

Nottingham North and East Clinical Commissioning Group

Clinical Cabinet Minutes Nottingham North & East Clinical Commissioning Group Clinical Cabinet Meeting Held 16th May 2018 1:30 – 3.30pm Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU

Present

Dr James Hopkinson (JH)	Clinical Chair and Calverton Practice Representative (Chair)
Jonathan Bemrose (JB)	Chief Finance Officer
Jeff Burgoyne (JBU)	Patient and Public Representative
Ian Campbell (IC)	GP Representative, Park House Medical Centre
Dr Smita Jobling (SJ)	GP Representative, Highcroft Surgery
Dr Prakash Kachhala (PK)	GP Representative, Torkard Hill Medical Centre
Dr Azim Khan	GP Representative Unity Surgery
Dr Caitriona Kennedy	GP Representative, Trentside Medical Practice
Dr Elaine Maddock (EM)	GP Representative, Stenhouse Medical Centre
Dr Akila Malik	GP Representative Westdale Lane Surgery
Dr Suman Mohindra (SM)	GP Representative, Om Surgery
Mandy Moth	Practice Manager
Dr Amelia Ndirika (AN)	GP Representative, Whyburn Medical Practice
Sharon Pickett (SP)	Deputy Chief Officer
Dr Chic Pillai (CP)	GP Representative, Plains View Surgery
Dr Ben Teasdale (BT)	Secondary Care Consultant
Sam Walters	Accountable Chief Officer
Sarah Webster (SW)	GP Representative, Oakenhall Medical Centre

In Attendance

Fiona Callaghan (FC)	Director of PMO
Louisa Hall (LH)	Corporate Administration Officer (<i>minute taker</i>)
Sergio Pappalettera (SPa)	Contract and Information Manager
Candice Lau (CL)	Senior Service Improvement Manager

Apologies

Dr Paramjit Panesar (PP)	Assistant Clinical Chair and Ivy Medical Practice Representative
Dr Jonathan Gribbin (JG)	Consultant in Public Health, Nottinghamshire County Council
GP Representative	Apple Tree Practice
GP Representative	Daybrook Medical Practice
GP Representative	West Oak Surgery
GP Representative	Newthorpe Medical Centre
GP Representative	Jubilee Practice
GP Representative	Peacock Medical Practice
GP Representative	Giltbrook Surgery
Practice Nurse	
Kathryn Sanderson	Patient and Public Representative

		Actions

CC 18/024	<p>Welcome and Apologies</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 18/025	<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 18/026	<p>Minutes of the meeting held on 21st March 2018</p> <p>The minutes of the meeting held on the 21st March 2018 were approved as accurate with 1 amendment to agenda item 18/020. Some members of the cabinet felt that this needed a stronger emphasis around the discussion on achieving targets and that significant challenge with associated areas of deprivation playing a major role in this.</p> <p>A further discussion took place acknowledging that the quality indicators have been developed so that deliverable achievable was not at 100%. It was reiterated that these have been clinically developed and hopefully next year, the CCG will have information from this year to develop the specification even further. Sharon Pickett (SP) informed the members that Ian Trimble wants to start the working group for next year soon so would require a representative from NNE.</p>	
CC 18/027	<p>Matters arising and actions from the meeting held on 21st March 2018</p> <p>The Chair confirmed that there were no formal matters arising or actions from the meeting held in May.</p>	
CC 18/028	<p>Accountable Officer and Chair's Report March 2018</p> <p>The Chair highlighted the following points in the Accountable Officer report:</p>	

	<ul style="list-style-type: none"> • Shortage of head and neck surgeons nationally. Nottinghamshire now has only 1. Current drives in recruitment as locums have now been stopped. Wait is currently an average of 35 days with benign lesions wait being a year so not to advise patients of the normal 2 week wait. • Giltbrook Surgery will be moving to Nottingham West CCG. • The new structure is almost complete with the confirmed locality director as Sharon Pickett for NNE and portfolio for Population Health. This will support federation work and local care organisation with additional corporate responsibilities. Population Health will be around frailty, care homes, MDTs, CDG development. All focussed around process of General practices and develop local services. • GP 10 minute call back: request is that if a paramedic feels they don't need urgent care, the conveyance is for a GP to call back. JH highlighted that Rushcliffe had a vanguard for this and reduced the conveyance by 47% for the ambulance service. Difference between admissions and reduction on cost curve. Email has been sent out to practice managers and also given out to the practices. <p>JH presented GPEDS on eHealthscope to the cabinet. It was explained that community wide KPIs are accessible where you can see targets and current progress alongside the last 12 months. The cabinet were shown how to navigate to show core standards and quality so this can be monitored and for GPs to monitor their own performance. GPs have been involved in the development with the use of QUOFF data in this. SP reiterated that members need to express any interest for enhanced services spec by end of May if have not done so already. It was confirmed that the original spec confirms payments should be made and Stewart Newman (SN) will email out the common approach to payments. Out of 19 practices, 15 have already signed up to GPEDS.</p>	SN
CC 18/029	<p>Finance Update</p> <p>Jonathan Bemrose (JB) provided an update on the financial position and highlighted the following points.</p> <p>a) Finance Report</p> <p>JB highlighted that, with some flex from the other Greater Nottingham CCGs, this will enable us to achieve. KPMG auditing accounts currently. The final version will go to the next audit committee and currently there are no changes to draft accounts. 2018/19 plan has not received data from the providers yet so awaiting that for financial reporting. A query was raised on how much was saved on referrals and prescribing JB to explore and feedback. SW added that utilisation rates are better compared to others and SARS also in main 100 too.</p>	JB

£7m of that at risk as government has requested that the CCG must increase our expectation.

b) Financial recovery plan

Fiona Callaghan (FC) presented the Financial Recovery plan to the cabinet:

Approach for 18/19 submitted to NHSE of £52.5 million QIPP. FC explained that the QIPP is a higher % than previous. 18/19 plan consists of 74 schemes ranging from small to large values with a lot of schemes in the pipeline.

Overview for April has seen £50.1 million identified. Some have required risk assessments to assure confidence in £43 million of that. Some have slightly deteriorated so there is a need to find more schemes. FC presented the types of schemes and where they sit with the workflows.

Comms and engagement plan: FC informed the cabinet that there is a hope to have more detail over next few weeks with consultations being worked on with a comms plans about to be launched.

Jeff Burgoyne (JBU) queried if are all schemes going to be fair with no postcode lottery. FC added that the intention is to be consistent in approach over the Greater Nottingham patch and with neighbours. JB commented on the positive impact that should be shown in NNE.

JBU also queried the impact of the cost pressures and resources and if the 18 week/2 week wait for cancer referrals are going to be affected. FC confirmed this won't be the case for urgent referrals.

Elaine Maddock (EM) raised the policy for self-care and minor ailments and if prescribing is yet have an agreed policy. FC informed the group that this still remains on FRG because City CCG does not have this in place yet. EM requested to have the policy to use for patients. FC to follow up.

It was also queried of plans could be confirmed engagement re leaflets etc. FC to confirm. A discussion was held around getting this information locally.

c) Activity report

Sergio Pappalettera (SPa) presented the Activity Report and highlighted the following points:

- GP referrals from previous referrals dropped by 8% GP to outpatient first.
- Variation between practices. Drop in GPs referrals has had an impact on day cases as these were stable through the year; prior to this they increased 10%.
- Elective have dropped and orthopaedics. A query was raised if elective was stopped, will this have a knock on effect. SPa suggested that it may have a rebound affect but the drop was seen earlier in the year so not the primary cause.
- Emergency activity at high level compared to previous. This

FC

	<p>peaked between Dec-Mar with winter pressures. Largest preparation of overspend.</p> <ul style="list-style-type: none"> • A & E was stable, patient shift to younger patient groups and not older. • Fast track data: emergency admissions are continuing, increase in day cases. Pressures are continuing. • Outpatient follow ups: lower than last year but work needs to be continued. ED doctors have helped this improve but some patients will need more attention. SW confirmed that this is a cost charge and this is trying to be negotiated as a reduced charges and not a full admission. NEMS working hard to make A and E flat and are absorbing some of this workflow so this to be recognised. <p>The Cabinet acknowledged the reports.</p>	
CC 18/030	<p>Federation working</p> <p>Ian Campbell (IC) gave an updated position for federation working: Federation meeting is organised and there is steady progression. It has been requested to tender to provide extended hours from October 2018 with work requested to start in September. IC highlighted that this is unreasonable for GPs to deliver by then. This has come from NHSE and not the CCG. Negotiations are taking place but nobody has formally signed up yet so this is needed to be able to do this. The CCG is unable to confirm the funding total and also due to loss of morning hours, how this loss of income will be mitigated. IC presented a paper which demonstrated an example of the requirements of Torkard for extended access. IC added that he would provide for every practice at next meeting. It was highlighted that practices could opt out Sundays and Bank Holidays if this could be sub-contracted out. NEMS cannot support this. City alliance can but they currently have issues with staffing etc. It was added that if 1/3 opted out, the rest of the patch would have to take this on so that the hours were covered as this is a contractual obligation. Negotiations for the practices for Saturdays needs to across the balance. At the federation meetings, there has to be secure commitment for this and each practice will have received a breakdown and list of criteria. 18 months funding will be provided. JH added that a project has been carried out to review key items, resilience, workload and income and how to manage these effectively. It was added that there is a possibility to apply for funding to help us deliver this with extra funding Nottinghamshire wide. Mandy Moth (MM) suggested a consultant that has been used before in other scenarios.</p> <p>A discussion took place around hubs for accessibility for patients. MM added that this is better for practices but through a</p>	IL

	<p>piece of work, it was discovered that there are not many hub federations in existence. Extended hours funding: patient preference is not taken into this. Engagement was done with patients.</p> <p>A discussion was held around collaboration between federations in the future to develop across Notts and collectively represent the voice of the wider provision of services.</p>	
CC 18/031	<p>Reports</p> <p>JH invited Clinical Cabinet members to query the information in the following report, no queried were raised.</p> <ul style="list-style-type: none"> a) NNE Performance Report April 2018 b) A&E Delivery Board minutes 06 March 2018 c) Nottinghamshire Health and Wellbeing Board Summary March 2018 <p>The Clinical Cabinet acknowledged the reports.</p>	
CC 18/032	<p>Risks identified during the course of the meeting</p> <p>No risks were identified.</p>	
CC 18/033	<p>Any Other Business</p> <p>Candice Lau (CL) verbally presented an agenda item for comment /approval regarding the Care coordinators. CL suggested that some GPs may have met them for Locality 2 and 3 and that the role of the Care coordinators is to look at eHealthscope to identify patients and care gaps, and to liaise with Local partnerships and GPs to look at best interventions. CL asked the Cabinet for approval to allow the Care Coordinators access to SystemOne so they can use effectively.</p> <p>Concerns were raised over not being a full role and only for a year and that some GPs never come into contact with them so highlighted an issues with information governance over data. CL advised the cabinet that this would be for more patient history etc. and using tools and workflow to find patients who may have gaps in care. The Cabinet agreed that it would be more suitable for Practices to be involved in a pilot and review this as a function. Stenhouse and Giltbrook volunteered as practices for the pilot.</p> <p>Chic Pillai (CP) queried what has happened with the Parkinson's disease nurse. Funded by Parkinson UK and as the CCG didn't commit to funding, this was not approved. Sharon Pickett (SP) to follow up. Referrals will be sent to neurologists.</p> <p>A query was raised around nursing support for the care homes. Stopped doing triage. Home care team (community matrons) and caring nurses doing all meds management and education.</p>	SP

	<p>Date, Time and Venue of Next Meeting</p> <p>20th June 2018, 1.30pm-4.30pm Chappell Room, Civic Centre, Arnot Hill Park, Nottingham, NG5 6LU</p> <p>SIGNED: (Chair)</p> <p>DATE:</p>	

Ratified