Putting good health into practice

NHS
Nottingham North and East
Clinical Commissioning Group

Clinical Cabinet Minutes

Nottingham North & East Clinical Commissioning Group Clinical Cabinet Meeting Held 20th June 2017 at the Civic Centre, Arnot Hill Park, Arnold, Nottinghamshire, NG5 6LU

Present

Dr James Hopkinson (JH) (Chair)	Clinical Chair and Calverton Practice Representative
Dr Umah Amad (UA)	GP Representative, Plains View Surgery
Dr Sarah Bamford (SB)	GP Representative, Newthorpe Medical Centre
Jonathan Bemrose (JB)	Chief Finance Officer
Jeff Burgoyne (JBu)	Patient and Public Representative
Dr David Hannah (DH)	GP Representative, Torkard Hill Medical Centre
Dr Claire James (CP)	GP Representative, Apple Tree Practice
Dr Smita Jobling (SJ)	GP Representative, Highcroft Surgery
Dr Caitriona Kennedy (CK)	GP Representative, Trentside Medical Practice
Dr Azim Khan (AK)	GP Representative, Unity Surgery
Dr Akila Malik (AM)	GP Representative, Westdale Lane Surgery
Dr Suman Mohindra (SM)	GP Representative, Om Surgery
Mandy Moth (MM)	Practice Manager Representative
Sharon Pickett (SP)	Deputy Chief Officer
Dr Jacques Ransford (JR)	GP Representative, Giltbrook Surgery
Kathryn Sanderson (KS)	Patient and Public Representative
Dr Ben Teasdale (BT)	Secondary Care Consultant

In Attendance

Emma Pearson (EP)	Governance Manager (note taker)
Sergio Pappalettera (SPa)	Contract and Information Manager

Apologies

Paul McKay	Service Director, Nottinghamshire County Council
Dr Paramjit Panesar	Assistant Clinical Chair and Ivy Medical Practice Representative
Dr John Tomlinson	Consultant in Public Health, Nottinghamshire County Council
Sam Walters (SW)	Chief Officer
Practice Nurse	
GP Representative	Oakenhall Medical Centre
GP Representative	Jubilee Practice
GP Representative	Peacock Medical Practice
GP Representative	West Oak Surgery
GP Representative	Park House Medical Centre
GP Representative	Daybrook Medical Practice
GP Representative	Stenhouse Medical Centre
GP Representative	Whyburn Medical Practice

		Actions
CC 17/050	**Welcome and Apologies** Dr James Hopkinson (JH) welcomed all to the meeting. Apologies were noted as above.	
CC 17/051	**Declaration of Interest** JH reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NNE Clinical Commissioning Group. Declarations of the Clinical Cabinet were listed in the CCG's Register of Interests. JH noted that the Register was available either via the secretary to the Clinical Cabinet or the CCG website at the following link: http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/ No additional conflicts of interest were declared above those already recorded on the CCG register of interests.	
CC 17/052	**Minutes of the meeting held on 26th April 2017** The minutes of the meeting held on 26th April 2017 were agreed as an accurate record	
CC 17/053	**Matters arising and actions from the meeting held on 26th April 2017** JH confirmed that there were no matters arising or actions recorded from the meeting held on the 26th April.	
CC 17/054	**Chief Officer and Chair's Report** Sharon Pickett (SP) presented the Chief Officer and Chair's report and the following points were highlighted; **NHS e-Referral Service (E-RS): Paper Switch-Off Programme** The e-RS Paper Switch Off-Programme had been developed to support the Trusts and CCGs to move to full use of e-RS for all consultant led first outpatient appointment, The e-RS will become operation in October 2018. Jeff Burgoyne (JBu) noted that that the programme would have an impact on meeting targets for appointment wait times. SP explained that the majority of referrals are processed via the Choose and Book system and there are very few that are not via electronic.	

	SP invited Clinical Cabinet members to ask questions in relation to the Report, no further questions or queries were raised. The Clinical Cabinet **Acknowledged** the Chief Officer and Chair's Report	
CC 17/055	**Finance Update** Jonathan Bemrose presented the financial update and highlight the following points; A report had been presented to the Governing Body and NHS England to confirm that CCG remained on financial plan and noted that there was a potential risk that this may change in the 2nd quarter as there was not a complete data set received from all providers and there was no activity data from prescribing. The QIPP trajectory had been confirmed that outlined the schemes phased for delivery in the 1st, 2nd, 3rd and 4th quarter **Financial Recovery Update** JB presented the Financial Recovery Update and highlighted the following points; An overview of the allocations received by the Greater Nottingham CCGs and the savings required was provided, JB highlighted that NNE had a target saving total of £12.4 million. An external Turnaround Director had been recruited and Senior Responsible Officers (SRO) had been identified to lead on programme areas. A day a week had been dedicated to CCG Financial Recovery where the Accountable Officers scrutinise the delivery of the Financial Recovery programme and the SROs provided an update on their progress. The progress was scrutinised at the Finance Information Group. The plan was split into key themes that included transactional/ contractual, improvement plans and bill control. Financial Recovery best practice showed that additional savings needed to be identified to allow for any contingency. Stretch Targets had been introduced for all of the 9 programme areas. A review of the RightCare opportunities had taken place which had identified that there were some opportunities for savings which were being built into programme areas, these included MSK, Cancers and tumours, neurological, Prescribing, Gastroenterology and Respiratory. JB gave an overview of the Governance Arrangements in	

	place and confirmed that the Governing Body retained responsibility for schemes that were high risk. Work was underway in relation to the primary care clinical review which was titled 90p in the £. JB explained that the work was clinically led and was focused at all areas of spend including Trauma and Orthopaedics and Elective Care. An overview of the Fast Track date for NUH and Circle referrals by GPs was provided that compared the current period with the same period the previous year. JB drew the Clinical Cabinet members to the QIPP Target and noted that the target for emergency care was -7.4% however the current data showed an increase of 4.6%. Dr Sarah Bamford (SB) queried the detail on the Primary Care stretch target of 6%, SP explained that each programme area had been given additional stretch target to allow for head room. All areas of spend within the commissioning budget required investigation. All areas of non-core contracts would be investigated to establish the return on investment. It had been highlighted that there was variation across Nottinghamshire in relation to non-core contracts. SB noted that practices had put in additional capacity to meet enhanced service specification and there was a risk that if the contract was withdrawn practices may be forced to continue the service without additional funding to support. JB confirmed that the CCG was required to address inequity across Nottinghamshire and were keen to keep incentive schemes but assurance was required to insure that they were the right schemes that demonstrated a return on investment. . Dr David Hannah (DH) queried how the neighbouring CCGs invested in Primary Care. SP explained that they had invested more. DH queried if there was a guarantee that the CCG won't reduce funding on a proportionate basis to ensure that practices were funded fairly across Nottinghamshire as NNE member practices would be impacted far greater. Dr Caitriona Kennedy (CK) queried what would happen to the Care and Quality Programme in September when the contract came to an end. SP confirmed that the work was ongoing in the team to refine the specification that will focus supporting the overall financial recovery plan and may focus on payments upon delivery. It was noted that the CCG would need to consider the approach and low numbers of referrals was not always necessarily a good thing to do. **Activity Report** Sergio Pappalettera (SPa) presented the Activity Report for	

	April 2017 Emergency admissions were over spent at month 1 by 1.3% The SUS data up to April 2017 for Elective activity was positive with e-referrals showing a decrease of -23.5% Dr Azim Khan (AK) queried if the emergency admissions were from GPs or out of hours? SPa explained that the majority of admissions were from the Emergency Department. Dr Ben Teasdale explained that it took longer to admit a patient so it was unlikely that the increase was related to the department admitting patients to meet the 4 hour target and suggested that the population demographic was an influence. BT suggested that the admissions should be broken down by age to identify who was being admitted. The Clinical Cabinet **Acknowledge** the Financial Update	
CC 17/056	**Cardiovascular Disease Strategy** PP presented the Cardiovascular Disease Strategy and highlighted the following points; The GRASP AF event was positive with good feedback. The analysed data highlighted improvements with the GRASP AF CHAD2VAS score being maintained at 83% of patients, the national averages was 84%. The percentage of patients not on oral anticoagulation had reduced from 30% to 21% which was better than the national average which was 28%. The improvements made were tangible and the patient benefit for stroke risk reduction was fantastic. PP provided an update on the Chronic Kidney Disease programme and noted that good progress had been made in relation to coding accuracy and the use of the Cumbria and Lancashire Kidney Care Network Algorithm. Stage Two of the CVD Strategy would be to propose that community pharmacist undertake opportunistic blood pressure monitoring and for practices to actively engage with the Florence Simple Telehealth programme to improve blood pressure monitoring. The Clinical Cabinet **Acknowledge** and **Support** the Cardiovascular Disease Strategy	

CC 17/057	**Children's Integrated Commissioning Hub** Helena Cripps (HC) – Public Health and Commissioning Manager for Children's Services presented the Children's Integrated Commissioning Hub paper and highlighted the following points. The integrated community children and young people's Service for children with complex needs has been launched, HC drew attention to the web link and confirmed that the service was a single point of access. https://www.nottinghamshirehealthcare.nhs.uk/children-and-young-peoples-service Special school nursing services will be located within community teams rather than based on site in schools. Continuing care for children has a new specification that has a single framework across Nottingham city and county. Healthy Families Programme brought together health visiting, school nursing and family nurses. There are 20 Health Family Teams across Nottinghamshire. HC gave an overview of the Future in Mind Transformation Plan for Children's mental health and noted that a key priority was to develop the capacity and capability of the workforce. The Kooth online counselling service was live and was accessed via a single registration form. CAMHS continued to develop and transform across all areas with specific developments with the Eating Disorders and Crisis line. PP noted that the early intervention schemes were a positive step and queried if there were any other services that supported Kooth. HC confirmed that the team were working with Community Services and schools. AK explained that the families in their practices that were involved in the CAMHs had expressed the struggles that they had faced and noted that they did not know how to contact the school nurses. HC confirmed that the funding had increased and work was ongoing to improve communication. DH queried the contract value and noted that there had been a reduction of 38 WTE staff which had affected the health visiting service. DH noted that hearing tests for children were being referred to the Ropewalk instead of the school nursing team. HC confirmed that an audit of hearing test referrals would take place to ensure the appropriateness of the referrals.	

	JH thanked HC for her time and presentation. The Clinical Cabinet **Acknowledged** the Children's Integrated Commissioning Hub	
CC 17/057	**Prescribing Update** Lucia Calland gave a presentation on the prescribing update and the following points were noted; The prescribing QIPP target for Greater Nottingham was £9 million and focused on changes in national drug prices, medicines Optimisation, Prescribing IT solutions. Management of repeat prescriptions, self-care and management, high cost drugs and community based prescribing schemes and pathways. LC drew the clinical cabinet members to the prescribing totals broken down by practice and informed members that the data was available on the intranet and encouraged members to review where they were as a practice. LC recommended that medicines classified as Grey under the Nottinghamshire APC Traffic Light System are not routinely prescribed on the NHS and those medicines where it has been agreed that there is no clinical indication for their use on the NHS should never be prescribed on the NHS unless supported through IFR. LC had listed the spend of drugs of limited clinical value over 12 months and highlighted that the non-staple gluten free programme had been effective and prescribing data showed that £6 had been spent on non-staple gluten free items over this time. LC confirmed that the volume of Co-Proxamol prescriptions varied quite significantly by practice and cost. There was no evidence that Co-Proxamol was more effective that paracetamol. It was an unlicensed medicine so all prescribing responsibility was with the prescriber. DH suggested that prescribing advisors work with practices to stop the prescriptions. I would like to know who is prescribing in my practice. It was agreed that Clinical Cabinet members would discuss the prescribing of Co-Proxamol with their practices. It was agreed that Ruberfacients would not be prescribed due to the lack of evidence to support the use in acute or chronic musculoskeletal pain The Clinical Cabinet **acknowledge** the prescribing update.	
CC 17/059	**Reducing Referrals and The Next Steps** CK gave a presentation on reducing referrals and the next steps and highlighted the following points; Two week wait (2ww) referrals ranged from 12 and 44. A review had taken place for the practices with the least 2ww	

	referrals and the conversion rate was 3% Unity Surgery had a high conversion rate which highlighted that that not enough 2ww referrals were being made, the number of patients diagnosed with cancer via presentation in the Emergency Department. The data was available to the public 15:15 Dr Suman Mohindra left the room PP noted that their practice had the highest number of 2ww referrals and explained that they had a high number of dermatology patients. PP queried if the conversion data could be shared. Spa agreed to send It was queried if there was variation between doctors in a single practice; CK confirmed that there was variation by doctors and specialties which highlighted the need for peer to peer reviews. There was variation for routine referrals to outpatient first attendances in all specialties. JH confirmed that a NHS England directed review would be implemented for the 3 highest referring practices. Routine referrals to outpatient first attendance in Paediatrics had highlighted large variation across practices. JH queried if feedback from paediatrics had been received. CK confirmed that feedback in relation to failure to thrive, constipation and breast fed babies that were failing to thrive that haven't been topped up with formula. SP noted that practices need to consider how they will peer review their referrals. The Clinical Cabinet **acknowledged** the Clinical Variation presentation.	
CC 17/060	**Reports** a) NNE Performance Report February 2017 The Clinical Cabinet **acknowledged** the report. No comments were made.	
CC 17/061	**Minutes** a) Health and Wellbeing Summary April 2017 b) SIG Minutes 02/03/2017 and 05/05/2017 JH presented the minutes and requested any questions or comments from the members. The Clinical Cabinet **acknowledged** the minutes.	

CC 17/062	**Any Other Business** Dr Smita Jobling highlighted that there was free basic life support training available and was detailed in the GP Bulletin. 15:30 Dr Suman Mohindra returned	
	Date, Time and Venue of Next Meeting 19th July 2017, Reception Room, Civic Centre, Arnot Hill Park, Nottingham, NG5 6LU **SIGNED: …… (Chair)** **DATE: ……**	