

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF EXECUTIVE COMMITTEE  
Thursday 23 November 2017, 10:00 – 12:00  
Conference Room, Rosehill, Carlisle

Present:	David Rogers	Medical Director & Interim Accountable Officer <b>(Chair)</b> (DR)
	Mandy Boardman	Clinical Lead for Children’s Commissioning, Mental Health, Learning Disability and Safeguarding (MB)
	Helen Horton	Specialist Commissioning & Pathway Development, Map of Medicine and IFR (HH)
	Niall McGreevy	ICC GP Lead (NMCG)
	Celia Heasman	GP (CH)
	Charles Welbourn	Chief Finance Officer (CW)
	Peter Rooney	Chief Operating Officer (PR)
In Attendance:	Louise Mason-Lodge	Deputy Director of Nursing, Quality and Safeguarding (LML)
	Andrea Loudon	Primary Care Development Lead (AL)
	Greg Everatt	Senior Commissioning Manager (GE)
	Lynne O’Neill	Administrator, Commissioning (LO’N)

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**EC 83/17 AGENDA ITEM 1: Welcome & Apologies**

The Chair welcomed everyone to the meeting.  
Apologies were received from Eleanor Hodgson, Caroline Rea & Stephen Childs

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**EC 84/17 AGENDA ITEM 2: Declarations of Interest**

None were declared

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**EC 85/17 AGENDA ITEM 3: Draft Minutes & Action Log of the meeting held on 19 October**

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

Agenda Item 5: First line should read “AB went through the document and the following points were **highlighted**”

Actions

AP2 Oncology Provision – No update. Have this on the agenda for December

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meeting.

AP5 CAMHS visit - Ongoing, Still talking about models. Keep this on the log.

EC 60/17 Specialist Community Perinatal Mental Health Service Options Appraisal - No further update.

EC 65/17 ICE / Radiology – Ongoing. HH advised the system is still on track to roll out in December.

EC 74/17 WNE Cumbria – Whole System Discharge – CW stated that patients are monitored but numbers will go up and down. LML is picking up re commissioning intentions.

EC 75/17 WNE Cumbria Local Maternity System (LMS) Plan – LML has emailed Alison Graham re the policy.

EC 77/17 Learning Disability Update – This will be an agenda item in February. Remove from log.

EC 79/17 Performance Report – CW received update from NWAS. There had been a problem with BT but also other issues. BT now resolved. Response times were now getting back to previous standards and additional staff had been recruited for December.

EC 81/17 Key Issues and Agreeing Priorities – DR still awaiting some A4 lists.

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**EC 86/17 AGENDA ITEM 4: Matters Arising**

EC 76/17 S136 and S12 Update

MB advised that the Police and Crime Act was still due to come into force on 11<sup>th</sup> December. A further meeting had taken place. The greatest impact would be on patients on forensic pathway and children on pathway to T4 and there were still questions to be answered on how to keep them safe. CPFT had gone away with various actions and the police were being supportive. Attempts were being made to get a child Psychiatrist to give advice by phone and it was hoped Newcastle/Tyne & Wear will come back with a solution. Noted that the Acute trust were no longer so anxious about keeping children on the ward.

**Action: DR would ask Andy Airey to speak to Andy Brittlebank re this.**

MB stated that inroads were being made into increasing numbers of S12 doctors though the January 8<sup>th</sup> date will probably slip. Training overseas GPs was being looked at.

CW added that a contract change had been agreed with CPFT so that medical indemnity falls to CPFT and not the GP. He would ask Andy Airey for a summary

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of the current situation for the next agenda.

**Agreed that these will be standing items on the agenda until resolved.**

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**EC 87/17 AGENDA ITEM 5: Safeguarding Adults Policy for General Practice**

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DR asked that any queries to be raised on reports be notified prior to the meeting in future for greater efficiency.

MB that this report is a revision which GPs can adopt if they wish. It had been 'Cumbrianised' and comments from GPs were positive.

**The report was unanimously AGREED and would now go to the Governing Body**

NMcG asked how other organisations would be included and it was agreed the report could be sent to CHoC and Workington Health.

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**EC 88/17 AGENDA ITEM 6: Non-Medical Prescribing Policy**

LML presented the Non-Medical Prescribing Policy stating this was self-explanatory and would provide welcome clarity for general practice. It would provide an opportunity to ensure that the prescribing of dressings and appliances was kept tightly controlled.

Following discussion it was felt it was unclear what is CCG responsibility and what is delegated to CPFT to manage on our behalf and this needed to be clarified.

**It was AGREED to approve this on provision of a robust governance statement in the Policy**

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**EC 89/17 AGENDA ITEM 7: Developing the Quality Improvement Scheme post April 2018**

AL stated that the QIS was now being developed for next year, aligning funding to achieving outcome. It was an STP expectation and a CCC objective. This paper was a starter for discussion. It reflected national changes, dementia targets etc.

Comments included:

- It worked well but where do we see performance data for primary care? Need that to make governance to take this forward clearer.
  - Lot of discussion re Quality Group and where it feeds into. Very much focussed on Acute, what does it mean for primary care? Do have governance now with primary care quality committee.
  - Collaborative input good as long as not too prescriptive. It encouraged GPs to do what works well. Need to get metrics out in good time. Currently getting hammered for using minor injuries and ambulatory care. Can this be taken out?
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- Not keen on just rolling over the last scheme or a complete about turn. Following additional items suggested:
    - Dementia
    - Access to IAPT
    - Atrial fibrillation
    - Adult & Children safeguarding
    - GPFV extended access
  - There was a need to be clear what last 2 years meant to patients. Can't be complete change but a transition. Nothing in the paper about Accountable Care Organisation.
  - If we put lot of new measures in- what happens to old stuff
  - Needs changing – performance report shows clinical areas we are not achieving:
    - Cancer diagnosis
    - Sepsis
    - Patient experience
    - FEBI for COPD

PR asked if there was a need to do this at all. Unless there was clarity re what it has achieved, could the £2.2m be better used? Following discussion it was agreed that taking this money away would destabilise primary care and ultimately cost much more. The challenge had been appropriate but the direction of travel was more investment in primary care. We need to see that practices are providing quality of service in areas we need them to. Need to see evidence – less metrics but more focus on them. Draw up options that improve service for patients.

**Agreed that this meeting will concentrate on PC quality on a quarterly basis. DR/AL/LML to discuss the best time to do this.**

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**EC 90/17 AGENDA ITEM 8: Regular Update around Learning Disabilities**

MB had sent a letter to practices. A query had been received from CPFT re governance. AL stated the process was the same as for Memory Matters, going from CPFT to practice.

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**EC 91/17 AGENDA ITEM 9: BT Connection Issues to 999**

Dealt with in the Action Log

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**EC 92/17 AGENDA ITEM 10: Finance Report**

CW presented the finance report stating that if funding was not forthcoming we will not balance books and would incur penalties as part of risk share. Prescribing – drug shortages have caused a huge increase in spending. HH asked if GPs could have guidance on the best/cheapest alternatives in these situations. CW noted that Avastin would offset this increase.

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AL stated that a new method of blood glucose monitoring would go on tariff from November, though not for GP prescribing, this would be a cost pressure. CW advised there was a system wide saving target of £7m.

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**EC 93/17 AGENDA ITEM 11: Performance Report**

PR presented the performance report and highlighted:

- Variation in referrals for IAPT. GPs were encouraging self-referral. Some patients don't follow this up but would have gone if directly referred.
- Ambulance – no data till December
- Cancer – discussions ongoing with Newcastle re 62 day breaches

The report was noted.

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**EC 94/17 AGENDA ITEM 12: Local Transformation Plan**

GE attended the meeting to present the Local Transformation Plan for Children and Young People. The plan covers the whole of Cumbria and the partners are Morecambe Bay CCG, North Cumbria CCG and Cumbria County Council. The format was changed last year to fit with Lancashire so that it looks streamlined across the patch. It was brought to the attention of the Executive Committee today and would come back for sign off before going to the Health & Well Being Board.

Members were asked to contact GE with any issues prior to the January meeting.

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**EC 95/17 AGENDA ITEM 13: Any Other Business**

There was none

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