

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF EXECUTIVE COMMITTEE
Thursday 19 October 2017, 10:00 – 12:00
Board Room, Ann Burrow Thomas Health Centre, Workington

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)
	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)
	Charles Welbourn	Chief Finance Officer (CW)
In Attendance:	Louise Mason-Lodge	Deputy Director of Nursing, Quality and Safeguarding (LML)
	Lyn Hardie	Administrator, Commissioning (LCH)

EC 70/17 AGENDA ITEM 1: Welcome & Apologies

The Chair welcomed everyone to the meeting.

EC 71/17 AGENDA ITEM 2: Declarations of Interest

None were declared

EC 72/17 AGENDA ITEM 3: Draft Minutes & Action Log of the meeting held on 21 September

The minutes of the last meeting were agreed as an accurate record subject to the following amendment;

“In Attendance: Louise Mason Lodge Deputy Director of Nursing, Quality and Safeguarding”

Actions

AP2 Oncology Provision - Ongoing, meeting has taken place and a description was given, but the medical model not yet complete. CCG will need some input into the building design to ensure its suitability for future community based model. There was confirmation that there will continue to be oncology out-patients and chemotherapy on the WCH site.

AP5 CAMHS visit - Ongoing, MB has contacted Jackie McConville again and is waiting for a reply. She will chase up a response.

EC 60/17 Specialist Community Perinatal Mental Health Service Options Appraisal

The appraisal has been circulated and responses have been positive. It was noted that there is still no date for the bid submission.

EC 63/17 Value Based Clinical Commissioning Policies – Complete. Paper was sent to the Governing Body meeting this month.

EC 65/17 ICE / Radiology – Ongoing. HH has spoken to Ray Beale-Pratt. The ICE system should now able to be set up for AQPs. HH has another meeting with Ray to finalise this and the system should be able to roll out by Christmas.

EC 73/17 AGENDA ITEM 4: Matters Arising

MOM withdrawal – HH has asked William Lumb for an options appraisal of possible replacements – she had suggested three options; STRATA, GP Net and EMIS.

There is a data summit later today involving CR, the ICC GP Leads, Steven Childs, Steven Eames, Brenda Smith and William. It was noted that due to the tight timescales, Directors may have to make an executive decision away from a meeting scenario.

EC 59/17 Avastin – DR mentioned that Avastin will be in the national news later this week.

EC 62/17 Commissioning of a new General Practice Local Enhanced Service (LES)
The holding letter is expected to be sent out to practices next week.

EC 74/17 AGENDA ITEM 5: WNE Cumbria – Whole System Discharge

AB went through the policy and the following points were heightened;

- CCG Implications: How will the policy work in reality around funding?
- Cost of Care between discharge and Continuing Health Care assessment –

for self-funding patients it will be CCG, but for other patients – clarity is needed.

- CLIC Training will be available for acute and ward staff around managing patients and families expectations.

The members discussed the policy and the following points were raised:

- AB noted that some queries in the document have not been answered and she has asked Alison Clegg to clarify what stage the document is at.
- CW noted there is very little cost difference between an acute bed and a CHC bed, so not correct to say CHC bed is less than an acute bed.
- CW had a concern around patients being assessed for CHC for the right reasons rather than for cost-shifting reasons.
- MB asked for more clinical detail; however some of the language needs to be clarified – eg. Discharge at weekends; what is the process to ensure the OOH teams are aware of a patients being discharged? CR noted the ICC Business Case should impact on this point in a positive way as there will be more community services available at weekends.
- HH raised a question around responsibility.

ACTION: CW and LML will look at how to monitor ASC and how they assess patients for CHC.

Summary

The meeting is unable to approve the policy due to several queries. The meeting requested that the policy come back next month with changes made.

EC 75/17 AGENDA ITEM 6: WNE Cumbria Local Maternity System (LMS) Plan

EH presented the LMS plan, which has been developed in response to the National Better Births Programme along with the Maternity Network, Public Health, CPFT Mental Health Team, CCG and local women via Maternity Voices.

The policy was discussed at a check and challenge session at North of England Maternity Board in York last week and was well received.

There are issues around Continuity of Carer, which is a big financial issue and is waiting for National Guidance, but the outcomes for mother and baby are much better if there is a continuity of carer. Another issue is around neo-natal, which need a more detailed plan.

EH asked for comments from the meeting.

CW asked about the timescale for midwives to start giving flu injections – why four years?

HH - there needs to be more in the plan around pregnancy loss/stillbirth support, with more detail around the follow-up if the birth doesn't go well.

LML – safe care for vulnerable mothers/domestic violence victims etc needs to be included.

The ongoing issue of breast feeding statistics was discussed as was the idea of upgrading midwives to enable them to prescribe.

ACTION: LML and EH will liaise on the wording for safe care.

ACTION: Some work is needed around midwives prescribing medications, giving breastfeeding advice & support, difficulty in pregnancy and flu vaccinations.

EC 76/17 AGENDA ITEM 7: Section 12 Update

MB gave the latest update. There has been a hold put on consultants doing Section 12s provisionally until 8th January. Key piece of work is to go through each case scenario and ensure there is a safe pathway for each scenario. Proposal from CPFT (Stuart Beatson) and funded by both CCGs, to test out having two section 12 doctors, employed for a short time during this test period - one north and one south - to carry out assessments between 9 and 5. The current system isn't working as most section 12 assessments tend to take place after hours and this needs to change.

It is hoped that an assessment can be started with the section 12 doctor and only if a second doctor is needed will there be a delay, whereas at present the assessment doesn't start until 2 doctors are present which can lead to a delay of several hours.

There are several other issues including indemnity, 24/7 advice & guidance for GPs, CHOC drivers support, having a comprehensive OOH section 12 list and documentation.

EC 77/17 AGENDA ITEM 8: Learning Disabilities Update

Quality Dashboard- PRIMIS to rerun this in Oct/Nov.

This will give us a baseline so that we can identify areas of poor performance and therefore areas for priority over the next 12-18 months.

Analysis of this data and agreement of recommendations will be done by the Primary care quality group.

CPFT Learning Disability team- close working with primary care across the county with shared vision of improving the health of LD patients.

Offering an annual visit to every GP practice in Cumbria- This visit will include offer to update LD register, training and resources for practice team and support with quality audit. We will ensure that this work is aligned to the QIS.

As well as these annual visits the LD team are working with CCG on a couple of specific projects.

- Increase in flu uptake- Kate Holliday is meeting with member of the LD team and NHS England to form strategy eg promotion of use of nasal vaccine if appropriate (least restrictive option)
 - Increase in bowel screening uptake- pilot to start in Workington ICC in early Nov. Joint working between screening hub, CPFT LD nurses and GP
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practices. This project is being supported by the regional LD network following success in Tyneside CCG. This project has received national recognition –Cumbria will be the second area to trial and implement. To enable this to be successful we need to promote the use of the new national template so that consent to share information is obtained from the patient/carer.

ACTION: Learning Disabilities Update to be a regular item on the agenda.

EC 78/17 AGENDA ITEM 9: Finance Report

The Finance Report was noted.

CW reported that the big risk is the system-wide savings scheduled for the back end of the year. It was noted that some savings are not looking to be as large as thought or have not materialised eg; ICCs and DTOCS. To this end CCG is working with NHSE and NHSI regarding extra funding as the ASC initiatives which we made our initial budget around, have not happened as predicted.

EC 79/17 AGENDA ITEM 10: Performance Report

AB presented the report; CW advised that after the FP Group yesterday, some items on the report will need correction.

There are a number of performance issues with local providers:

- CPFT – Andy Airey (AA) and his team met with them over dementia diagnosis. Now have a recovery plan in place to include introducing memory workers in each GP Practice
- IAPT – ongoing. AA meeting with CPFT reps around this next week.
- Ambulance Services data is incorrect in the report and will be taken out.
- BT connection issues to 999 has caused some near misses and NWAS are investigating. GPs reporting the issues on SIRMS.
- PC Streaming – system went live on 1st October with system-wide support. There have been SOP issues with NHSE & NHSI and the SOP is being re-submitted today.
- Cancer – There are continuing issues around the cancer standard. A recovery plan is in place with NHUCT and weekly meetings are taking place. Newcastle has agreed to a shared session around route cause analysis. Part of the delay seems to be repeat diagnostics being done at Newcastle when patients are referred.
- Trackers – CCG is working with the Trust on this and it was noted that more support for trackers is needed in the Trust.
- RTT – achieving targets but due to CIP pressure it is probable that the RTT target won't be achieved in the coming months.
- Dementia diagnosis – normal process to see GP, have screening and then

referred for memory assessment. The GP can make the dementia diagnosis without referring. This is particularly the case with frail/elderly in care homes.

ACTION: CW will chase up BT/999 Connections problem today and this issue to be on agenda next meeting

ACTION: NMcG to continue the dementia diagnosis discussion and coding for this with the ICC Leads.

EC 80/17 AGENDA ITEM 11: Any Other Business

There was none
