

Governing Body

28 September 2016

Details	Part 1	X	Part 2		Agenda Item No.	17
Title of Paper:	Clinical Cabinet August and September Meeting					
Board Member:	Howard Hughes, Clinical Director					
Author:	Howard Hughes, Clinical Director					
Presenter:	Dr Cathy Fines, Clinical Director					
Please indicate:	For Decision		For Information	x	For Discussion	

Executive Summary

Summary	Summary of the August and September Clinical Cabinet Meetings.					
Risk	High		Medium		Low	
	Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.					
Recommendations	The Board is asked to: Note the summary report of the Clinical Cabinet August and September 2016 meetings.					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

Clinical Cabinet Meeting 3 August 2016

1. Clinical Cabinet Meeting 3 August 2016

Items considered were as follows:-

Finance Update: Cabinet was informed we are currently £900k overspent when compared to the plan, however the CCG is still forecasting to achieve plan at year end. There is a number of one off non-recurrent costs at the beginning of the year.

Cabinet: Noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.

Practice Prescribing Allocations: Clinical Cabinet were asked to approve the use of Prescribing Fair Shares formula for the allocation of practice prescribing budgets for 2016/17. An effect of this would be to further reduce the variation in weighted spend per practice.

Cabinet: Approved the use of the Prescribing Fair Shares formula for the allocation of practice prescribing budgets for 2016/17.

Botox Treatment for Overactive Bladder: Cabinet was asked to approve the use of Botox in the treatment for overactive bladder in gynaecology patients, without going through the IFR process. The number of patients requiring this treatment is small (maximum of 5 - 6 Bury patients per year). Cabinet: Approved the recommendation.

NHS Bury Community IV Service Pilot – Post Pilot Proposal: Cabinet received an update on the pilot community scheme and noted that, whilst the clinic based approach had been generally successful, the provider had not undertaken the predicted levels of activity. It was felt that a community based approach was the right way forward but that it would be more desirable for the service to be integrated within community services rather than being a stand-alone service. Cabinet: Noted the evaluation of the pilot and supported the development of a more integrated model, subject to the ratification of the (Finance and) Procurement group.

Chief Officer Update: Cabinet received an up-date on the CQC inspection at PAHT.

Cabinet: Agreed to focus on the outcomes and way forward at a dedicated development session on 7 September.

Children and Young People Updates:

Transformation Progress Update: Cabinet received an update, noting that the single point of access had been extended to all children and that work is progressing within provider organisations as to how children will be triaged.

Community Eating Disorder Service: Cabinet supported and approved the Children and Young People's Community Eating Disorder Service Specification. The date for a substantive launch will be determined once the service is more resilient.

Provision of a Post-diagnostic Support Service for Children with ASD / ADHD: Cabinet reviewed and approved recurrent funding of £35k for the Post-diagnostic Support Service for Children with ASD / ADHD.

Voluntary Sector Grants Programme Update: Cabinet reviewed and acknowledged the work undertaken on the Local Transformation Plan (LTP) Third Sector Grant Programme.

Terms of Reference for Clinical Cabinet: Received amended draft terms of reference. Cabinet: Reviewed and discuss the terms of reference, supported submission to the Governing Body and noted the process for approval by the CCG Membership.

Supporting the Staying Well Pilot for Older People: Cabinet received an update on the position of this Radcliffe pilot.

Cabinet: Noted the paper and made a recommendation that the pilot be funded until March 2017 and noted the links with the revised Stay Well Service proposals which are still under development.

Staying Well Project: Cabinet received an update on the progress of the pan Bury project.

Cabinet: Agreed the draft service specification, pending revisions as set out during the meeting, being included. Agreed the monitoring and evaluation framework, pending revisions identified during the meeting, being included. Noted ongoing actions to resolve information governance issues and noted that the IG issue is pivotal for resolution and that the service proposals as written could not be implemented if this is not resolved.

Children's Services Redesign Update: Cabinet received an update on a potentially major service redesign. The CCG is working with the Local Authority and Public Health Children's Services as one commissioner to think about how to re-commission Children's Services for Bury Children and Young People. A steering group has been set up and a Project Initiation Document is being developed, which will go out for comment.

Mental Health 2015/16 Voluntary Sector Update: Cabinet received an update for information.

Extended Working Hours: Cabinet received a draft service specification with comments to be fed back to the director of commissioning

GP cover at Bealeys: Cabinet received a draft service specification with comments to be fed back to the director of commissioning.

Clinical Cabinet Meeting 7 September 2016

Items considered were as follows:-

Finance Update: Cabinet was informed we are still overspent when compared to the plan, although the position had marginally improved since the however the CCG is still forecasting to achieve plan at year end.

Cabinet: Noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.

QIPP Update: Cabinet received a paper outlining the latest position with regard to the QIPP schemes.

Cabinet: Noted the current position on scoping of the project feasibility documents against the QIPP Plan, noted the current progress of QIPP schemes which are being managed by PMO and noted the current forecast of predicted savings being monitored by PMO - £3.25m FYE and £2.48m PYE.

Reducing the Inappropriate Prescribing of Psychotropic Medicines in People with a Learning Disability and Challenging Behaviour:

Cabinet received a proposal to build on a pilot undertaken and extend this work across Bury. It was recognised that practices needed support to undertake these reviews and it was agreed that a specialist pharmacist be employed.

Cabinet: Supported a proposal to commission a secondary care mental health pharmacist to undertake paper reviews of all patients with LD and challenging behaviour who are prescribed an anti-psychotic. This clinician would also develop and implement action plans to reduce and discontinue these medications where they were not clinically appropriate. This would include liaising with the relevant LD nurse, the service user and carer, the practice GP lead and the Consultant Psychiatrist, where appropriate. Cabinet also asked for a review of outcomes after 6 months of the project.

Haematology Review: A number of ideas were presented that may have an impact on the number of blood tests requested.

Scheme 1 involved the development of clear guidelines to advise referrers when to undertake vitamin D testing, ESR, D-dimer and allergy testing. It was also noted that recommendations on the prescribing of, and self-medication with, vitamin D should be developed.

Cabinet: Agreed that thresholds for ESR and vitamin D testing and recommendations as to the appropriate prescribing of vitamin D be developed and shared with cabinet members by end September and the taken to the Sectors in October with the intention of rapid introduction. D-dimer and allergy testing to be included under schemes 2 and 3.

Scheme 2 involved developing training for practices on the appropriate use of blood tests and the appropriate timing of follow up tests.

Cabinet: Agreed in principle with scheme 2 and asked that timelines should be developed to give assurance that the training will be ready for delivery in early 2017.

Scheme 3 involved the benchmarking of practices. It was felt this may be a useful tool if considered in context and that it largely sat within the monitoring of scheme 2.

Cabinet: Agreed in principle that that this was part of the monitoring of scheme 2.

Greater Manchester Effective Use of Resources (EUR) Policies for ratification:

- Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing
- Facet Joint Injections for neck and back pain
- Radiofrequency Denervation for neck and back pain

Cabinet: ratified the above policies that had previously been sent for comment.

CAMHS Local Transformation Plan – Single Point of Access (SPA): This paper outlined the process for implementing a SPA in the context of neighbourhood working.

Cabinet: Received the update and noted that progress on Neighbourhood working would be the focus of the October Clinical Cabinet development session. This would include referral governance and IT issues.

GM EUR Policies for Clinical Engagement /Comment:

- Continuous Glucose Monitoring
- Other Aesthetic Surgery

Cabinet: Agreed with the EUR guidelines

Palliative and End of Life Care Project Update: An update was received for information. This links with neighbourhood working hub which will also feed into the October development session discussion.

Quality Premium Update:

- IAPTs
- Hypertension
- Patient Satisfaction

A Quality Premium update was received for information.

Lifestyle Changes Ahead of Elective Surgery

A paper was received for information. The scheme now incorporated the results of the sector engagement and had been completed under delegated authority from Cabinet.

Pharmacists in General Practice Mobilisation Plan and KPIs

Update received for information.

Howard Hughes

Clinical Director/Chair Clinical Cabinet