

**Clinical Cabinet Minutes**  
**Nottingham North & East Clinical Commissioning Group Clinical Cabinet**  
**Meeting Held 18<sup>th</sup> July 2018 1:30 – 4.30pm**  
**Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU**

**Present**

Dr James Hopkinson (JH)	Clinical Chair and Calverton Practice Representative (Chair)
Dr Paramjit Panesar (PP)	Asst Clinical Chair and Ivy Medical Practice Representative
Ian Livsey (IL)	Deputy Chief Finance Officer
Ian Campbell (IC)	GP Representative, Park House Medical Centre
Dr Smita Jobling (SJ)	GP Representative, Highcroft Surgery
Dr Gerry Gallagher (GG)	GP representative, Daybrook Medical Practice
Dr Clare Roughton (CR)	GP representative, Oakenhall Medical Centre
Dr Claire Hatton (CH)	GP representative, Jubilee Practice
Dr Prakash Kachhala (PK)	GP representative, Torkard Hill Medical Practice
Dr Manas Karpha (MK)	GP Representative, West Oak Surgery
Dr Elaine Maddock (EM)	GP Representative, Stenhouse Medical Centre
Dr Akila Malik (AM)	GP Representative Westdale Lane Surgery
Dr Suman Mohindra (SM)	GP Representative, Om Surgery
Dr Amelia Ndirika (AN)	GP Representative, Whyburn Medical Practice
Dr Umer Ahmed (UA)	GP Representative, Plains View Surgery
Kathryn Sanderson	Patient and Public Representative

**In Attendance**

Stewart Newman (SN)	NNE Director of Commissioning
Debbie Stiles Powell (DSP)	Senior Finance Manager
Sergio Pappalettera (SP)	Contract and Information Manager
Sophia Wilson (SW)	Service Change Delivery Manager
PICS Representative	
Danny Clamenza (DC)	City Locality Admin (minute taker)

**Apologies**

Dr Jonathan Gribbin	Consultant in Public Health, Nottinghamshire County Council
Sam Walters	Accountable Chief Officer
Jeff Burgoyne	Patient and Public Representative
Dr Ben Teasdale	Secondary Care Consultant
Dr Caitriona Kennedy	GP Representative, Trentside Medical Practice
GP Representative	Newthorpe Medical Centre
GP Representative	Trentside Medical Practice
GP Representative	Whyburn Medical Practice
GP Representative	Peacock Medical Practice
GP Representative	Giltbrook Surgery
Practice Nurse	

		<b>Actions</b>
CC 18/046	<p><b>Welcome and Apologies</b></p> <p>Dr James Hopkinson (JH) welcomed the members to the meeting. Apologies were noted as above.</p> <p>The meeting was declared quorate.</p>	
CC 18/047	<p><b>Declaration of Interest</b></p> <p>The Chair reminded cabinet members of their obligation to declare any interest they may have on any issues arising at cabinet meetings which might conflict with the business of NNE Clinical Commissioning Group.</p> <p>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:</p> <p><a href="http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/">http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</a></p>	
CC 18/048	<p><b>Minutes of the meeting held on 20<sup>th</sup> June 2018</b></p> <p>The minutes of the meeting held on the 20<sup>th</sup> June 2018 were approved as accurate.</p>	
CC 18/049	<p><b>Matters arising and actions from the meeting held on 20<sup>th</sup> June 2018</b></p> <p>The Chair confirmed that there were no formal matters arising or actions from the meeting held in June.</p>	
CC 18/050	<p><b>Accountable Officer and Chair's Report July 2018</b></p> <p>No report available</p>	
CC 18/039	<p><b>Finance Update</b></p> <p>Ian Livsey (IL) provided an update on the financial position and highlighted the following points.</p> <p><b>a) Finance Report</b></p> <p>Acute circa £1m over plan YTD – Untransacted QIPP. Small offset on NUHT as under plan Untransacted QIPP - £3.5m full year target Prescribing and CHC currently on plan</p>	

	<p>Reserves - £600k of £2.1m used to date Overall CCP position worse than the NNE individual position.</p> <p><b>b) Financial recovery plan</b></p> <p>Debbie Stiles Powell (DSP) gave an overview of the Financial Recovery plan to the cabinet: Main headlines were that identified savings totalled £53.56m therefore leaving a gap of £10m. Work is being done with NUH in key areas however delays in business cases from NUH means it is unlikely there will be savings this year, likely resulting in a gap of £20m for next year. The year to date (month 2) QIPP delivery shows that £5.3m has been delivered against a plan of £7.6m. The shortfall of £2.6m is due to slippage of schemes but is currently forecast to be achieved by end of year. Dr Paramjit Panesar (PP) queried whether schemes with secondary care are being looked at? DSP confirmed audits are taking place to check compliance and agreements are in place with both providers. Percentage of non-compliance will be raised through the contract route and result in non-payment.</p> <p><b>c) Activity report</b></p> <p>Sergio Pappalettera (SP) tabled the April 2018 – May 2018 activity report highlighting the following: Slight reduction in the cost variance against budget now at 1.7%, elective has gone down also. 2week wait over performing on skin and urology, dermatology going up. Appears to be linked to the new assessment service. SP also highlighted that reports show a better start to this year than at the start of 2017/18.</p> <p>The Cabinet <b>acknowledged</b> the reports.</p>	
CC 18/052	<p><b>Promoting Health Improvement in the Surgical Pathway – Best Practice Checklist</b></p> <p>Sophia Wilson (SW) presented the project informing members of the best practice checklist which will promote health improvement systematically at the start of the elective surgical pathway, encouraging clinicians to make every contact count and where appropriate identify opportunities to promote lifestyle advice and referrals to appropriate support services.</p> <p>A checklist has been developed and will sit within the GP referral forms under the title 'Fit for Surgery'. It will identify standard tests and checks to complete prior to referral for surgery e.g. Blood pressure, HbA1c etc. to ensure patients are in their best health prior to surgery. This will auto populate along with dates of the last test. Guidance will also be included for each marker regarding threshold, optimisation if applicable and whether the test is within date.</p> <p>A patient information leaflet has been developed which will</p>	

	<p>support the GPs in making every contact count and the patient in the optimisation of their health. This will include advice and services to support them prior to their surgery; this includes smoking sensation, weight management and alcohol advice and details of talking therapy services.</p> <p>In response to a query relating to additional investment for blood tests, JH commented it's expected that there's no significant increase of tests required however is something that will be monitored.</p>	
<p>CC 18/053</p>	<p><b>Federation working</b></p> <p>JH informed members of an afternoon session he is looking to plan for September where discussions will take place around targeting specific areas in which practices feel they would prefer a service to cover, for example care homes. Mike Aurei from Erewash CCG will be attending to present their journey. NEMS cover is to be provided and asking for 2 GPs per practice to attend. If members have any ideas for encouraging attendance please let JH know.</p> <p>The NNE locality team will now be smaller however familiar faces and will consist of Sharon Pickett, Stewart Newman, Rachel Rees and a Primary Care Manager post that is currently in the process of being recruited.</p> <p>Discussions took place around conflicts of interest and how this would affect working. JH concluded that there potentially could be conflicts which will need to be monitored.</p> <p><b>Extended hours</b></p> <p>Ian Campbell (IC) and Sally from PICS provided a progress update on extended hours:</p> <ul style="list-style-type: none"> <li>• The start was originally October 1<sup>st</sup> however has now been mandated to begin September 1<sup>st</sup>. SN advised this a voluntary start date however anything not taken up will result in funds being provided to another service to cover.</li> <li>• So far 135 hours have been appointed with 360 hours needed in total, 3 or 4 Sundays and 1 Saturday are yet to be covered. Would ideally like 70 hours a week.</li> <li>• One member of staff will need to be a GP the others can be a Nurse or HCA, all hours will count as individual. No phones required.</li> <li>• Nurse slots will be for own patients due to varying skill sets</li> </ul> <p>The following discussion points were noted:</p> <p>CR suggested having a key on the rota to avoid any confusion.</p>	

	<p>In response to a query on when can practices use unfilled slots for own patients, the PICS representative confirmed there is no requirement and this can be decided by the federation.</p> <p>SJ posed the question what rates will practices be paying staff? IC advised his practice will be paying all staff 1.5x hourly rate. PP also highlighted rates are likely to be different across practices depending on what staff are already paid.</p>	
CC 18/054	<p><b>Reports</b></p> <p>All reports were acknowledged by the Cabinet.</p>	
CC 18/055	<p><b>Risks identified during the course of the meeting</b></p> <p>No risks were identified.</p>	
CC 18/056	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical Variation</b></li> </ul> <p>JH advised he has been looking at clinical variation across Primary Care advising that originally when compared to West, NNE didn't look as good however when looking at practice spend vs weighted budget the outcomes were different. The top 5 practices for each CCG changed when using this method and NNE's figures were vastly improved, the graph will be circulated across the city once complete.</p> <p>The plan is to take the top 10-15 practices across all Greater Nottingham CCG's and do a deep dive, JH concluded it won't be a quick process however will potentially provide a better understanding.</p> <ul style="list-style-type: none"> <li>• In response to a query from AK on the care home team no longer coming out to fill gaps, SN advised that the Local Partnership are delivering above their contract however funding has been identified to bridge the gap and an interim solution for the rest of the year is being discussed. Adding please send any thoughts on the most valuable aspects you felt the service were doing previously to either Candice or Stewart.</li> </ul>	
	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>15<sup>th</sup> August 2018, 1.30pm-4.30pm Chappell Room, Civic Centre, Arnot Hill Park, Nottingham, NG5 6LU</p> <p><b>SIGNED:</b> ..... (Chair)</p> <p><b>DATE:</b> .....</p>	