CLINICAL COUNCIL

Minutes of the Meeting held on
Wednesday 17 February 2016, 9.30am – 12.30pm
The Boardroom, Standard Court

Present:
Dr Alastair McLachlan Corporate Medical Lead (Chair)
Dr Margaret Abbott GP, Windmill Practice and Executive Lead
Dr Manik Arora GP, Rivergreen Medical Centre and Executive Lead
Dr Safiy Karim GP and Executive Lead
Dr Hugh Porter GP, Cripps Health Centre and CCG Clinical Lead
Dr Om Sharma GP, Greenfields Medical Centre and Executive Lead
Dr Arun Tangri GP, Riverlyn Medical Centre and Executive Lead
Dr Ian Trimble GP, Sherwood Health Centre and Executive Lead

Apologies:
Mindy Bassi Assistant Director of Medicines Management
Dr Marcus Bicknell GP, Beechdale Surgery and Executive Lead
Robana Hussain-Mills Practice Nurse and Executive Lead
Sally Seeley Director of Quality and Personalisation
Audrey Watkiss Practice Manager, Sherrington Park Medical Practice and Executive Lead

In Attendance:
Lynette Daws Assistant Director of Primary Care Development
Maria Principe Director of Contracting and Transformation
Vinay Shankar GP Fellow
Dawn Smith Chief Officer
Rachel Sokal Public Health Consultant, Nottingham City Council
Fiona Warren Commissioning Manager
Maureen Maureen Governance Officer (Minute Taker)
Welch-Dolinskyj

Cumulative Record of Members’ Attendance (2015/16)

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Welcome and Apologies

Dr Alastair McLachlan formally opened the meeting.

Apologies were received on behalf of Mindy Bassi, Marcus Bicknell, Robana Hussain-Mills, Sally Seeley and Audrey Watkiss.

Dr McLachlan reported that the remit of the Clinical Council is currently under review and noted the consequential change to the layout of this month’s agenda. He reiterated that the Council’s purpose is to provide clinical input, and that it is not a formal decision-making group within the CCG and cannot therefore take final decisions or have direct financial input.

Dawn Smith concurred, noting that nothing has substantially changed in that regard and that the Council is still influential in providing valuable clinical advice for feedback to the Primary Care Commissioning Panel and the Resource allocation and Prioritisation Panel as appropriate.

Declarations of Interest in relation to any Item on the Agenda

A standing declaration of interest was acknowledged in respect of GP members in their roles as providers.

A general declaration was made in respect of upcoming items CC/16/006 (Primary Care Offer), CC/16/007 (Service Improvement and Clinical Innovation Funds) and CC/16/009 (Educational Needs Identified in Primary Care).

No other declarations of interest were made over and above those indicated in the Register of Interests.

Members were reminded to notify Maureen Welch-Dolynskyj of any personal changes to the Register of Interests.

Agreement of how any real or perceived conflicts of interest are required to be managed

It was agreed that all members could participate in associated discussions pertaining to items CC/16/006, CC/16/007 and CC/16/009 as input and discussion would be from a clinical advisory perspective and that no direct decisions, or decisions relating to payment, would be taken.

Minutes of the Previous Meeting and Matters Arising

The minutes from the meeting held on 16 December were agreed as a true and accurate record subject to the following amendments:

CC/15/286: Implementation of QCancer in General Practice

Dr Margaret Abbott requested that an amendment be made to reflect her
comment that additional guidelines would be useful in terms of the frequency of chest x-rays in accordance with risk variance.

**CC/15/297: Items for Feedback to Cluster Boards**

Dr Abbott requested that an amendment be made to clarify that the QCancer tool is currently a work-in-progress and it is not therefore being recommended for use at the moment; an update is scheduled for six months’ hence.

**Matters Arising**

There were no other matters arising that would not be covered on the agenda.

*Lynette Daws and Fiona Warren joined the meeting at 9.45 am.*

**CC/16/005 Action Log**

All actions had been completed or were in progress as per the main Action Log.

**Quality Updates**

**CC/16/006 Primary Care Offer**

The Council welcomed Fiona Warren, who presented her paper which detailed the development of an enhanced service, known as the Primary Care Offer. She explained that the aim of the Offer is to improve the quality of primary care by reducing variation across all City practices and to introduce a minimum standard of care which patients could expect to receive.

Clinical Council members were asked to provide comments on the proposed standards outlined in Appendix A, provide comment on the proposed monitoring and reporting methodology and to provide support on the Offer.

Fiona provided an overview of the scheme and highlighted the following salient points:

- It is an opportunity for significant investment into primary care and is available to all practices.

- Substantial clinical and patient engagement has taken place via CCG clinical meetings and patient participation groups and it has also been shared with the Local Medical Committee. Once agreed, it will also be shared with cluster boards.

- Practices will be required to complete an initial assessment to provide assurance on the delivery of the Offer and will also be required to complete an annual declaration confirming compliance against the specification for the forthcoming year.
In the event that practices are unable to offer any service, they will be encouraged to work collaboratively with neighbouring practices in order to meet the required service provision.

Funding has been obtained from various sources, including the Primary Care Services budget and reinvestment of PMS Review monies, up to 2021.

The following enhanced services have been excluded from the Offer: shared care protocols; Warfarin anti-coagulation monitoring; homelessness; care homes; and asylum seekers.

Appendix A provides a list of categorised standards in terms of pathway delivery, quality and monitoring.

The Offer is intended to be a fixed model, although support will be offered to practices as required.

It is anticipated that the Offer will commence in September 2016, which allows for six months’ notice to be served on existing Any Qualified Provider contracts.

In relation to a query from Dr Safiy Karim, Dawn clarified that the upper price per patient of £90 was originally set by the Primary Care Trust, but that subsequent uplifts have been applied.

Dr Karim also queried how current Thursday afternoon practice closure arrangements fitted with the requirement for practices to open Monday – Friday, 8.00 am – 6.30 pm. Lynette Daws responded that collaborative flexible working arrangements could be forged with neighbouring practices in order that appointments would still be available for patients.

Dr Ian Trimble stated that engagement of all practices in the Offer was crucial to the sustainability of primary care services, but suggested that further consideration should be given to areas that may prove challenging in terms of compliance:

- Practice opening hours
- Availability of telephone systems from 8.00 am
- Availability of routine appointments within three working days
- Provision of a phlebotomy paediatric service
- Establishment of patient participation groups

In response to a query from Dr Trimble in relation to the range of services within scope, Lynette reported that services not within scope would be commissioned in the usual way.

Dr Manik Arora concurred with Dr Trimble’s additional comment that compliance with use of the standardised read code formulary would be challenging.

Dr Hugh Porter suggested that flexibility should be built in to allow for capacity to conduct ad hoc tasks such as audits and care navigation projects and concurred with Dr Karim’s comment that it may be difficult for
all practices to meet some of the highest stated rates of compliance.

Rachel Sokal suggested the inclusion of more explicit information on how primary care would input into prevention initiatives; she agreed to liaise with Fiona and Lynette to discuss further.

In response to a query from Dr Arun Tangri in relation to practices that offer extended hours through the national Direct Enhanced Service, Lynette stated that practices providing this can still participate as this would be in addition to the Offer.

Dawn acknowledged that there were challenges to be overcome during the implementation of the Offer, but noted that the longer-term effects would be beneficial in terms of patient care and primary care service provision. She added that further clarification of the rationale in terms of funding mechanisms and allocation would be added, but that clinical input was being sought at this time. She also concurred with suggestions that reference to Care Quality Commission requirements be omitted.

Dawn highlighted that the Offer is also yet to be presented at the Resource Allocation and Prioritisation Panel and the Primary Care Commissioning Panel in terms of discussion and agreement.

In response to a query about the possible duplication of the service relating to vulnerable patients, Lynette explained that upon clarification of the date of commencement of the Offer, the multi-disciplinary team meetings element of the vulnerable patients service would be removed as it will be included within the Offer.

In response to a query from Dr Om Sharma, Lynette stated that it was not yet clear how the Offer fitted in with the GP Alliance initiative, but noted that it was a factor under consideration.

Lynette acknowledged the practicalities of facilitating access to female and male GPs in terms of specialties.

Lynette reported that work is ongoing in relation to sanctions in terms of non-compliance in delivery of services. She noted that there may be exceptional circumstances when a service cannot be delivered and these, as with other providers of commissioned services, will be assessed individually, which will be made clear in the final Offer.

In response to Lynette’s stated plans to present the Offer to cluster boards during April, Dr Margaret Abbott suggested that it would be useful to have some practical examples to demonstrate the feasibility of the scheme.

Dr McLachlan reiterated that the Offer is in relation to the provision of measurable core services in compliance with NICE guidelines, and noted that incentive schemes outside of the Offer can be facilitated via the Primary Care Performance and Quality Steering Group.

Lynette highlighted that the Offer is still at a confidential stage and that finalisation is subject to the CCG’s assurance process.
In conclusion, Dr McLachlan thanked Lynette and Fiona for their hard work in formulating the scheme. He noted that members had taken a positive overview of it, but highlighted that there were some elements that required refinement or clarification.

It was agreed that any further comments be directed to Lynette or Fiona outside of the meeting.

Dr McLachlan thanked Lynette and Fiona for their presentation.

The Clinical Council ENDORSED the Primary Care Offer subject to modifications detailed above.

### CC/16/007 Service Improvement and Clinical Innovation Funds

Lynette Daws presented her paper which provided an overview of how service improvement and clinical innovation funds will be accessed and distributed in the future. She added that Clinical Council members were asked to provide clinical comment on the recommendation for a city-wide service improvement and a clinical innovation sub-group.

Lynette explained that the revised scheme had been formulated following a comprehensive review of the allocation of non-recurrent funding for cluster-specific initiatives, and subsequent equity of city-wide service provision. She added that the intention is to raise awareness of city-wide initiatives and to improve city-wide engagement in order to facilitate equitable patient access.

In response to a query from Dr McLachlan as to why it could not be done on a care delivery group basis, Lynette highlighted that, to ensure equity of patient access, initiatives should be city-wide. She noted, however, that if an initiative benefited from a phased roll-out, then this could be carried out on a care delivery group basis.

Lynette proposed that one city-wide sub-group be formed, to include representation from each cluster, which would increase the capacity to identify and prioritise business cases. She noted that associated templates would remain the same.

Dr Trimble suggested that the approvals process could be streamlined in terms of acquiring feedback and comments. It was therefore agreed that the sub-group would comprise membership from each cluster and that approved business cases would then be presented to the Clinical Council. Lynette agreed to remove the original element of presenting business cases back to cluster boards prior to presentation at the Clinical Council.

Dr Abbott suggested that the perceived formality and bureaucracy of a large sub-group may inhibit grass roots attendance and contributions.

Dr Hugh Porter suggested that a revised version of the paper is presented to the cluster boards, as planned, in April and that discussions are also held with the existing Norcomm and Robin Hood innovation sub-groups for any further feedback.
Dr McLachlan thanked Lynette for her presentation.

The Clinical Council **NOTED** this update and **ENDORSED** the recommendations subject to the modifications detailed above.

*Lynette Daws, Dawn Smith and Fiona Warren left the meeting at 11.00 am.*

**Primary Care Feedback**

**CC/16/008**  **GP Cluster Updates**

*Maria Principe joined the meeting at 11.15 am.*

Maria explained that the formal update document is still undergoing revision in light of feedback received.

Dr Tangri reported that the housebound service is scheduled to end in April 2016 and that an associated evaluation is due to be carried out shortly.

Dr Porter reported that work is taking place in relation to an update of the CCG App.

In response to a query from Dr Tangri in relation to any update around the Latent TB Infection initiative, Dr Porter clarified that this is a Public Health England initiative, who therefore determine the requirements and protocols. He noted, however, that Matt Schofield, Commissioning Manager, is in the process of clarifying concerns around sample collection frequency and incubation periods and the creation of a local pathway.

**CC/16/009**  **Educational Needs Identified in Primary Care**

Dr McLachlan highlighted an upcoming training event in relation to the Nottingham paediatric emergency pathway, which is scheduled as follows:

Thursday 14 April, 8.30 am – 4.30 pm  
DREEAM Clinical Skills and Academic Area, A Floor, Queen’s Medical Centre Campus

Members were asked to disseminate the information as widely as possible; the event will also be highlighted at the March round of cluster board meetings.

Dr Trimble highlighted a number of initiatives being carried out in secondary care and mooted how these could be promoted.

There was consensus that wide dissemination of information was key to the advancement of best practice, and discussion ensued on how best to publicise new pathway information.

It was agreed that the CCG’s communications team would be asked to
highlight new pathways in future editions of GP Connect and that promotion via cluster boards should be continued. It was also noted that new information could be imparted via the practice visit programme, which could also inform discussion on the usage or otherwise of specific pathways.

Maria encouraged colleagues to utilise the increasing availability of assistive technology to access information and to flag up any key initiatives to the appropriate commissioning manager.

Dr Arora reported that he is working with Lynette Daws in relation to the issues log with the aim of collating identified themes. It was agreed that this would be highlighted at the Primary Care Performance and Quality Steering Group in order to clarify responsibility for dealing with identified issues.

Dr Porter requested clarification on the impact on GPs of the recent guidelines issued by Nottingham University Hospitals Trust in relation to the assessment and management of croup; it was agreed that clarification would be sought from the Medicines Management Team.

**Provider Updates**

**Nottingham University Hospitals Trust**

The Council received the January Update Report - month 9, which was noted for information.

It was reported that there has been a significant increase in daycase activity and that it had been agreed at a meeting of the Clinical Contract Board that comparative reviews of other areas would be analysed. It was highlighted that a review currently being carried out in Leicester would be concluded in three months’ time.

Dr Porter noted that, in response to growing demand for a domiciliary haematology service, the Clinical Haematology Outreach Service, which is funded from charitable sources, is scheduled to commence in April 2016.

Dr Porter reported that the policy and processes in relation to patient DNA are under review.

Dr Trimble reported potential sustainability issues in relation to the number of diabetes specialist nurses (DSN), which had been discussed at the Clinical Contract Board. Dr Arora noted that this is not specific to Nottingham City CCG, which has relatively good DSN provision.

Dr Trimble noted potential issues with the podiatry service. Maria clarified that this service had gone out to procurement, with finance attached appropriate to identified activity, and that the contract had subsequently been awarded to County Health Partnerships.
The Council received the January Update Report - month 9, which was noted for information.

Dr Karim highlighted the following salient points:

- A review of waiting times is being undertaken in relation to the Early Intervention Psychosis service.

- Agreement has been reached to continue the Street Triage service as a recurrent service.

- Procurement processes are scheduled to be initiated in relation to a mental health advice and navigation hub and a community outreach service.

- A launch event in relation to the Primary Health, Wellbeing and Recovery College is scheduled for 1 March 2016; details will be circulated to practices.

- Access targets in relation to the Improving Access to Psychological Therapies service are being met.

**Treatment Centre**

The Council received the January Update Report - month 9, which was noted for information.

**Community Services**

The Committee received the January Update Report - month 9, which was noted for information.

**Public Health Update**

Rachel Sokal presented a paper which provided information on the current position in relation to e-cigarettes. She clarified that the guidance is intended to support GPs and other healthcare professionals when advising smokers on the use of e-cigarettes as part of either a quit attempt or a harm reduction approach. Rachel proposed that the information is circulated to colleagues as widely as possible.

In response to a query on the use of e-cigarettes during pregnancy, Rachel highlighted that the use of e-cigarettes is currently unregulated and that the long-term effects are as yet unknown. However, she agreed to add clarification about the use during pregnancy and evidence gathered to date.

Rachel noted that no e-cigarettes have officially come to market and that she will liaise with the CCG’s Medicines Management Team in terms of prescribing advice as necessary.

Rachel reported that her colleague, Lynne McNiven, is leaving, and thanks were expressed by Clinical Council members for all of Lynne’s work to date.
Rachel noted that Alison Challenger is still the interim Director of Public Health.

Dr McLachlan thanked Rachel for her update.

The Council NOTED this update.

**CC/16/012 Health and Wellbeing Update**

Dr Trimble reported on the Health and Wellbeing Board Strategy refresh. He noted that four priority outcomes for the new strategy have been identified as follows:

- People in Nottingham adopting and maintaining healthy lifestyles
- People in Nottingham having positive mental wellbeing and those with serious mental illness having good physical health
- A healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health
- Nottingham's environment to be sustainable in supporting and enabling its citizens to have good health and wellbeing

Dr Trimble noted that the next steps will be the nomination of Board sponsors for each outcome and nomination of lead officers for each priority area. He added that the revised version will be more outcome-focused, and that a final draft is scheduled for presentation at the June meeting of the Health and Wellbeing Board.

Rachel added that Board-level sponsors were being sought for each priority area and that contributions were welcome from the CCG in relation to each priority and associated actions plans.

The Clinical Council NOTED this update.

**Closing Items**

**CC/16/013 Any Other Business**

There was no other business.

**CC/16/014 Items for Escalation to the Governing Body**

It was agreed that the item to be drawn to the attention of the Governing Body is:

- Discussion held in relation to the changes to the Service Improvement and Clinical Innovation funds, which had been broadly agreed.

**CC/16/015 Items for Feedback to Cluster Boards**
It was agreed that the item to be drawn to the attention of Cluster Boards is:

- Discussion held in relation to the changes to the Service Improvement and Clinical Innovation funds, which had been broadly agreed, and would be presented to cluster boards during April.

Dr McLachlan closed the meeting at 12.30 pm.

**Date, Time and Venue of Next Meeting**

Wednesday 16 March 2016
9.30 am – 12.30 pm
Boardroom, Standard Court