

DRAFT Minutes of the Northern Locality Clinical Board held on: 19th February 2014

Held at Crown Yealm House, South Molton

Minute's number: NL190214.09

Board members present: Dr John Womersley (Chair), Caroline Dawe (Managing director – northern locality), James Wright (Head of commissioning), Kevin Wheller (Locality chief finance officer), Barbara Jones (Head of contracting), Dr Chris Bowman (Vice-Chair), Dr Tim Chesworth (GP), Mark Elster (Locality patient safety and quality manager), Carol McCormack-Hole (Lay member), Carol Albury (Locality Medicines Optimisation Pharmacist - Northern locality), Dr Darunee Whiting (GP), Keri Ross (Communications Manager), Tracey Polak (Consultant public health – Devon County Council), Ruth Carter (Locality Business and Governance Manager), Simon Polak (Head of Patient, Safety and Quality)
In attendance: Julie Butterworth (Business and Governance Manager – Partnerships)

Apologies: Dr Duncan Bardner (GP), Dr Stephen Miller (GP), Lorna Collingwood-Burke (Deputy Chief nursing officer), Richard Croker (Head of Medicines Optimisation, Northern and Eastern Localities), Hannah Nicholas (communications Manager). Alex Aylward (Non-Executive member, CCG governing body)

Minutes: Ruth Carter (Locality Business and Governance Manager),

Section 1 – meeting held in public

Opening business

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

Dr John Womersley chaired the meeting. The meeting commenced by welcoming board members and five members of the public who were in attendance. Board members were requested to sign in and also to declare any new interests or conflicts of interest with the agenda for this meeting. Apologies were noted as above.

2. Patient Story

As an important reminder that the patient is at the centre of everything we do, the board meeting opens with a patient story. This month the story featured Roy Pearce, a member of the Barnstaple Leg club and Andrew Kingsley (Healthcare Acquired Infections Lead Nurse). This story featured the clinical and social benefits of the leg club model with the patient being an advocate for the club being set up in other areas and also the use of community premises for other similar models based around other health conditions.

3. Previous minutes of the Board meeting held on 11th December 2013

Previous minutes – The minutes were agreed as an accurate representation of the meeting and signed by the Chair. All actions listed within the minutes have now been completed.

4. Locality Managing Director's and Clinical Chair's Report

This report provided an overview of work streams progressed by the Locality Managing Director in December 2013 and January 2014. The report was for information only and can be viewed on the CCG website at <http://www.newdevonccg.nhs.uk/northern//meet-the-board//board-meetings-and-papers//2014-board-papers-and-minutes/february-2014/100966?download=true>

Topics covered in this paper included:

- Patient Transport Services
- NDHT resolution of dispute
- Primary Care Oversight Group (PCOG)
- Out of Hours
- Planning Process
- Care Closer to home public meetings

5. Northern Locality Board Report January 2014

This briefing covered contracting, finance, and key national and local targets for quality and performance for providers managed by the Northern Locality. The report highlighted areas of concern, detailed the actions being undertaken to improve the situation and provided the board with assurance around the operation and delivery of healthcare within the locality.

Highlights, questions and actions in relation to these reports are reported below:-

Assurance Reports; by exception any areas of concern are escalated to the board for additional assurance reports, this month these include the following;

- Ambulance handovers; this is showing a positive response and the board agreed to reduce the risk from red to amber.
- A&E waiting times; this still constitutes a risk to the locality and improvement actions and monitoring of the situation continues.
- Stroke; detailed targets are challenging nationally and it is recognised that the Northern Devon Healthcare Trust is striving hard to achieve them. There is no evident of patient harm – short length of stay, delayed diagnosis are the main reasons for non-compliance.
- Mixed Sex Accommodation; Levels of breaches are very low and Northern Devon Healthcare Trust are working hard to ensure breaches are kept low and appropriate levels of care, patient quality and safety are being maintained. All breaches are investigated. The board agreed to reduce the risk from red to amber
- Clostridium difficile; The Northern Devon Healthcare Trust maintain their situation at 9 breaches in relation to the target of being below 10 within the financial year 13/14 and therefore has not yet breached this target. All cases undergo root cause analysis which has shown there has been no proven transmission from individual cases and care of the patients has been good.

- Community contract service specifications; the contract required 5 specifications to be drafted in year to identify clear outcomes. One of these specifications is the community nursing which is on today's agenda for sign off. There are still some others which require signing and as such this will remain as an amber risk to the locality.
- Specialised Vascular Services; working through implications around patient travel as well as the local model of care within the spoke component.
- Patient Transport System, Monitoring of performance is on-going to ensure contracted Key Performance Indicators are met and reviewing the remedial action plan with the provider.

Patient Safety and Quality

Patient Experience – low numbers of complaints and Patient Safety and Complaints Team (PACT) contacts received. This is a reflection of the robust complaints team functioning within providers allowing a good response at this level. The CCG receives quality data from this process. All contacts to PACTs are reviewed and resolved / mitigated.

Safeguarding Adults – numbers of referrals remain relatively low with the safeguarding lead nurse raising any concerns with the CCG, none currently raised. Work is underway in care homes to review and assess care. The Care Quality Commission (CQC) – regulators and inspectors performed two unannounced inspections one on transport services – receiving assurances. The second one was an inspection of Northern Devon Healthcare Trust and the report has now been published and can be found here; <http://www.cqc.org.uk/node/315097> The Trust has developed an action plan in response to any findings.

Action – This information regarding the CQC reports is to be shared in the weekly email to practice managers. J. Wright.

The CQC has also been undertaking a review of patient experience relating to maternity services, Mark Elster has reviewed data from this and reported that North Devon appear to be in the middle of the bell shaped curve (average).

Finance

Kevin Wheller spoke to the finance section of the report. As a whole the NEW Devon CCG is currently reporting a financial deficit at the end of the financial year. This incurs scrutiny from NHS England and will impact on our planning process for next year. The northern locality is reporting a deficit of 1.5 million overspend, this is mainly around; follow ups, QIPP and diagnostics and is being managed within the CCG financial position as a whole.

Contracts

Barbara Jones spoke to the contracting section of the report stating that we are over performing on our contract with NDHT due to two main areas – coding changes and perceived increased activity levels above the expected / predicted levels at the beginning of the year, the CCG is working to have a full understanding of the numbers and implications going forward.

Under Any Qualified Provider (AQP), ultrasound, MRI scanning and adult hearing recently completed a required tendering process. These services will continue to be provided by Northern Devon Healthcare Trust within the northern locality as new entrants to the market in Northern Devon have not come forward.

QIPP and transformation

The commissioning team are currently working on developing QIPP plans and commissioning framework documentation. This involves reviewing existing schemes and opportunities from overall improvements to patient pathways and looking at jointly agreed improvements for next year.

Public Engagement

Information was included in the report regarding the localities engagement with the public and communications planning. Keri Ross was available to speak to this report if required however the written information contained sufficient information on this occasion.

General Business

6. Diabetes Flash Report

The House of Care model aims to provide patient-centred integrated care for individuals who may have a combination of health and social care needs and / or long-term conditions. The implementation of this model is beginning with the diabetic cohort because of the increased likelihood that these patients will have other health issues or complications e.g. foot-care, cardiology, chronic kidney failure and so on. This is a new way of working and we are working with researchers from the University of Plymouth to identify potential research projects that could support the implementation of this model.

7. Medicines Optimisation Flash Report

Since this report further data has become available for December which has confirmed that the medicines optimisation budget has a predicted overspend of £730,000. Historically the northern locality is underspent rather than overspent, this is in part due to the proportions attributed between the localities and not receiving the expected uplift this year. Also new drugs under NICE guidance are causing new cost pressures with no additional funding. Work is underway with practices to look at budgets.

8. District Nursing Specification

The board were asked to approve part one of the specifications with an understanding of the information contained within part two.

The repatriation of clinical care has already begun in Eastern locality releasing capacity of community nurses and returning patients to practice nurses as appropriate. A question was asked regarding the appropriate provision of staff to manage catheters, this will be included in the competence framework as part of work going forward.

Vote – The board voted 5 members for the approval of the specification (none against and no abstentions). **Approved**

9. Public Stakeholder Network – Terms of Reference

Following on from work to improve engagement, the terms of reference for this network were approved and this will enable the network to have their first meeting set up for March.

10. Patient Advice and Complaints Team (PACT) Quarterly report

Alison Holder joined the board to present the PACT quarterly information report.

Key points highlighted within the report included the watching brief list consisting of 111 and patient transport. It was also pointed out that contacts to PACT also include

information about GPs and dentists which are not commissioned by us and therefore get referred to the Local Area Team; however a record is kept to ensure the ability to see the whole picture.

11. Revised Terms of Reference for the Clinical Board

The terms of reference have been changed to reflect the correct membership and bi-monthly meeting of the board for agreement.

Vote; Agreed with 5 votes (5 voting member present) **Approved**

12. Teledermatology Paper

Jon Saunders joined the board to present the Teledermatology paper requesting a six month trial of a new procedure to gain information to support dermatology referrals. This allows pictures of the skin to be sent to the consultant for review and advice on management. This will potentially reduce unnecessary referrals and speed up the process for more urgent cases. To report back at the end of the 6 months trial with information and evidence for continuation if appropriate.

Vote; Agreed with 5 votes (5 voting member present) **Approved**

Public Questions

13. Written questions from the public

Three questions were received before the meeting from two members of the public. The questions and responses provided were:

Q1 In view of the probability of over 5,000 new dwellings being built within 5 miles of Barnstaple within the next 5 years, what steps is the CCG taking to provide sufficient medical cover for the large increase in population; many of them of advancing age?

Q2 "Given that data we have shows the demographic forecast of the population change in the North Devon area over the next 5 years to be in excess of a 50% rise in the 65yr age group and over 100% rise in the 80yr age group what planning provision has been contemplated to cater for this considerable increased loading on the Health Trust provision?"

The budget the CCG receives is determined by a formula which takes into account a number of factors including population and the age profile of the population. Any population increases and changes to the age profile of the population are therefore reflected in the funding that the CCG receives from NHS England. As part of its planning process, the CCG uses population predictions produced by Public Health and these predictions include an estimate of population growth from planned housing developments. We also need to understand the potential number of new dwellings to be allocated as sheltered or social housing as this could potentially influence the type of services which would need to be commissioned for the local demographic.

Notwithstanding this, the changing nature of our population does pose challenges for the local health community. A key piece of work underway to address these challenges in North Devon is our Care Closer to Home strategy. The aim of this work is to develop high-quality services that can meet the increased demand by delivering care for people where they want it while also providing excellent value for money.

Another issue worth noting is that an increase in population can make some services viable that would not have been viable to deliver for a smaller population.

Q3 Has the Local Planning Authority liaised with the Health Authorities about the large increase in population and the additional needs this will generate in the next 15 years (approximately 11,000 new dwellings within 10 miles of Barnstaple)?

Yes, the CCG has been having discussions with local authorities about the implications the additional planned development will have on the provision of local health services. These discussions have been held as part of the development of the North Devon and Torridge Local Plan which looks at expected developments over the next 20 years. We have also ensured that the local area team of NHS England (who are responsible for commissioning primary care) are involved in the development of the local plan so that NHS England can consider the need for any new or expanded GP practices to meet the needs of the growing population.

Closing business

14. Date and time of next meeting;

Wednesday, 16th April 2014 at 9.30am – 12.30pm at Crown Yealm House

Section one of the meeting closed at 11.22pm

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Signed;



Date; 16th April 2014

Name; Dr John Womersley

Job Title; Chair