NHS Cumbria Clinical Commissioning Group

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF CLINICAL LEADS GROUP
20 November 2014, 09:00 – 12.30
Conference Room, Cumbria Rural Enterprise Agency, Redhills, Penrith

Present:	Dr Geoff Jolliffe	(**Chair**) GP Lead Furness (GJ)
	Amanda Boardman	GP Lead, Safeguarding Children (AB)
	Laura Carr	Lead Nurse (Quality and Safety) (LC)
	Anthony Gardner	Network Director, South Localities (AG)
	Dr Jim Hacking	Clinical Lead – Mental Health (JH)
	Dr William Lumb	GP Chief Clinical Information Officer (WL)
	Dr Niall McGreevy	GP Lead Allerdale Locality (NMc)
	Dr Colin Patterson	GP Lead Carlisle Locality (CP)
	Dr Rachel Preston	GP Lead Eden (RP)
	Caroline Rea	Network Director, North Localities (CR)
	Juliet Rhodes	GP Lead Copeland Locality (JR)
	David Rogers	Medical Director (DR)
	Peter Rooney	Director of Planning & Performance (PR)
	Stephen Singleton	Clinical Director of Innovation (SS)
	Charles Welbourn	Chief Finance Officer (CW)
In attendance:	Colin Cox	Director of Public Health, Cumbria CC (CC)
	Shirley Ratcliffe	PA to Chief Officer & Clinical Chair (SR)
	Sue Robb	Consultant, Quality and Safety (SR)

CL 276/14 **Agenda Item 1: Welcome and Apologies**

Apologies were received from Eleanor Hodgson, Director, Children and Families (EH), Dr Alistair MacKenzie, GP Lead South Lakes (AM), Nigel Maguire, Chief Officer (NM) and Dr Hugh Reeve, Clinical Chair (HR).

The Chair welcomed all members to the meeting, in particular to JR for Clinical Lead for Copeland and members formally introduced themselves.

CL 277/14 **Agenda Item 2: Declarations of Interest**

There was a collective declaration of interest in Item 10 Draft GP Leads Paper.

CL 278/14 **Agenda Item 3: Minutes of 16 October 2014**

Resolved: The minutes of the above meeting were agreed as an accurate record of the meeting.

CL 279/14 **Agenda Item 4: Action Log**

Resolved: The Action Log was updated accordingly.

CL 280/14 **Agenda Item 5: Chair and Chief Officers Update**

Maternity Services

PR provided a brief update in relation to the independent review of maternity services in Cumbria and North Lancashire, which had commenced on Tuesday 18 November 2014 with site visits across Cumbria, beginning with South Cumbria. The review team were undertaking a number of interviews with relevant clinicians, stakeholders and were meeting a broad range of staff from Royal Lancaster Infirmary, Westmorland General Hospital, Furness General Hospital, West Cumberland Hospital and Cumberland Infirmary including clinical staff working in maternity and related services. They would also meet a number of GPs, North West Ambulance Service and MP's will also have the opportunity to talk to the lead reviewer.

PR commented that initial feedback had suggested that the reviewers had enjoyed the experience so far and were becoming increasing aware of the geographical challenges.

The review team were looking at ways in which services could be improved, and would be safe and sustainable in future years. The Royal College of Gynaecology will report back in the New Year with a number of options for the future of maternity services.

Mental Health Strategy Update

PR provided a brief update in relation to the Mental Health Strategy advising that it was in the process of being finalised. The next step in the process will be for the Mental Health Partnership Board to agree the document in January 2015. Once this has been completed there will be further public engagement on its recommendations.

Better Care Fund

Revised Better Care Fund (BCF) plans were re-submitted on 19 September 2014 and subsequently went through a Nationally Consistent Assurance Review (NCAR) process. The process assessed the plan of each Health and Wellbeing Board (HWB) and identified gaps and areas in need of support.

The outcome of the NCAR process categorised plans into one of four assurance categories: "Approved", "Approved with Support", "Approved Subject to Conditions", or "Not Approved". The outcome of the Cumbria assurance process was confirmed on 29 October 2014 as "Approved Subject to Conditions".

Cumbria was required to satisfy five conditions which relate to specific risks and mitigating actions identified by the review team during the assessment process. In total 15 risks were identified, many of which can be actioned quickly. However, risks associated with meeting the national conditions: Seven Day Services; Data Sharing and Joint Assessment; and further detail of the individual schemes being invested in, require significant work to meet approval.

All Health and Wellbeing Boards with plans that were "Approved subject to Conditions" were required to submit an action plan describing how and when the conditions and associated risks will be addressed. Each was allocated a dedicated Better Care Fund Advisor to support the HWB with the development of the action plan and to achieve approval. The Cumbria action plan, which was submitted on 14 November 2014, was fully supported by the Cumbria adviser.

Since submission of the action plan further support, has been made available to Cumbria to provide specialist analytical, narrative and financial support where required.

Cumbria plans to resubmit an updated plan, on Friday 12 December 2014 for assessment against the conditions.

Action: **PR, CR and AG to discuss updated plan further prior to re-submission on 12 December 2014.**

Accident and Emergency Standard (Star Chamber Meeting)

NHS Cumbria CCG and North Cumbria University Hospital NHS Trust (NCUHT) were called to a meeting with the Chief Executive of NHS England, Monitor and the NHS Trust Development Authority (TDA) to discuss achievement of the 95% four hour A&E standard. North Cumbria is not the only health system in this position, with at least another 11 English systems receiving the same level of scrutiny.

The North Cumbria Health and Social Care System have been particularly challenged in meeting this target. Although achieved in Quarter Two, it was missed in Quarter One and, to date, for Quarter Three only 85% of patients have been seen and treated within four hours. North Cumbria has been allocated resilience funding on a non-recurring basis which is being used in part to support improvement against the A&E standard.

An action plan was submitted to NHS England outlining how the 95% target will be achieved through until 30 March 2015. This was submitted yesterday and feedback was awaited.

The Clinical Leads led a discussion on UMBHT's performance and although the Trust was not currently under review, it was understood that twelve Trusts would undergo a national scrutiny process.

Action: **PR proposed that members of the Cumbrian Health and Care Alliance lead on collaborative work in early December.**

CL 281/14 **Agenda Item 6: Medical Director Update**

6.1 Incident Reporting in Primary Care

DR presented a report on Incident Reporting in Primary Care. The reporting of patient related incidents is good practice, essential to drive service improvement and quality and to learn lessons, and where possible prevent a recurrence. The culture of incident reporting is well embedded in our acute providers and whilst it is improving within Primary Care it is imperative that as providers of the majority of healthcare consultations incident reporting becomes routine and lessons learnt are shared across the health economy.

It is the expectation of the CQC that reporting is established in practices, and that investigations are undertaken and lessons learned. As part of their inspection they will seek to identify how many incidents a practice has identified relating to internal incidents and review the reports and actions plans ensuring that the loop has been closed during the inspection process.

Current practice is that General Practice report all incidents via SIRMs, the expectation is that this will not change.

The following local arrangements had been agreed at the Primary Care Quality Surveillance Group,:

- All Potential or actual Serious Incidents to be reported to the Area Team
- All incidents should also be reported on to SIRMS. This incident reporting system is managed by NECS on behalf of the CCG's.
- The CCG's agreed to share anonymised data with the Area Team, so that the commissioners understand issues and themes. It was agreed that NECS would send data directly to the Area Team.
- The CCGs agreed that if there was evidence of serious performance concerns or malpractice then the CCG would escalate this through the normal commissioner routes.
- Significant Event reviews undertaken in General practice should be reported onto SIRMS but may not meet the Serious Incident criteria - NECS / NHS England Area team would be available to support the decision making process around criteria.

Action: **DR agreed to forward the contact details of the GMC Regional Liaison Service to Clinical Leads members and to detail incident reporting process into the CCG Newsletter**

6.2 Value Based Clinical Commissioning Policies

Dr presented the report. Across the Country most, if not all, CCGs have a set of policies and procedures for limiting the number of low clinical value interventions. The Audit Commission's report 'Reducing expenditure on low clinical value treatments analyses variation on approaches to this work. This approach was based on the 'Save to Invest' programme developed by the London Health Observatory.

Healthcare commissioners in the North East had adopted a common set of policies in 2010. These were reviewed and adopted by all CCGs in the North East in January 2013. This revision of the policies is based on feedback from CCGs. There were no major changes with most of the revisions being mainly clarification to aid decision making. Some policies have been removed where the commission responsibility lies with NHS England. The only additional policy was for fertility preservation in line with NICE guidance.

Resolved: The report be noted.

CL 282/14 **Agenda Item 7: Primary Care Communities Update**

NMc updated the Group following the last Chairs' Enabling and Co-ordination Group on primary care communities. A performance dashboard had been finalised by information leads and John Roebuck had been asked to incorporate into the wider strategy.

AG made reference to the Prime Minister's Challenge Fund. The second phase of this fund launched on 29th October with a closing date of 5pm on 16 January 2015. AG felt that we would need to read the small print to determine process for receiving and agreeing bids. The minimum population would be 30,000 and bids will be shared/ discussed with Area team and CCG. AG suggested we share lessons learnt from Workington experience.

Resolved: The report be noted

CL 283/14 **Agenda Item 8: Report to Support the development of General Practices Nurses Working across Cumbria**

SR presented a report outlining the development plan to support the Primary Care Nursing Workforce which had been produced following consultation with practice nurses and the use of a survey of the Practice Nurse workforce in General Practice across Cumbria. The need for professional networks and support had also been considered, with identification of future educational funding streams and sharing of information relating to funding bids.

Members approved the report and SS agreed to share with localities in order for a plan to develop and deliver the recommendations of the report.

Action: SS to present 'Primary Care Community Services' Agenda item at a future Clinical Leads Meeting.

CL 284/14 **Agenda Item 9: Co-Commissioning of General Practice**

The current proposals from NHS England were for three approaches for co-commissioning which range from greater involvement, through joint commissioning with Area Teams to CCGs taking fully delegated responsibility for GMS and PMS contracts and more from NHS England.

Discussion took place as to whether the CCG should progress joint commissioning or fully delegated commissioning.

Clinical leads felt that the current approach to the commissioning of primary care has already allowed us to take forward some innovative new approaches to primary care provision and did not believe any significant change was necessary in the short term to allow us to progress with further initiatives. However, in the medium term it would be necessary to have greater influence over the commissioning of primary care services.

In deciding which model of primary care commissioning we should adopt, we need a clear strategy for primary care, which will need to fit in with the broader strategies being developed for North and South Cumbria (*Together for a Healthier Future* and *Better Care Together* respectively).

We have also been given a very tight time frame for making applications for Joint and Delegated Commissioning – particularly the latter. The CCG was working in a very challenging environment with well-publicised quality and financial challenges in both the north and south of the county and as a result is already very stretched in terms of capacity.

The Chair advised that the deadline for applications for delegated commissioning was Friday 9 January 2015 and Joint Commissioning was Friday 30 January 2015 and that there was a requirement to hold a Full Council of Members meeting before 5 January 2015.

Actions:

1. A small group of GP Leads meet week commencing 24 November 2014 to develop and describe the future of general practice to support discussions around co-commissioning. It was also agreed that with the level of information available, discussions would take place at locality level and at subsequent members meeting(s) regarding taking on Delegated Commissioning of general practice.

2. Discussions take place within the localities regarding whether or not the CCG should submit an application for Delegated Commissioning of General Practice.

3. It was agreed to hold a Full Council of Members Meeting in December 2014 to decide on which level of commissioning subject to recommendations from the CCG as highlighted above.

CL 285/14 **Agenda Item 10: Draft GP Leads Paper**

DR presented the report advising that there had been inconsistencies around contracting mechanisms, payments, variable amounts spend on GP leadership in different localities, roles and responsibilities and a lack of oversight over work undertaken.

Discussion took place regarding the eighteen recommendations detailed in the report and requests were made for changes to some of the recommendations. However following extensive discussion, members agreed to the recommendations of the report, subject to amendments which would be re- presented before enactment.

Resolved: A further report of the amended recommendations be brought to the Group for consideration.

CL 286/14 **Agenda Item 11: Funding for MacMillan GP's**

Ongoing funding for MacMillan GP's and their future roles was discussed.

In principle, the funding was agreed (subject to the framework as discussed in item 10). However it was agreed that further work to establish the role and outputs for GP leads would need to be approved. It was proposed to do this through a meeting with the Macmillan GP's with support from NMC and Ros Berry as author of the cancer strategy.

Action: AG to meet with Macmillan GP's, NMc and Ros Berry in order to resolve funding issues.

CL 287/14 **Agenda Item 12: Any Other Business**

There were no other items of business.

CL 288/14 **Agenda Item 14: Three Key Messages**

These were confirmed as;

1. Developing primary care communities
2. Co-Commissioning
3. Mental Health Strategy

CL 289/14 **Date and Time of Next Meeting Approved:**

18 December 2014, from 13:45 – 16.30, Conference Room, Enterprise House, Meadowbank Business Park, Shap Road, Kendal, LA9 6NY