

## Nottingham North and East Clinical Commissioning Group

<b>Meeting Title</b>	NHS Nottingham North and East CCG Governing Body		<b>Date:</b> 20 September 2017				
<b>Paper Title</b>	Clinical Cabinet		<b>Agenda Item:</b> NNE/GB/135				
<b>Lead Director Report Author</b>	Sharon Pickett, Deputy Chief Officer Emma Pearson, Governance Manager						
<b>Purpose</b> (tick one only)							
Approval	<input type="checkbox"/>	Acknowledge/ Note	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	For Information	<input type="checkbox"/>
<b>Executive Summary</b>							
<b>Executive Summary</b>	<p>The Clinical Cabinet met on the 19<sup>th</sup> July 2017</p> <p>Agenda items and discussion included the following:</p> <p>Finance Update</p> <p>Ian Livsey provided a financial update and comprehensive overview of financial turnaround. Ian confirmed that clinical variation was being analysed in Primary and Secondary Care. Discussions took place in relation to follow up appointments in secondary care and the need for both a criteria for discharging patients and patients that require a follow up appointment.</p> <p>Atrial Fibrillation Quality Improvement Proposal</p> <p>Dr Panesar highlighted the benefits of the improvement proposal and explained that the pulses checks would be taken opportunistically using Alice Cor devices. Practices were asked to identify an AF champion. The Clinical Cabinet approved the Atrial Fibrillation Quality Improvement Proposal.</p> <p>Healthy Families Programme</p> <p>An update was provided The Healthy Families Programme by Stewart Newman and it was acknowledged that the implementation had been challenging. Stewart confirmed that the funding available for the service was set to reduce over a number of years with an expectation that the same service and quality was provided</p> <p>On Going Compression Bandaging</p> <p>Stewart explained that there was no contractual requirement for GP practices to provide compression bandaging however some GP practices were providing the service and as a result there was inconsistent provision across the CCG. Stewart proposed that there was an opportunity to reduce workload for practices if the waiting times for the leg ulcer clinics were reduced by consistently providing compression bandaging across the CCG. A discussion took place around the impact of providing the service and the possibility of the development of a QIPP scheme</p>						
If paper is for approval, have the following impact assessments been completed?							

Quality Impact Assessment	Yes <input type="checkbox"/>	Equality Impact Assessment	Yes <input type="checkbox"/>	Privacy Impact Assessment	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>
	N/A <input checked="" type="checkbox"/>		N/A <input checked="" type="checkbox"/>		N/A <input checked="" type="checkbox"/>
<b>Implications:</b> <i>(please tick where relevant)</i>					
Integration	<input checked="" type="checkbox"/>	Patient Choice	<input type="checkbox"/>		
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>		
Constitution	<input checked="" type="checkbox"/>	Quality of Services	<input type="checkbox"/>		
Governance	<input checked="" type="checkbox"/>	QIPP	<input checked="" type="checkbox"/>		
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>		
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
<b>Finance checked by:</b>					
<b>N/A</b>					
<b>Appendices</b>	N/A				
<b>Report History</b>					
<b>Recommendation</b>	<p>The Governing Body is asked to:</p> <p>ACKNOWLEDGE the agenda items and consideration given in the Clinical Cabinet.</p>				