

GOVERNING BODY MEETING – TUESDAY 24 MARCH 2015

MINUTES TO BE RECEIVED

Title of Meeting	Clinical Commissioning Committee
Date of Meeting	2 December 2014
Status (ratified/draft)	Ratified
CCG Representatives	Internal meeting.

Summary of key issues discussed:

- The future of Non-Tertiary Cardiology Services. Dr Alison Seed, Consultant Cardiologist at Blackpool Teaching Hospitals NHS Foundation Trust, gave a presentation on a Cardiology Service proposal, Secondary Care (non-elective).
- Specialist Weight Management. Recruitment had been approved and the target date for commencement of the service was reported to be on track for 1 April 2015.
- New Models of Care. NHS England had published planning guidance for the NHS setting out steps to be taken during 2015/16 to start delivering the 'NHS Five Year Forward View'. The planning guidance set out 7 potential new approaches to delivering services. One approach of particular interest was the option to have community and GP services provided by a single entity

Matters requiring action by Governing Body

Details:	By whom:	Timescale:
None		

Recommendation

The Governing Body is asked to review and note the contents of the minutes.

Dr Tony Naughton
Clinical Chief Officer
Chair – Clinical Commissioning Committee

Clinical Commissioning Committee

Clinical Commissioning Committee Meeting

Tuesday 2 December 2014

Grasmere Room, Wesham

MINUTES

Present:

Dr Tony Naughton (Chair)	Clinical Chief Officer	F&W CCG
Dr Adam Janjua	Elected Clinical Lead and Vice Chair	F&W CCG
Dr Jimmy Reid	Elected Clinical Lead	F&W CCG
Dr V G Chandrasekar	Elected Clinical Lead	F&W CCG
Iain Stoddart	Chief Finance Officer	F&W CCG
Dr Rob Smyth	Elected Clinical Lead	F&W CCG
Dr Jacky Panesar	Elected Clinical Lead	F&W CCG
Dr Ian Stewart	Secondary Care Doctor	F&W CCG
Peter Tinson	Chief Operating Officer	F&W CCG
Dr Tom Johnson	Elected Clinical Lead	F&W CCG
Dr Peter Benett	Elected Clinical Lead	F&W CCG

In Attendance:

Sarah Camplin	Head of Commissioning	F&W CCG
Justine Howe	Senior Commissioning Manager	F&W CCG
Pippa Hulme	Senior Commissioning Manager	F&W CCG
Amanda Lomas	Commissioning Officer	F&W CCG
Pete Smith	Commissioning Manager	F&W CCG
Zakir Bhamji	Planning Support Officer	F&W CCG
William Roberts	Commissioning Support Officer	F&W CCG
Tracy Riddick	Senior Integrated Governance Manager (Primary Care)	F&W CCG
Laura Houghton (minutes)		F&W CCG
Dr Alison Seed	Consultant Cardiologist	BTH FT
Julie Lonsdale	Head of Medicines Optimisation	F&W CCG

Items were taken out of sequence from the agenda.

No	Item
----	------

1	<p><u>The Future of Non-Tertiary Cardiology Services</u></p> <p>The Chair introduced Dr Alison Seed, Consultant Cardiologist at Blackpool Teaching Hospitals (BTH). Alison presented slides on a Cardiology Service Proposal, Secondary Care (non-elective).</p> <p>Alison informed members of the current service provision for the tertiary service and the secondary service and highlighted the areas considered to be of concern: inefficient use of bed stock, prolonged admissions, high readmission rate and poor outcomes. Alison explained that within secondary care, the vast majority of cases were not already known to the cardiology services</p> <p>It was noted that the Trust did not have dedicated secondary care cardiology beds. Members noted information and supported the above assertions. Alison advised that a solution would be to have a cardiology ward, an idea that has the support of the Trust. Alison added, however, that there were inadequate resources to man such a ward, which would need to be run as any other district general hospital ward – a 7 day service with ward rounds.</p> <p>Alison stressed that with the required level of investment, the service would be significantly improved and would better support the primary care, community-based cardiology service.</p> <p>Financial implications of the proposal were discussed.</p> <p>Adam Janjua enquired about the average length of stay. Alison replied that relating to heart failure, at the moment it was 15 days with a national average of 10. Alison added that working with community staff, there was no reason why the average stay could not be less than the national average.</p> <p>Rob Smyth initiated discussions on whether resources could be shifted to enable the secondary care cardiology unit to be formed.</p> <p>Iain Stoddart suggested that a better understanding of activity was required as was the link into the community provision.</p> <p>Alison Seed left the meeting.</p>
2	<p>Apologies for Absence</p> <p>Apologies for absence were received from Jennifer Aldridge, Dr Kath Greenwood, Nicola Walmsley.</p>
3	<p>Declarations of Interest</p> <p>All GPs present declared an interest.</p>
4	<p>Any Other Matters of Urgent Business</p> <p>There were no Other Matters of Urgent Business</p>

<p>5</p> <p>5.1</p> <p>5.2</p> <p>5.3</p>	<p>Minutes of the Last Meeting of the Clinical Commissioning Committee held on 4 November 2014</p> <p>Item 10, ADAS. Paragraph 4 to read "...ad hoc service providing transient illness".</p> <p><u>Specialist Weight Management</u></p> <p>Members were reminded that new NICE guidance had arrived.</p> <p>Minutes of the Clinical Commissioning Committee meeting held on 2 Sept 2014</p> <p>Minutes of the Clinical Commissioning Committee meeting held on 7 Oct 2014</p> <p>Members were notified of a couple of minor amendments to the minutes in terms of clarity/use of acronyms. Members noted the comments and requested that changes be tracked in future.</p>
<p>6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>Matters Arising:</p> <p>Action Sheet and Receipt of Updates</p> <p>The action sheet was reviewed and updated.</p> <p>Head and Neck Cancer</p> <p>Peter Tinson reported, on behalf of Nicola Walmsley, that transfer of the surgical element from Blackpool Teaching Hospitals (BTH) to Lancashire Teaching Hospitals (LTH) had been planned for 2 December 2014. Mr Nigam, Consultant ENT Surgeon, will start work from LTH in December with the surgical element of activity transferring in January 2015. It was noted that there would be no change to the referral process for GPs.</p> <p>Discharge Summaries</p> <p>Justine Howe reported that she had fed the concerns relating to discharge summaries to ward staff and that this would be discussed as part of next year's contract.</p>
<p>7</p> <p>7.1</p>	<p>Programme Management Office (PMO)</p> <p>Gateway Documents for Sign Off</p> <p>Julie Lonsdale spoke about the rationale of the Stroke Prevention in Atrial Fibrillation PID. It was noted that new NICE guidance had been published this year around the management of atrial fibrillation. Julie explained that the project was designed to implement the new NICE guidance and to identify further patients with AF and treat those according to NICE guidelines. Education will be an important part of the project. Julie added that the project was aiming to reduce strokes and implement best practice in a managed way.</p> <p>Discussion took place on NOACS in primary care and the use of Warfarin. The service provided by the ADAS team in educating patients prior to commencing Warfarin, was acknowledged. It was felt that GPs would not have the same contact time. Rob Smyth explained that patients on Warfarin were monitored but with a NOAC they are not. Thus</p>

	<p>patients with poor compliance may be disadvantaged on a NOAC.</p> <p>After further discussion the Chair asked if members approved the project.</p> <p>Resolved: The committee noted and approved the PID</p> <p>Julie Lonsdale left the meeting.</p>
8	<p>Matters Arising (continued)</p> <p>Rheumatology Advice Clinic</p> <p>Peter Tinson reported, on behalf of Nicola Walmsley, that a voting poll had been distributed via the Practice Bulletin.</p>
9	<p>Performance and Contracting Report – Month 6</p> <p>Peter Tinson reported on this item, on behalf of Nicola Walmsley.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • Themes remained consistent • RTT time targets - BTH had until the end of November to deliver the aggregate position. Peter advised that BTH had verbally reported that they had achieved this, however, confirmation was awaited • Diagnostic waiting times – continued to be a pressure. It had been agreed to give BTH until the end of December to improve. There had been agreement by the Finance and Performance Committee to open up the market if BTH did not achieve the target by the end of December. • Mortality action plan – the CCG will be having discussions to finalise. • Cancer 62 day wait – breached by 5 patients (not faults of the Trust) • A&E 4 hour wait – of concern. Urgent meeting due to take place with the Trust. • NWAS – more detailed data had been received and the CCG will work with Blackpool CCG to walk through. It was noted that the increase in calls was via 111 and had been found to be clustered. Chorley had seen a reduction in NWAS activity.

10 **Programme Management Office (PMO)**

10.1 **Dashboard**

Pippa Hulme presented updated Programme Dashboard for the period 3-21 November 2014.

Pippa drew members' attention to the Status of Projects graph and informed that last month, 25 projects were live and this month, 26 were live due to the Stroke Prevention and Atrial Fibrillation project commencing, which was reported via the dashboard.

Also introduced were those projects that had been completed. Cancer had been added and the Hospice at Home project had been completed and incorporated into the formal contract monitoring process.

Pippa reported that there were 4 red-rated projects and 3 amber-rated and summarised as follows:

- **100 Day Pathway.** The project scope will be updated following discussions
- **Diabetes Service Review.** Difficulties had been experienced with engagement from BTH. An executive level meeting is being arranged with BTH as the strategic event held on 14.11.14 did not provide an opportunity to address specific engagement issues.
- **IV Therapy.** Service utilisation will continue to be monitored until the end of December 2014. This had been previously raised due to the clinical responsibility issue. Rob Smyth had attended a sub-meeting which clarified clinical responsibility. The main problem is lack of utilisation and this will continue to be monitored.

Peter Benett entered the meeting.

- **Paediatric Community LD Team.** Lancashire North CCG had confirmed that they are not in a financial position to support this project and it is unlikely that Fylde and Wyre CCG could undertake this project without their input. EMT have agreed to delay the project until 2015/16 due to partner CCG's inability to support the project at this time. A revised recommendation will be brought back to this committee.
- **Specialist Weight Management.** EMT had approved recruitment. The target service commencement date was on track for 1 April 2015.
- **Dementia Diagnosis Project.** All actions had been progressed.

Ian Stewart requested that where a project had been removed from the spreadsheet and there was a major development, this be included in the report. Peter Tinson added that the outcome of any procurement will be reported into the Finance and Performance Committee.

PIDs

	<p>Fleetwood Same Day Health Centre. Peter Tinson advised that this item had been previously discussed by the committee and had been re-submitted in order to formalise those discussions.</p> <p>Kirkham and Wesham. Members were asked for their approval of the PID in terms of project direction and scope.</p> <p>Resolved: The Committee noted the report and approval was granted.</p>
11	<p>Business Case for Community First Responders (CFRs)</p> <p>Justine Howe informed that members had requested a more detailed business case when the item had been raised at a previous meeting. Justine explained that the suggestion for additional CFRs arose from the deep dive in the Summer. There had been an increase in demand and the business case sought to address the rural issues. Justine advised that there were some linked issues and Amanda Lomas was working with the North West Ambulance Service (NWAS) on the action plan.</p> <p>Members were asked to support Option 1- the recruitment and training of CFR teams.</p> <p>Discussion took place on the cost of the administrative support. Amanda Lomas informed that one dispatcher worked across 1200 CFRs, already working at full capacity, and that a trainer would support the structure. The cost also included defibrillators for each of the proposed 10 teams. Amanda suggested having discussions with Lancashire North CCG to equally share the cost with them.</p> <p>Members discussed performance and demand on the service and felt that an understanding was required on what was driving demand.</p> <p>The committee agreed to defer this item to the next meeting.</p> <p>Peter Tinson advised that the Governing Body required an update at it's next meeting and requested for members to email comments to Amanda Lomas within the next 10 days.</p> <p>Action: All</p> <p>Amanda Lomas left the meeting.</p>
12	<p>Better Care Fund Update</p> <p>Justine Howe reported that the Lancashire Better Care Fund submission had not been approved and that a group had been established to develop the revised plan which was due for submission on 9 January 2015. A Better Care Fund Governance Workshop was taking place on 12 December 2014.</p>
13	<p>A&E and Operational Resilience Plan Update</p> <p>Justine Howe informed members that performance at A&E continued to be a concern. Peter Tinson was to attend an urgent meeting later in the week to discuss the situation. There was an issue with patient flow and the lack of medical beds. Justine commented</p>

	<p>that with nursing home placements, some patients were waiting for a preferred bed. Justine added that activity was not particularly higher but NWAS conveyances were higher.</p> <p>Regarding the Operational Resilience Plan, Justine reported that schemes were progressing well, however, there had been a delay in recruitment to the Early Supported Discharge (ESD). In addition several schemes were in place with NWAS Ambulance Liaison and at BTH A&E Department, a Consultant triaged patients at the front door.</p> <p>It was noted that there were 3700 care plans in place in Fylde and Wyre, when 2 years ago there were none and that there were 7000 in place across the Fylde Coast.</p> <p>Justine Howe commented that it would be beneficial for somebody to spend a day in A&E. Adam Janjua offered to undertake this. Justine agreed to speak with Rob Smyth, as Urgent Care lead regarding this.</p> <p>Action: Justine Howe</p> <p>Peter Tinson and Justine Howe left the meeting.</p>
14	<p>New Models of Care</p> <p>The Chair reported that NHS England had published planning guidance for the NHS setting out the steps to be taken during 2015/16 to start delivering the 'NHS Five Year Forward'. There were 7 potential new ways of delivering services. Of main interest was the option to have a community and GP services provided by a single entity. New Models of Care continued to develop momentum.</p> <p>Zakyeya Atcha offered input from Public Health, who would be happy to attend any of the groups.</p> <p>An Ebola update had been provided.</p>
15	<p>Transforming Community Equipment Services Retail Model Update</p> <p>Pete Smith informed members that the retail model was a way of getting small aids to daily living, to patients through high street retailers. This has been happening in this area for a number of years but without a formalised agreement. A Section 75 agreement was being developed.</p> <p>Action: Pete Smith</p>

16	<p>OD Plan Update and Action Plan</p> <p>It was noted that the plan had been approved by the Governing Body in July 2014 and discussed at the September meeting of the Clinical Commissioning Committee, where members had requested a quarterly update. The plan had been a mix of communications, engagement and organisational development but it was felt there was a need to separate the two. Members had received an update of the organisational plan. The Chair explained the RAG-rating and pointed out that the action plan did not have definite timescales due to the continuous development of the plan.</p> <p>The Chair asked members if they were happy with the plan and whether they felt the summary helped them to understand the CCG's current position.</p> <p>Members agreed to keep the summary in the plan and to change the RAG rating to green if they were happy with progress.</p>
17	<p>Minutes to be Received</p> <p>17.1 Fylde Coast Commissioning Advisory Board, 16 October 2014</p> <p>17.2 Scheduled Care Programme Group, 4 November 2014 (draft)</p> <p>17.3 Urgent Care Board (Working Group), 6 November 2014 (draft)</p> <p>17.4 Collaborative Commissioning Board, 11 November (draft)</p> <p>17.5 Lancashire Clinical Commissioning Groups Network, 30 October 2014 (draft)</p> <p>The minutes were reviewed and the contents noted.</p>
18	<p>Items to Forward</p> <p>18.1 Items for the next meeting, 13 January 2015</p> <p>No items were raised.</p> <p>18.2 Items to be considered by the Governing Body, 20 January 2015</p> <p>No items were raised.</p> <p>18.3 Items to be considered by the Council of Members, 16 December 2014</p> <p>No items were raised.</p>
19	<p>Any Other Business</p> <p>There was no further business.</p>
20	<p>Date and Time of Next Meeting</p> <p>The next meeting will be held on Tuesday 13 January 2015, 1.00 pm – 3.00 pm, in the Grasmere Room, Wesham Offices.</p>