

**DRAFT Northern Locality Clinical Board****Part 1****Wednesday 13<sup>th</sup> March 2013****1.30pm – 4.00pm****Crown Yealm House, South Molton****DRAFT MINUTES****Present:**

John Womersley (Chair), Caroline Dawe (Managing Director – Northern Locality), Chris Bowman (Vice-Chair), James Wright (Head of Commissioning), Stephen Miller (Sessional GP), Tracey Polak (Consultant Public Health), Tim Chesworth (GP), Duncan Bardner (GP), Angela Edmunds (Assistant Director Patient Safety and Quality), Richard Croker (Head of Medicines Management and Optimisation), Carol Albury (Prescribing Lead), Lorna Collingwood-Burke (Deputy Chief Nursing Officer), Darunee Whiting, Fran Williams (Communications Lead – Northern and Eastern), Nick Pearson (Head of Communications)

**Apologies:** Kevin Wheller, Barbara Jones**Minutes:** Ruth Carter (Business Manager)

247.1 Two declarations were made and recorded; Dr Darunee Whiting declared her practice was one of those overspent on the Medicines Optimisation report. Dr Chris Bowman declared a family connection to a trainer of some of the therapists covered by the domestic violence paper and voluntarily abstained from the vote.

**ACTION – RC to ensure the boards overall Declaration of Interest form is also available for reference at board meetings and also a copy of the Terms of Reference.**

248.1 The minutes were agreed as being accurate.

248.2 It was agreed that draft minutes will be sent out as part of the boardpack for future meetings.

248.3 Actions were reviewed as below;

- 232 Cancer Referral scheme was presented to LMC again with favourable response, the scheme has been separated into two parts and practices can do both or either part (closed)
- 235 A Board GP attended the Quality and Performance meeting (closed)
- 237 Performance report is now included in the monthly board meetings (closed)

- 239 Changes to structure are awaiting further agreement and will be added over time. (in progress)
- Clinicians to attend Clinical Policy Making committee agreed as DW and Steven Hunt (closed).
- 241 Clarification on funding provided, (to be closed on agreement by KW)
- 242 Pre-referral triage, actions going through the Action group on a speciality basis. Dates of all new CPGs to be agreed and terms of reference to be agreed at Joint Executive Meeting on 24<sup>th</sup> April. (In progress)
- 243 Enhanced Services – work through contracting team is ensuring consistency across localities (closed).

249.1 JW reminded the Board that the communications team were present to provide a public aspect to the meeting prior to the board's first official meeting as a Clinical Commissioning Group - Locality Clinical Board in April which will be open to members of the public.

249.2 It was noted that the revised 'The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013' were released this week which come into force from 1<sup>st</sup> April. These regulations supersede those released on 13 February. Essentially the new regulations mean that there is no requirement for commissioners to put all contracts out to competitive tender.

249.3 Three local measures. CD presented slides on Quality Premium. National guidance updates require local premium measures to not overlap or duplicate other national measures. Recommendations have been made on potential measures for use. The Informal Governing Body on the 6<sup>th</sup> March discussed and agreed first two;

- Support for Diabetes – nine care processes
- Recovery rates for psychological therapies

The third measure is to be agreed within localities between a stroke measure and one relating to care homes or end of life. Discussion was invited with relation to the figures presented and a vote taken. Voting occurred based on the discussion outcome that there was more robust data available for stroke to ensure measurement of and achievement of this target.

**VOTE** - Voting Members all voted in favour of the stroke measure with 6:1 voting to place the measure at a 60% target level across the CCG but that the Northern Locality should at a minimum retain current performance.

**ACTION** – TC to forward stroke figures to CD for reconciliation with presented figures.

250.1 Further to the information presented by KW to the Board members on 27<sup>th</sup> February 2013, it was highlighted by CD that unidentified QIPP monies which are still to be negotiated could be a risk to the Locality; these negotiations are on-going.

250.2 It was suggested that future reports need to be written in a format without acronyms or with a glossary to help public understanding.

251.1 Changes to category M drugs will have an effect on prescribing levels and next year's finances. The reduction in the costs of these drugs equates to £1 million savings for the PCT and the budget has been adjusted accordingly for next year. Locality position is currently underspent by £780K based on data from 12<sup>th</sup> December although if trends follow from previous years, Christmas and January data may show figures levelling out more.

251.2 Of practices being overspent, one has had incorrect prescribing attributed to it from other areas and this has been recognised and monitored.

251.3 First Data have a tool which can look at optimising medication use at a CCG and a practice level to see if patients are receiving optimum treatment.

**ACTION – R. Croker is to provide further details for further discussion at the next executive team meeting.**

252.1 Weekly performance report week ending 24<sup>th</sup> Feb 2013 was discussed. James Wright highlighted the downward trend on the number of referrals. Comparing figures to the same time last year shows 298 fewer patients referred, this is taking inappropriate referrals out of the system to ensure those patients are more likely to receive the most appropriate treatment in the right setting first time.

252.2 Changes to the way figures are counted for ophthalmology and gynaecology have shown levels closer to those expected by the CCG. Positive acknowledgment was given to the work undertaken by James Wright, TC and the team.

252.3 The North Devon District Hospital is currently Amber on A&E attendances, A&E 4 hour wait and emergency admissions due to pressures within the system which vary on a daily basis. The Locality is to consider how we ensure demands are met including links into the ambulance service which can be impacted on in relation to ambulance handovers. There is a responsibility for the Locality to do seasonal planning for a better local resilience framework.

**ACTION – Resilience Groups to be set up through the urgent care forum.**

253.1 This month has seen a low level of complaints regarding the Northern Locality to the PCT (one) while queries through PALS have increased (30) there does not appear to be an obvious reason for this increase or trends. Queries are resolved in house via the PALS team.

253.2 NDHT recently received a Care Quality Commission visit and was announced as being compliant. This follows the visit Mortonhamstead hospital received which led to its closure due to concerns regarding staff not being able to maintain adequate skill mix.

253.3 CQUIN data - discussions around next year's CQUINS in progress, contact within Eastern Locality would be Tamara Powderley. NDHT have occasional breaches in mixed sex accommodation, these numbers are lower than they were and each event

is monitored and investigated appropriately. Reasons given include reducing disruption to the patient in question and other patients, patients have the situation explained to them fully.

253.4 Discussion invited regarding would board members want to see reports in between board meetings following the Clinical Quality Review Meetings. It was decided that the next version of this report would be circulated to assess this.

253.5 Significant incidents reported to Partnerships board relating to the Northern Locality should also be mentioned at the Northern locality Board for information. They were discussed regarding Community Hospitals based in the Eastern locality and what forums these get reported to. A member of the Eastern locality Board is invited to the Clinical Quality Review Meetings.

**ACTION – LCB to talk to Tamara to confirm 253.5**

**ACTION – AE to send CQRM report to RC for circulation**

**ACTION – RC to ensure that the Quality section of the Board agenda is placed first, after the Chair's update, on future meetings and that papers are circulated with the board packs**

**ACTION – LCB Template of these reports to be reviewed before the public are invited to attend board meetings in April to ensure that data protection requirements are met.**

**ACTION – TC to pick up stroke figures with C20 group to ensure accuracy.**



254.1 TP spoke to the paper circulated to explain which parts of public health are moving and where they are going. Clinical effectiveness is staying with the CCG. Screening and Immunisation is moving to Public Health England and the majority is moving to the Local Authority. Both staff and appropriate funding streams have been moved with the services.

254.2 Locally known public health consultants will be linked into the Locality and a representative will be available to the Locality for in-put on specific projects as required. TP will maintain her place on the Locality Board to maintain important connections. Dr Virginia Pearson will sit on the CCG Governing Body.

254.3 A question arose regarding NHS health checks and take up by practices. If this is not taken up by practices it has potential to be put out to tender.

254.4 It was explained that funding is very different per capita in areas across the country due to historical funding differences. Public Health will receive uplift over the next two years from the council to bring them into line with other areas.



255.1 A paper was presented detailing the pilot domestic violence service and its information feed to the research project with NDADA. This work was initially funded for one year, the paper was requesting £80,000 funding for a further two years. The discussion included the project ethics process, how we know if the targets have been met and the NHS stand on not funding research within the NHS. Also the responsibility for domestic violence will now sit with social services rather than the

NHS. It was discussed that while a worthwhile area, the funding could be used for projects with a proven evidence base and a wider target population to better affect. It was also unclear where this funding stream would need to be taken from if it was going to fund this work.

**VOTE – Voting members voted 5:0 in favour of NOT funding this work with two members abstaining.**

**ACTION – Evaluation process to be formed by which we can be sure that projects like this are designed with recognised targets and monitoring in place to collate the evidence to demonstrate achievement against targets/intentions. Full project documents required. RC to discuss with Emma Greenslade and James Wright as a project template is under construction from the Corporate Team.**

[REDACTED]

256.1 The request was made to the Board to fund the Leg Club work for a further six months to allow evaluation and roll-out plans to be made for the service. In depth discussion was held at the Executive meeting in February and the board were asked to vote their decision.

**VOTE – Voting members voted 7:0 in favour of funding the service for an additional six months.**

[REDACTED]

257.1 This work has been temporarily suspended following the decision from NDHT to go to tender process. Funding for 13/14 is available from S256 monies however further funding for approximately £100,000 per year for 2 years would have to come from another yet unidentified source. The board were informed that a commissioning decision had been made to suspend the procurement process whilst a financial review is completed. The deadline for this is 4<sup>th</sup> April 2013. NDHT is to be formally notified of this.

**ACTION – JW to lead work, CD to speak to representative from NDHT (Kate Lyons).**

[REDACTED]

258.1 The next meeting will be on Wednesday 10th April from 14.00 – 17.00 at Crown Yealm House, South Molton.

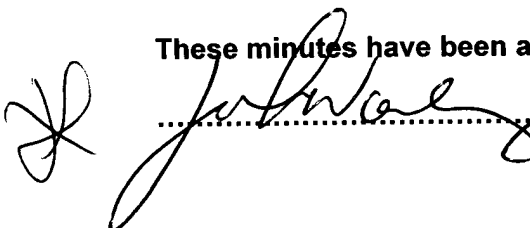
Part one of the meeting closed at 16.00.

Action Notes from Part 2 of the meeting (Confidential) will be issued separately.

[REDACTED]

**END OF MEETING**

These minutes have been approved as an accurate record of this meeting

 .....CHAIRMAN or DEPUTY..... 10.7.13 .....DATE