

Minutes ratified on  
12 September 2017

**MINUTES OF A MEETING OF THE  
EXECUTIVE COMMITTEE  
Tuesday, 8 August 2017 at 2.00pm  
Silk Room, MLMs**

**PRESENT:**

Andrew Bennett	Chief Officer
Dr Cliff Elley	GP Executive Lead – Commissioning
Dr Geoff Jolliffe	Vice Clinical Chair - <i>joined by telephone</i>
Dr Andy Knox	GP Executive Lead – Health & Wellbeing
Dr Andy Maddox	GP Executive Lead – Contracting, Finance and Quality
Hilary Fordham	Chief Operating Officer
Anthony Gardner	Director of Planning & Performance
Dr Alex Gaw	Clinical Chair (Chair)
Margaret Williams	Chief Nurse

In attendance        Graham Atkinson, Senior Medicines Optimisation Manager

**Action**

148/17    **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Lauren Dixon, GP Executive Lead – Women and Children, Dr Jim Hacking, GP Executive Lead – Urgent Care and Mental Health and Kevin Parkinson, Chief Finance Officer/Director of Governance

149/17    **DECLARATIONS OF INTEREST**

Declarations of Interest were made by Clinical Executives in regard to item 155/17a – GP Academic Fellowship.

Declarations declared by members of the Executive Committee are listed in the CCG's Register of Interests. The Register is available on the CCG's website.

150/17    **MINUTES OF THE MEETING OF HELD ON 25 JULY 2017**

The minutes of the meeting on 25 July 2017 were accepted as a correct record, aside from the fact that the meeting had taken place in Stafford House in Barrow and not the Silk Room in Moor Lane Mills.

Cliff Elley also wished to raise on 'Item 140/17' that he had also asked what Blackpool Teaching Hospitals view on transfer of community services was and had been assured at the meeting that

their view was the same as Cumbria Partnership Foundation Trust and that community services should be moved into the Integrated Services Directorate, although the timing was not yet confirmed.

## 151/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

### Action Sheet

Item 106/17 – **Primary Care Estates Strategy** – on-going

Item 120/17b) – **Extended Hours – 8-8 update** – Kevin had sent an update to the Executive before going on leave and there would be a further update on his return. on-going

138/17 – **Finance** - this had been completed.

141/17 – **Standards of Business Conduct Policy** - a number of Executives had read the section in question but had not understood what they were being asked to review. This would be brought back to the next meeting.

142/17 - **Complaints Policy** – this had been completed

143/17 – **Transforming Care Update and an ASD service in South Cumbria query** - this had been completed

It was believed that an item had been missed off the action log from a couple of meetings ago, this was related to Quick Start and discussions that Andy Knox believed Kevin Parkinson was to have with the Federations regarding the response to NHS England's offer to fund work regarding Quick Start in GP Practices. It was agreed that this should be put onto the action log and brought back to a future meeting.

**AK/KP**

Hilary Fordham also wished on the back of the minutes to raise Primary Care Network Developments and some discussions that she had had with Stephen Gough at NHS England following the presentation that had been given by Malcolm Ridgway, Stephen Gough and Jackie Forshaw at the previous meeting. She updated the Executive that the key function of the funding was to develop Primary Care at scale. She had had discussion with Stephen regarding the fact that because Morecambe Bay has at least two very large Practices there may be different solutions in each area. This had been accepted by Stephen, she had also raised the fact that some other areas within the geography of Morecambe Bay had relatively small numbers of patients and it may be difficult to artificially manufacture working at scale within those areas, again, Stephen had accepted this and realised that there needed to be different solutions for different parts of the Morecambe Bay patch.

The Executive then had discussion on how this should be taken

forward and it was agreed that there needed to be discussion with each of the ICCs on what they felt was the most effective way to develop the working of primary care within the ICC patch. Discussions needed to include Federations and LMC.

Andy Maddox offered to work with Hilary regarding this piece of work.

**AM/HF**

## 152/17 **STANDING ITEMS**

### **a) Quality update**

Margaret Williams talked to the Quality and Safeguarding report. Items which were identified specifically by her included National CQUIN, Work with the Regulated Care Sector, a meeting with GP Practices in Kendal regarding care home and some service issues particularly the sudden unexpected death for Children's service and the difficulties that were being encountered for both the Lancashire Service and the Cumbria service.

Concerns were also raised regarding the delays which had been found for at least two patients with regard to MRI results. Andy Maddox had followed this up with David Walker and some assurance had been received, however there was further discussion which would take place at the Quality meeting in due course and this needed to then be fed back to both the Executives and to the LMC and Primary Care who had first raised the concerns.

**MW**

Cliff Elley and Alex Gaw then asked a question regarding the refugees and asylum seekers and progress that was being made regarding developing mental health assessment services. Margaret agreed to take that away and ask Jacqui Thompson and Jane Jones what progress had been made with that item.

**MW**

Anthony Gardner then wished to raise two further service concerns. The first regarding Section 12 doctors; he wanted to update the Executive that there was pressure in both parts of the patch regarding this particular service. Jim Hacking and he were working with both providers, LCFT and CPFT regarding a resolution. Secondly he update the Executive on the development of Section 136 plans; these were progressing following the issuing of updated national guidance through which there was an expectation of reduced use of Police cells for holding patients under Section 136 of the Mental Health Act. Again plans were being developed and the Executive would be notified in due course.

### **b) STP Update**

Andrew updated the Executive following the minutes of the last

meeting where it was reported that feedback from CCGs on shared decision making would be reviewed at the next meeting of the STP. This had occurred, all CCGs had now fed back and there was some consistency in the messages. This would now be taken forward within the STP Task group and a revised paper developed for discussion with CCGs.

Amanda Doyle had also requested the CCGs take the revised Governance Structure for the STP to Part 1 of their Governing Bodies during the next round of meetings. This would be planned for the meeting in September.

**AB**

### **c) Better Care Together**

Hilary Fordham confirmed that the Integrated Services Directorate paper had been presented to the ACS Leadership Team and following that had been shared with Primary Care and other partners. Alex and she would now arrange sessions for the paper and presentation to be discussed widely with clinicians across the patch.

**AG/HF**

Andrew Bennett also updated that Alex was leading the development of an event to consider how primary care's involvement in the Accountable Care System could be developed further.

## **153/17 CONSULTATION ON PRESCRIBING POLICY CHANGES**

Graham Atkinson attended for this item and presented the paper that he had prepared following the issuing of guidance by NHS England regarding Consultation processes for a number of medicines. It was agreed that the CCG should move forward with a full and comprehensive engagement process on the full list of areas set out by NHS England. This engagement needed to include patients, clinicians and MPs and Graham had already liaised with the BCT Communications and Engagement Team regarding support for this process.

The Executive then discussed a number of things that they thought may arise as part of the engagement, particularly the issues of inequality and whether for children developing policies where all self-care medicines were stopped, would actually lead to inequity in provision. This would obviously be discussed in more detail if it arose as part of the engagement process.

Graham was thanked for the paper that he had written which was very clear.

154/17 **STAGE 3 POLICIES FOR REVIEW**

**a) Hip Arthroscopy, b) Functional Electrical Stimulation and c) Excision of uterus, dilation & curettage & hysteroscopy**

All of the papers had been issued to the Executive in time for them to consider feedback. Cliff Elley confirmed that the facial nerve damage paper should be issued to Providers and Hilary Fordham agreed that that should happen.

**CE**

There had been discussion regarding Hip Arthroscopy, Functional electrical stimulation and Excision of uterus, D&C and Hysteroscopy at the Elective Care Board and a query had been raised as to how feedback on comments and whether they had been incorporated, would be given back to Provider clinicians if they fed those comments back. Hilary would ensure that there was a process for this.

**HF**

The only comment received during the meeting was in relation to the rehabilitation after damage to the facial nerve. The Policy seemed to include some inconsistencies regarding the availability of physio and the timescale related to that availability. Hilary would feed that back to the CSU team.

**HF**

All Clinicians were asked to feedback any further comments to HF within the next week.

**ALL**

155/17 **LANCASTER UNIVERSITY**

**a) GP Academic Fellowship**

Alex Gaw updated the Executives that there had been agreement with the University regarding the establishment of the Clinical Academic Training fellowship post. A letter had been drafted which Alex would send to all Practitioners to update them on the post and to seek expressions of interest.

**b) Memorandum of Understanding (MOU)**

This had now been agreed and Geoff Jolliffe would be taken a lead on the work with the Universities going forward.

156/17 **COMPLEX CASES**

Hilary Fordham updated the Executive on the CCG's involvement in a difficult complex case which had caused some media interest in the last week. She was pleased to be able to say that a resolution had been reached for the person involved. Whilst the placement had been found and she was likely to be under the care of NHS England for some time, the intention would be for her to return to the Morecambe Bay area at some point and the CCG would stay involved with her care to ensure that that process was undertaken.

157/17 **CLINICAL RESPONSE TO THE PWC PAPER**

Andy Knox outlined the fact that the Clinical Executive in response to the CEP process and the task it had been set at a previous Executive had started to discuss a number of areas where they felt a radical approach should be taken to transformation and cost improvement. It was felt that the response could do two things one was to provide a clinical response to the CEP process, but also to provide a response to the work that had been undertaken by PWC. There was a lengthy discussion regarding the discussion the Clinical Executive had had; how much of this should be reported to the Sustainability Board the next day and the fact that there should be some significant clinical discussion with Consultant colleagues to ensure buy-in to the process.

The Clinical Executive had established a number of areas where they felt a radical approach should be undertaken and these included Frail Elderly; Outpatients; diabetes; the urgent care system and transformation of primary care.

It was agreed that some of this information needed to be fed into the Sustainability Board discussions.

**AG**

158/17 **ANY OTHER BUSINESS**

There were no items of other business

159/17 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Tuesday, 12 September 2017