North Cumbria
Clinical Commissioning Group

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF EXECUTIVE COMMITTEE
Thursday 21 September, 9:30 – 11:30
The Conference Room, Rosehill

Present:	David Rogers	Medical Director & Interim Accountable Officer **(Chair)** (DR)
	Mandy Boardman	Clinical Lead for Children's Commissioning, Mental Health, Learning Disability and Safeguarding (MB)
	Celia Heasman	GP (CH)
	Eleanor Hodgson	Director for Children & Families (EH)
	Helen Horton	Specialist Commissioning & Pathway Development, Map of Medicine and IFR (HH)
	Niall McGreevy	ICC GP Lead (NMcG)
	Colin Patterson	Clinical Lead for Primary Care and ICC Development (CP)
	Caroline Rea	Director of Primary Care (CR)
	Peter Rooney	Chief Operating Officer (PR)
	Charles Welbourn	Chief Finance Officer (CW)
In Attendance:	Julian Auckland-Lewis	Dep. Director of Service Transformation, (JL)
	Louise Mason-Lodge	Deputy Director of Nursing, Quality and Safeguarding (LML)
	Lynne O'Neill	Administrator, Commissioning (LO'N)

EC 56/17 AGENDA ITEM 1: Welcome & Apologies

The Chair welcomed everyone to the meeting.

EC 57/17 AGENDA ITEM 2: Declarations of Interest

The GPs present declared in interest in Agenda item 7.

EC 58/17 AGENDA ITEM 3: Draft Minutes & Action Log of the meeting held on 17 August

The minutes of the last meeting were agreed as an accurate record

Actions
AP2 – Ongoing, meeting taking place next week. There is outline business case for the new cancer centre. CP has written to secure funds. Ros Berry is also working

on this. Clarification required on what part will be provided in west Cumbria and what will be done in Carlisle rather than Newcastle.

AP5 – Ongoing, MB confirmed that CAMHS pathway is still being worked on by CPFT and she will then speak to William Lumb.

DR reported that MoM is withdrawing support for part of service and this will need a workaround. This will not affect the pathways but will affect the functionality of forms etc. HH advised that William Lumb looking at STRATA as an alternative and there should be something to look at in a couple of weeks. This could cause problems with clinician time switching from one platform to another.

EC 59/17 **AGENDA ITEM 4: Matters Arising**

Macular Degeneration - Avastin

Confirmed that this proposal had gone to the Finance & Performance Committee yesterday and was now approved as CCG policy that Avastin will be a choice. DR waiting to hear from Rod Harpin. Not sure if this has been implemented anywhere yet.

EC 60/17 **AGENDA ITEM 5: Specialist Community Perinatal Mental Health Service Options Appraisal**

MB gave a presentation on Specialist Perinatal Mental Health services in North Cumbria which was a priority area in the 5YFV for Mental Health and the Better Births: Improving outcomes in maternity services.

Funding opportunities were being provided in waves, wave 2 being expected imminently and CCGs were expected to commit to continuity by 2019/20/

Three options are available:

- Option 1: Stand-alone N Cumbria service
- Option 2: N Cumbria spoke supported by LCFT hub
- Option 3: N Cumbria spoke supported by NTW hub

The group considered the options and agreed that a stand-alone service was not viable in north Cumbria due to the small number of births and subsequent inability to maintain the specialism.

Of the other two options, there were potential procurement issues re adopting one or the other. Interest was coming from both sides and we need to see where our future relationship will be. NHSE have provided bed capacity in Chorley which has eased the pressure on Morpeth. Noted that Andrew Cairns, Clinical Leader at NTW understood the geography and were already developing a hub and spoke model, whereas opting for Chorley would mean starting from scratch.

The group took a broad view that the most sensible option is NTW but an option

appraisal would be necessary before deciding. It was agreed to make a provisional decision now and have further information at the next meeting after options appraisal is circulated.

Option 3 proposed by CW
Seconded by NMcG
Resolution: Proposal agreed

EC 61/17 **AGENDA ITEM 6: Section 12**

MB reported that there would be changes in out of hours medical cover for Section 12 assessments from 1st October. Consultants would no longer be on call and meetings were currently ongoing to provide a solution. Further information would come here in future meetings.

EC 62/17 **AGENDA ITEM 7: Commissioning of a New General Practice Local Enhanced Service (LES)**

DR has drafted letter asking for assurance from 2 Trusts around the appropriate process for transferring work to primary care. This has not gone out yet and is currently with Mark Alban.
Hope to send letter tomorrow or Tuesday next week to Medical Directors and have response for the Governing Body in October.

GP ICC leads have already noted this as a conflict of interest.

Proposed by PR
Seconded by CR
Resolution: Proposal agreed

EC 63/17 **AGENDA ITEM 8: Value Based Clinical Commissioning Policies**

CP presented a paper on value based clinical commissioning policies. Pages 38-40 highlighted how things change; training has already started re the new MSK service. The policy provides criteria for allowing/denying procedures/drugs and approval of continuous improvement of process in line with the constantly moving target of national advice and guidance.

The group were asked to approve the updated policy.

Proposed by HH
Seconded by EH
Resolution: Proposal agreed

ACTION: Pass to Brenda Thomas for Governing Body in October

EC 64/17 AGENDA ITEM 9: STP Visibility / Wider Staff Awareness - NCCCG

JAL attended the meeting to give a presentation on the West, North & East Cumbria Integrated Health & Care System (STP) Transformation Programme which had superseded the Success Regime. This was a National STP initiative encompassing service integration, an end to organisational boundaries and reduction in transaction & overhead costs.

This would involve an extensive list of work with probably a further 5-6 business cases before Christmas on top of those already in the system; the focus of initial areas to contribute to the financial position.

CR noted that the Success Regime was put in in the hope of resources. Now if we were not in 1st wave we would get nothing. EH pointed out significant investment areas were not included and a message needs to be included if this is going public.

JAL stated this was only Exec level so far. Investment would be phase 2 when we are financially stable and a stronger story would be needed then.

HH added a new forum was working through pathways. It was useful for JAL to attend. We need to look at whole journey not piecemeal.

EC 65/17 AGENDA ITEM 10: ICE / Radiology

HH advised that ICE was an electronic requesting system for blood tests etc and radiology testing also. Setting this up between GPs and Acute would be easy. However it would be more difficult for AQPs. HH asked if she can support a system which will disadvantage AQPs.
DR stated that technical issues for AQPs should not stop this being used.
CW advised looking at the notice period in AQP contracts and vary the contract after that to say they must be on ICE.
HH would ask Ray Beale-Pratt and Felicity Robson to liaise.

EC 66/17 AGENDA ITEM 11: Finance Report

The Finance Report was noted.
CW stated the paper went to the Finance & Performance group yesterday – our financial performance is dependent on system wide change that JAL talked about.

CW will circulate the paper on Continuing Health Care. This is overspent due in part to the decision to offer a universal uplift to care homes.

The proposed approach to financial risk share for all organisations was approved by SLB. NHSE are happy with this but want more detail by end of Q3.

EC 67/17 AGENDA ITEM 12: Performance Report

The Performance Report, showing that the overall trend is positive with improved

or sustained performance in a number of key areas, was noted.

Exceptions were dementia diagnosis; work ongoing will come back here, IAPT performance, A&E performance and ongoing fluctuation in the 62 day cancer standard.

Also noted that NWAS standards had changed and they had attended the A&E Delivery Board to give a presentation on these changes.

EC 68/17 **AGENDA ITEM 13: Any Other Business**

Winter

DR noted that Australia had had a very bad flu season and GPs needed to exceed flu targets.

EC 69/17 **AGENDA ITEM 11: Date and time of next meeting:**

19th October 2017,10:00

Boardroom, Ann Burrow Thomas, Workington