

Final Minutes of the Northern Locality Clinical Board held on: 12 June 2013

Held at Crown Yealm House, South Molton from 14.00 – 17.00

Minute's number: NL13.05.02

Present: Dr John Womersley (Chair), Dr Duncan Bardner (GP), Dr Darunee Whiting (GP), Caroline Dawe (Managing director – northern locality), Carol Albury (Prescribing lead), Kevin Wheller (Locality chief finance officer), Barbara Jones (Head of contracting), Mark Elster (Locality patient safety and quality manager), Tracey Polak (Consultant Public Health – Devon County Council), Dr Chris Bowman (Vice-Chair), Dr Stephen Miller (Sessional GP), Dr Tim Chesworth (GP), Frances Williams (Communications lead – northern and eastern), Moses Warburton (Commissioning Lead), Jeni Davies (Service delivery coordinator)

Apologies: Richard Croker (Head of medicines management and optimisation), James Wright (Head of commissioning), Lorna Collingwood-Burke (Deputy chief nursing officer), Alex Aylward (Non-Executive member, CCG Governing Body).

Minutes: Ruth Carter (Business and governance manager)

Section 1

Opening business

1. Welcome, Sign in, register of interests and apologies

Dr John Womersley opened the meeting and welcomed the board and five public attendees all of whom were requested to sign-in. Board members were asked to declare any interests further to those already on the declaration register for the locality which will be updated to reflect these.

2. Patient Story

A short patient story was shown featuring both Caroline Dawe, locality managing director, and a local patient member of a Patient Participation Group. They both spoke about the importance of patient engagement and the work of the patient participation groups within the Northern Locality. Patient engagement featured on agenda with the presentation of a role description for a lay member to sit on the locality board for approval.

3. Chair update and previous minutes held on 10th April 2013

The Chair updated the board that the Interim CCG Assurance Framework had been released. He reminded the board that the CCG was authorised with no conditions and pointed out how the assurance framework highlighted achieving the aim, vision and mission of the CCG.

1) *Are local people getting good quality care?*

- 2) *Are patient rights under the NHS Constitution being promoted?*
- 3) *Are health outcomes improving for local people?*
- 4) *Are CCGs commissioning services within their financial allocations?*
- 5) *Are CCGs ensuring that information is appropriately used to drive change?*

The minutes from the April meeting were agreed as accurate and signed by the Chair. Actions arising were reviewed and closed appropriately with one outstanding;

ACTION – Mark / Barbara to request breakdown of slot availability analysis by clinic type.

4. Locality Managing Directors Report

Caroline Dawe managing director for the Locality presented her update report and informed the board she had been dividing her time between important areas of work including; focusing on;

- Contract discussions, it was highlighted that the contract with Northern Devon Healthcare Trust is a full payment by results tariff for acute care with a block contract for the community work.
- Public engagement activities – a meeting will be held on the 3rd July with local district councillors to work on engagement and working together on the care closer to home agenda, building communities and the future work programme.
- Urgent care work – the first meeting of the urgent care forum will be on the 18th July. Feedback from this meeting will go to the Executive team at the end of this month.

Locality Integrated Governance Report

5) The new format integrated report was introduced; this brings together the latest updates from patient safety and quality, finance, contracting performance, risk assurance and will also be developed to include medicines optimisation and information from other areas. Largely this report is about ensuring quality.

Highlights of the report include;

- Good performance in NDHT waiting times less than 18 weeks.
- Zero infection rate for MRSA – excellent performance from NDHT.
- Urgent Care pressures – actions are being taken in respect of this, meetings being held to integrate discussions with NDHT. Dr Miller advised that this was not a localised issue – these pressures in urgent care systems are nationwide with our smaller district hospital less able to absorb the pressures due to its smaller size than larger hospitals elsewhere in the country. The urgent care forum is being set up to investigate and work to resolve issues.
- Assurance reports – these will be updated monthly with any high risk areas facing the locality. The board were happy this month with the level of assurance provided against these risks, although a more comprehensive action plan and timeframes would be beneficial.

- The Patient safety and quality section details incident reporting and incidents reported through Pals and complaints. There were no outstanding incidents for discussion on this occasion although it was requested to have a bit more background on the incidents which were being closed for information.
- Finance, contract and QIPP updates will be updated each month, there were no issues raised for discussion on this information this month and the board were happy with the assurances provided.

General Business

6. One Ilfracombe presentation.

Ron Ley and Andrea Beacham presented information on the one Ilfracombe project. The Chair thanked Ron and Andrea for an insightful presentation and made links to the Localities work project of 'Care closer to home'. The board was asked to vote to 'approve involvement of the boards Chair (or other member) to sit on the board of the one Ilfracombe project as an official member of the project group and share learning with the board'.

Board vote: 7:0 in favour – approved.

Action - Slides to be distributed alongside minutes (Ruth Carter).

7. Diabetes paper for approval

This paper sets out a structured education programme for newly diagnosed type 2 diabetics. The recently existing model DESMOND was only available in restricted locations making access difficult, this programme ceased on 1st April. The additional service set out in the paper is to be delivered in local practices as well as NDHT for better availability and allow increased uptake. Training will be available for primary care staff from an external company utilising the current funding stream and additional funding will be required to provide this expanded service. A review of the new service and locations accessed will be available after one year. The board were asked to vote to approve commissioning this service.

Board vote: 7:0 in favour - approved.

8. Bone Health – for information

Joint working with Devon county council has diverted the focus of workflow towards primary prevention including health promotion and exercise in the community. Work is also underway to identify those who have fallen and may be at risk of harm i.e. high risk of fracture, the fracture liaison service will pick up people in the system with community patients being picked up through primary care. There is a CQUIN to pick up patients going through fracture clinic and provide DEXA scan.

9. Cardiology Paper – for information

The number of patients returning to Barnstaple after cardiology treatment in Exeter has dropped to a level more consistent with that which would be expected. The time patients stay in Barnstaple prior to treatment in Exeter is being reviewed.

The Arrhythmia pathway is to go live in July. Also a Heart service screening process in primary care will ensure that referrals are appropriate.

Discussions have taken place around the possibility of joining the north and east cardiology CPG with Exeter cardiologists representing the group, for the time-being this has been

declined for the northern board to maintain a CPG with a northern locality focus. It was mentioned that maintaining links with the eastern CPG would also be important.

8) Ocular hypertension – for approval

This has returned to the board following new evidence and information. The present test involves a puff of air into the eye which often gives inaccurate results, about 50% of the time. This results in patients being referred to secondary care inappropriately for a further test before being discharged. This is not the best pathway for the patient nor is it appropriate use of funds. It is possible for opticians to provide the more accurate test in primary care. This would start as a LES scheme and move to a standard contract in the future. The board were asked to approve funding for primary care to provide these tests and improve the patient pathway.

Board vote: 7:0 in favour - approved.

9) Action plans around A&E improvement and the urgent care forum

Detailed papers showing the plans for improving urgent care were distributed prior to the meeting. There are multiple drivers including local and national targets. Key priorities include; Ambulance hand over delays – the length of time before patients can be handed over to hospital staff to release the ambulance and the 4hour wait in A&E target which has seen a major drop in performance both locally and nationally.

The locality produced a recovery plan which is locality focused but includes working with the wider CCG and external stakeholders. The urgent care forum will bring together all stakeholders including Devon Doctors, South Western Ambulance Services Trust and Northern Devon Healthcare Trust. The first meeting of the forum will be held on Tuesday 18th June. It is recognised that this is a multiagency plan and that the CCG by itself cannot be responsible for or have control over the delivery of all of the actions within the plan. A recommendation for linked up integrated governance and communications was made.

Action – Moses Warburton to report back to the Executive Team meeting in June on outcomes from the urgent care forum.

Action – Moses Warburton and Fran Williams to discuss developing an integrated communications strategy and linking to other organisations.

10) Role description for Lay Member – for approval

A suggested role description for a lay member to sit on the locality board was provided prior to the meeting. This role is to provide a public voice on the board both within meetings and outside of the room. It is an expectation that a second role representing a Patient Participation Group will join this role in the future. The board were asked to vote to approve the role description for recruitment to start.

Board vote: 7:0 in favour - approved.

Action – Ruth Carter to start the recruitment process and specify timeframes.

11) Domestic violence paper – for approval

This has returned to the board following receipt of further documents and supporting information. This topic generated discussion around the information and the supporting evidence not being strong enough to use as evidence for providing an evidence based service. This service is generating research to put towards this evidence and routinely the NHS does not commission research projects. It was discussed however that the locality would be commissioning a service which would be supporting people and not a research

project directly, there is supporting information that people who have used this service have benefitted from it and it could be a vital way to contact this vulnerable group. Discussions centred on the quality of evidence and finances for not providing the service and around ethical reasons (vulnerable group) and patient safety and quality for providing this service. The group were then asked to vote on what was recognised as a difficult decision to approve the funding of this service until 2015 at £20,000 per financial year.

Board vote: 6:1 in favour – approved.

Further to the approval of funding this service the board were asked to vote on looking to source contributions towards this additional funding from external sources.

Board vote: 7:0 in favour - approved.

Action – Caroline Dawe to write to NDADA to inform them of this decision.

Public Questions

12. Written questions from the public

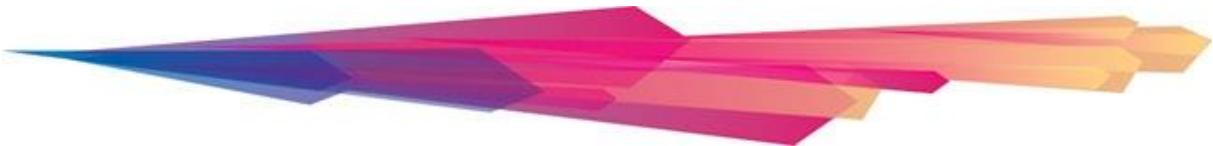
There were no questions submitted prior to the board from members of the public on this occasion. The Chair decided to allow questions from the public in the room. One person chose to congratulate the board on their decision to support the domestic violence service and voiced support for the decision. The Chair thanked the board and the public for their attendance.

Closing business

13. Date and time of next meeting

The next Northern locality meeting open to the public for attendance is to be held on the 10th July 2013 from 14.00 – 17.00 and will be held at Crown Yealm House, Pathfields Business Park, South Molton.

Section one of the meeting closed at 16.32



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