorates and the NHS CB and the Commissioning Development Programme aligns – critical path development will help with this and Bruce’s team are undertaking this</li> </ul> <p>It was agreed that an operational plan was now required to identify what the commissioning architecture will do and in particular what the Board would need to do to ensure quality was at its core. Tim Rideout and Bruce Keogh agreed to look at this and bring this back to next CDB.</p>	Tim Rideout Bruce Keogh (June CDB)
8	<b>Monthly Progress Report</b>	The Board noted the monthly progress report	
9	<b>Any Other Business</b>	There was no other business	
	<b>Date and time of next meeting</b>	The next meeting will be held on 8 June, 13.00-16.00, Leeds	