

NHS Southend CCG Clinical Executive Committee

Thursday 9th October 2014 at 1300h until 1445h

Southwold, Suffolk House, Southend

MINUTES

Attendees (in alphabetical order):

Dr Adenike Popoola	Clinical Lead for Unplanned Care
Amanda Evans	Interim Director of Planned Care
Dr Bilquis Agha	GP Governing Body Member
Dr Brian Houston	GP Governing Body Member and Joint Clinical Lead for Planned Care
Caroline McCarron	Senior Commissioning Manager
Dawn Scrafield	NHS England Area Team
Dr Fahim Khan	GP Governing Body Member and Joint Clinical Lead for Planned Care
James Peskett	Interim Director of Commissioning
Jason Skinner	Interim Chief Finance Officer
Dr Jose Garcia	Joint Clinical Lead for Prescribing and Clinical Lead for Mental Health
Dr Kate Barusya	Clinical Lead for Children and Maternity
Dr Kelvin Ng	GP Governing Body Member and Clinical Lead for Prescribing
Dr Krishna Chaturvedi	GP Governing Body Member
Linda Dowse	Chief Nurse
Melanie Craig	Chief Operating Officer
Dr Paul Husselbee (Chair)	Clinical Chief Officer
Dr Peter Long	GP Governing Body Member & Clinical Lead for Primary Care & Engagement
Robert Shaw	Programme Director of Operations.
Sadie Parker	Head of Primary Care and Engagement
Shari Payne	Head of PMO / QIPP
Simon Williams	Head of Medicine Management

In Attendance:

Sam Shepherd	Executive Assistant and Minute Taker
--------------	--------------------------------------

1. WELCOME AND APOLOGIES

1.1. PH welcomed everyone to the meeting especially Dawn Scrafield from the NHS England Area Team as well as Amanda Evans (Interim Programme Director of Planned Care) and James Peskett (Director of Commissioning).

1.2. Apologies (in alphabetical order) were received from Dr Taz Syed (Clinical Lead for Quality and CHC)

2. MINUTES OF THE MEETING HELD ON 11th SEPTEMBER 2014.

2.1. The minutes of the Clinical Executive Committee held on 11th September 2014 were reviewed for accuracy and agreed the content.

3. MATTERS ARISING

3.1. No matters arising.

4. DECLARATIONS OF INTEREST

4.1. No declarations of interest were made.

5. CLINICAL EXECUTIVE COMMITTEE UPDATES

5.1. Clinical Lead Workstream Update

5.1.1. PH introduced the item, inviting each clinical lead to provide a summary update.

Children's, Maternity and Young People – Dr Kate Barusya

5.1.2. KB advised that the focus is currently on ASD and progress is being made. Some of the 80 children have been booked to have appointments. Discussions are being held for long term solutions with SUHFT. A focus is still on for the over 12's to be prioritised.

5.1.3. KB reported on the Big Lottery Bid whereby a workshop was held to discuss the forecast of what is to be achieved and lots of work is being detailed around the topic. KB confirmed she will be attending a meeting on Monday to discuss 1:1 Midwifery Care which is to be taken to SBC to provide women with this benefit using the achieved funding.

5.1.4. KB confirmed that the SCCG Children's Commissioning Manager role is still to be appointed.

Prescribing – Dr Kelvin Ng

5.1.5. KN confirmed good news in QIPP targets within Prescribing in most area on target or ahead of target. Based on July 2014 (£100k ahead of target). Bad news anticipated deficit of £500k due to way the budget was set.

5.1.6. Practice visits – SW and team have been going to practices to continue supporting them which is going well.

Mental Health and Prescribing – Dr Jose Garcia

5.1.7. JG reported he is working with SEPT after what was discussed with regards to IAPT Model Option. SEPT are reaching the target for Southend currently with a common theme being the waiting time.

5.1.8. JG confirmed that with regards to Dementia it is being looked at to improve the diagnosis and its validation.

5.1.9. JG suggested that a practice visit from a Governing Body member would be a good and beneficial idea.

Planned Care – Dr Brian Houston

- 5.1.10. BH advised that the development of MSK project will be starting at the beginning of November 2014.
- 5.1.11. BH advised that with regards to the heart failure bundle, there are currently 40 patients on it at present and therefore Southend CCG need to get involved to resolve.

Unplanned Care – Dr Adenike Popoola

- 5.1.12. AP advised that the results of the Resilience Plan with the majority funding went into Community Services and Primary Care.
- 5.1.13. AP reported on Planned Admission and advised practices struggled with the deadline which was the end September 2014. Lots of practices did not want to do it due to the workload. This was a national decision and not a SCCG decision. Practice Level MDT seems to be an issue due to it not being done as often as necessary.

Primary Care and Engagement – Dr Peter Long

- 5.1.14. PL advised that the Care Home Joint Forum has been held; PL will be attending the next one and will provide the forum with information of Southend CCG and the CCGs vision. Care Home Forum register GP practice within Westcliff is an ongoing problem to remove the outpatient schemes and therefore timescales are going to be discussed further.
- 5.1.15. With regards to the GP Link Visit, PL expressed the more feedback the CCG get, more delivery can be processed.
- 5.1.16. PL confirmed that the Section 251 process has been deferred by the Confidential Advisory Group yesterday; felt the letter going to GPs did not have enough detail in to send to GPs. The rewrite of the letter will be revisited.

Action: SS to add Section 251 Process on the November 2014 Clinical Executive Committee agenda.

Peer Review – Dr Fahim Khan

- 5.1.17. FK advised good access in practices joining the peer review. GPs are getting engaged. Ensure changes are made. Practice Visits feedback was good.

Continuing Health Care – Dr Taz Syed

- 5.1.18. No update due to Dr Taz Syed sending his apologies to the Clinical Executive Committee.

5.2. Performance Update

- 5.2.1. RS informed the Clinical Executive Committee with an update of the performance issues to date.
- 5.2.2. RS reported on RTT and advised that the CCG have been working closely with the Trust to update the RTT position in line with recent direction, although this direction is not clear. The CCG understand the essence of what's required. The revised (submission to Unify) together with update on progress of additional activity previously agreed in July 2014 will be submitted by the deadline of Friday 3rd October 2014.
- 5.2.3. RS reported on Admitted Pathway and advised again the backlog has continued to decline in line with plan and is now 260 (308 previous week). The Trust remains challenged in Oral Surgery and are in consultation with the Area Team as this is a specialty commissioned service. The CCG remain on target for the week to continue to deliver the back log in line with plan and place the Trust in a position to be aggregate compliant from the end of September in line with previously agreed plan in July 2014.
- 5.2.4. RS reported on Non admitted pathway and advised during the week the Trust has continued to focus upon back log with this now reduced to 456 on a list size of c11,700. The challenge here continues to be the size of the Out Patient waiting list, which is predominantly driven by high levels of referrals. In particular in the following specialties; Ophthalmology c1,900; ENT c1,200; Orthopaedics c1,300; General Surgery c780. The four specialties account for over half the total outpatient waiting list. The CCG are planning to increase the number of outpatient clinics during October 2014 and November 2014 by an additional 575 patients (159 Medial, 416 Surgical) to create more headroom in the Non admitted pathway and reduce the risk to the admitted pathway. At the current levels of Decision to Admit (DTA) on the surgical elements of these spells the impact to the admitted pathway is estimated at 200 patients.
- 5.2.5. The QIPP schemes for Service Restriction Policy and greater control of referrals through the hub will need to support the reduction in flow of elective referrals in order to maintain the RTT position. There is more work that will be required in Ophthalmology as we currently have optometrist's referring direct to the Trust without going through any screening process. The CCGs will work on the detail of this together with plan to reduce the Admitted pathway levels for Ophthalmology.
- 5.2.6. RS reported on Incomplete Pathway and advised the CCG continue to make good progress in the pathways and remain on target to achieve the 16 week position.
- 5.2.7. The CCG will not achieve the RTT standard for Q2, however it was agreed through NHS England that all Trust can drop performance and therefore it's expected that this would not achieve the standard in Q2. This pausing of the standard has now been extended for all Trusts to the end of November.
- 5.2.8. RS reported on Cancer and advised it continues to achieve all standards for the week, with the exception of 62 day. Subject to validation and allocation of treatments the CCG remain on target to achieve all the Cancer standards with the exception of 62 day target.

- 5.2.9. RS reported on Emergency Care and advised the Trust had a challenged week and just missed the achieved the 95% standard achieving 93.86%. The Trust continued to struggle for the early part of this week. This is due to flow through the Medical Assessment units and specialty wards. Although the attendances were average they admitted more than usual but only managed to discharge at their current rate therefore creating flow problems. As noted before the high levels of admission have been a challenge and will continue to be a challenge going forward into winter. The CCG have provided support through the resilience funding to increase the capacity for both more discharges and allowing discharges to come earlier. The Trust has achieved the 95% standard for A&E for Q2.
- 5.2.10. RS reported the Better Care Fund (BCF) and advised the BCF was submitted have been through the assessor review for phase one. The review was very positive and the plan was well received and rated Medium High quality. The CCG have received our response called "schedule D" and have responded as required. The CCG now wait to hear final feedback and next steps.
- 5.2.11. RS reported on the Operational Resilience Plan and advised the plan has been assured and we now move into implementation. The Area Team have provided us with a national template which the CCG will use to track progress of the plan. The plan has received challenge from the Trust over the level of funding they received. The CCG are in discussion with them however the CCG remain clear that the underlying strategy is to provide greater support around the Trust through re-ablement, intermediate care beds and social care support. This is where most of the funding has been allocated and reflects where the highest risks to delivery are.

5.3. QIPP Update

- 5.3.1. ShP advised that the purpose of the position statement on the Southend CCG QIPP schemes based upon the QIPP Tracker templates.
- 5.3.2. Overall using the QIPP templates provided at midday 1st October 2014 QIPP is showing delivery of £2231 to end of August 2014. The position will not change until the financials are updated when the ledger closes on 9th October 2014. Financial will be updated week commencing 13th October 2014.
- 5.3.3. ShP advised that financial tracker showing the Southend CCG original planned QIPP Target including in 2014/15 plans of £9,512k and the minimum QIPP the CCGS needs to deliver (£6,315k) to meet our financial forecast for this year. Currently the reduction is being managed by the use of contingency funds which is now largely depleted.
- 5.3.4. Progress is generally positive against milestones with green rated schemes delivering a contribution of £5,284k
- 5.3.5. Good progress has been made with regards to the performance management with central return spreadsheets to ensure consistency of information and information flows to allow real time assessment of how the schemes are performing.

- 5.3.6. ShP informed the Clinical Executive Committee the good process has also been made in finalising the metrics for Planned and Unplanned Care with metrics including financial measures. Further meetings have been arranged for population of trackers. All other areas will be explored in October to ensure metrics for finance and activity is present for all schemes for ease of tracking.
- 5.3.7. ShP reported on Planned Care. The Joint Improvement Plan needs to be finalised with Castle Point and Rochford CCG which is due by the end of October 2014. The Service Restriction Policy have had positive meetings taken place and agreed metric for performance management. This will take the form of GP referral data aligned to service specialties to track reduction in referrals and consequent reduction in costs. ShP advised New to Follow Ups that the data currently with lead and exploring information to identify what is needed to populate the metric.
- 5.3.8. ShP reported on Unplanned Care, it was agreed that a new metric for unplanned care will be based on non-elective spells reduction and A&E attendance reduction.
- 5.3.9. ShP reported on Medicines Management in which there is a good progress on milestones and the metrics are currently being populated.
- 5.3.10. ShP advised that there was no update on Mental Health and Learning Disabilities however it was confirmed that interim arrangements are in place to ensure schemes are on track.
- 5.3.11. ShP confirmed that there is a good progress on milestones and metrics are being reviewed to ensure performance can be tracked regarding Continuing Healthcare.
- 5.3.12. ShP expressed the schemes will now form the basis for the monthly QIPP returns and on-going monitoring. These have been categorised into Transactional and Transformational services, but needs confirmation by leads. ShP will confirm all details relating to the returns as he meets the leads.
- 5.3.13. DS suggested a connection of delivery may be a good idea to take the figures to the practices and the clinical Lead to advise the practice on how to change certain appointed issues.

6. ST LUKES WALK IN CENTRE PROCUREMENT UPDATE

- 6.1. MC advised that the St Luke's Walk In Centre Procurement is to put onto the agenda for the Clinical Executive Committee for November 2014.

7. PRIMARY CARE TRANSFORMATION FUND

- 7.1. PL advised the Clinical Executive members considered a paper at the Clinical Executive Committee in September 2014 whereby members asked for a draft bid form to be prepared for today's meeting. The national guidance for 2014/15 included the £5 per head primary care transformation funding, however it should be noted that it is a discretionary sum for CCGs to allocate.

- 7.2. PL presented the example of what a bid form could look like which was based on the form provided by the NHS Engalnd Area Team to consider transformational bids against the PMS to GMS fund.
- 7.3. PL confirmed that the Clinical Executive members are invited to consider the form and process and advised on how to proceed. PH expressed that any schemes approved should be supporting the QIPP schemes.
- 7.4. All members recommended and confirm to the Quality, Finance and Performance Committee that it is the right form and to go ahead as required.

8. SAVS GP HEALTHLINE

- 8.1. Due to time constraints the paper will be brought to the next Clinical Executive Committee on 13th November 2014.

9. SERVICE RESTRICTION POLICY

- 9.1. Due to time constraints the paper can be emailed to Clinical Executive Committee members for noting.

10. GP FORUM MEMBER AGENDA

- 10.1. Due to time constraints, all comments regarding the GP Member Forum agenda are to be sent to SP.

11. ANY OTHER BUSINESS

- 11.1. No other issues were raised.

End -

Date of next meeting: 13th November 2014, 13.00 until 16.00, Aldeburgh / Minsmere Room, Suffolk House