

Meeting: Governing Body			
Meeting Date	25 July 2018	Action	Receive
Item No.	8a	Confidential	No
Title	Clinical Cabinet Summary		
Presented By	Howard Hughes, Clinical Director		
Author	Howard Hughes, Clinical Director		
Clinical Lead	Howard Hughes, Clinical Director		

Executive Summary
Summary of Clinical Meeting and decisions taken.
Recommendations
It is recommended that the Governing Body notes the update.

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF [<i>Insert Risk Number and Detail Here</i>]	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Clinical Cabinet	25/07/2018	As detailed below.

Clinical Cabinet Meeting Summary: 4 July 2018

1. Regular items: Governance

- 1.1. The meeting was quorate and no interests declared that affected members or guest participating fully in the meeting.
- 1.2. The minutes of the previous meeting were ratified and the action log updated.

2. Regular items: Business

- 2.1. Cabinet received a finance update highlighting the key points for the position at month two and noted the ongoing risks to the financial plan.
- 2.2. The annual outturn Performance report was received and it was agreed to review and discuss this on an annual basis, recognising that this sits under the Performance and Risk committee.

3. Substantive items

- 3.1 **IV Bisphosphonates Service for Post-Menopausal Women with Early Breast Cancer:** Cabinet supported the clinical case for the introduction of a community IV service, supported by The Christie NHS Foundation Trust. Cabinet further supported the proposed pathway and the recommendation that this service be delivered by the community IV service provider. Cabinet noted that monitoring of the service outputs and outcomes will be undertaken at GM level.
- 3.2 **Faecal Calprotectin (FCP) Testing in Primary Care and Digestive Disorder Update:** Cabinet received a proposal for the introduction of FCP testing into Primary Care in Bury, to aid in the diagnosis and treatment of IBD and IBS. Cabinet supported the utilisation of the Yorkshire and Humber Allied Health Science Network Model for FCP testing across Bury and noted the work to date on the PAHT Digestive Diseases Action Plan, of which FCP testing is a key element.
- 3.3 **Review of Turning Point Contract:** Cabinet received a recommendation to serve notice to Turning Point for the provision of mental health support services. It was noted that there appears to be minimal additional healthcare needs (above the core services provided to any appropriate patients in Bury) for the patients at this facility. It was also noted that relatively few patients use the service. Cabinet supported the recommendation and noted that the CCG will work with the Local Authority to ensure robust pathways are in place to ensure that mental health services are easily accessible to clients in supported housing arrangements. There will be ongoing monitoring to identify any future gaps in provision.

4 Closing Matters

- 4.1 Cabinet received the Governing Body minutes (by agenda link).
- 4.2 **Any Other Business:** None

5 Actions Required

5.1 The Governing Body is required to:

- Receive (information) this update and note its contents.

Howard Hughes

Chair and Clinical Director

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May 2018