

**Minutes of
Clinical Cabinet Meeting – NNE CCG**

**19th September 2018 1:30 – 3.20pm
Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU**

Present

Clinical GP Representatives:

Dr James Hopkinson (JH)	Clinical Chair and Calverton Practice (Chair)
Dr Paramjit Panesar (PP)	Assistant Clinical Chair and Ivy Medical Practice
Dr Sarah Bamford (SB)	Newthorpe Medical Centre
Dr Alex Brodie (AB)	Torkard Hill Medical Practice
Dr Ian Campbell (IC)	Park House Medical Centre
Dr Smita Jobling (SJ)	Highcroft Surgery
Dr Caitriona Kennedy (CK)	Trentside Medical Practice
Dr Azim Khan (AK)	Unity Surgery
Dr Elaine Maddock (EM)	Stenhouse Medical Centre
Dr Akila Malik (AM)	Westdale Lane Surgery
Dr Suman Mohindra (SM)	Om Surgery
Dr Amelia Ndirika (AN)	Whyburn Medical Practice
Dr Clare Roughton (CR)	Oakenhall Medical Practice

Other Members:

Jonathan Bemrose (JB)	Chief Finance Officer
Jeff Burgoyne (JBu)	Patient and Public Representative
Sharon Pickett (SP)	Deputy Chief Officer
Kathryn Sanderson (KS)	Patient and Public Representative

In Attendance

Alison Broughton (AB)	Programme Manager – LICP
Sergio Pappalettera (SPa)	Contract and Information Manager
Rachael Rees (RR)	Head & Primary Care & MCP Development
Toi~Fan Choi (TFC)	Locality Administrator (Minute-taker)

Apologies

Dr Gerry Gallagher (GG)	Daybrook Medical Practice Representative
Jonathan Gribbin (JG)	Public Health
Dr Claire Hatton (CH)	Jubilee Practice Representative
Dr Manas Karpha (MK)	West Oak Surgery Representative
Mandy Moth (MM)	Practice Manager
Colleen Mulvany (CM)	Practice Nurse
Dr Paul Oliver (PO)	Peacock Practice Representative
Dr Chic Pillai (CP)	Plains View Surgery Representative
Dr Jacques Ransford (JR)	Giltbrook Surgery Representative
Dr Ben Teasdale (BT)	Secondary Care Consultant

Item		Actions
CC 18/058	<p>Welcome and Apologies</p> <p>Dr James Hopkinson (JH) welcomed the members to the meeting. Apologies were noted as above.</p> <p>JH explained to members that he has just reallocated the main body agenda list in an appropriate sequence. They were as follows:</p> <ul style="list-style-type: none"> (1) CC 18/061 - Broomwell Contract (2) CC 18/062 - Finance Update / QIPP (3) CC 18/063 – NNE Performance Report July 2018 (4) CC 18/064 – System Update (5) CC 18/065 – LICP Development (6) CC 18/066 – Federation Development and Event on 11th Oct (7) CC 18/067 – Future of Clinical Cabinet Meetings <p>Sharon Pickett (SP) welcomed and introduced Toi-Fan Choi (TFC) who is the NNE Locality Administrator who started the role last week.</p> <p>The meeting was declared quorate (attended: 13 x GPs clinical and 7 x Non-clinical).</p> <p>For record purposes: Prior to the meeting it was suggested that the item of the “Accountable Officer and Chair’s Report” was no longer required and to be removed from the agenda list until further notice.</p>	
CC 18/058.1	<p>Declaration of Interest</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>http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</p> <p>No other declarations of interest were received in relation to the agenda.</p>	

CC 18/059	<p>Minutes of last meeting held on 18th July 2018. (No meeting was held in August.)</p> <p>The minutes of last meeting were approved as accurate with one amendment and one enquiry –</p> <p>An amendment - Dr Elaine Maddock (EM) pointed out that on item CC 18/053 there was incomplete description of last sentence in paragraph 3. JH suggested that the wording “however it is key that the locality” to be removed.</p> <p>Updated 24.09.2018 – TFC has removed the irrelevant words. The July minutes was then ratified and filed on the NNE database. Action – Complete.</p> <p>An enquiry – Jeff Burgoyne (JBU) expressed his dissatisfaction with item CC 18/052 patient information leaflet. JB said the patients’ council rejected the leaflet and has not yet received a revised one. JH advised he had not seen revised one yet either.</p>	
CC 18/060	<p>Matters arising and actions from the last meeting held on 18th July 2018 – from minute as above</p> <p>The Chair confirmed that there were no formal matters arising or actions from the meeting held in July.</p>	
CC 18/061	<p>Broomwell Contract</p> <p>Rachael Rees (RR) explained and presented the “Cardiomemo Loop Event Monitor Service: Recommissioning Proposal” paper in the absence of Nicholas Lupton and Stewart Newman.</p> <p>RR summarised the current loop event monitor service component of the Broomwell Healthwatch ECG contract which comes to an end on 31st March 2019. There is a proposal to recommission the loop event monitor service as a stand-alone service for 2019/20.</p> <p>The members were unanimous about recommissioning the Cardiomemo Loop service and approved the recommissioning of this service with effect from 1st April 2019.</p> <p>Discussion was also held by the clinicians for the 24-hrs tape monitoring and whether it would be cost efficient to commissioning at a local service. SP advised this could be looked at but it has to be done across the Greater Nottingham.</p> <p>Action – SP.</p>	SP

CC 18/062	<p>Finance Update / QIPP</p> <p>Jonathan Bemrose (JB) provided an update on the financial position and highlighted the following points:</p> <ol style="list-style-type: none"> (1) The Greater Nottingham (4 CCGs) is required to ensure delivery of £52.5m efficiency savings in 2018/19. We are now in month 5 (i.e. August figures) to deliver £34.5m efficiency savings. Therefore we still have time (7 months) and opportunity to manage and achieve the goal by end of March 2019. (2) We need to look at the whole picture i.e. patients, services and money. Can we advance the changes further and faster, align with same threshold? For example, servicing the podiatric patients which currently Nottingham West, Rushcliffe and City are not aligned with NNE threshold. Therefore it has been agreed that the threshold will be aligned. (3) NNE CCG is performing well, (4) NUH is performing poorly with deficit of £21m, increased staff cost and struggling with winter beds are still open. Therefore we are meeting with the NUH executives on Friday 21st Sept 2018 to discuss the financial recovery plan. (5) The ICS (Integrated Care System) is to design a total system of strategy and planning to create a breakeven financial plan across all 4 CCGs. <p>Dr Caitriona Kennedy (CK) enquired the care home service. SP advised that the Care Homes specification will be reviewed by Sally Seely Team. SP confirmed that GPEDS has no plan to stop. However, there is a possibility to receive 5% to 10% less funding for 2019/20. SP said she met Fiona Callaghan within the PMO Team and they have requested a review of all services.</p> <p>Dr Smita Jobling (SJ) enquired about the payment of GPEDS and next quarter payment of final reconciliation. RR told members that TFC is currently processing the GPEDS letters with the adjusted financial information following the DDRB review.</p> <p>After meeting – TFC completed and sent out GPEDS letters. Action – Complete.</p>	
CC 18/063	<p>NNE Performance Report July 2018</p> <p>Sergio Pappalettera (SPa) presented 2018/19 Activity Report for the period of April 2018 – July 2018 highlighted as follows:</p> <ol style="list-style-type: none"> (1) Activity – an increase mainly by 2WW referrals relating to Skin, UGI and Urology. (2) Dermatology cases – an increase has been seen query with the triage service and 2WW & routine referrals making an impact. (3) Good news – elective activity continues dropping, reduction in secondary care due to changing in pathway, GP prescribing is doing well. 	

- (4) A&E – attends continued to increase, mostly from Sherwood Forest Hospital.
However, a discussion among clinicians was held about the process of Paediatric and A&E attendance and emergency admission that SFH have a different system compared to NUH for recording and referral.
- (5) Emergency Admissions – increased compared to two years ago, mainly from paediatric / children at NUH.
- (6) Paediatric admission – increased in NUH. CK added there has been increased on frequent flyer in particularly from self-referral and young people. CK also mentioned population health issue. JH said we are looking at the pathway issue.

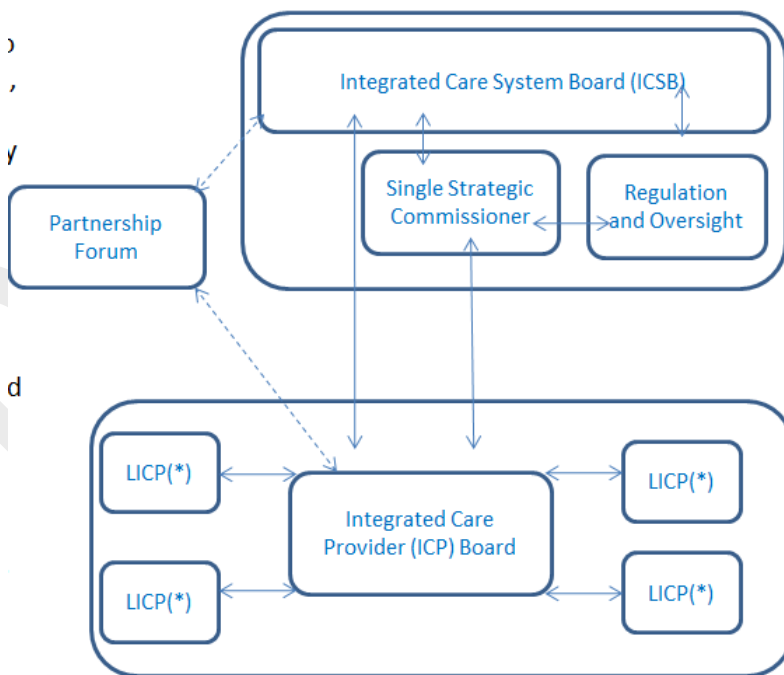
The Cabinet **acknowledged** the reports.

CC 18/064

System Update

JH explained to members on the latest update of CCGs to LICPs and the information sheet was distributed to members afterwards.

In summary, JH explained the potential new system architecture as expressed on the below diagram.



	<p>One of the key components that can enable the LICP to work is GP at scale, i.e. GP federation.</p> <p>Across the six Nottinghamshire CCG footprints the GP federations will meet to talk about the development (1st group meeting), and shape and function (2nd group meeting) of LICP's.</p> <p>Within the Nottinghamshire ICS, there are two ICPs footprints (i.e. Mid-Notts and Greater Nottingham).</p> <p>Each ICP contains all the components required for a full health care system (Acute hospitals, Mental Health, GP's, Social Care, etc). The aim is that all parts of the system will work together to ensure the total budget be spent in the most efficient way.</p> <p>A member raised whether Sherwood Forest Hospital is part of Nottingham University Hospitals. JH clarified that SFH is not aligned with NUH.</p> <p>EM asked about Centene contract. JH said Centene contract is ended and we are looking at the outcomes of their review and what can be implemented across the system.</p>	
CC 18/065	<p>LICP Development</p> <p>Alison Broughton (AB) presented and distributed a set of notes to members about the Integrating Health and Care Services – Greater Nottingham's Approach (LICPs). (<i>LICPs = Local Integrated Care Providers</i>)</p> <p>AB referred to the notes and explained to members that population health is an approach aimed at improving the health of a whole population. It is about improving the physical and mental health outcomes and wellbeing of people. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.</p> <p>AB also explained that the management improves population health by data driven planning and delivery of care to achieve maximum impact. It includes:</p> <ul style="list-style-type: none"> (1) cohort segmentation i.e. defining groups of highest need and opportunity, e.g. Mental Health (MH) (2) risk stratification i.e. stratifying population by risk/need, e.g. MH: low risk, medium risk or high risk. (3) care coordination & self-care i.e. programming aligned to individual needs based on cohorts, risk levels, e.g. locally-owned General Practice, integrated community mental health, social care, etc. <p>A question was raised about the timescales for implementation of LICPs. AB responded that there is no defined timescale yet but she will speak to Maria to confirm for this.</p>	

	<p>Updated 20.09.2018: As per some members' request, AB forwarded an electronic copy of her presentation to TFC to circulate to members. AB also confirmed that she has spoken with Maria and there is no definitive date for implementation of LICIP as of yet but they are working to develop and implement the LICIP's locally. When further timescales are agreed, AB will share the information with members.</p> <p>Updated 21.09.2018: TFC circulated information to members per AB's request. Action – Complete.</p> <p>EM questioned how it will work with the acute providers. JH said we would start with preliminary discussion with mental health trust. We are ahead of national direction.</p> <p>SP suggested GPs to encourage junior partners to also join and attend meetings to work together, suggest new ideas / suggestions and make decisions if appropriate.</p>	
CC 18/066	<p>Federation Development and Event on 11th October 2018</p> <p>JH informed members that the contract of Sam Walters, Accountable Officer, is ending at the end of September 2018. In the interim Gary Thompson is the Acting Accountable Officer. Currently we are thinking about aligning with STP footprint i.e. across six CCSs (Mid-Nottinghamshire and Greater Nottingham).</p> <p><u>The New Federation Opportunities Event 11th October 2018</u> <u>1.30pm – 5.30pm</u></p> <p>A Practice Newsletter of 17th September 2018 has provided the Federation Event information for 11th October 2018. NEMS cover is available. Please could each practice send up to two GP partners with a mandate to develop ideas. Please also confirm attendance with Rachael Rees (rachaelrees@nhs.net).</p>	
CC 18/067	<p>Future of Clinical Cabinet Meeting</p> <p>JH explained that the future Clinical Cabinet will be thinking and discussing matters in accordance with LICPs (Local Integrated Care Partnerships/Providers) function framework. LICIP function framework involves care pathway design, population health data management, alignment of incentives, performance and quality monitoring, financial management/cost of care management, supply chain management, etc.</p> <p>Local planning and delivery with devolved population-based budget, coordination and provision of services with close links between LICIP (Local Integrated Care Partnerships/Providers) and ICS (Integrated Care System).</p>	

	<p>Governance, accountabilities, risk and reward will be realigned across these population-based partnerships with overall alignment with ICS Board objectives and strategy.</p> <p>JH also said that Rushcliffe CCG is already working on the ICS framework, e.g. strategies, planning, etc. In short term, the four CCGs will be looking at outline spend and learning and so on.</p> <p>JH suggested that Peer Review takes place within the Clinical Cabinet similar to what happens within Rushcliffe whereby individual practice feedback their peer review findings and looks at the activity data in more detail.</p>	
CC 18/068	<p>Risks identified during the course of the meeting</p> <p>No risks were identified.</p>	
CC 18/069	<p>Any Other Business</p> <p>(1) SP informed members (in particularly to GPs) on behalf of Stewart Newman that “Boardpad” communication method is no longer carried on.</p> <p>(2) RR explained to members that Dr Ian Trimble will be working with the Greater Notts Primary Care Team. The new role is non-clinical and involves visiting GP practices in supporting services e.g. data analysis, specifications, forum and facilitating discussions, root cause analysis to problem solving, etc.</p> <p>Meeting Closed: 3.20pm (ahead of schedule of 4.30pm).</p>	
	<p>Date, Time and Venue of Next Meeting</p> <p>Wednesday 17th October 2018, 1.30pm-4.30pm Chappell Room, Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU</p> <p>(Deadline for submitting papers: 9 Oct, Papers/Agenda circulated: 10 Oct)</p> <p>SIGNED: (Chair)</p> <p>DATE:</p>	

Record of Attendance 2018

Members / Date	24 Jan	21 Feb	21 Mar	18 Apr	16 May	20 Jun	18 Jul	15 Aug	19 Sep	17 Oct	21 Nov	19 Dec	Total Attended (min x10 per practice)	Times / %
Possibility	1		2		3	4	5		6				6	
<u>Clinical GP Representatives</u>														
Calverton Practice / Chair			√		√	√	√		√				5	83%
Daybrook Practice							√						1	17%
Giltbrook Practice			√										1	17%
Highcroft Practice	√		√		√	√	√		√				6	100%
Ivy Practice / Ass Chair	√		√			√	√		√				5	83%
Jubilee Practice							√						1	17%
Newthorpe Practice			√			√			√				3	50%
Oakenhall Practice			√		√	√	√		√				5	83%
Om Practice			√		√	√	√		√				5	83%
Park House Practice			√		√	√	√		√				5	83%
Peacock Practice														0%
Plains View Practice	√		√		√	√	√						5	83%
Stenhouse Practice	√				√	√	√		√				5	83%
Torkard Hill Practice	√		√		√		√		√				5	83%
Trentside Practice			√		√	√			√				4	67%
Unity Practice					√				√				2	33%
West Oak Practice						√	√						2	33%
Westdale Lane Practice	√				√	√	√		√				5	83%
Whyburn Practice	√		√		√	√	√		√				6	100%
<u>Other members</u>														
Chief Finance Officer / Deputy	√		√		√	√	√		√				6	100%
Contract & Information Manager	√		√		√		√		√				5	83%
Deputy Chief Officer	√		√		√	√			√				5	83%
Patient & Public Representative	√		√		√	√	√		√				6	100%
Practice Manager	√		√		√	√							4	67%
Practice Nurse														0%
Public Health Representative			√										1	17%
Secondary Care Consultant	√				√	√							3	50%
Administrator (Minute-Taker)	√		√		√	√	√		√				6	100%
Total Attended	14		19		19	19	18		18					
<p>√ = Attendance Blank = Apologies / Non Attendance / No Meeting</p> <p>Members List is in accordance with the Terms of Reference.</p>														