

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE ALLERDALE LOCALITY EXECUTIVE
 Thursday 27 November 2014, 09:00
 Ann Burrow Thomas Health Centre, Workington

Present:	Niall McGreevy	Lead GP Workington (Chair) (NMcG)
	Simon Desert	Lead GP Cockermouth (SD)
	Andrea Mulgrew	GP Maryport (AM)
	Anna Turnbull	Lead GP Solway (AT)
	Anita Barker	Deputy Network Director (AB)
	Ray Beale-Pratt	Business & Finance (RBP)
	Mel Bradley	Primary Care Development Lead (MB)
	Rachael Brown	Sub-locality Lead Cockermouth/Maryport (RB)
	Ann-Marie Grady	Senior Commissioning Manager (AMG)
	Steph Mallinson	Sub-locality Lead Workington (SM)
	Anna Scamans	Sub-locality Lead Solway (AS)
In Attendance:	Lyn Hardie	Locality Administrator (minute taker)
Item 3 only	Dr Derek Thompson	Medical Director, Northumbria Healthcare NHS Foundation Trust (DT)
Item 7 only	Eleanor Hodgson	Director for Children & Families, CCG (EH)
Item 7 only	Neela Shabde	Clinical Director, Childrens Commissioning (NS)

AL 101/2014 **AGENDA ITEM 1, CHAIRS WELCOME & APOLOGIES** *Action*

Apologies were received from; Dr Tim Hooper, GP Lead Keswick; Dr Sean Hudson, GP Lead Maryport and Caroline Rea, Network Director.

AL102/2014 **AGENDA ITEM 2, DECLARATIONS OF INTEREST**

Dr Niall McGreevy, Dr Simon Desert and Dr Andrea Mulgrew declared an interest in Item 5.

AL103/2014 **AGENDA ITEM 3, NORTHUMBRIA NHS FOUNDATION TRUST – DR DEREK THOMPSON**

Dr Thompson, Clinical Director of Northumbria gave an overview of the approach to service delivery in Northumbria, progress in relation to the acquisition process. A discussion followed. The members asked questions about the role of community hospitals and the difference in approach between Cumbria and Northumbria, plans for WCH, approach to patient involvement and consultation and the role Northumbria plays in relation to primary care and provision of GP training.

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

ACTION LOG

AL 22/2014 Ophthalmology GPwSI service proposal

Keswick – It was reported that the GPwSI service is dependent on provision of slit lamp. The League of Friends had originally agreed to finance a slit lamp costing £5000, but NCUH had subsequently requested a more expensive model and had requested additional funds. This has not been approved and the decision is pending provision of additional information from the Ophthalmology department. AS to investigate whether existing lamp could be transferred to the new build and used by GPwSI while discussions around purchase are pursued.

ACTION: AS to liaise with NCUH and CPFT around use of existing equipment.

AS

Cockermouth – Although rooms are available there is still no agreement on provision of slit lamp. Members felt that GPwSI should usually provide their own equipment and there was a discussion as to whether differential tariffs could be used to reflect this. It was also suggested that an approach could be made to CPFT charitable funds as any lamp would be of use to other providers as well as GPwSI.

ACTION: RBP to confirm whether there is scope for differential tariff allowing definitive message to be given to St Pauls.

RBP

RB to approach CPFT to investigate potential for charitable funding.

RB

AL 42/2014 SLA Proposals – No reply has been received from Emma Russell as at 27th Nov.

AL 49/2014 Home Oxygen Service – There are no current timescales for procurement and a decision was required around the continuation of the temporary post currently jointly funded with Copeland.

RESOLUTION: The meeting agreed that the temporary post should be extended for a further 12 months.

AM raised query around prescribing of palliative oxygen and there was concern that different responses are being received at different times from the respiratory team.

ACTION: MB to clarify position

MB

AL 80/2014 Mental Health Strategy – There have been no further MH Partnership Board meetings and the next one is due in Jan 2015.

AL 91/2014 Interim beds – Interim ‘step up’ beds are now available in Workington and there was a discussion about use of interim beds in other sub-localities though an acknowledgement that the supply of beds was very limited. Sub-

AL105/2014 localities had been approached regarding their willingness to support management of step down beds and had raised queries about medical responsibility for patients discharged into the beds. It was suggested that schemes would only work where patients placed in a bed are closely case managed and medical responsibility for their care is clear. As such the view was that patients should only be placed in interim beds within their area.

ACTION: AB will chase the information on criteria for step down beds from Carlisle.

AB

AGENDA ITEM 5, WORKINGTON ECG/BP & WOUND CARE EVALUATION & PROCUREMENT

SM presented the evaluation reports for both services and went through the recommendations. The meeting was asked to approve the re-commissioning of both an ECG/BP service and Wound Care / Vascular service in Workington. There was a discussion about the schemes and the evaluation information. Suggestions for improvements in the service specification were made including need to ensure robust collection of patient related outcome data and to combine the wound care and vascular service.

RESOLUTION: ECG/BP service – the meeting agreed to re-commission the service and undertake procurement with a revised service specification.

Wound Care service – the meeting agreed to re-commission the service and undertake procurement with a revised service specification.

There was discussion about the detail of the procurement process and question as to whether an AQP approach be taken in relation to the ECG service. Exact procurement routes to be clarified allowing process to begin as soon as possible.

ACTION: RBP / SM to confirm procurement routes for each service and commence process.

RBP/SM

There was a wider discussion around issues to do with wound care product prescribing. Although Workington had reduced prescribing in the period evaluated other areas across Cumbria have seen large increase. The reasons for this are being investigated.

ACTION: MB to keep Executive informed.

MB

AL106/2014 **AGENDA ITEM 6, EXERCISE ON REFERRAL**

The scheme in Allerdale is currently run by Carlisle Leisure Ltd. The funding runs out in January and approval is needed to extend the scheme to March at a cost of £2000. The scheme can then be tied in with a North-wide approach to the Exercise on Referral scheme, which should sit with Public Health as commissioners opposed to NHS.

ACTION: Send out the referral figures to Practices

AMG

RESOLUTION: The extra £2000 to extend the scheme to March 2015 was approved.

AL107/2014 **AGENDA ITEM 7, CHILDREN'S TEAM UPDATE**

EH & NS updated the meeting on progress across a range of issues including Commissioning services for children and young people, Maternity services, Safeguarding and 'Children Looked After' Key areas highlighted included:

Children and Young people

- Work has started on the operational detail of the strategic plans for children's service strategic change as part of the two strategic programmes
- GP representation is needed on the steering group or associated task groups. The time commitment would be 2-3 hours a month. There is no back-fill funding available centrally. AMG /RBP will look at using the clinical engagement budgets.
- The configuration of acute paediatric services in the north is being discussed and the Trust has agreed to 24hr service at WCH
- The I Want Great Care initiative providing whole system feedback across children's health services puts us in the forefront of national practice
- Financial pressure has arisen re complex packages of care from an increase in a small number of high cost packages and changes in the way that the county council see cost allocation due to financial pressures. The latter is under discussion.

Maternity

- As a result of the whole system maternity event in June the Maternity Alliance is in place
- Maternity specifications and dashboards are in place to monitor progress and support the process to keep services safe
- The future of maternity services in the north continues to cause concern from the public and the provider of service. The independent Maternity Review has taken place looking at ways of providing sustainable and accessible services for the future. The review team got a good feel for the issues in the county from the community events they attended whilst here.

CAMHS

- CAMHS tier three continues to cause concern particularly in the south of the county where services are fragile due to a range of issues mainly around staffing
- GPs provided feedback about referrals to tier three CAMHS which have not been accepted. Arrangements are in place to escalate concerns and an audit is being developed to identify if referrals should be CAMHS tier three or if they should have been in a tier two service. This will inform the tier two service specifications. Some of the rejections have been for lack of information on the GP referral letter. There are referral criteria and the meeting asked for this to be circulated.
- A successful CYP IAPT and HeadStart bids will support development of emotional health and wellbeing services in Cumbria. This and the development of a primary care mental health service will start to take some of the pressure off tier 3 CAMHS

Safeguarding

- Cumbria LSCB is undertaking four Serious Case Reviews. A further Serious Case Review has been agreed and commencement date is to be agreed pending the completion of legal processes
- The designated safeguarding doctor for Cumbria – Dr Nicola Cleghorn left her post at the end of August. Dr Neela Shabde, Clinical Director for Children and Families, will take on the duties in interim pending recruitment.
- The Local Government Association undertook a peer review of early help and safeguarding practice in the county and found evidence of improving practice with more work to be done.

ACTION: GP leads to confirm whether they, or GPs within sub-locality are able to join strategy working groups. Invite to be circulated.

**GP leads
/AMG**

AMG /RBP to investigate potential for back-fill funding to allow GPs to attend sessions.

AMG/RBP

ACTION: NS & EH will circulate the referral criteria for CAMHS and remind GPs to contact NS directly if referrals are rejected.

NS/EH

AL108 /2014 **AGENDA ITEM 8, FIVE YEAR PLAN – OUT OF HOSPITAL/CO-COMMISSIONING**

Referral Support - AB updated the meeting on the 5 Year Plan. There are 7 strands to the plan and one of the key strands is referral support. This is well established and works well in the west, but there are issues in other locations with some lack of clarity about what it should deliver which has led to suggestions that there needs to be a coordinated approach across the county.

Co-Commissioning - Last week's Clinical Leads forum discussed the options. A meeting was taking place this morning (27th) and the decision on which option to go for will be taken to a Full Council of Members meeting and this will probably

happen in the next few weeks.

AL109 /2014 **AGENDA ITEM 9, FEEDBACK FROM CLINICAL LEADS MEETING**

NMcG gave feedback from the meeting. Main points were:

- CCG and NCUH had been called before the NHE England Star Chamber due to failings in meeting the 4hour wait target for A&E. In total 12 CCGs were summoned and each are required to submit details on how the 4hour target will be reached. As at 27th, no feedback has been received from NHSE regarding Cumbria's proposals.
 - The Area Team issued a letter regarding reporting of serious incidents within GP practices through SIRMS
 - Sue Robb presented a Practice Nurse education training report.
 - A paper from David Rogers on the role of GP Leads within the localities was discussed. It was confirmed that this is in the process of re-drafting and will then be shared.
 - Value Based Clinical Commissioning Policies have been updated so that all local trusts are using the same criteria.
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AL110 /2014 **AGENDA ITEM 10, PRODUCTIVE PRIMARY CARE LEAD UPDATE**

Primary Care Foundation Audit, MB outlined process for audit which will give a measure of capacity and demand across the localities. There would be 1 week of data collection, probably in January or February next year and between 6 and 8 hours of admin time will be needed. Each practice will receive an individual report back and would be offered practice visits.

MB reported that this was discussed at the Practice Manager forum and they wanted more information. MB will distribute information to Practices. It was agreed that practices would be encouraged to participate in the audit.

ACTION: RBP/AB will check regarding funding for admin time for the PC Foundation audit. RBP/AB

MB to circulate information to practices.

MB

Nursing – There will be a rolling programme of Practice Nurse education sessions at 8 of the PLT sessions. Along with this there is a foundation course running from January. Three nurses are presently signed on to this, but would like to have a few more on the training. Health Education England has provided some funding for Nurse Practitioner training. This means that if a practice can show that they will employ the nurse after training, funding will be available. Along with this is funding for backfill while the training is happening.

Prescribing – The Allerdale figures which have shown an unprecedented increase and variation from other Localities are being investigated by the Prescription Pricing Bureau as there are concerns about double counting.

Deciding Right – Non-clinical training has now taken place and Malcolm Thomas is holding the clinical training at Cleator Moor on 11th December and this is open to Allerdale clinicians as well.

AL111 /2014 **AGENDA ITEM 11, BUSINESS & FINANCE PERFORMANCE UPDATE**

RBP outlined key issues from the Business & Finance performance report.

- There is a shift on the RTT waiting list with figures coming down significantly at North Cumbria and with the exception of orthopaedics the list should be clear of people waiting longer than 18 weeks by December. CMS and Medinet have been used to help clear this backlog.
 - Community hospitals/lengths of stay – profile given for mix of step up/step down beds. Length of stay has increased in Allerdale partly due to increased proportion of step down patients. It was also noted that issues around access to re-ablement are key factor in length of stay.
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Date and time of next meeting:

Thursday 11th December 3.30pm, Ann Burrow Thomas Health Centre
