<table>
<thead>
<tr>
<th>Name of Meeting</th>
<th>Governing Bodies meeting as Committees-in-Common</th>
<th>Meeting Date</th>
<th>8 May 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Report and Agenda Reference</td>
<td><strong>Clinical Chairs’ Report</strong></td>
<td>Report Authors</td>
<td>Sue Pitkethly, Director Accountable Care Airedale Liz Allen, Director Accountable Care Bradford Ali Jan Haider, Director Strategic Partnerships Michelle Turner, Director Quality &amp; Nursing</td>
</tr>
<tr>
<td>Governing Body Leads</td>
<td>Dr James Thomas – AWC CCG Dr Akram Khan – BC CCG Dr Andy Withers – BD CCG</td>
<td>Report Leads at Meeting</td>
<td>Dr James Thomas Dr Akram Khan Dr Andy Withers</td>
</tr>
<tr>
<td>Clinical Leads</td>
<td>As above</td>
<td>Meeting Date</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Group(s) / Committee(s) that have previously considered this paper</td>
<td>Not applicable</td>
<td>Meeting Date</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Executive Summary

This paper presents summaries and key points from meetings of the:

- Clinical Executive Group and Council of Members of Airedale, Wharfedale and Craven CCG
- Clinical Board and Council of Members of Bradford City CCG
- Clinical Board and Council of Representatives of Bradford Districts CCG
- Bradford Joint Clinical Board – meetings usually held twice per month as ‘committees in common’ of the Clinical Boards of Bradford City CCG and Bradford Districts CCG
- Joint Clinical Committee – a monthly ‘committees in common’ meeting with representatives of each of the 3 CCGs

### Primary Purpose

<table>
<thead>
<tr>
<th>Assurance</th>
<th>Information</th>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

**Decision**
- Approve
- Recommend
- Support
- Ratify

**Action**
- Review
- Consider
- Comment
- Discuss

### Recommendation(s)

*The Governing Bodies are asked to receive, review and comment on the contents of this report.*

### Group(s)/Committee(s) that this paper now needs to be submitted to

<table>
<thead>
<tr>
<th>Not applicable</th>
<th>Meeting Date</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Objectives</strong></td>
<td>Relevant to all strategic objectives</td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Safety implications</strong> (how will the contents of this paper impact on safety, effectiveness and experience going forwards; is an equality impact analysis required?)</td>
<td>Where applicable, these are highlighted in the paper</td>
<td></td>
</tr>
<tr>
<td><strong>Public / Patient / Other engagement or involvement undertaken or planned</strong> (including with the Bradford CCG’s People’s Board or the AWC CCG Hub where applicable) or experience insight used to inform the paper</td>
<td>Where applicable, these are highlighted in the paper</td>
<td></td>
</tr>
<tr>
<td><strong>Resources / Finance implications</strong> (including staffing / workforce considerations)</td>
<td>Where applicable, these are highlighted in the paper</td>
<td></td>
</tr>
<tr>
<td><strong>Legal / Constitutional implications</strong></td>
<td>Where applicable, these are highlighted in the paper</td>
<td></td>
</tr>
<tr>
<td><strong>Link to Corporate Risk Register / Governing Body Assurance Framework</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Does this paper mitigate against or provide assurance on the management of a strategic risk(s) included in the Governing Body Assurance Framework?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If yes, please specify which strategic risk(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk No.</td>
<td>Risk Summary</td>
<td></td>
</tr>
<tr>
<td>SR 1.1</td>
<td>Workforce capacity, capability and skills gaps</td>
<td></td>
</tr>
<tr>
<td>SR 1.2</td>
<td>Challenge of Care &amp; Quality gap</td>
<td></td>
</tr>
<tr>
<td>SR 1.3</td>
<td>Stability of Care Home market</td>
<td></td>
</tr>
<tr>
<td>SR 3.1</td>
<td>Medium term financial plan and QIPP</td>
<td></td>
</tr>
<tr>
<td>SR 3.2</td>
<td>Sustainability of the two accountable care systems</td>
<td></td>
</tr>
<tr>
<td>SR 4.2</td>
<td>Commitment to developing accountable care system</td>
<td></td>
</tr>
<tr>
<td>SR 5.1</td>
<td>Embedding social prescribing</td>
<td></td>
</tr>
<tr>
<td>SR 6.2</td>
<td>Changes to acute and mental health services</td>
<td></td>
</tr>
<tr>
<td>(b) Does this paper mitigate against or provide assurance on the management of a risk(s) included in the Corporate Risk Register?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If yes, please specify which risk(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk No.</td>
<td>Risk Summary</td>
<td>Score</td>
</tr>
<tr>
<td>1090</td>
<td>EPR implementation at BTHFT</td>
<td>9</td>
</tr>
<tr>
<td>909</td>
<td>EPR at BTHFT: impact on coding and costs</td>
<td>12</td>
</tr>
<tr>
<td>939</td>
<td>Quality Premium</td>
<td>9</td>
</tr>
<tr>
<td>934</td>
<td>Data sharing</td>
<td>15</td>
</tr>
<tr>
<td>943</td>
<td>Care homes</td>
<td>16</td>
</tr>
<tr>
<td>(c) Does this paper identify any new risks that require inclusion in the GBAF or Corporate Risk Register? If yes, please provide details:</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Potential Conflicts of Interest and Proposed Management</strong></td>
<td>Conflicts of interest are managed in accordance with the CCGs’ policy. If the impact of this is that a decision cannot be taken by any of the above committees, it is referred to the appropriate Governing Body.</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Chairs’ report to the Governing Bodies (Committees in Common) meeting - 08 May 2018

The following paper presents summaries and key points from meetings held of the:

- Clinical Executive Group and Council of Members of Airedale, Wharfedale and Craven CCG
- Clinical Board and Council of Members of Bradford City CCG
- Clinical Board and Council of Representatives of Bradford Districts CCG
- Bradford Joint Clinical Board – meetings usually held twice per month as ‘committees in common’ of the Clinical Boards of Bradford City CCG and Bradford Districts CCG
- Joint Clinical Committee – a monthly ‘committees in common’ meeting with representatives of each of the 3 CCGs

### AIREDALE, WHARFEDALE AND CRAVEN CCG

#### Clinical Executive Group:

*Held on 23rd February, 9th March and 23rd March.*

**QIPP**
The CEG receive regular updates on QIPP and work on the QIPP plan is ongoing. Managerial and clinical leads have now been identified. Robust plans are being worked up around planned care and medicines management. Price Waterhouse Cooper (PWC) have met with the 3 CCG’s to review all the CCG’s QIPP plans. A more efficient reporting system has been developed which will be reported to CEG, the Finance and Performance Group and the Governing Body.

**Incentive Scheme Return on Investment**
The Prescribing Incentive Scheme 2017-18 mid-year ROI report was noted and the CEG were assured.

**Lipids Switch Business Case**
The CEG recommended that PSS delivers the project for phase 1 & 2 acknowledging that there may be some impact but this will be managed through engagement, gradual roll out and feedback with the practices.

**Gluten Free Prescribing**
Following the recent publication of the Department of Health consultation outcome on gluten free foods the CEG were asked whether there should be a change in the local guidance for gluten free prescribing. The CEG agreed to maintain the current restrictions to gluten free prescribing.

**Castleberg**
After considering the information provided and taking into account the public views the CEG gave a recommendation which will be presented to the Governing Body.

#### Council of Members:

*Held on 29th March 2018*

The following items were discussed at the Council of Members meeting on 29th March 2018.

- Financial Position and QIPP Update
- Refreshed Planning Guidance
- Accountable Care Programme Update
- West Yorkshire & Harrogate Joint Committee of CCGs Update (including approval of revisions to WYH Joint Committee MoU and Terms of Reference)
Primary Care Wellbeing Champions
A paper was brought to the Board with a proposal to support the investment and introduction of a new Primary Care Wellbeing Champions service to the 27 GP practices in City CCG, covering a total of 120,000 patients. The aim of the service is to cover two key elements:

- Primary Care Wellbeing Champions (WBC) programme - to appoint Wellbeing Champions (WBC) in each GP practice to work with patients who have long term conditions and mental health issues. The WBC will explore wellbeing and psychosocial issues which may be impacting on patient health and navigate people to services appropriate to their needs. The WBC will be supported by the wider primary care team and will promote self-care in primary care and beyond.

After a discussion the Clinical Board asked for the proposal to be revised and brought back to the Board in May 2018.

Bradford Improving Cancer Screening (BICS) Update
A presentation was provided on the Bradford Improving Cancer Screening (BICS) initiative. The aim of the project is to improve screening uptake and improve public and patient knowledge of signs and symptoms. The work currently underway includes:

- YCR project with Enable2 for bowel cancer screening
- NHSE multi-agency screening group which includes CCGs, Public Health, CNET, CRUK, PHE, VCS Rep, Cancer support Yorkshire, BTHFT, Pennine Breast Screening
- GP engagement / competition/ best practice
- WY Cancer Alliance lung cancer screening programme

After a discussion, the Clinical Board agreed to support the initiatives outlined in the BICS presentation.

Bradford Healthy Hearts – Rollout in BC CCG
At the Bradford City Clinical Board in March 2018, members discussed the Bradford Healthy Hearts Project. It was confirmed that very positive results have been received so far and all IT system are in place to support clinicians. The Board agreed to support the project and move forward using a phased approach:

1. Hypertension
2. Statins
3. Atrial Fibrillation

Council of Members (CoM):
19th December 2017

Quality Premium (QP) – previous achievements / future involvement
A presentation was provided regarding the Quality Premium (QP). It was noted that in 2016/17, the CCG passed both the quality and financial gateways and delivered on local CCG metrics (diabetes, hypertension and dementia). However, a failure to achieve constitutional targets resulted in no QP payment. It was noted that the CCG was at risk of receiving no payment for 2017/18. The CoM was asked for their comments and discussion followed about future involvement with the QP.

It was noted that some of the indicators applicable within the 17/18 QP scheme were being addressed as part of other schemes of work (such as mental health, COPD, and cancer referral times) and this work would continue. It was felt that this work and meeting constitutional targets was important for
patients. It was felt that practices would not undertake additional work associated with the QP that was not already covered by other schemes, given that there was the risk of non-payment due to non-achievement of the constitutional targets.

Update – journey towards an accountable care system
A presentation was given that provided an update to Members on the journey of the CCG towards becoming an Accountable Care System (ACS).
An update was also provided on the Bradford out of Hospital Programme (BOHP). It was noted that the next steps for the BOHP would be mapping out assets, resources and population health needs across the 10 Primary Care Home communities.
It was noted that all CCGs across the West Yorkshire Health and Care Partnership (WYHCP) would need to sign a memorandum of understanding (MoU) to align to the strategic vision across West Yorkshire. It was felt that having clarity regarding the needs and drivers for local communities would enable better engagement with the WYHCP.

Revised Joint Committee work plan of CCGs
An item was presented regarding the revised Joint Committee work plan. The work plan set out the services that are delegated to the Joint Committee. The Members were asked to approve the revised work plan to ensure that the decisions delegated to the Joint Committee complied with the approach set out in the MoU. The Chair asked if there were any objections to the work plan and none were raised. The CoM approved the revised Joint Committee work plan.

Key commissioning decisions summary – 07.11.2017
Helen Hirst advised those present that a summary of key decisions made by the Joint Committee at the meeting held on 7th November 2017 had been circulated to the CoM for information and to note what items had been discussed.
The main items discussed at the meetings were improving stroke outcomes, elective care & standardisation of commissioning policies and urgent and Emergency Care (UEC).
The CoM was asked if they had any questions regarding the decisions made. No questions were raised.

Governing body appointments
Akram Khan presented the item regarding governing body appointments. It was noted that the three CCGs (Bradford City, Bradford Districts and Airedale, Wharfedale & Craven) were working closely with one another and several members of the governing body were now shared across all three CCGs.
It was noted that a review had been undertaken of the work carried out by the governing body and remuneration had also been reviewed.
It was noted that the role of Secondary Care Consultant (SCC) for Bradford City CCG had been vacant for almost a year. Akram advised that a shared SCC role across Bradford City and Bradford Districts CCGs was being considered and it was hoped recruitment to the role would be possible.

Selection and election of GP Clinical Board Members
Akram Khan advised the CoM that the terms of office for three GP Clinical Board Members were coming to an end on 31st March 2018.
It was noted that the LMC were managing the selection / election process and expressions of interest were welcomed from existing GP Clinical Board Members and other Members. Existing GP Clinical Board Members would not need to go through the selection process as they had already been through this, but they would still need to go through an election process if new applicants were successful in getting through the selection process and if there were more candidates than places available. New Members would need to go through both the selection and election processes. Akram also advised the CoM that if any Members wished to shadow existing GP Clinical Board Members in order to improve their understanding of the work of the CCG and its committees, this could be arranged.
### BRADFORD DISTRICTS CCG

**Clinical Board:**
Meetings were held on 27th February 2018 and 27th March 2018. A discussion took place on the CCG’s strategic ambitions/priorities for 2018/19 and it was agreed that the main focus would be on respiratory. Members discussed a proposal for a single strategic clinical lead for prescribing shared with Bradford City and Airedale, Wharfedale and Craven CCGs and the future role of a clinical speciality lead for patient engagement.

**Council of Representatives:**
Meeting held on 28th March 2018.
The following items were discussed:
- Members reviewed and approved the proposed Terms of Reference for the Council of Representatives which had been amended to reflect the changes to the CCG’s constitution.
- Key decision summaries from the West Yorkshire and Harrogate Joint Committees held on 9th January 2018 and 6th March 2018 were highlighted.
- Members approved the revisions to the West Yorkshire and Harrogate Joint Committee Memorandum of Understanding and Terms of Reference presented which proposed that Leeds CCG should maintain 3 votes in the Committee following the merge of the CCGs in Leeds.
- Members received an update on the 2018/19 refreshed planning guidance. It was noted that the focus of the guidance was on system working, both locally and at a West Yorkshire level.
- An update on the development of the Primary Care Home model was provided and a discussion followed.
- A discussion took place on the effectiveness of the Council of Representatives and improvements on how the group could work better in future were suggested.
- Members received an update on CCG performance in terms of acute trust performance (BTHFT and ANHSFT) in key national target areas including the 4 hour A&E target, RTT (Referral To Treatment), cancer and mental health targets.
- An update was provided on the CCG’s strategic imperatives and the key areas of focus were noted to be cancer, respiratory disease, children, mental health, primary care and diabetes. Current work in these areas was highlighted. Members agreed that these were the correct areas of particular focus and their future role of the group in the development of this work was highlighted.

### BRADFORD CITY AND BRADFORD DISTRICTS CCGs

**Bradford Joint Clinical Board (committees in common):**

**GP extended access**
A paper was presented to update the JCB on progress of the extended access offer, delivery against the 7 core standards. The Bradford Care Alliance (BCA) has been commissioned by the Bradford CCGs to provide the extended access service. Alongside the appointments 6:30pm-9:30pm, Monday to Friday from December 2017 weekend GP appointments have been available 10am-1pm, Saturday and Sunday. It was noted that the changes were made to impact on the high rates of DNA appointments by changing the day of when weekend appointments can be pre-booked. It was noted that very positive patient feedback had been received.

**Finance, Contracting, QIPP and Performance Report**
It was highlighted that both Bradford City and Bradford Districts CCGs were forecasting to meet their financial targets for 2017/18. In terms of performance the achievement of the RTT and A&E waiting time targets remained a challenge for both acute trusts. BTHFT produced an action plan to improve RTT which states that the position will be recovered by the end of 2018/19. Following issues with activity data an action plan was received from BTHFT which stated that data will be available fully by May 2018. JL
explained that BTHFT have invested in consultants to review theatre and outpatients processes and that there is work in the system to get capacity back into the trust.

**Joint Quality Committee Key Risks**

An update was provided on key quality (patient safety, clinical outcomes and patient experience) risks for the period January to February 2018. Following the CQC inspection of BDCFT in 2017 the inspection report had been published and the overall rating had changed from ‘good’ to ‘requires improvement’. The Joint Quality Committee (JQC) received a high level overview of the key findings in March – it was confirmed that the JQC was to seek assurance on the action plan. The report from the CQC inspection of BTHFT in January and February 2018 had not yet been published. It was confirmed that work was ongoing related to resolving issues regarding performance reporting. Key actions had been noted to improve performance following a workshop between providers and commissioners.

A discussion was had on current pressures on care homes due to tariff changes and nurse staffing. In the March meeting the Executive Commissioning Board received a paper relating to the sustainability and system resilience of care homes, and how the care home market can be supported. It was suggested that it is tied in with the community bed strategy.

**Draft Primary Medical Care Workforce Plan**

The paper provided a plan to achieve the vision of a multi-disciplinary workforce, built around the needs of a defined population, which has the right knowledge, skills, values and behaviours to enable primary care transformation at scale and pace and ensure high quality care for the residents of Bradford. It outlined the context of the workforce challenge, the emerging models of primary care provision and support, the infrastructure of support and oversight at local and regional level and the outline draft framework by which practices and the CCG may be guided. It was confirmed that there was no mandate in the action plan around which model is to be delivered and that the paper was brought to JCB for awareness and guidance. All members agreed to recommend the plan and requested that an update be brought back to JCB in October 2018.

**Data sharing and IG permissions update**

An update was provided on the implications of the additional controls to the SystmOne sharing model. The ICO had stated that SystmOne’s sharing model was not in line with data sharing rules and insisted on a change to its sharing model, this would mean all providers using SystmOne would need to be divided into 3 lists for the purpose of sharing the patient record – approved, verified and prohibited. This would need to be managed at practice level.

Patients with a SystmOne share would have this transferred to the new model, however a fair processing notice would need to be sent to those without at a cost of approximately £60k so those patients could be given the option to opt out of an implied share.

It was proposed that the CCGs are involved in supporting the transition for practices to the model, such as helping to agree who should be on the approved list of providers. It was reported that the JCC had discussed the risks and support to practices and it was agreed that the change on SystmOne would not be switched on until further discussions. The ‘break glass’ (access to records without consent) option was to be removed at the end of March due to ICO requirements, which has implications for safeguarding. It was pointed out that this may have an impact on the changes to the sharing model on extended access and out of hours services.

The JCB agreed that the CCGs would play a central role in defining and managing the approved list of providers and further discussions would be held outside of the JCB in terms of funding for fair processing notices, defining a process if a practice wishes to prohibit a provider and a new process when the ‘break glass’ option is removed.
Proposal for a Palpitations Service
A proposal had been submitted to the CCG to expand the Westcliffe Cardiology Service to train clinicians to test those reporting palpitations to primary care, looking for pathological disturbances of heart rhythm using the AliveCor devices. These attach to the patients mobile phone with the support of an app. Each time the patient experiences symptoms, they test themselves via the AliveCor device and the report is sent directly to the clinical team managing the patient who then manages the patient in a shared care approach with Westcliffe Cardiology Service. It was proposed that this will result in fewer patients needing face to face appointments with the community based cardiology service and secondary care. A discussion was had between members on the proposal. It was agreed that, while JCB welcomed the ideas contained within the proposal, further discussions were required with BTHFT Cardiologists about a potentially revised pathway.

Update on diabetes and the National Diabetes Transformation Programme.
An update was provided to the Board on the National Diabetes Transformation Programme. In 2017 the CCGs submitted a bid to NHSE to focus on diabetes structured education and were successful. In collaboration with the BPA, work is now underway to deliver this. Taster sessions are available for practice staff and patients to attend to get a feel of the programme. After a discussion, JCB members confirmed they were reassured about the work being undertaken to improve access to and uptake of structured education.

A new model of delivery for diabetes care was also presented to members. The model is to deliver the outcomes set out within the framework over the next 10 years. This covers the whole pathway from prevention of diabetes in the high risk population, to the management of complications associated with diabetes. It was confirmed that BTHFT have accepted the outcomes framework, although some issues have subsequently been raised around the specification and work is ongoing to resolve this.

It was confirmed that work is underway with BCA to produce an expression of interest to NHSE for a £4m bid to produce a digital platform which will be focussed on engaging with patients and practice staff. JCB members confirmed they were happy to support this bid.

Items which should not be routinely prescribed in Primary Care
Following a consultation by NHSE in July-October 2017, national guidance on 18 medicines which should no longer be routinely prescribed in primary care has been published and was presented to the JCB for guidance on how to implement the changes and take forward. The guidance is to ensure people receive the safest and most effective treatment available and save the NHS up to £141m a year due to low clinical value or cheaper availability elsewhere.

It was confirmed that the medicines included within this guidance were: Co-proxamol, Dosulepin, Doxazosin (MR), Fentanyl (immediate release), Glucosamine and Chondroitin, Herbal Therapy, Homeopathic Therapy, Lidocaine plasters, Lithothyronine in primary Hypothyroidism, Lutein and Antioxidants, Omega 3 and other fish oils, Oxycodone and Naloxone prolonged release, Paracetamol and Tramadol combination product, Perindopril arginine, Rubefacients (excl. topical NSAIDs), Tadalafil once daily, Travel vaccines, Trimipramine. A discussion was had and it was agreed for the medicines to be split into 2 categories and then to take implementation phase liaising with primary and secondary care clinicians and presenting in the CCFs:

- Prescription drugs which can be easily withdrawn
- Prescription drugs which need work to withdraw (psychiatric, drugs and alcohol service etc)
Joint Clinical Committee (committees in common):

The Joint Clinical Committee met on the 20th February and the 20th March 2018. Key issues discussed included the following:

City of Bradford Metropolitan District Council (BMDC) budget reductions
Further to March’s report it has been noted that the Local Authority are in the process of trying to pause the re-procurement with regards to the school nursing service. There will be an opportunity to look at what is wanted from a future service. It was also confirmed that a process for co-design and co-production is now being explored by the Local Authority to work with the CCG.

Minor Surgery DES
An update was brought to JCC for members to be sighted on the pathway work across Bradford and Airedale and to have a discussion around the governance and monitoring. Members were advised that the working group have met and identified three key themes to inform the local specification; ensure equity across the system, ensure links to local pathways, and governance and competency of providers. A collaborative approach to make the pathways common across both Bradford and Airedale is imperative for the pathways to work smoothly and equitably. It was agreed that a group would be established to sit under JCC for the sign off of pathways.

West Yorkshire and Harrogate Update
Each programme is developing outcomes and a common approach. Once outcomes have been agreed, work can commence on specifics. The work programme for Mental Health is being reaffirmed. Sasha Bhat is taking a lead for Children & Young People’s mental health across West Yorkshire and each Mental Health commissioner is doing likewise for different areas.

Sepsis Discussion
In England there are 123,000 cases of sepsis per year, resulting in 37,000 deaths, with approximately 70% of these cases being developed in the community. It was agreed that that each practice would be asked to identify a clinician to be the infection control lead who would be responsible for raising awareness of sepsis. This has been completed and each practice now has an identified sepsis lead.

Bariatrics
The implications of the West Yorkshire and Harrogate work on Bariatrics for AWC, BDCCG and BCCCG were discussed. It was noted that the WY and H CCGs had agreed to the WY Clinical Forum recommendations, namely:

- There is a strong clinical case to commission more bariatric surgery over the next 2 to 5 years.
- To revise the service spec (currently the NHSE service spec) for Tier 4 services to include what the minimum requirements are for patients at Tier 3
- For WYAAT to identify how best to provide the additional capacity required from the CCGs
- For each CCG in WY and H to aspire to commission more bariatrics at the same rate as the high performing CCG (namely 4% of the CCGs eligible population) over the next 2 to 5 years. This should be agreed by ‘place’

The Joint Clinical Committee has requested a detailed paper to understand the implications of commissioning more bariatric surgery and what the issues would be for each CCG.