CLINICAL COUNCIL

Unratified Minutes of the Meeting held on
Wednesday 20 June 2018, 8.30am-10:30am, Boardroom, Standard Court

Present:
Dr Alastair McLachlan Corporate Medical Lead (Chair)
Dr Margaret Abbott GP, Robin Hood Cluster Lead
Dr Manik Arora GP Lead, Rivergreen Medical Centre (085/18)
Mindy Bassi Head of Medicines Management
Robana Hussain-Mills Practice Nurse Lead (084/18)
Dr Safiy Karim GP Lead, (Locum)
Dr Om Sharma GP Lead, Greenfields Medical Centre
Dr Arun Tangri GP, City Central Cluster Lead

In Attendance:
Nina March Governance Officer (minute taker)
Kirsten Owen Programme Manager (Interim) - Planned Care, Nottingham West CCG (CC 085/18)
Naomi Robinson Commissioning Manager - Primary Care Development, (CC 085/18)

Apologies:
Dr Shade Agboola Consultant in Public Health
Dr Marcus Bicknell GP, Norcomm Cluster Lead
Dr Sonali Kinra GP Lead, Hucknall Road Medical Centre
Dr Hugh Porter GP, Unicom Cluster Lead and CCG Clinical Lead

Cumulative Record of Members Attendance (2018/19)

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ITEM ACTION

Introductory Items

CC 077/18 Welcome and Apologies
Alastair McLachlan welcomed everyone to the meeting.

Apologies for absence were received from Shade Agboola, Marcus Bicknell, Sonali
ITEM

Kinra and Hugh Porter.

ACTION

CC 078/18 Committee Etiquette
Alastair drew members’ attention to the Committee Etiquette.

CC 079/18 Declarations of Interest for any item on the agenda
Manik Arora confirmed his Conflict Of Interest (COI) as Champion of GPTeamNet with regard to the agenda item “GPTeamNet Project”, Arun Tangri also has a COI as a GP Practice involved with the project.

CC 080/18 Management of any real or perceived conflicts of interest
Alastair confirmed that as there is no decision making involved with the “GPTeamNet Project” Manik and Arun’s COI’s do not preclude them from discussions.

CC 081/18 Minutes of the meeting held on 20 June 2018
The Clinical Council confirmed the minutes of the meeting held on 20 June 2018 as an accurate record.

CC 082/18 Action Log and matters arising from the meeting held on 23 May 2018

Alastair highlighted the following points:

a) CC 029/18- Marcus has re-worded this action point to reflect the current update, he will also take responsibility for this action as Safiy Karim will no longer be the Mental Health Lead.

b) CC 009/18- There is no update on this action to date so this has been deferred to September 2018. This action will also be appointed to Marcus.

c) CC 073/17-Following discussion the decision was made to defer this to September 2018 and the action will continue to be monitored.

d) CC 047/18- Robana Hussain-Mills is presenting the revised copy of the “Standardising Practice Nurses Pay and Conditions’ at this meeting, but this action will remain on the action log until September 2018.

e) CC 048/18- This action is deferred to July 2018 as Margaret Abbott is still awaiting a reply.

f) CC 066/18 – This action will now be closed.

All completed actions can be removed from the log and updates surrounding the other actions will be provided in due course unless otherwise stated on the action log.

Items for Discussion

CC 083/18 Cancer Care In City Practices
Simon Castle was unable to attend the meeting, therefore, this item was not discussed.

CC 084/18 GP TeamNet Project
Manik Arora presented a paper on the GPTeamNet intranet for Nottingham City Practices, the paper highlights the potential benefits with integration of non-clinical information systems in primary care.

The following points were highlighted:

a) This paper is introducing GPTeamNet which is an interpractice intranet platform. The Nottingham City GP Alliance (NCGPA) plan to co-ordinate the implementation of GPTeamNet on behalf of all City practices. In turn, this will provide a common administrative and communications systems for use
across the City.

b) There are fifty-three GP Member Practices across the City and each member practice manages its own back office systems including, policies and procedures, CQC preparation and local and national clinical guidelines. Each member practice has its own solution for maintaining databases and monitoring its systems, via individual shared drives. This creates several risks and problems including:

- Inconsistency in ways of working and collaborating across practice boundaries
- Costly and inconsistent approach to CQC inspection and GP appraisal preparation.
- Inconsistent approach to compliance with HR, Health and Safety legislation, Policies and Information Governance.
- Potential instability for practices when key staff leaves.
- Lack of coordination of training needs and knowledge of course provision
- Key information becoming out of date with the potential risk to patient care.
- No common platform to facilitate progress towards the Five Year Forward View or other national policy initiatives.

c) To begin an implementation of the GPTeamNet a practice only module was tested in one practice. Feedback received from this practice was positive and they were in support of the collaborative intranet. However it was confirmed in February 2018 by Andy Evans, Programme Director for Connected Nottinghamshire that there were no current plans for a shared intranet for general practice.

d) The GPTeamNet offer a user friendly experience with the Clarity Appraisal Toolkit, this has already gained 12 practices as early adopters using the platform and these practices are listed within the paper. All practices involved have provided positive feedback about the use of the platform and Clarity as the service provider.

The following was raised as a result of discussion:

e) The Clinical Council noted positive feedback towards the GPTeamNet project and the role it will play in keeping policies, forms and other documentation up-to-date.

f) It was suggested that it would be useful to have the other Greater Nottingham CCGs (Rushcliffe, Nottingham North and East, Nottingham West) feedback on this programme.

The Clinical Council thanked Manik for presenting his paper and praised the work being carried out and is supportive of the project.

Kirsten Owen and Naomi Robinson entered the meeting room.

CC 085/18   CAS Expansion

Kirsten Owen and Naomi Robinson discussed the CAS Expansion Project.

The following points were highlighted:

a) The plan is for all non-acute referrals to be made via the Greater Nottingham Referral Support Service (GNRSS). Referrals will be administratively triaged and from there patients will be contacted and offered choice of provider and assisted to book appointments.

b) This will be implemented from the 30 July 2018, there will be a new service description on Electronic Staff Record (ESR) from this date and from August practices will be informed if they are using the wrong referral form. There
will be an agreed deadline date by which incorrect referral forms will be rejected back to the practice.
c) In terms of engagement this will be discussed at the next Care Delivery Group (CDG) meeting in July 2018, this will also be discussed with Practice Manager’s and any other relevant staff.

The following was raised as a result of discussion
d) Patients that have no telephone number or permanent address were highlighted as being at risk of being missed by the GNRSS at the initial contact stage. These patients will often record their GP Practice as their address or contact number in this situation and it was queried how this issue would be managed. Naomi Robinson confirmed that on the referral form there is a section to note down special adjustments.
e) Reminders for appointments will be sent to patients via letter from the GNRSS, however, it was queried whether there would be text message reminders for appointments. Kirsten confirmed that this is not within the scope currently but will be considered in the future.

The Clinical Council thanked Kirsten and Naomi for presenting their presentation and noted the plan in place for implementing the CAS Expansion service.

Kirsten Owen and Naomi Robinson left the meeting at this point.

**CC 086/18 Standardising Practice Nurses Pay and Conditions (Update )**

Robana presented a paper exploring standardising Practice Nurses pay and conditions.

The following points were highlighted:
a) This paper was first presented to the Clinical Council in April 2018 and following some suggestions put forward by members, this is a revised copy. Information is still required from CDGs which has not yet been received.
b) The guidance to pay section has been updated to include this year’s pay rise for agenda for change. All new information is now included in this section.

c) It was queried whether the recommended pay per hour stipulated within the paper should be the standard pay recommended by the CCG for all practices to pay a Practice Nurse. It was firmly stated that this paper is to be used as a guide, therefore, it is not a requirement for all practices.
d) Members of the committee suggested changes to the ‘Recommendations’ section by changing the wording to reflect that this paper is a guidance for GP’s on Practice Nurse pay not a requirement.

The Clinical Council thanked Robana for her paper and felt that it was a good piece of work. The recommendation is that Robana include the suggested changes.

**Member Practice Feedback**

**CC 087/18 Member Practices’ Updates and Feedback**

Due to the absence of Hugh Porter and Marcus Bicknell there were no updates for the Norcomm and Unicom clusters. Therefore, Alastair requested updates from Margaret Abbott and Arun Tangri.
Robin Hood  
- No key points were raised.

City Cluster  
- Concerns were raised with F12, it was confirmed that there is now more funding available for training.

CC 088/18 Provider Updates

Mental Health and Learning Disability – Dr Safiy Karim

- People that have been assessed as having moderate, severe or profound learning disabilities, or people with a mild learning disability who have other complex health needs and are aged 14 and over are entitled to a free Annual Health Check (AHC) by their GP Practice. The percentage of people with a Learning Disability who have received an annual health check has dropped since 2014/2015.
- A target set by NHS England is to increase the number of people with a learning disability attending an annual health check by 25% to 75% uptake by 2020. This information is also reflected in the CCG’s Operational Plan.

The Clinical Council noted the report.

CC 088.1/18

Community Services

There were no key points raised.

The Clinical Council noted the report.

CC 089/18 Finance Update

There were no items to highlight and no further points were raised in discussion.

CC 090/18 Public Health Update

There were no items to highlight and no further points were raised in discussion.

CC 091/18 Health and Wellbeing Board Update

There is a new vice-chair in place for the Health and Wellbeing Board. Further feedback will be provided at the next meeting.

Closing Items

CC 092/18 Educational Needs Identified in Primary Care

The Standardising Practice Nurses Pay and Conditions paper will be put forward to Greater Nottingham following advised changes.

CC 093/18 Any Other Business

Mindy Bassi raised the changes with the prescribing of Sodium Valproate following the recent MHRA safety alert.

The following points were highlighted:
   a) All women of child bearing age currently being prescribed Sodium Valproate require a referral to a Specialist to be reviewed.
   b) Processes for referrals are being discussed with Nottingham University
Hospitals (NUH) and Sherwood Forest Trust neurology departments. Referral to specialists in the Nottinghamshire HealthCare Trust (NHT) is also necessary for some of these patients, but for several reasons including lack of capacity and not meeting their referral threshold, NHT are currently struggling to help with this.

c) Medicines Management have raised this issue as a priority and it needs addressing as soon as possible across Nottingham City and County, particularly with regard to whether or not this should be dealt with as new activity or included in the block contract.

The following was raised as a result of discussion:

d) Medicines Management have identified that potentially 150-200 women requiring a referral to the Health Care Trust for their Sodium Valproate prescription to be reviewed. The split of City and County numbers within the figures were queried. This information was not provided to the Medicines Management Team.

e) The implications of the new and ongoing workload associated with annual reviews for women on Sodium Valproate were discussed. One of the requirements of the MHRA alert is that it is important for GPs to refer/review female patients on this drug and ensure they receive up to date information on a structured contraception plan. GPs also have to ensure that patients are aware of the risks of taking Sodium Valproate during pregnancy if patients are planning to conceive.

f) New guidance was released from Medicines and Health Regulatory Authority (MHRA) in relation to Sodium Valproate on women of childbearing age and this is applicable to the NHT too. Contractual arrangements with NHT would include ensuring that use of all medicines use is in line with legislation, MHRA alerts and National Institute for Health and Care Excellence (NICE) guidelines.

The Mental Health Commissioning Team has been alerted in order to support resolution of this issue, particularly the contractual implications. Mindy is already in touch with Matt Elswood (Chief Pharmacist HCT) regarding the prescribing issues and will escalate the contractual issues to Clare Fox and Dr. Safiy Karim.

g) It was suggested that updates be provided to GP Cluster Board meeting, Mindy will contact the four GP Cluster leads when the information is available.

Post meeting note: This item was discussed at the beginning of the meeting as Mindy had to leave early.

CC 094/18 Risks Identified to add to the Organisational Risk Register
No risks were identified.

CC 095/18 Key issues and recommendations to highlight to the Governing Body
There were no key issues to highlight to the Governing Body.

CC 096/18 Date of Next Meeting
Wednesday 11 July 2018, Board Room, Standard Court.