

**CUMBRIA CLINICAL COMMISSIONING GROUP  
 MINUTES OF THE GOVERNING BODY MEETING  
 HELD AT 14:00, ON 17 OCTOBER 2013  
 BOTCHERBY COMMUNITY CENTRE  
 VICTORIA ROAD, CARLISLE CA1 2UE**

<b>Present:</b>	Ruth Gildert Geoff Jolliffe Les Hanley Nigel Maguire David Rogers Jon Rush Peter Scott Charles Welbourn Anthony Woodyer	Clinical Member – Registered Nurse (RG) Locality GP Lead for South of the County (GJ) Lay Members (Health Improvement) (LH) Chief Officer (NM) Locality GP Lead for North of the County (DR) ( <b>Chair</b> ) Lay Member (Patient Engagement) (JR) Lay Member (Finance and Governance) ( <b>Vice-Chair</b> ) (PS) Chief Finance Officer (CW) Clinical Member – Specialised Secondary Care Doctor (AW)
<b>In Attendance:</b>	Ros Berry Kieron Bradshaw Helen Coffey Jennifer Lawson Louise Mason Lodge Peter Rooney Brenda Thomas Paul Wood	NECS, Senior Commissioning Manager (RB) CCG Administrator (KB) Communications Officer (HC) General Manager (JL) Designated Nurse for Safeguarding (LML) Director of Planning and Interim Director of Performance (PR) Governing Body Support Officer (BT) Paul Wood Health Consulting Ltd (PW)
<b>Observer:</b>	Andrew Mason	Local Medical Committee (LMC)

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**GB 62/13 Welcome and Apologies**

DR welcomed everyone to the meeting and advised that he would be chairing the meeting because Peter Scott, Vice-Chair of the Governing Body, had to leave the meeting early. Apologies were received from Hugh Reeve, Clinical Chair and Richard Parry, Local Authority Representative.

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**GB 63/13 Declarations of Interest**

Andrew Mason, Local Medical Committee Observer declared a pecuniary interest in the provision of pharmacy services at Cockermouth Hospital referred to in Item 3 of the Allerdale Locality Minutes of 25 July 2013 and 22 August 2013.

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GB 64/13 **Minutes of the Governing Body meeting held on 15 August 2013**

**RESOLVED:** The minutes of the above meeting be agreed as an accurate record subject to the inclusion of David Rogers as being present at the meeting.

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GB 65/13 **Questions from members of the public present**

The questions and answers from members of the public are contained in Appendix 1.

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GB 66/13 **Chair & Chief Officers Update Report**

NM presented the report.

CW advised that the CCG had received an update regarding the 111 service. In response to NHS Direct advising that it could no longer continue to provide this service, NHS England had taken measures to find stability partners. This has resulted in the North West Ambulance Service (NWAS) taking over the provision of the 111 service for the North West of England with effect from 29 October 2013. These arrangements would remain in place until 31 March 2015.

CW advised that Cumbria's out hours service would continue to be provided by Cumbria Health on Call (CHOC) alongside the 111 service provision by NWAS.

In response to a question from PS NM advised that a communications plan was being provided by NHS England and the CCG would ensure that this was made specific to the arrangements in Cumbria before being released.

**Resolved:** The update be noted.

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GB 67/13 **Quality Report**

PR presented the report acknowledging that currently it did not illustrate improvements being made.

In terms of the update in Section 8 on the Mid Staffordshire Public Enquiry GJ reiterated that the action plan to facilitate change did not just apply to the CCG but applied across all the providers of Health and Social Care in Cumbria.

RG assured the Governing Body that the Outcomes & Quality Assurance Committee was considering in detail the issues highlighted in the quality reports. In addition RG advised that the Committee was considering the content of future reports and the next report would include details of actions taken/improvements made.

In response to a question from JR PR advised that a note explaining the different grade levels contained in Table 1 of Section 3 would be circulated to Members. PR said that this information would be included in the minutes of this meeting for the benefit of members of the public (see note below).

**Resolved:** The report be noted.

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(Note: The 'grading' refers to the National STEIS reporting system and does not necessarily imply a difference in severity of incident but rather a difference in complexity, whereby Grade 1 incidents are seen as being less complicated thereby requiring less time to undertake an RCA than Grade 2 incidents. A Grade 0 incident is one where the provider is required to report the incident as soon as possible but cannot as yet make an assessment as to its complexity. They are therefore able to acknowledge such uncertainty whilst still reporting by grading it as a '0'. Subsequently the provider alters this grading to either a 1 or a 2 after they undertake the initial review.)

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**GB 68/13 Children Looked After, Annual Report**

LML presented the report. The Governing Body noted the improvements achieved and the challenges still to be overcome.

Proposed by Jon Rush, seconded by Geoff Jolliffe.

**Resolved:**

1. The Children Looked After Annual Report 2012/13 be accepted
2. The continued progress and developments contained in the Update Report dated 1 April 2013 to 31 September 2013 be noted

Louise Mason Lodge left the meeting.

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**GB 69/13 Clinical Commissioning Policies and Individual Funding Requests**

Ros Berry presented the report advising that the CCG's Cumbria Executive Committee had considered the report at its meeting 17 October 2013 and recommended that:

1. The Membership be amended to the following:
    - Chair and Co-Chair/CCG decision maker (*Lead GP and Lead Nurse – Quality and Safety*)
    - Clinical Advisors – Consultant in Public Health Medicine and Lead GPs (*in attendance to offer advice and technical support*)
    - Medicines Management representative (*in attendance to offer advice and technical support*)
    - Mental Health and Learning Disabilities representative (*in attendance as required to offer advice and technical support*)
    - Contracting/Commissioning representative (*in attendance to offer advice and technical support*)
    - Local IFR Administrator (*if not already acting in the capacity of contracting representative*)
  2. The approval of the following policies be deferred pending detailed analysis of the impact to Cumbria if adopted:
    - Correction of hair loss/alopecia
    - Blepharoplasty
    - Pinnaplasty
    - Face lift
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- Skin resurfacing for Acne vulgaris
  - Botulinum toxin for hyperhidrosi
  - Correction of breast asymmetry
  - Breast prosthesis removal or replacement
  - Inverted nipple correction
  - Liposuction
  - Minor skin lesions/skin procedures
  - Skin hypo pigmentation
  - Lid lumps
  - \*\*Screening for diabetic retinopathy in ophthalmology
  - Autologous serum eye drops
  - \*\* Bariatric surgery
  - Vasectomy
  - Haemorrhoidectomy
  - Infertility treatments
  - Hysterectomy for menorrhagia
  - Tonsillectomy
  - \*\*Cochlear implants
  - Apicectomy
  - Cosmetic orthodontic treatment
  - Hip and knee procedures
  - Knee arthroscopy for osteoarthritis
  - Ganglia
  - Trigger finger
  - \*\*Gender reassignment
  - Spinal cord stimulation for chronic pain
  - Homeopathy
  - \*\*Face & skull congenital abnormalities
  - Rhinophyma
  - Breast augmentation
  - Breast reduction
  - Gynaecomastia
  - Buttock lift/thigh/arm contouring
  - Abdominoplasty/apronectomy
  - Scars and keloids
  - Vascular skin lesions
  - Ophthalmic laser treatment
  - \*\*Screening for glaucoma in ophthalmology
  - Surgical treatment of varicose veins
  - Circumcision
  - Surgery for asymptomatic gallstones
  - Surgical treatment of hernias
  - Dyspepsia
  - D&C for menorrhagia
  - Female genital prolapse
  - Grommets for OME
  - Temporomandibular joint replacement
  - Dental implants
  - Hip and knee procedures
  - Knee debridement for osteoarthritis
  - Hyaluronans for osteoarthritis
  - Dupuytren's disease
  - \*\*Elective cardiac ablation
  - Functional electrical stimulation for drop foot
  - Complementary therapy

**\*\* indicates that these are no longer the responsibility of the CCG**

Proposed by Ruth Gildert, seconded by Les Hanley.

**Resolved:**

1. Subject to the changes requested by the CCG's Cumbria Executive Committee on 17 October regarding the Membership (as specified above) the Clinical Decision Making Framework and Terms of Reference be approved
2. With the exception of those specified above the commissioning policies appended to the report be approved
3. The residual work still to be undertaken be noted
4. The differences with Lancashire suite of policies, and further tranches of work being done be noted

Ros Berry left the meeting.

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GB 70/13 **Chief Finance Officer's Report**

**Fundamental Review of Allocations Policy**

CW presented the CCG's response to the above document advising that prior to its submission it had been circulated to Governing Body Members for comment.

**Finance Report**

CW presented the report.

**Resolved:**

1. The response to the allocations review be noted
2. The financial position report as at September 2013 be noted

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GB 71/13 **Performance Report**

PR presented the report.

**Resolved:** The performance against the national standards and the implications of the performance be noted

Paul Wood entered the meeting.

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GB 72/13 **Programme Update – Better Care Together**

PW presented the report. GJ advised that whilst progress of this project might have appeared slow it encompassed a number of complex and wide ranging issues. There was now a clearer understanding of what needs to be achieved across various areas of care and work can now start to commence. It was also acknowledged that whilst the public have been engaged within this project, no outcomes had been fed back and this now needed to be undertaken.

**Resolved:** The current position of the Better Care Together programme be noted

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GB 73/13 **HR Policies**

CW presented the report.

Proposed by Jon Rush, seconded by Les Hanley.

**Resolved:** The HR policies detailed in the report be approved.

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GB 74/13 **Call to Action**

NM presented the report. In response to concerns raised by JR regarding the Health & Wellbeing Board signing off the allocation of funds, NM advised that the Board was aware that it needed to develop and work closely with partner organisations in order to benefit the Health & Social Care economy across the County.

**Resolved:** The report be noted.

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**GB 75/13 Minutes of:**

**Locality Executives:**

- Allerdale  
25 July 2013  
22 August 2013
- Carlisle  
24 July 2013  
28 August 2013
- Copeland  
25 July 2013  
22 August 2013
- Eden  
25 July 2013  
29 August 2013
- Furness  
14 June 2013  
12 July 2013  
9 August 2013
- South Lakes  
04 July 2013

Cumbria CCG Executive 18 July 2013

**Resolved:** The above minutes be received for information.

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**GB 76/13 Urgent Items of Business**

There were no urgent items of business.

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**GB 77/13 Questions from Members of Public Present**

Questions from members of the public and the answers are contained in Appendix 2.

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**GB 78/13 Date and time of the next meeting:**

The next meeting of the Governing Body be held on Thursday 19 December 2013 at Penrith Rugby Club, Carlton Avenue, Penrith, CA11 8RG, commencing at 14:00.

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The meeting closed at 16:10 p.m.

**Questions & Answers from Members of the Public – Agenda Item 4**

**Trudi Wakeman**

**Is there anything the Governing Body can do to help support the local rural GP surgeries which will struggle to survive with the removal of the Minimum Practice Income Guarantee (MPIG) being introduced in April 2014?**

In response Nigel Maguire acknowledged that the MPIG was part of the GP contracts and the progressive reduction and subsequent removal of the funding would significantly impact on many practices across the Country.

Trudi Wakeman acknowledged that all surgeries would be affected. However she stated there were only 10 or 12 Practices across the Country that were in the same situation as Coniston and Hawkeshead (surgeries that cover a wide geographical area and where it is difficult for people to get to other surgeries from that location) and asked if a letter from the Governing Body to Jeremy Hunt regarding this issue would be helpful.

Nigel Maguire advised that the CCG's Clinical Chair, Dr Hugh Reeve, had met with the practice to discuss its concerns. He also confirmed that the Governing Body was aware that primary care needs support and that was why the CCG was working with the North of England Area Team (the organisation responsible for commissioning of Primary Care Contracts) to ensure that Cumbria has an accessible, sustainable, safe and well developed primary care system in place.

**Neil Hughes**

Neil Hughes advised that he had a question regarding the 111 service but will defer this if it is to be covered on the agenda.

In response Charles Welbourn advised that an update on the above would be presented during the course of the meeting.

**Questions & Answers from Members of the Public – Agenda Item 16**

**Liz Clegg**

**How does the CCG monitor the standard of services given by GPs with special interests, e.g. undertaking surgeries in community hospitals?**

In response David Rogers advised that General Practitioners with Special Interests (GPSI) were subject to an annual appraisal or, if employed by a Trust, they would be monitored by that organisation.

**How does the CCG monitor abnormal test results where patients are referred to secondary or tertiary care?**

In response David Rogers advised that not all pathological results were monitored. However specimens that came back with malignancies were recorded and measures were in place to ensure referrals were actioned appropriately.

**How is monitoring undertaken of acute and primary care services imparting bad news to patients?**

David Rogers advised that there were no specific measures in place to monitor the above other than through the complaints procedure or the patient experience survey process. Results of both of these systems are monitored by the CCG and where necessary the appropriate action is taken through our Quality and Safety team.

Liz Clegg also sought clarification as to whether GPs were given 'good practice guidance' for imparting good/bad news to patients? In response Geoff Jolliffe advised there was no systematic method in place. However health workers were given training in this area during their qualification process.

**Neil Hughes**

Neil Hughes confirmed that his enquiry regarding the 111 service had been answered during the course of the meeting.