

Agenda item: 21

Paper no: 17

Title of Report:	Minutes from NWS Governing Body Committees- Part I	
Status:	TO NOTE	
Committee:	NWS Governing Body	Date: 18/12/19
Venue:	Martineau Hall, Dorking Halls	

The following minutes are presented at this meeting for noting.

Meeting Name	Date of Meeting/s
Clinical Executive	14 August 2019; 11 September 2019; 9 October 2019

In addition, the following minutes are currently in draft, pending approval at the next committees meeting. These will be presented at the next Governing Bodies in Common meeting on 25/03/20

Meeting Name	Date of Meeting/s
Clinical Executive	13 November 2019
NWS ICP Board	13 December 2019

Working together across Surrey Heartlands



NORTH WEST SURREY CCG CLINICAL EXECUTIVE PART ONE

Minutes of Inquorate Meeting

Guildford and Waverley CCG	
North West Surrey CCG	ü
Surrey Downs CCG	

Date	14 August 2019	Time	13:39 – 14:47
Venue	Meeting Room 1, NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP		

Members/ Attendees

Name (initials)	Title	Attendance (ü) or Apologies (A)		
		G&W	NWS	SD
Chair				
Dr Jags Rai (JR)	Stanwell, Ashford, Staines, Shepperton and Egham (SASSE) Locality Clinical Director			
Voting Members				
Dr Charlotte Canniff (CC)	Clinical Chair		A	
Matthew Tait (MT)	Integrated Care System (ICS) Chief Officer		A	
Dr Deborah Shiel (DS)	Woking Locality Clinical Director, Clinical Chief of Contracts & Performance		A	
Dr Alex Henderson (AH)	Woking Locality Lead		P	
Dr Diljit Bhatia (DB)	SASSE Locality Lead		A	
Dr Asha Pillai (AP)	Thames Medical Locality Clinical Director		A	
Dr Layth Delaimy (LDe)	Thames Medical Locality Lead, Clinical Lead for Urgent Care		A	
Dr Beth Coward (BC)	Programme Lead – Planned Care		A	
Dr Lydia Drepaül (LDr)	Clinical Lead for Mental Health		A	

Name (initials)	Title	Attendance (Ü) or Apologies (A)		
		G&W	NWS	SD
Jack Wagstaff (JW)	Integrated Care Partnership (ICP) Director		P	
Karen McDowell (KMc)	ICS Director of Finance	A		
Deputy for KMc: Andrew Law (AL)	Associate Director of Finance		P	
Sumona Chatterjee (SC)	ICS Director of Surrey Wide Services	P		
Clare Stone (CS)	ICS Director of Quality and Surrey Heartlands CCGs Chief Nurse	A		
Dr Richard Barnett	Clinical Lead for Quality and Medicines Optimisation	P		
Ruth Hutchinson (RHu)	Deputy Director of Public Health, Surrey County Council (SCC)	A		
Michelle (Shelley) Head (MH)	SCC Area Director: Surrey Heath, NWS & Farnham Adult Social Care (ASC)	A		
Non-Voting Members				
Linda Honey (LH)	Interim Director of Pharmacy and Medicines Optimisation, Chair of NWS Medicines Optimisation Group (MOG)	P		
In Attendance				
Rian Hoskins (RHo)	(Minute-Taker) Corporate Administrator	P		

Item No.	Discussions and New Actions	Who	When
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed attendees and apologies were received as detailed above with the meeting at 13:45 declared open.</p>		
2	<p>Declarations of Interest</p> <p>Clinical Executive Members confirmed that:</p> <ul style="list-style-type: none"> • The Register of Interests for 2019-20 for members of the NWS Clinical Executive had been noted. • Members' entries in the Register of Interests for 2019-20 were up-to-date, accurate and complete. 		
3	<p>Quorum</p> <p>The meeting was not quorate due to not having at least four clinicians being present.</p> <p>It was agreed to continue the meeting on an informal basis, noting that any proposed decisions would need to be put to the next quorate meeting for agreement. These minutes reflect a summary of the discussions held during the informal meeting.</p>		
4	<p>Minutes from the Meeting held on Wednesday 10 July 2019</p> <p>The minutes for the meeting were agreed as a correct record with the following amendments:</p> <ul style="list-style-type: none"> • Page Two – RB deputised for CS and MH did not attend. • Page 3 – Item 4 – The first paragraph now reads “that GRIP had been moved to the Surrey Prescribing Advisory Database (PAD) platform.” • Page 8 – Item 13 – The final paragraph now reads “it is the patient’s responsibility to inform as pharmacies are not being made aware of changes in medication.” <p>With the meeting not quorate, it was agreed that these minutes with the amendments above would be approved at the next meeting.</p>		
5	<p>Action Log</p> <p>The following actions were noted as complete:</p>		

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	<ul style="list-style-type: none"> · Action No. 195 – A verbal update would be given later in the meeting. · Action No. 204 – Amanda Boodhoo, Associate Director of Safeguarding, had been contacted regarding the reporting process. · Action No. 206 – ICS Development was now in the Part Two meeting as a standard agenda item. <p>The following actions would remain open:</p> <ul style="list-style-type: none"> · Action No. 205 – An item regarding final Transformation funding allocations had been provisionally added to the September 2019 agenda. · Action No. 207 – Patients can be left waiting a long time and that leads to breaches. The locum was asked about this and it depends on the triage, which varies day to day. A deep dive would be held at a future meeting. 		
6	<p>2019/20 Month Three Surrey Heartlands CCGs Joint Finance Report</p> <p>The Members present discussed the report. During the discussion on this item, the following points were noted:</p> <ul style="list-style-type: none"> · NHS Surrey Heartlands CCGs have a £2.8 million deficit control total. NHS Surrey Downs CCG and NHS G&W CCG were noted to have unidentified Quality, Innovation, Productivity and Prevention (QIPP) in their acute sectors along with a £26 million risk total. In total this represented a £20 million shortfall on delivering identified QIPP. The high level risks formed part of a joint recovery plan that is Surrey Heartlands wide. · There was a break-even control total for NHS NWS CCG with a small overspend in Ashford and St Peters Hospitals (ASPH) NHS Foundation Trust. This equated to £200,000 on areas outside of the block contract such as drugs, critical care and the marginal rate on unelected activity so the overspend was always expected to be paid. · QIPP Delivery was currently at 90%. That included the contract with ASPH which made up £3 million of the programme. Medicines Management amounted to £1 million, including transactional items from last year. · Members discussed how the healthier financial position of NWS could be reflected in a potential merged CCG. Discussions had taken place on this point and 		

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	<p>clarification was being sought about the local nuances that a new constitution could include. Consideration was being given to how financial allocations could reflect fairly on historical positions. There are different assurances and protections such as the importance of ICP strength as well as retaining proportional allocations for providers. The proposed constitution was noted to still be under development.</p> <ul style="list-style-type: none"> · Members discussed the improved commercial relationship with ASPH following a previous exercise to help alleviate pressure. It was noted that there were differing issues and relationships with the acute and private sectors in the other CCGs. · Funding and allocations were discussed. It was noted that NHS England (NHSE) determined the joint control total. As such, a reduction in ICP funding would affect what ASPH, for example, could receive. · The Members present discussed risk and resilience within contracts and service provision to changes in the financial position. CSH Surrey and ASPH provided the core business for adult contracts with Locally Commissioned Services (LCS) in Primary Care Network (PCN) contracts. Current contracts were considered to contain low risk, however it was noted that a change in financial position following a merger could potentially change this. This would then be for the ICP to consider. · There was felt to be a need to change the way investments were made into the community. This should be based on the principle of distributing resources to areas with more need and this could be facilitated through contract negotiations with ICP providers. 		
7	<p>2019/20 Month Three System Finance Report</p> <p>The Members present noted that the system report incorporated the commissioner and provider position.</p> <p>Members discussed the current position at ASPH and noted:</p> <ul style="list-style-type: none"> · ASPH had reported on plan, although they had been experiencing difficulties with increasing non-elective activity. · Agency costs had increased by 20% and there would be a significant risk if this continues. · ASPH would be eligible for provider sustainability funding if the control total of £5.5 million was met. This supported the projection clause in the contract. 		

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	<ul style="list-style-type: none"> · There was a possibility of opening new clinical space, following a visit to Dickens Ward, and reopening the pharmacy at Ashford Hospital. <p>In response to a query about a potential increase in elective activity, it was noted that the reported 35% increase in NWS was a coding issue.</p> <p>Members discussed potential service pressures from intakes from surrounding areas. Points raised included:</p> <ul style="list-style-type: none"> · NWS had acquired dermatology from RSCH last year, which had led to a higher patient intake. · The Contract Management Board asked for scope and a type of service resilience as local patients will be affected. · The Ear, Nose and Throat (ENT) service had patients from Canterbury and Ashford in Kent as they were recommended to use ASPH as the first available option for outpatients. · London was also experiencing long waiting times. <p>In regards to medicines management, each CCG was noted to have a risk prescribing spend as they had the previous last year.</p> <p>It was noted that a deep dive session would be taking place on Thursday 29 August 2019 with the Trust to discuss an Incentive related issue.</p>		
8	<p>July 2019 Area Prescribing Committee (APC) Meeting</p> <p>The minutes from the meeting held on Wednesday 03 July 2019 were noted.</p> <p>Due to the meeting not being quorate, no policies could be formally approved but it was agreed that they could be approved virtually.</p> <p>ACTION: RHo to seek virtual approval for the policies recommended at the July 2019 APC meeting.</p> <p>Members noted that, following approval, the guidelines were uploaded to the PAD. This took place six weeks after the APC meeting for ratification and then was reported in the Medicines Management Matters (MMM) bi-monthly newsletter.</p>	RHo	11/09/2019

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	<p>This process could be varied and the PAD was updated each month and used for recently added material.</p> <p>ACTION: LH to use screenshots of PAD in a future edition of Spotlight.</p>	LH	11/09/2019
9	<p>July 2019 MOG Meeting</p> <p>The minutes from the MOG meeting on Wednesday 03 July 2019 were noted.</p>		
10	<p>On Demand Availability of Drugs for Palliative Care – LCS for Selected Pharmacy Contractors across Surrey</p> <p>The Members present noted the arrangements for on demand availability for controlled palliative care drugs.</p> <p>There were four specialist pharmacy contractors in NWS, with 15 in total across Surrey Heartlands, who held palliative care drugs on demand. This was a stock list of controlled drugs in palliative care in order to provide access at short notice for urgent matters.</p> <p>The LCS had been updated with minor amendments specifically in relation to the list of drugs being required to be held by the designated pharmacies. This would be put on all websites and the PAD and communication would take place with palliative care nurses.</p> <p>The Primary Care Operational Group (PCOG) had received this matter for consideration and would make a recommendation to the Primary Care Commissioning Committees in Common for approval.</p>		
11	<p>Uncollected Antipsychotic Medication Pilot</p> <p>Dr Simon Whitfield, Chief Pharmacist at NHS Surrey and Borders Partnership (SABP) along with Alison Marshall, Deputy Chief Pharmacist at SABP had been written to about this matter.</p> <p>Excellent assurance had been given for patients under care, however there had been no written assurance regarding GP referrals.</p> <p>Dr Justin Wilson, Deputy Medical Director at SABP had been emailed to ask that a new paragraph be added regarding GP referrals and this would be discussed when the policy was reviewed.</p> <p>This had been taken forward by NHS Surrey Heath CCG,</p>		

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	<p>among other areas, as the Care Quality Commission (CQC) may ask how patients who don't request prescriptions are managed. This was noted to come under the remit of the Pharmacy Safety Committee.</p> <p>A search took place every two months regarding drugs such as anti-epileptics as untaken medication could cause harm. Lithium and anti-psychotics had also been chosen for checks and there was noted to be versatility in what was being managed.</p>		
12	<p>June 2019 NWS CCG Performance Report</p> <p>During a discussion on the Performance Report by the Members present, the following points were raised:</p> <ul style="list-style-type: none"> • Performance remained consistent; with Accident and Emergency (A&E) the biggest detriment, Referral to Treatment (RTT) good across specialities and a 1% difference in ophthalmology due to high volume. • The 62 day cancer wait was seeing an increase with bids approved by the Cancer Alliance for extra screening and 28 day coordinators • There had been an issue with neurology with a decrease in performance across the patch. • The Improving Access to Psychological Therapies (IAPT) performance was hitting targets while the Learning Disabilities LCS was seeing an upward trajectory. • South East Coast Ambulance (SECAmb) Service performance was better for Categories One to Two compared to Categories Three and Four. <p>Members discussed access to mental health beds. ASPH had stated at a Clinical Quality Review Meeting (CQRM) that patients were waiting 72 hours in their Emergency Department (ED) for a psychiatric bed so this has been escalated to the Contract Review Meeting (CRM) to manage. There had been letters of complaints and ASPH Psychiatric Liaison issues had been raised.</p> <p>Hayward House used to be a local facility for dementia patients but there are no longer available beds due to the behavioural issues arising.</p> <p>The last couple of months had been challenging but a report on the 12 hour breach for mental health had been produced with a reduction from an average of two breaches a day to more settled numbers.</p> <p>Members discussed the potential for funding at an ICS</p>		

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	<p>level. It was noted that there was capability for this with £1.1 billion in the system. Issues were not addressed early enough and this was seen as putting a strain on community services responding. The PCN model could lead to an extra £2 million to extend the assistance required.</p> <p>Patients not having help at the right time were seen as a driver for why a crisis bed was needed. Having mental health nurses strengthens the position and there was a huge drive to expand. However, in some cases it may be that the patient didn't want to involve mental health services until they reached crisis point. With dementia patients, it is dependent on the carers informing before it reaches crisis point.</p> <p>Cases may not necessarily concern those who have dementia or are frail and there were noted to be fewer options surrounding specialised mental health. It was also difficult to source secondary care.</p> <p>The PCN configuration was important and a local session with SABP and CSH Surrey was being held.</p> <p>Mental health services within a PCN could include having a Community Psychiatric Nurse (CPN) who would provide consultant medication.</p> <p>Some patients were suitable for IAPT within the six to 12 weeks threshold but this didn't always apply to those with a personality disorder.</p> <p>Mental Health A&E performance would be monitored going into the winter period. The staffing of beds in Ashford Hospital would be of help.</p> <p>There was the potential for more beds to mean a lowering of admission thresholds. This should be avoided so that the beds were reserved and available for those who needed them.</p>		
13	<p>Any Other Business</p> <p>No other business was raised.</p>		
14	<p>Meeting Close</p> <p>The meeting closed at 14.47.</p>		
<p>Future Meeting Dates: Unless otherwise advised all meetings to be held at NWS CCG offices, 58 Church St,</p>			

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	Weybridge, Surrey, KT13 8DP. <ul style="list-style-type: none"> · Wednesday 11 September 2019 · Wednesday 09 October 2019 		
	Signed and Agreed by: <div style="text-align: right;">Date: 09 October 2019</div> Dr Jags Rai, Clinical Executive Chair		
	Minutes Agreed for Publication by: <div style="text-align: right;">Date: 09 October 2019</div> Jack Wagstaff, NWS ICP Director		



NORTH WEST SURREY CCG CLINICAL EXECUTIVE PART ONE

Minutes

Guildford and Waverley CCG	
North West Surrey CCG	ü
Surrey Downs CCG	

Date	11 September 2019	Time	14:30 – 15:45
Venue	Meeting Room 1, NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP		

Members/ Attendees

Name (initials)	Title	Attendance (ü) or Apologies (A)		
		G&W	NWS	SD
Chair				
Dr Jags Rai (JR)	Stanwell, Ashford, Staines, Shepperton and Egham (SASSE) Locality Clinical Director			
Voting Members				
Dr Charlotte Canniff (CC)	Clinical Chair		P	
Matthew Tait (MT)	Integrated Care System (ICS) Chief Officer		P	
Dr Deborah Shiel (DS)	Woking Locality Clinical Director, Clinical Chief of Contracts & Performance		P	
Dr Alex Henderson (AH)	Woking Locality Lead		P	
Dr Diljit Bhatia (DB)	SASSE Locality Lead		P	
Dr Asha Pillai (AP)	Thames Medical Locality Clinical Director		P	
Dr Layth Delaimy (LDe)	Thames Medical Locality Lead, Clinical Lead for Urgent Care		P	
Dr Beth Coward (BC)	Programme Lead – Planned Care		P	
Dr Lydia Drepaül (LDr)	Clinical Lead for Mental Health		P	

Name (initials)	Title	Attendance (Ü) or Apologies (A)		
		G&W	NWS	SD
Jack Wagstaff (JW)	Integrated Care Partnership (ICP) Director	A		
Deputy for JW: Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning and Development	P		
Karen McDowell (KMc)	ICS Director of Finance	P		
Sumona Chatterjee (SC)	ICS Director of Surrey Wide Services	A		
Deputy for SC: Diane McCormack (DM)	Associate Director of Children's and Learning Disabilities Commissioning	P		
Clare Stone (CS)	ICS Director of Quality and Surrey Heartlands CCGs Chief Nurse	A		
Deputy for CS: Dr Richard Barnett	Clinical Lead for Quality and Medicines Management		P	
Ruth Hutchinson (RHu)	Deputy Director of Public Health, Surrey County Council (SCC)	P		
Michelle (Shelley) Head (MH)	SCC Area Director: Surrey Heath, NWS & Farnham Adult Social Care (ASC)	P		
Non-Voting Members				
Linda Honey (LH)	Interim Director of Pharmacy and Medicines Optimisation, Chair of NWS Medicines Optimisation Group (MOG)	P		
In Attendance				
Ann Montagu (AM)	Senior Commissioning Manager	P		
Jane Harrison (JH)	Deputy Director of Adult Services, CSH Surrey	P		
Joanne Manning (JM)	CSH Surrey Service Lead	P		

Name (initials)	Title	Attendance (Ü) or Apologies (A)		
		G&W	NWS	SD
Phillippa Wiseman (PW)	CSH Surrey Service Lead	P		
James Stanton (JS)	(Minute-Taker) Governance Manager	P		

Item No.	Discussions and New Actions	Who	When
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed attendees and apologies were received as detailed above with the meeting being declared open at 14:30.</p> <p>The Chair agreed to reorder the timings of the agenda for the Part One and Part Two meetings of the Clinical Executive. A short adjournment of the Part One meeting took place to enable a presentation for an item from the Part Two meeting due to facilitate the limited availability of the presenting officers.</p>		
2	<p>Declarations of Interest</p> <p>Clinical Executive Members confirmed that:</p> <ul style="list-style-type: none"> • The Register of Interests for 2019-20 for members of the NWS Clinical Executive had been noted. • Members' entries in the Register of Interests for 2019-20 were up-to-date, accurate and complete. <p>ACTION: Members of the Clinical Executive who were also members of a PCN were asked to submit the details to the Governance Team.</p>	ALL	09/10/2019
3	<p>Quorum</p> <p>The meeting was noted to be quorate.</p>		
4	<p>Amended Minutes from Meeting on Wednesday 10 July 2019</p> <p>The minutes for the meeting held on 10 July 2019 were agreed as a correct record.</p>		
5	<p>Minutes from Last Meeting on Wednesday 14 August 2019</p> <p>Agreement of the minutes of the meeting held on 14</p>		

Item No.	Discussions and New Actions	Who	When
	August 2019 was deferred to the next meeting.		
6	<p>Action Log</p> <p>The updates on the following actions were noted and it was agreed that the related actions be closed:</p> <ul style="list-style-type: none"> · 205 and 209. <p>The following updates were noted:</p> <ul style="list-style-type: none"> · 207: A deep dive on UTC/AE to be brought to the December 2019 meeting of the appropriate CCG/ICP body for consideration. · 208: July 2019 Area Prescribing Committee recommendations to be brought forward for decision. 		
7	<p>2019/20 Month Four Surrey Heartlands CCGs Joint Finance Report</p> <p>Karen McDowell introduced the paper.</p> <p>The Clinical Executive noted the summary of the joint finance position for the Surrey Heartlands CCGs for 2019/20 as at month four including year to date, forecast outturn position, key assumptions, risks and actions.</p> <p>During the discussion on this item, the following points were noted:</p> <ul style="list-style-type: none"> · Month 5 had recently been closed and no deviation had been reported from plan; · The reporting from Month 5 was expected to provide an increase in reporting accuracy as more detailed information for the year would be available; · Ashford and St Peters Hospital Trust continued to report pressures on meeting their control total and work was ongoing to support them as a system; · Changes in tariff charging had been taken into account. This represented a standard risk each year and this had been reflected in the prescribing budget. <p>RESOLVED that:</p> <p>The financial position at Month Four with the actions being taken to address the key risks and issues were noted.</p>		
8	<p>2019/20 Month Four System Finance Report</p> <p>Karen McDowell introduced the paper.</p>		

Item No.	Discussions and New Actions	Who	When
	<p>The Clinical Executive noted that the System Finance Report now included East Surrey partners.</p> <p>Members discussed the different budget and funding models, including matched and block control totals. The potential mechanisms that would be in place to utilise flexibility in the system to move money and meet totals were noted. There was not considered to be a risk to North West Surrey from developments.</p> <p>RESOLVED that:</p> <p>The report was noted.</p>		
9	<p>Transformation Funding Allocations</p> <p>Karen McDowell introduced the item and provided a verbal update on the transformation funding allocation process.</p> <p>Members noted the provisional proposal for Transformation allocations that System Board would be considering at their meeting the following week. More details would be provided at the next Clinical Executive meeting.</p> <p>The process for sharing information and reporting between the System Board and ICP Boards was discussed. The NWS ICP Board was noted to have a standing item on each agenda and its own ICP level breakdown. Following a discussion, Members proposed ensuring representation between the different system levels to provide feedback.</p> <p>RESOLVED that:</p> <p>The update was noted.</p>		
10	<p>Planned Care Update</p> <p>This item was deferred to a future meeting.</p>		
11	<p>Shared Care Antenatal</p> <p>This item was deferred to a future meeting.</p>		
12	<p>July 2019 NWS CCG Performance Report</p> <p>The Clinical Executive considered the July 2019 Performance Report.</p> <p>Members noted that the overall picture since April was positive and an expectation that this would be maintained. However, there were areas of performance requiring</p>		

Item No.	Discussions and New Actions	Who	When
	<p>improvement and actions were being put in place to address this.</p> <p>Diagnostics was noted to be a particular area of concern in terms of a decline in performance which was having an impact on routine appointments. Performance was expected to recover within three months. Members questioned the performance with regard to Endoscopy and the potential for effectiveness in this area to reduce malignancies picked up by A&E. This had been raised in contractual discussions and the follow up plan considered by the ICP with the Trust present.</p> <p>ACTION: To note that the plan for Endoscopy improvement was considered acceptable. Performance to be followed up by ICP Director via contractual discussions as required.</p> <p>Members noted that good clinical practice, as supported by the BMA, recommended the inclusion of the clinician who ordered a test, however results were best interpreted and delivered by the consultant. Reassurance that this practice in terms of follow up process was in place would be helpful for clinicians. Discussion at ICP Delivery Board would be useful and Members suggested that the liaison meetings which had previously taken place between secondary and primary care could also be used to share learning on these issues.</p> <p>ACTION: Ways to reinvigorate the Secondary – Primary Care liaison meetings to be explored.</p> <p>RESOLVED that:</p> <p>The contents of the report and in particular the exceptions outlined in the Executive Summary be noted.</p>	<p>JW</p> <p>JW</p>	<p>09/10/2019</p> <p>Ongoing</p>
13	<p>NHS North West Surrey CCG Medicines Optimisation Group (MOG) Minutes 7 August 2019</p> <p>The Clinical Executive received the minutes from the most recently held MOG meeting.</p> <p>RESOLVED that:</p> <p>The minutes of the MOG meeting held on 7 August 2019 be received and noted.</p>		

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14	<p>Area Prescribing Committee (APC)</p> <p>The Clinical Executive received and considered the minutes and recommendations from the August 2019 meeting of the Area Prescribing Committee.</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> 1. The APC minutes from the August 2019 meeting be received and noted; and 2. The following policy statements / pathways / policies be approved: <ul style="list-style-type: none"> . APC 411-2019 Liothyronine for inadequate response to levothyroxine . APC 421-2019 Liothyronine for oncology . APC 423-2019 Diltiazem 2% oint . APC 430-2019 Risperidone for Alzheimer's Disease . APC 431-2019 Adalimumab biosimilar . APC 432-2019 Etanercept biosimilar . APC 433-2019 Infliximab biosimilar . APC 435-2019 Rituximab biosimilar . APC 436-2019 Trelegy COPD . APC 437-2019 Trimbaw COPD . APC 438-2019 Aliskiren . APC 439-2019 Bath and shower preps . APC 440-2019 Dronedarone . APC 441-2019 Minocycline for acne . APC 442-2019 Pen needles (excluding safety needles) . APC 443-2019 Silk garments . APC 444-2019 Mexilitene for ventricular arrhythmias . APC 445-2019 Pitolisant for narcolepsy . MCG 06-2019 Morphine sulphate MR . CrCl DOACs . BAD booklet . NSAID safety aide . Resource pack for non-cognitive symptoms in people with dementia 		
15	<p>AOB</p> <p>No other business was raised.</p>		
16	<p>Top Risks Identified</p> <p>Members noted that antenatal engagement presented an additional risk.</p>		
17	<p>Meeting Close</p> <p>The meeting closed at 15.45.</p>		

Item No.	Discussions and New Actions	Who	When
<p>Future Meeting Dates: Unless otherwise advised all meetings to be held at NWS CCG offices, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> · Wednesday 9 October 2019 · Wednesday 13 November 2019 			
<p>Signed and Agreed by:</p> <p style="text-align: right;">Date: 09 October 2019</p> <p>Dr Jags Rai, Clinical Executive Chair</p>			
<p>Minutes Agreed for Publication by:</p> <p style="text-align: right;">Date: 09 October 2019</p> <p>Jack Wagstaff, NWS ICP Director</p>			



NORTH WEST SURREY CCG CLINICAL EXECUTIVE PART ONE

Minutes

Guildford and Waverley CCG	
North West Surrey CCG	✓
Surrey Downs CCG	

Date	9 October 2019	Time	13:40 – 15:40
Venue	Meeting Room 1, NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP		

Members/ Attendees

Name (initials)	Title	Attendance (✓) or Apologies (A)		
		G&W	NWS	SD
Chair				
Dr Jags Rai (JR)	Stanwell, Ashford, Staines, Shepperton and Egham (SASSE) Locality Clinical Director			
Voting Members				
Dr Charlotte Canniff (CC)	Clinical Chair		✓	
Matthew Tait (MT)	Integrated Care System (ICS) Chief Officer	A		
Dr Deborah Shiel (DS)	Woking Locality Clinical Director, Clinical Chief of Contracts & Performance		✓	
Dr Alex Henderson (AH)	Woking Locality Lead		A	
Dr Diljit Bhatia (DB)	SASSE Locality Lead		✓	
Dr Asha Pillai (AP)	Thames Medical Locality Clinical Director		✓	
Dr Layth Delaimy (LDe)	Thames Medical Locality Lead, Clinical Lead for Urgent Care		✓	
Dr Beth Coward (BC)	Programme Lead – Planned Care		✓	
Dr Lydia Drepaal (LDr)	Clinical Lead for Mental Health		A	

Name (initials)	Title	Attendance (✓) or Apologies (A)		
		G&W	NWS	SD
Jack Wagstaff (JW)	Integrated Care Partnership (ICP) Director		✓	
Karen McDowell (KMc)	ICS Director of Finance		✓	
Sumona Chatterjee (SC)	ICS Director of Surrey Wide Services		✓	
Clare Stone (CS)	ICS Director of Quality and Surrey Heartlands CCGs Chief Nurse		A	
Deputy for CS: Caroline Simmonds (CSi)	Head of Quality - Safety		✓	
Ruth Hutchinson (RHu)	Deputy Director of Public Health, Surrey County Council (SCC)		A	
Dr Helen Raison (HRa)	Consultant in Public Health		✓	
Michelle (Shelley) Head (MH)	SCC Area Director: Surrey Heath, NWS & Farnham Adult Social Care (ASC)		A	
Non-Voting Members				
Linda Honey (LH)	Interim Director of Pharmacy and Medicines Optimisation, Chair of NWS Medicines Optimisation Group (MOG)		✓	
In Attendance				
James Stanton (JS)	(Minute-Taker) Governance Manager		✓	
Rian Hoskins (RHo)	(Minute-Taker) Corporate Administrator		✓	

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1	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed attendees and apologies were received as detailed above. The meeting was declared open at 13:40.</p>		
2	<p>Declarations of Interest</p> <p>Clinical Executive Members confirmed that:</p> <ul style="list-style-type: none"> • The 2019-20 Register of Interests for members of the NWS Clinical Executive had been noted; and • Members' entries in the Register of Interests for 2019-20 were up-to-date, accurate and complete. 		
3	<p>Quorum</p> <p>The meeting was noted to be quorate.</p>		
4	<p>Minutes from Meeting on Wednesday 14 August 2019</p> <p>The minutes for the meeting held on 14 August 2019 were agreed as a correct record.</p>		
5	<p>Minutes from Last Meeting on Wednesday 11 September 2019</p> <p>The minutes for the meeting held on 11 September 2019 were agreed as a correct record subject to the reference to the start time of the meeting being amended to read '14:30' under Minute Item 1 and the deletion of the action listed under item 9 on page 5.</p>		
6	<p>Action Log</p> <p>The updates on the following actions were noted and it was agreed that the related actions be closed:</p> <ul style="list-style-type: none"> • 205 – Final funding allocations included in the agenda • 207 - Paper on UTC / A&E deep dive to be brought in December • 208 – APC recommendations on agenda for approval • 209 – Information had been circulated • 210 – Deleted as per Minute Item 5 above. • 211 – The Trust was due to give a formal response re: Endoscopy contractual issues in October. • 212 – The ICP Delivery Board would address this. The Academy was noted to be looking at more sophisticated virtual meeting arrangements. 		

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	<p>The following update was noted:</p> <ul style="list-style-type: none"> • 209 – Members of the Clinical Executive who had not yet done so were asked to inform the Governance Team of their PCN details. 		
7	<p>2019/20 Month Five Surrey Heartlands CCGs Joint Finance Report</p> <p>Karen McDowell introduced the paper.</p> <p>The Clinical Executive noted the summary of the joint finance position for the Surrey Heartlands CCGs for 2019/20 as at month five including year to date, forecast outturn position, key assumptions, risks and actions.</p> <p>During the discussion on this item, the following points were noted:</p> <ul style="list-style-type: none"> • North West Surrey CCG finances were still on plan; • Month 6 figures would reflect some pressures in the system with acute pressure likely to be significant; • Unidentified QIPP remained however contingency reserves had been released to offset this; • Additional funding to cover the shortage of cheap stock would be raised with NHS England as a national issue • In relation to Brexit, there were noted to be more shortages this year but of a lower total value than last; and • The Mental Health underspend was noted to be in relation to IAPT. <p>Members discussed areas for potential improvements. It was noted that work was taking place around eye services. Royal College of Nursing RCN guidance had contributed to variations in treatment practices, performance and the amount spent across the system. This was being raised via an audit as part of the contract process.</p> <p>In relation to Dermatology, it was confirmed that the £155k increase over planned activity had been validated as arising from a 20% increase in services provided to local patients. Members discussed ways in which this demand might be managed going forward. A piece of work was suggested around dermatology, including assessing the feasibility of providing dermatoscope training for GP registrars. It was noted that funding possibilities might exist with drug companies for associated work.</p> <p>ACTION: It was agreed that the opportunities discussed around dermatology provision would be raised via the training hub.</p>	BC	Nov 2019

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	<p>The potential for a revised dermatology model was discussed. Whilst a market strategy had been pursued historically to deliver efficiency, there might need to be a decision in future as to whether to expand the existing model with St Peters (ASPH) or to develop a model using specialised GPs. It was noted that this would be an ICP level discussion that might benefit from an ICS wide approach.</p> <p>It was further noted that there had been some interest expressed locally in increasing the provision of dermatology services. It was suggested that ASPH might provide a route for exploring training in this area.</p> <p>RESOLVED that:</p> <p>The financial position at Month Five and the actions being taken to address the key risks and issues are NOTED.</p>		
8	<p>2019/20 Month Five System Finance Report</p> <p>Karen McDowell introduced the paper.</p> <p>Members noted the inclusion of new providers and the Financial Recovery Plans (FRP) across the ICPs. ASPH had declared a significant risk of not meeting its control total of a surplus of £8m. This had been reflected in a negative movement of £4.7m in the ICP's position from the previous month's reporting.</p> <p>RESOLVED that:</p> <p>The report was NOTED.</p>		
9	<p>Special Education Needs and Disability (SEND)</p> <p>Members noted the updated action plan regarding attendance for children with Special Educational Needs and Disabilities (SEND) in Surrey.</p> <p>RESOLVED that:</p> <p>The update was NOTED.</p>		
10	<p>August 2019 NWS CCG Performance Report</p> <p>Jack Wagstaff presented the paper.</p> <p>During the Clinical Executive's consideration of the August 2019 Performance Report, the following points were noted:</p> <ul style="list-style-type: none"> • A&E remained a challenge going into winter period; 		

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	<ul style="list-style-type: none"> • Diagnostics waits and patient feedback on test results were being raised contractually • Ophthalmology and Gynaecology were experiencing higher volume and are key areas that weren't compliant. This would be raised with the Trust; and • Pathway coordinators had been hired to assist with cancer patients that received treatment via multiple providers. <p>The decline in the reported numbers of children and young people accessing mental health services was noted. ACTION: Feedback would be provided to mental health commissioning colleagues on the observed trend and any data capture issues.</p> <p>A CAMHS summit would be taking place which would discuss new models of provision. This would seek to address systemic issues which had led to long waits on CAMHS SPA. A plan was in place to address SPA by the end of March 2020. Conversations were noted to be taking place to bring that date forward and recruitment was ongoing. A funding application to NHS England had been unsuccessful and disappointment was expressed that transformation funding would therefore need to be used to address the backlog.</p> <p>Work was underway in respect of Data Quality and Improvement Plans that would establish a roadmap to improving contractual data collection issues eg around SABP. The work which had taken place to collate and present information was welcomed. There was a desire to see the provision of mental health data improved to a similar standard. However, it was noted that this could not be included as a requirement in community contracts in the same way, due to host commissioning arrangements. A more strategic piece of work was taking place across Surrey to improve this data.</p> <p>Stroke services had received a SSNAP rating of 'A' in Q1. Work was underway to look at the stroke review work from both an ICS and ICP perspective. This could look at whether, for example, Woking might be used to centralise expertise for Stroke rehab. The Surrey wide stroke review had been included on the risk register.</p> <p>Members noted a query around the impact of NHS guidance around gender self-identification and the reporting of mixed sex accommodation.</p> <p>RESOLVED that:</p>	<p style="text-align: center;">JW</p>	<p style="text-align: center;">Nov 2019</p>

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	The contents of the report and in particular the exceptions outlined in the Executive Summary be NOTED .		
11	<p>Community Services Performance Report</p> <p>Jack Wagstaff presented the paper.</p> <p>Community nursing was one of the biggest elements of the community contract. Performance data showed growth in caseloads over the summer months. Performance was noted to be consistently below the expected levels of activity. There were notable trends in staff availability that gave rise to the potential for concern. Whilst the service was provided via agency staff where required, vacancies and absences had the potential to raise quality issues for patients. Concerns about the amount of workforce and the related quality of care that could be delivered within the system would be monitored through contractual discussions.</p> <p>ACTION: Members were asked to let Jack Wagstaff know of any detailed clinical questions about the report and he would collate the answers and send them to Members.</p> <p>Members agreed that the information should be shared at the ICP level. In terms of presenting the information at Delivery Board, there was a preference that the data should be accompanied by a summary explanation and rationale.</p> <p>RESOLVED that:</p> <p>The paper was NOTED.</p>	ALL	Nov 2019
12	<p>Local Asset Replacement Programme (LARP) Budget</p> <p>Jack Wagstaff presented the paper.</p> <p>The Local Asset Replacement Programme enabled providers to replace equipment covered under the programme. A large element of the requested funding was for the replacement of beds. It was noted that the programme enabled a significant amount of efficiency to be gained and the Finance team had expressed agreement with the requests.</p> <p>RESOLVED that:</p> <p>Funding of the assets listed in the paper (total £417k) from the CCG LARP budget was APPROVED.</p>		

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13	<p>NHS North West Surrey CCG Medicines Optimisation Group (MOG) Minutes 4 September 2019</p> <p>The Clinical Executive received the minutes from the September Medicines Optimisation Group meeting.</p> <p>RESOLVED that:</p> <p>The minutes of the MOG meeting held on 4 September 2019 be received and NOTED.</p>		
14	<p>Area Prescribing Committee (APC)</p> <p>The Clinical Executive received and considered the minutes and recommendations from the July and September 2019 meetings of the Area Prescribing Committee.</p> <p>Members welcomed the work on Wound Management and Persistent Non-Malignant Pain Guidelines and discussed ways in which good work might be circulated more widely.</p> <p>ACTION: Linda Honey to check whether the Surrey Management Formula had been shared via the Pad. Persistent Non-Malignant Pain Guidelines would be shared in a future Spotlight. Other ways of cascading good practice to be considered e.g. emails targeting specific information such as 'practice managers please circulate this to your wound specialists'.</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> 1. The APC minutes from the July and September 2019 meetings be received and NOTED; and 2. The following policy statements / pathways / policies be APPROVED: <ul style="list-style-type: none"> <u>July APC</u> • APC 425-2019: Skin Camouflage • APC 426-2019: Celecoxib • APC 427-2019: Etoricoxib • APC 428-2019: Duavive • APC 429-2019: Latanoprost / Timolol • Liothyronine Shared Care • MART Duoresp • MART Fobumix • MART Fostair • SMART Symbicort • Lithium Information Sheet • Wound Management Formulary • Emollient Guidelines and Summary 	LH	Nov 19

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	<ul style="list-style-type: none"> • Persistent Non-Malignant Pain Guidelines • PAD Governance Process Documents <u>September APC</u> • APC 343-2019 - Biosimilar Insulin • APC 446-2019 - Orodispersible Risperidone • APC 447-2019 - AAI • APC 448-2019 - Risankizumab • APC 449-2019 - Ertugliflozin • Psoriasis Pathway • DOAC Counselling Info • DOAC PIL • APC Shared Care Communication • Patient Info for Aliskiren / Bath and Shower Preps / Dronedarone / Minocycline / Silk Garments 		
15	<p>Hydroxychloroquine Retinopathy Screening – Options Appraisal</p> <p>Linda Honey presented the paper.</p> <p>The Clinical Executive noted the current concerns within the Ophthalmology team with respect to capacity and discussed the potential options for Hydroxychloroquine retinopathy screening. Members considered the three options set out in the paper, alongside a potential alternative approach in utilising another existing service for provision such as Diabetic Retinopathy.</p> <p>Members noted the lack of appetite within current providers to extend the coverage of their services. Noting the level of clinical risk, pressure on the service and relatively low cost involved. Members discussed the options for a fully commissioned service. A commissioned provider would be responsible for the running of the entire service, including interpretation of screening and calling patients in for appointments. It was noted that the costs involved were estimated at this stage.</p> <p>Support was expressed in principle for Option 3 as set out in the paper commissioning a full service through a third party provider. Members agreed that there were matters that would need to be resolved prior to the agreement of a contract. This included the referral of new patients in and rheumatology risk. It was important that requirements were specified in the pathway from the point of initiation of the drug by trusts. These requirements should be included contractually in the service specification.</p> <p>ACTION: Linda Honey to update information to remove “there is no specialist requirement for support”.</p>	LH	Nov 2019

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	<p>RESOLVED that:</p> <ol style="list-style-type: none"> 1. The options outlined in the paper be NOTED; and 2. The option for a fully commissioned service for the provision of Hydroxychloroquine retinopathy screening for NWS CCG was SUPPORTED with the intention for this to move forward at a Surrey Heartlands level. 		
16	<p>AOB</p> <p>Fluoxetine NHS England had placed Fluoxetine on the Serious Shortage Protocol. The Clinical Executive noted that there was no need for GPs to change the prescription. However, there was additional guidance in place.</p> <p>Brexit prep Members discussed whether it would be helpful to have a system to collate issues or themes of steps people were taking with regard to Brexit. A key issue would be how escalation would take place if something couldn't be sourced and how that data would be collated. It was noted that the message with regard to additional medication requests was that over-prescriptions should not be agreed.</p>		
17	<p>Top Risks Identified</p> <p>The following risks were noted to have been identified from the discussions at the meeting:</p> <ul style="list-style-type: none"> • Dermatology • Diagnostics • Childrens Mental Health • Hypdroxychloroquine. 		
18	<p>Meeting Close</p> <p>The meeting closed at 15.40.</p>		
<p>Future Meeting Dates: Unless otherwise advised all meetings to be held at NWS CCG offices, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> • Wednesday 13 November 2019 			
<p>Signed and agreed by:</p> <p style="text-align: right;">Date: 13 November 2019</p> <p>Dr Jags Rai, Clinical Executive Chair</p>			

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<p>Minutes agreed for publication by:</p> <p style="text-align: right;">Date: 13 November 2019</p> <p>Jack Wagstaff, NWS CCG ICP Director</p>			