

Agenda item: 18

Paper no: GB39-18

Committee:	Governing Body (Part One)	Date: 26/03/2018
Venue:	NWS CCG 58 Church St, Weybridge, Surrey, KT13 8DP	
Title of Report	Governing Body's Committees' Approved (part one) Minutes	
Status:	For : Information	

Presented by:	Dr Charlotte Canniff, Clinical Chair
Executive Lead:	Dr Charlotte Canniff, Clinical Chair And other GB Committees' Chairs'
Author(s):	Secretariat
Finance Lead Sign off	Name: n/a Date:

Relevant Legislation and Source Documents		
Conflict of Interest	None identified	X
Governance and Reporting (relevant committees/forums the paper has previously been presented to)	Committee: Appropriate Committee for approval. Date: Outcome:	Committee: Date: Outcome:
Freedom of Information The Author considers: Please tick(✓) as appropriate and delete other option :	Open – no exemption applies	

Attachments:	
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<p>Executive Summary</p> <p>Approved Minutes and current updates from the following Governing Body Committees' (Part One) are presented for noting:</p>

- Clinical Executive (*Dr Jags Rai*)
 - 8 November 2017
 - 13 December 2017
 - 10 January 2018.
 - Strategic Finance Committee (*Dr Will McKee D.Litt*)
 - 18 December 2017
 - 22 January 2018.
 - Audit and Risk (*Paul Hopper*)
 - 13 November 2017.
- Quality Committee (*Julia Dutchman-Bailey*)
- 21 December 2017.

Implications:

Health/CCG strategic objectives	n/a
Financial/Resource	n/a
Legal/compliance	n/a
Equality Analysis	n/a
Patient and Public Engagement	n/a
Risk (including reputational) and rating	n/a

Recommendation(s):

TO NOTE

Next Steps:

n/a	
Date of paper	26/03/18



North West Surrey
Clinical Commissioning Group

For further information contact

Secretariat : elizabeth.ure@nhs.net

North West Surrey CCG
Approved Minutes of the Clinical Executive Part One
Held on : 8 November 2017
At : NWS CCG, 58 Church St, Weybridge, Surrey, KT13 8DP.

Present:

Job Title	Name	Attended / Apology
Clinical Executive Chair	Dr Jags Rai (JRa)	✓
NW Surrey Clinical Chair	Dr Charlotte Canniff (CC)	✓
Accountable Officer	Matthew Tait (MT)	✓
Clinical Chief of Leadership & Development	-	-
Clinical Chief of Quality, System Redesign & Medicines Optimisation	Dr Richard Barnett (RB)	✓
Woking Locality Lead & Clinical Chief of Contracts & Performance	Dr Deborah Shiel (DS)	✓
Woking Locality Lead	Dr Chrissie Clayton (CCI)	✓
Woking Locality Lead	Dr Alex Henderson (AH)	✓
SASSE Locality Lead	Dr Diljit Bhatia (DB)	✓
SASSE Locality Lead	-	-
Thames Medical Locality Lead	Dr Asha Pillai (AP)	✓
Thames Medical Locality Lead	Dr Layth Delaimy (LD)	✓
Thames Medical Locality Lead	-	-
Planned Care Clinical Lead	Dr Beth Coward (BC)	A
NWS CCG Managing Director	Karen Thorburn (KT)	✓
Surrey Heartlands Partnership Chief Finance Officer	Karen McDowell (KM)	✓
Surrey Heartlands Partnership Executive Director of Strategic Commissioning	Sumona Chatterjee (SCh)	✓
Surrey Heartlands Partnership Executive Director of Quality	Clare Stone (CSt)	A
Associate Director of Medicines Optimisation	Linda Honey (LH)	✓
Programme Lead Dementia & Carers, & Mental Health	Dr Yvonne Collins (YC)	✓
Joint Clinical Lead for Women & Children; Joint Clinical Lead for Mental Health	Dr Lydia Drepaul (LDr)	✓
Surrey County Council Deputy Director of Public Health	Ruth Hutchinson (RH)	✓
Surrey County Council Area Director : Adult Social Care – NW Surrey – Voting Proxy	Ruth Hutchinson (RH)	✓
In Attendance:		
Director	Anthony Shipley (AS)	✓
Governing Body & Committees Administrator	Elizabeth Ure (EU)	✓
Head of Planned Care	Narinder Bedi (NB) (Item14)	✓

No.	Item Description	Actions
1	Welcome, Apologies & Proxies - Chair	
	<p>The Chair, Dr Jags Rai (JRa) welcomed attendees and declared the Clinical Executive (part one meeting open at 1.10pm.</p> <p>JRa welcomed Karen McDowell, Surrey Heartlands Partnership Chief Finance Officer, as a member of the Clinical Executive.</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Dr Beth Coward. • Clare Stone. 	
2	Declaration of Conflict of Interest	
	<p>Clinical Executive members confirmed that :</p> <ul style="list-style-type: none"> • Their entry in the 2017-18 Register of Interests was up to date, accurate and complete. • There were no other declarations of interest pertinent to the agenda. • Their entry in the 2017-18 Hospitality, Gifts and Sponsorship Register was up-to-date, accurate and complete. 	
3	Draft Minutes from the Clinical Executive (part one) held on 11 October 2017; Actions and Matters Arising	
	<p>Draft Minutes from 11 October 2017:</p> <p>The part one minutes from the 11 October 2017 meeting were approved.</p> <p>Actions and Matters Arising:</p> <ul style="list-style-type: none"> (i) Item 3, p.3, Action completed. (ii) Item 5, p.4. Actions 1 - 4. All four actions completed. (iii) Item 6, p.5. Action 1 completed. (iv) Item 6, p.5. Action 2 : Add to Action Log. (v) Item 7, p. 6. Action 1 : Add to Action Log. (vi) Item 7, p.6. Action 2 : Add to Action Log. (vii) Item 8, p.6. Action completed. (viii) Item 10, p. 7. Add to Action Log. (ix) Item 11, p.8. Action 1 completed. 	

	<p>(x) Item 11, p. 8. Action 2 : Add to Action Log.</p> <p>(xi) Item 13, p. 10. Action completed.</p> <p>(xii) Item 14, p. 11. Action completed.</p> <p>(xiii) Item 15, p. 11. Action 1 completed.</p> <p>(xiv) Item 15, p.11. Action 2. Add to Action Log.</p> <p>(xv) Item 15, p.11. Action 3 completed.</p> <p>(xvi) Item 16, p. 12. Add to Action Log.</p> <p>(xvii) Item 17, p. 12. Actions 1 & 2 completed. Clinical Executive agreed that anonymisation of the MOG minutes to anonymise patient identification only.</p> <p>(xviii) Item 18, p. 12. Action completed.</p> <p>(xix) Item 19, p.13. Action completed.</p> <p>(xx) Item 21, p. 14. It was agreed that the Survey Monkey link be resent to all Clinical Executive members.</p> <p><i>Post meeting note : this has been completed.</i></p> <p>(xxi) Item 22, p.14. Action 1 : Sumona Chatterjee (SCh) noted that there are two different systems operational at present while the new CAMHS contract is implemented. A follow-up CAMHS workshop is planned for 22 November 2017. To add to Action Log for SCh.</p> <p>(xxii) Item 22, p.15. Action 2 : Matthew Tait (MT) advised good progress has been made however the referral process needs to be clarified. SCh said the Surrey Heartlands Partnership (SHP) needs to know that the workshop recommendations will be deliverable. Add to Action Log.</p> <p>(xxiii) Item 24, p. 15. Add to Action Log.</p>	
4	Action Log	
	<p>Action no's 107, 108 and 109 were noted as completed.</p> <p>Action 110 was not yet completed and to remain on Action Log.</p>	
5	Hypertension Project	
	<p>LH introduced the report and asked Clinical Executive to support the project to increase the prevalence of patients with hypertension and to increase the number of patients who have a BP recorded of <150/90.</p>	

	<p>The Medicines Optimisation Team was supporting this piece of work by:</p> <ul style="list-style-type: none"> • Running a search in all practices to identify undiagnosed patients with hypertension who would then need to be reviewed and treated appropriately. • Identifying the top five practices with a high percentage of patients with BP >150/90 using QOF data. MOT will produce a list of these patients for the practice prescribing leads so that these patients can be called in for a consultation to have their medication reviewed. <p>A discussion took place about the proposed pieces of work. The search to identify undiagnosed patients was supported. Further discussion took place about patients with BP > 150/90.</p> <p>It was noted that current QOF Searches in EMIS count those not attending for blood pressures check as not having achieved the target and therefore these searches may not be truly accurate in identifying the top five practices.'</p> <p>It was felt that further work may need to be done when the results of this search have been obtained to help address this cohort of patients e.g. working with community pharmacists.</p> <p>This will be brought back to Clinical Executive for further discussion in January 2018.</p> <p>Action : LH to bring a paper on Hypertension to the January 2018 Clinical Executive meeting.</p>	<p>LH</p>
<p>6</p>	<p>Medicines Optimisation Group (MOG) (a) Minutes and (b) Terms of Reference</p>	
	<p>(a) The following queries relating to the 4 October MOG Minutes were raised :</p> <ul style="list-style-type: none"> i. Item 4.c 'Overspent Practices'. Dr Chrissie Clayton (CCI) inquired if this information was circulated to those practices which were overspent. LH confirmed this was the case. ii. Item 4.d 'Catheters'. Dr Lydia Drepaal (LDr) inquired about the supply of catheters to patients. <p>LH said that catheters can be supplied via a community pharmacy or a designated appliance contractor (DAC) and it would be unusual for a patient to receive supplies from both a DAC and a community pharmacy</p> <ul style="list-style-type: none"> iii. Item 5 'Budget 17/18 and QIPP. CCI referred to the line regarding the use of Nutripem liquid for children with constipation and requested clarification. CCI also inquired 	

	<p>about the sensitivity reporting of pivmecillinam for UTIs.</p> <p>LH said that there had been anecdotal reports that Nutriprem liquid (more expensive than powder) was better for children with constipation and this was being investigated currently to see if there is evidence to support this. In relation to sensitivity reporting for UTIs pivmecillinam is still not reported despite communication with BPS requesting this change to be made. It was agreed that LH would link with Dr Deborah Shiel (DS) in her role as Clinical Chief of Contracts & Performance to progress this matter.</p> <p>Action : LH to feedback evidence for the use of nutriprem liquid in children with constipation. LH to link with DS to request BPS report sensitivities for pivmecillinam for UTI.</p> <p>iv. Item 9 'Software Solutions'. DS inquired about the option for 'Optimise'. DS inquired about the trial that will be conducted with this software option. RB said that two practices from each Locality have been chosen to undertake a trial and provided an update.</p> <p>(b) Revised Terms of Reference for the Medicines Optimisation Group</p> <p>Clinical Executive approved the revised Terms of Reference for the Medicines Optimisation Group and recommended them to be approved by the Audit & Risk Committee for submission to Governing Body for approval.</p> <p><i>LH left the meeting at 1.50pm.</i></p>	<p>LH</p>
<p>7</p>	<p>Patient Group Directives (PGDs)</p>	
	<p>RB presented the two PGD proposals for PGDs for use by Central Surrey Health (SCH) for use by the NW Surrey walk-in centres managed by SCH. These were :</p> <ol style="list-style-type: none"> 1. PGD Proposal – Ipratropium Bromide Nebuliser Solution. 2. PGD Proposal - Naproxen 250 mg Tablets. <p>CCI commented that there was a negative connotation in appendix 2 for each PGD proposal which needed to be rewritten.</p> <p>The Description of Service should be changed regarding the words 'patients unable to access their GP's' and it should also refer to Ashford & St Peter's Hospitals Foundation Trust (ASPHFT).</p> <p>Action : CCI to email RB with concerns about the wording in appendix 2 of each PGD proposal and RB to discuss these changes with SCh.</p> <p><i>Post meeting note : Action Completed.</i></p> <p>Clinical Executive approved the two PGD Proposals with the proviso</p>	<p>CCI</p>

	that the 'Description of Service' in appendix 2 for each proposal be reworded.	
8	Prescribing Clinical Network (PCN) Minutes and Policies	
	<p>The PCN minutes of 4 October 2017 were noted.</p> <p>PCN Policies and information sheets, as listed below, were approved:</p> <p>PCN 276-2017 Epiduo for acne PCN 277-2017 Roflumilast for COPD PCN 278-2017 Xiapex for Dupuytren's Contracture PCN 279-2017 Ozurdex for uveitis PCN 280-2017 Epistatus 10mg oro-mucosal solution PCN 262-2017 Testosterone gel updated Blue information sheet – testosterone gel Patient information sheet – testosterone gel</p> <p><i>MT departed the meeting at 1.55pm.</i></p>	
9	SECamb : CQC Inspection & Progress	
	<p><i>(Note this item was presented after item 12.)</i></p> <p>SCh provided an update on the progress with SECamb following the CQC's Quality inspection on the 15 – 18 May 2017 and the publication of its report on 5 October 2017.</p> <p>A Quality Summit, held in October 2017 brought together the major stakeholders, including system providers, commissioners and regulators.</p> <p>NWS CCG, as lead commissioner for Surrey, along with NHS England has identified some of the key priority actions for SECamb.</p> <p>SECamb has a new leadership and executive team. It is too soon to see the benefits of the changes that have now been instigated. However there is joint concern about the pace of change in some areas.</p> <p>CQC were expecting more to have been done within the time scales set to get the basic changes in place. There is now pressure on the System Oversight Group and SECamb to develop a system action plan to support SECamb's recovery. The System Oversight Group meets monthly, is chaired by NHS Improvement and includes all the regulators. The November meeting will be discussing the improvement plan and prioritising the top actions.</p> <p>RB said that the Medicines Management Group visited SECamb again on 27 September 2017 to review SECamb's medicine management. Following that visit the 'notice of conditions' has been removed.</p>	
10	Quality Surveillance Report	

	The Quality Surveillance Report was received and noted.	
11	Joint Strategic Needs Assessment & Place-Based Health & Care Profiles for Surrey, in particular North West Surrey	
	<p><i>(Note ; this item was presented after item 13 and CC was present for this item.)</i></p> <p>Ruth Hutchinson (RH) provided an overview of the Joint Strategic Needs Assessment (JSNA) and Place-Based Health and Care Profiles for Surrey. The place based profiles are available for each Surrey CCG. Both tools have been refreshed based on feedback from stakeholders and consultation with CCGs in particular. Further feedback for future versions is welcomed. Please contact the public health team at Surrey County Council.</p> <p>These tools went live w.c. 6 November 2017 and the Surrey County Council (SCC) Public Health team has offered to give presentations of the profile and work with CCG officers if they would like to interrogate the information further. Contact: Anu Shaikh on 020 8541 7818 or anupama.shaikh@surreycc.gov.uk</p> <p>RH was unable to show the presentation prepared for Clinical Executive members due to the IT not working. RH requested Secretariat to send the presentation to Clinical Executive members.</p> <p>Action (1): Secretariat to send the JSNA and PBHSP presentation to Clinical Executive members.</p> <p>DS suggested that when looking at population figures for the CCG the data from the GP registered population provided a more accurate picture as the data for 'resident population' masked the true figure.</p> <p>Members of the Clinical Executive raised concerns about the knee replacement data as it gave the wrong impression.</p> <p>Action (2) RH to remove the knee replacement statement from the executive summary.</p> <p><i>Post meeting note (1) : the knee replacement statement was removed from the web version of the executive summary that day (8 November 2017).</i></p> <p><i>Post meeting note (2) : SCC Public Health (SCC PH) uses a range of published data sources to produce the profiles. For the knee replacement indicator, the Public Health England (PHE) Local Health website is used. The reason for using this data source is to highlight health inequalities in small areas within the CCGs (as this data set includes data at ward to CCG level). Hence, the data is pooled over a 5-year period. At the time of producing the profiles, only 2010/11 – 2014/15 was available. This data from PHE was updated the day after the publication of the profiles. The profiles are now being updated with the most recent data (2011/12-2015/16). However, the metric spans a 5 year period which may mask any dramatic changes</i></p>	<p>Secretariat</p> <p>RH</p>

	<p><i>in 2016/17.</i></p> <p><i>To gauge the impact of the work programme around MSK, SCC PH needs to look at annual trends. The HES database will provide the requisite data. Currently the public health team does not have access to HES. The public health team is liaising with Chrysi Kirtay and Daron Redwood from NWS CCG to get the MSK annual data. Once shared, this annual trend will be added alongside the 5-year trend.</i></p> <p>RB noted the inverse relationship of cancer screening and mortality and suggested that the CCG should be encouraging people to go to screening.</p>	
12	<p>Clinical Engagement with SABP Visits</p>	
	<p>RB advised Clinical Executive that NWS CCG has been asked to visit SABP provider sites by the hosts for that contract. This was part of the contract, to ensure that the work they are carrying out was as the CCG required.</p> <p>RB requested clinical volunteers to join these visits. There are nine dates which Secretariat will send to Clinical Executive clinicians for their responses.</p> <p>Action : Secretariat to send dates for SABP visits to Clinical Executive clinicians and ask for volunteers to attend.</p> <p><i>Post meeting note : 8/11/2017 Email with SABP dates as above has now been sent to Clinical Executive.</i></p>	<p>Secretariat</p>
13	<p>Update from Localities</p>	
	<p>1. Woking :</p> <p>DS advised that some of the Woking general practices still use DXS however as DXS is not updated and the GPs do not have access the current forms. Also, the practices have not been informed that DXS is not being updated.</p> <p>KT advised that there had been an approved plan to move from DXS to EMIS and that the intention was to retain DXS as a repository for pathway information and resources only. KT will liaise with Narinder Bedi to secure an updated position on the use of DXS and to reissue the communication through Spotlight. At DS's request, the original email will also be resent out to all practices and to reissue the new forms.</p> <p>Action (1) : KT will liaise with Narinder Bedi to secure an updated position on the use of DXS is provided to CE</p> <p>Action (2) : KT to arrange and to reissue the communication through Spotlight and to identify the original email communication and reissue.</p>	<p>KT</p> <p>KT</p>

	<p>Dr Asha Pillai (AP) inquired if the older forms were valid, especially if the new forms were not available or to hand.</p> <p>DS requested that the CCG issue a statement of where updated forms are located and ensure that there is contact information provided. DS also requested that someone be tasked to go through all template forms to ensure that current forms are the only ones provided.</p> <p>Action (3) : KT to ensure that the CCG issue a statement of where updated forms are located and ensure that contact information was provided and to ensure that all current template forms are available and older forms replaced wherever needed.</p> <p><i>Dr Charlotte Canniff (CC) arrived at 2.15pm.</i></p> <p>2. Thames Medical :</p> <p>AP said that Thames Medical Locality was not getting any benefits from Locality Hubs and asked what plans were in place to provide locality hub service following the Weybridge fire. KT advised that the team was working with CSH Surrey to look at options to provide hub type services to the Thames Medical population. Thames Medical patients eligible for hub services will be able to be referred to the Woking Bedser Hub and transport arrangements are being developed.</p> <p>Action (4) : KT to ask the team to update Clinical Executive on the arrangements for Locality Hub development in both Ashford and Weybridge, including options for the reactive service.</p>	<p>KT</p> <p>KT</p>
14	e-RS Paper Switch-off Project Update	
	<p>JRa invited Narinder Bedi (NB) to present an update on progress made to date with the e-RS Paper Switch-off Project.</p> <p>NB said the first Steering Group meeting for this project was held jointly with ASPHFT in October and additionally an operational sub-group has been formed.</p> <p>The CCG sends approximately 70% of its routine referrals to ASPHFT through e-RS, and the project was now looking at Two Week Wait referrals.</p> <p>An options paper was presented to CE last month, this has been reviewed with ASPHFT who advised that an option exists where patients could book their appointment themselves on-line once the GP had generated a booking request.</p> <p>AP said this option may have indemnity issues for GPs.</p> <p>KT said that the CCG would only agree to do something if it was safe to do so.</p> <p>DS noted that the paper did not indicate who would be financing this</p>	

	<p>project and asked if GPs received funding for this. NB stated that there was no additional funding for this project. AP challenged the 60 second rule for generating the booking request.</p> <p>KT suggested that the CCG invite NHS Digital and NHS England to attend the next Clinical Executive meeting.</p> <p>Action (1) : KT and NB to arrange for NHS Development Digital to attend Clinical Executive to answer GP questions.</p> <p>CC inquired about how Guildford & Waverley CCG and Surrey Downs CCG were taking this project forward.</p> <p>Action (2) : NB to make inquiries with Guildford & Waverley CCG and Surrey Downs CCG about how they were taking the e-RS Paper Switch-off project forward.</p> <p>JRa thanked NB for presenting this item and NB left the meeting.</p>	<p>KT</p> <p>KT</p>
15	Adult Substance Misuse Service Reprourement update	
	<p>Further to the detailed paper presented at the 11 October 2017 Clinical Executive meeting, RH provided a brief update on the proposed changes for the Adult Substance Misuse Service reprourement.</p> <p>Changes to the provision of substance misuse from April 2018 are being made as a result of: national guidance, a series of local, Surrey, need assessments and a reduction in the national public health grant.</p> <p>The change involves the integration of community substance misuse treatment and the current contract with SABP for tier 3 and 4 provision has been extended.</p> <p>SABP will partner with Catalyst to deliver all tiers of adult substance misuse treatment under the service name 'I access'. 'I access' will provide universal treatment for drug and alcohol treatment for drug and/or alcohol dependency and/or multiple need and will include pathways for those in the criminal justice system.</p> <p>Dr Yvonne Collins (YC) said that there was a reduced budget for this procurement and RH advised that this was for a two year extension of the contract but with a reduced envelope and this was why there was a redesign process occurring.</p> <p>The redesign of the substance misuse system is overseen by a programme board (Integrated Substance Misuse Treatment Programme Board) which reports to the Substance Misuse Partnership which in turn reports to the Community Safety Partnership.</p> <p>CE noted that Dr Yvonne Collins sits on the Substance Misuse Partnership.</p> <p>Sumona Chatterjee asked who from CCG commissioning was on the programme board. RH confirmed that this was Stephen Murphy,</p>	

	<p>Mental Health Commissioner. (Dr Julia Chase from SD CCG also sits on the programme board)</p> <p>Action : RH and the Public Health team to continue to update the Clinical Executive.</p>	<p>RH</p>
<p>16</p>	<p>Surrey Sexual Health Services Update</p>	
	<p>RH provided an update on the Surrey Sexual Health Services.</p> <p>The Blanche Heriot patient working group was meeting every fortnight to ensure a safe transfer and that the patient feedback into the process was ongoing. Nigel Flynn attends this group.</p> <p>CCI suggested that cards with contact information and opening times be provided to General Practices so that GPs were able to hand these to people.</p> <p>Action (1) : RH to follow up suggestion that cards with contact information and opening times be provided to General Practices.</p> <p><i>Post meeting note: Lisa Andrews has discussed proactive communication with the team and CNWL and the Comms plan is being updated. A request has been made for more patient information to be available to promote the service this will be shared with general practice.</i></p> <p>CCI and RB noted that people with STIs were not able to get urgent appointments.</p> <p>Action (2): RH to inquire why people were not able to get urgent appointments for STIs.</p> <p><i>Post meeting note : Public health has given this feedback to CNWL. The service is now mainly booked appointments however emergency patients can walk in and the website will be updated to reflect this. The website now has appointments available 4 weeks in advance on a rolling basis. Contact details for CNWL :</i></p> <p><i>www : www.sexualhealth.cnwl.nhs.uk</i></p> <p><i>P : 020 3317 5252 (staffed Monday to Friday 9am – 5pm)</i></p> <p><i>E : sexualhealth.cnwl@nhs.net</i></p> <p>DS commented that the website needed to be updated to enable GPs to find out who are the teams to be contacted and their details. RH said the information was on the website. RH will advise appropriate colleagues of this feedback that the contact information was hard to find.</p> <p>It was noted that the Runnymede Centre providing this service was still not open and RH said this was due to an estates problem.</p> <p>Action (3) : RH to update Clinical Executive about the Runnymede Centre service at the December Clinical Executive meeting.</p>	<p>RH</p> <p>RH</p> <p>RH</p> <p>RH</p>

	<p>CC inquired if data was being collated regarding Surrey patients who were receiving treatment outside of the county footprint and RH said this was occurring and being monitored. Sexual health services are 'open access' so we will always have residents accessing services out of area. SCC keep a log of all of out-of-area spend and it is mainly with South West London boroughs. The majority of these boroughs are now on the same integrated tariff meaning that it costs the same for if a resident is seen in a Surrey service or a London service. From a quality perspective Surrey County Council Public Health wants to ensure that as many of local residents are seen in Surrey as possible.</p> <p>CC asked if a NW Surrey representative, possibly a SASSE GP could attend the sexual health contract meetings. RH said this had been an open invitation and Public Health would welcome the ongoing input.</p> <p>Action (4): CC to ask for any interest from a SASSE GP and to liaise with Lisa Andrews and RH for further details.</p>	CC
17	Any Other Business	
	<p>KT advised Clinical Executive that ASPHFT have responded to a request from NWS CCG to provide flu injections for CCG staff.</p> <p>ASPHFT have responded by offering this service at cost and the CCG will provide this service to staff for free. On 20 November 2017 an ASPHFT health nurse will come to NWS CCG and appointments have been made for all staff who wish to receive this inoculation.</p> <p>This service for CCG staff will be continued going forward.</p>	
18	Dates of Next Meetings	
	<p>All meetings of the Clinical Executive will be held at the NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> • Wednesday 13 December 2017 • Wednesday 10 January 2018 • Wednesday 21 February 2018 (later date due to Surrey Schools' half- term) • Wednesday 14 March 2018 • Wednesday 18 April 2018 (Later date due to Easter) • Wednesday 9 May 2018. • 	
19	Closure	
	<p>JRa declared the Part One meeting of the Clinical Executive closed at 3pm.</p>	

Decision Log:

Agenda No	Action	Lead
3	Draft Minutes from 13 September 2017	Approved
4	Action Log	Noted
5	Hypertension Project	Noted
6	Medicines Optimisation Group	i. Noted ii. Approved
7	Patient Group Directives (PGDs)	Approved
8	Prescribing Clinical Network (PCN) Minutes and Polices	i. Noted ii. Approved
9	SECAmb : CQC Inspection and Progress	Noted
10	Quality Surveillance Report	Noted
11	Joint Strategic Needs Assessment & Place-Based Health & Care Profiles for Surrey, in particular North West Surrey	Noted
12	Clinical Engagement with SABP Visits	Noted
13	Update from Localities	Noted
14	e-RS Paper Switch-off Project Update	Noted
15	Adult Substance Misuse Service Reprocurement Update	Noted
16	Surrey Sexual Health Service Update	Noted
17	Other Business	Noted

**North West Surrey CCG
Authorised Minutes of the Clinical Executive Part One
Held on : 13 December 2017
At : NWS CCG, 58 Church St, Weybridge, Surrey, KT13 8DP.**

Present:

Job Title	Name	Attended / Apologies
Clinical Executive Chair	Dr Jags Rai (JRa)	✓
NW Surrey Clinical Chair	Dr Charlotte Canniff (CC)	✓
Accountable Officer	Matthew Tait (MT)	✓
Clinical Chief of Leadership & Development	-	-
Clinical Chief of Quality, System Redesign & Medicines Optimisation	Dr Richard Barnett (RB)	✓
Woking Locality Lead & Clinical Chief of Contracts & Performance	Dr Deborah Shiel (DS)	✓
Woking Locality Lead	Dr Chrissie Clayton (CCI)	✓
Woking Locality Lead	Dr Alex Henderson (AH)	✓
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Thames Medical Locality Lead	Dr Layth Delaimy LD)	✓
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Surrey Heartlands Partnership Executive Director of Quality	Clare Stone (CSt)	✓
Associate Director of Medicines Optimisation	Linda Honey (LH)	✓
Programme Lead Dementia & Carers, & Mental Health	Dr Yvonne Collins (YC)	✓
Joint Clinical Lead for Women & Children; Joint Clinical Lead for Mental Health	Dr Lydia Drepaul (LDr)	✓
Surrey County Council Deputy Director of Public Health	Ruth Hutchinson (RH)	✓
Surrey County Council Area Director : Adult Social Care – NW Surrey – Voting Proxy	Ruth Hutchinson (RH)	✓
In Attendance:		
Director	Anthony Shipley (AS) Item 16	✓
Governing Body & Committees Administrator	Elizabeth Ure (EU)	✓
Associate Director of Programme Delivery	Jack Wagstaff (JW)	✓
Programme Manager Frail Elderly and Integrated Care	Neil Selby (NS)	✓

No.	Item Description	Actions
1	<p>Welcome, Apologies & Proxies - Chair</p> <p>The Chair, Dr Jags Rai (JRa) welcomed attendees and declared the first part of the Clinical Executive Part One meeting open at 1.07pm.</p> <p>JRa advised that agenda item 5 was withdrawn.</p> <p>No apologies were received.</p>	
2	<p>Declaration of Interest</p> <p>Clinical Executive Members confirmed that :</p> <ul style="list-style-type: none"> • Their entry in the 2017-18 Register of Interests was up to date, accurate and complete. • There were no other declarations of interest pertinent to the agenda. • Their entry in the 2017-18 Hospitality, Gifts and Sponsorship Register was up-to-date, accurate and complete. 	
3	<p>Draft Minutes from the Last Meeting of Clinical Executive Part One held on 8 November 2017, Actions and Matters Arising</p> <p>The Part One draft minutes from the 8 November 2017 meeting were approved.</p> <p>Actions and Matters Arising:</p> <ul style="list-style-type: none"> (i) Item 5, p.4, Action completed. (ii) Item 6, p.5. Action completed. (iii) Item 7, p.6. Action completed. (iv) Item 11, p.7. Action 1 completed. (v) Item 11, p.7. Action 2 completed. (vi) Item 12, p.8. Action completed. (vii) Item 13, p.9. Actions 1, 2, 3, 4 completed. (viii) Item 14, p.10. Add Action 1 and 2 to Action Log as a single action. (ix) Item 15, p.11. Action completed. (x) Item 16, p.11. Actions 1, 2, 3, 4 completed. 	

4	Action Log	
<p>Action no's 110, 111 (a) and (b), 112, 114, 116, 117, 119 and 121 were noted as completed.</p> <p>Action 113 (2) LH advised that Medicines Management was still working on an implementation plan. The Joint Programme Board has been asked to suggest a consultant to work with the CCG on the plan however there was to date no consultant available for this work.</p> <p>Action 113 (2) : A new action no. 113 (3) supersedes action no. 113 (2), which was noted as completed.</p> <p>The new action followed on from the discussion of 113 (2) : Dr Charlotte Canniff (CC) offered to speak with Dr David Fluck to request that ASPHFT nominate a consultant to work collaboratively with the CCG regarding implementation of policy statement no. 269-2017.</p> <p>Action (1) : To be numbered 113 (3) – CC to speak with Dr David Fluck to request that ASPHFT nominate a consultant to work collaboratively with NWS CCG regarding the implementation of policy statement no. 269-2017.</p> <p>Action 115 (2) : Dr Lydia Drepaal (LDr) to forward contact details for psych liaison services to Secretariat and for adding to Spotlight.</p> <p>Action 118 : Dr Alex Henderson (AH) advised that the current waiting time for SABP was 50 working days. The waiting time for BEN services was 140 working days however in November this had reduced to 100 working days.</p> <p>Sumona Chatterjee (SCh) thanked Clinical Executive for the feedback given and requested that the information about the issues identified by Dr Beth Coward (BC) and Dr Deborah Shiel (DS) be emailed by BC and DS to SCh.</p> <p>Action (2) : BC and DS to forward details of waiting times issues to SCh.</p> <p>Action 120 was discussed and closed. SCh said a paper on options going forward would be brought to Clinical Executive in February 2018. SCh also noted that SABP would like to come to Clinical Executive to present their plan.</p> <p>Action (3) : SCh to arrange for SABP to attend Clinical Executive to present their plan for the delivery of the new Surrey CAMHS contract.</p>		<p>CC</p> <p>SCh</p> <p>SCh</p>
5	Agenda item withdrawn	

6	Iron Deficiency Anaemia Pathway	
<p>Dr Chrissie Clayton (CCI) presented the draft iron deficiency anaemia pathway which was discussed.</p> <p>It was agreed that the draft pathway be brought to OLT for further consideration prior to being brought back to Clinical Executive.</p> <p>Action : Secretariat to arrange for CCI to present the draft iron deficiency anaemia pathway to OLT.</p> <p><i>Post meeting note : this has been requested.</i></p>		Secretariat
7	Medicines Optimisation Group (MOG) Minutes	
<p>DS referred to item 4 and the Optimise software pilot, to which LH advised that the pilot involved 60,000 people which was 1/5th of the NWS population.</p> <p>The pilot will start in the second week of January 2018 and the results will be made available to MOG in March 2018. A decision about preparing a business case will be taken after that.</p> <p>LH provided further information about item 12, Expensive Drugs / Specials.</p> <p>Clinical Executive noted the 1st November 2017 MOG minutes.</p>		
8	Assisted Conception Policy Update	
<p>The Assisted Conception Policy was reviewed in August 2017 by the Priorities Committee and minor amendments were made to the policy.</p> <p>Dr Richard Barnett (RB) advised that the revision included a clearer statement that people were eligibility up to the age of 39 years and 0 days.</p> <p>Dr Richard Barnett (RB) advised that the amendment to the previous policy included a clearer statement that people were eligibility up to the age of 39 years and 0 days.</p> <p>Clinical Executive requested that the revised policy be included in the next edition of Spotlight.</p> <p>Action : LH to ensure the revised Assisted Conception Policy be included in the next edition of Spotlight.</p> <p><i>Post meeting note : completed.</i></p> <p>Clinical Executive approved the revised Assisted Conception Policy.</p>		LH

9	Prescribing Clinical Network (PCN) Minutes and Policies	
	<p>Clinical Executive noted the Prescribing Clinical Network (PCN) Minutes for 1st November 2017.</p> <p>Clinical Executive approved the following PCN policies and information sheets :</p> <ul style="list-style-type: none"> • PCN 282-2017 Infliximab for immunotherapy related colitis; • PCN 283-2017 Baracitinib for RA; • PCN 284-2017 Osteoporosis. 	
10	Enhanced Health for Care Homes Programme	
	<p>JRa invited Jack Wagstaff (JW), Associate Director of Programme Delivery, and Neil Selby (NS), Programme Manager Frail Elderly and Integrated Care, to update the Clinical Executive on the progress of work to support the care home sector and its residents across NW Surrey and Surrey Heartlands, and the plans to implement the National Enhanced Health in Care Homes Framework.</p> <p>AP thanked NS for the paper and inquired where the extra resources would come from to enable the planned enhanced primary care support and MDT support as the care home teams are very small.</p> <p>JW noted that the vast majority of these resources were already in existing contracts although not yet mobilised.</p> <p>MT. KT and JW spoke about the slowness of the mobilisation of the contract with CSH and said it was now timely to assertively manage the delivery of the contract before further funding was applied.</p> <p>AP inquired about the referral route to enable people to use the Hubs and JW said this would be developed in the second phase of the enhanced programme.</p>	
11	Out-of-Season Flu and Extension to include In-Season Flu Update	
	<p>LH provided a verbal update on the request from NHS England to include in-season-flu with the out-of-season flu programme.</p> <p>KT gave an update about escalated engagement with CSH regarding commissioning them to support clinical assessment of patients in care homes identified by the Health Protection Team as having a flu outbreak both in and out of season.</p> <p>LH advised that the CCG does have immediate access to stocks of the flu antiviral from Frimley Park Hospital and the availability of the Health Protection team to assist with assessment of flu patients if a general practice reports more than one case of flu.</p> <p>Clinical Executive requested an update in Spotlight on this topic</p>	

	Action : LH to add an update in Spotlight about resources available for out-of-season flu and the NHS England request for an extension to include In-season flu.	LH
12	Update from Localities	
	<p>Woking Locality : DS advised that winter pressures and, extended access clinics will be arranged over the holiday season. The extended access shifts have been filled by Woking locality GPs and there is extra capacity available.</p> <p>Thames Medical : AP advised that winter pressures was discussed and the shifts for extended access are not yet filled. LD said that the Federation had only just released the schedule for Thames Medical so GPs may come back with their availability prior to the decision to request locum services.</p> <p>SASSE : Dr Diljit Bhatia noted that emails to GPs about extended access shifts were late and only received yesterday (12 December 2017).</p> <p><i>Anthony Shipley (Director) joined the meeting at 2.45pm.</i></p> <p>KT noted that funding from the Federation for extended access to GPs would include funding for receptionist cover and the Directory of Services (DOS) will be updated to reflect the extended access, and that an email be sent to all GPs advising them of the scheduled extended services.</p> <p>Action (1) : KT to ensure that the DOS was updated to reflect the extended access to GPs over the holiday season.</p> <p>Action (2) : KT to advise Nikki Mallinder, Head of Locality Development, and the Locality Team, to contact the Woking liaison person and request that information about GPs who are willing to work extended hours and are not on the Woking schedule, be provided to the Thames Medical and SASSE liaison person to assist with unfilled shifts, if the Woking GPs were agreeable.</p>	<p>KT</p> <p>KT</p>
13	Behavioural and Emotional Neurodevelopmental (BEN) Service for Children & Young People	
	<p>SCh provided an update of the BEN service which has now been mobilised under the new contract with SABPT.</p> <p>A review of patients was currently underway. LDr noted that all patients will be transferred in due course. LH commented that the mobilisation was going well and there has been a major reduction in complaint calls.</p>	
14	Adult Substance Misuse Service Re-procurement Update	
	RH updated Clinical Executive on the Adult Substance Misuse Service. An integrated service called 'iAccess' will go live on 1 st April	

	<p>2018.</p> <p>An Integrated Substance Misuse Treatment (ISMT) Programme Board has been established and includes members from Catalyst, SABP and Public Health as equal partners agreeing the specification for delivery. This Board meets every two weeks, and will oversee delivery and service improvement post April 2018.</p> <p>Work streams from the Board are delivered by 'task to finish' sub groups which have been set up to make recommendations on elements of service provision to the Board.</p> <p>The Programme Board is currently liaising with Dr Yvonne Collins (NWS CCG's Clinical Lead for Mental Health, Learning disabilities, Dementia and Carers); Dr Julia Chase (Surrey Heartlands Partnership Clinical Lead for Mental Health); and, Stephen Murphy (Surrey Downs CCG's Head of Collaborative Commissioning), to input into the sub groups for T2/3 and T4. This will include reviewing draft service models and contribution to options analysis where obstacles are identified. Options for the sustainability of Tier 4 are currently being developed. A more detailed paper will come to Clinical Executive in February 2018.</p> <p>LH inquired if a pharmacist was involved and JW was asked to look into this.</p> <p>Action : LH to liaise with RH regarding inviting a pharmacist to this reprocurement Programme Board.</p> <p>A reference group for service users, cares and families will be established early next year and the group will be invited to consult on the proposed pathways.</p> <p>Discussions have been taking place with Criminal Justice colleagues, including the National Probation Service, Office of the Police and Crime Commissioner, Surrey Police and Community Rehabilitation Company, to agree mitigating actions following the closure of the Integrated Offender Management Service on 31 March 2018. A draft pathway has been developed.</p> <p>A stakeholder briefing to be circulated to Clinical Executive members.</p> <p><i>Post meeting note : The stakeholder briefing was circulated on 3 January 2018.</i></p> <p><i>LDr and SCh departed at 3pm.</i></p>	<p>LH</p>
<p>15</p>	<p>Surrey Sexual Health Services Update</p>	
	<p>RH updated Clinical Executive on the Surrey Sexual Health Services.</p> <p>The formal consultation with staff on the new model of care began on 4th Dec 2017. This will run until the end of January 2018 based on</p>	

feedback from staff side representatives.

The HIV transition clinic continues to be run in the Blanche Harriot Unit (BHU) at ASPHFT on Fridays. All relevant BHU patients have been invited to attend the transition clinic. The clinic is due to run until the end of March and the phone no. for this clinic is : 020 3317 5100.

RH provided contact details for GPs re HIV patients: HIV referrals (non-urgent): HIV-referralsandadvice.CNWL@nhs.net. For urgent queries call 020 3317 5077 9:00am - 7:00pm Monday to Thursday 9:00am - 4:00pm Friday.

A Pelvic pain and dermatology meeting between NWS CCG, NHS England and Surrey County Council took place on the 13 December 2017 and it was noted that the referral route remains the same

RH advised that Lisa Andrews has fed back Clinical Executive comments and suggestions about communications to CNWL. Proactive communication has been discussed with CNWL and the communications plan is being updated. A request has been made for more patient information to be available to promote the service this will be shared with general practice.

The latest patient engagement report will be available this week on the Healthwatch and Healthy Surrey websites. The BHU Patient working group continues to meet fortnightly at ASPH. This includes patients, representatives from primary care, BHU, commissioners and CNWL. Ongoing feedback is incorporated into delivery of the new service.

Issues with booking appointments have been fed back to CNWL and continue to be monitored. The on line appointment system is working well except for Woking and the issue has been escalated for early resolution. Those under 16, in need of emergency contraception or condoms can walk in.

In addition to the quality input to the contract management from East Surrey CCG, Dr Renal Patel a NWS GP will also attend the contract meetings with CNWL.

DS asked about patient results and how these are managed.

Action : RH to ask Lisa Andrews to liaise with DS regarding the management of patient results and provide clarity for all parties in respect of results, timelines and how this information is communicated with the patient.

Post meeting note from RH: The target for test results to be communicated to patients is within 7 days. The method of communication is agreed with the patient during the screening, this is normally via text. Currently CNWL are meeting this target.

RH

16	Annual Review of Clinical Executive's Terms of Reference (ToR) and Annual Self-Assessment	
<p>JRa invited Anthony Shipley (AS) to the meeting to present the review of Clinical Executive's annual self assessment and its Terms of Reference (ToR).</p> <p>AS advised that 11 members had responded, which was a 61% return.</p> <p>The questionnaire and responses were reviewed and discussed. The main points raised were :</p> <p>i. That a better understanding of the role of the Operational Leadership Team (OLT) was wanted.</p> <p>AS said the OLT ToR would be provided to Clinical Executive. AS confirmed to the meeting that OLT was not a decision making body as its role was to review and discuss preliminary papers prior to them being further developed, before being brought to the decision making bodies such as Clinical Executive and the Quality Committee.</p> <p>It was clarified that clinicians with particular interests would be invited to OLT whenever papers being presented were relevant to their interests.</p> <p>Action (1) : AS to provide OLT ToR to Clinical Executive members.</p> <p>ii. Q6 : Induction. It was agreed that a deeper and wider induction programme should be developed to enable better understanding of the CCG and the Surrey Heartlands Partnership (SHP), as the core function of Clinical Executive was to identify key clinical risk areas.</p> <p>Action (2) : AS to manage the development of a formal induction process for new members to Clinical Executive.</p> <p>iii. Q9 : Timely distribution of Committee papers. KT noted that the output from 80+ members of CCG staff was outstanding and every endeavour is made to ensure that all papers are sent out within the statutory deadlines. However, some papers are late due to delays in receiving data from external sources.</p> <p>iv. Q13 : Scheduling of Committee meetings so decisions can be made in a timely way. CC noted that as restructuring progresses the Clinical Executive agenda will become tighter and more focused on decision making and providing assurance to Governing Body.</p> <p>Karen McDowell (KM) said that Guildford & Waverley CCG (G&W) have a clinical forum and a commissioning finance and performance committee and these bodies have meetings that last just two and a half hours. Clinical decisions are made</p>		

at the clinical forum.

Action (3) : AS to liaise with Elaine Newton (Executive Director of Comms and Corporate Affairs) regarding alignment of committees across the SHP going forward.

- v. Q14 : Mechanisms to keep Clinical Executive aware of topical, legal and regulatory issues.

It was agreed that the front sheet for each paper should reflect topical, legal and regulatory issues, in the 'Relative Legislation & Source Documents' box.

Action (4) : AS to advise Directors, Senior Management Team, and other senior staff, who contribute papers, as well as external contributors to ensure that the box 'Relative Legislation & Source Documents' box is completed.

- vi. Q18 : Reviewing the robustness of data behind reports and assurances received by Clinical Executive and Governing Body.

It was agreed that it was the role of CCG staff to ensure that the reports and assurances received were robust, and the role of the Clinical Executive and Governing Body to challenge any areas they were concerned about.

- vii. Q.20 : Monitoring of the implementation of management actions arising from quality and clinical reports.

It was acknowledged that the CCG was reliant on the information provided by providers. However the CCG was aware that at times the providers do not have good data and the gaps are discussed with the CCG.

KT noted that it was the responsibility of the CCGs committees to monitor implementation.

- viii. Q25 : Reviewing and monitoring actions taken in respect of prior year's reviews.

JRa suggested that a list of actions and decisions taken should be reviewed annually by Clinical Executive

Action (5) : AS to consider how to provide this and to then request Secretariat to add this to the Forward Planner.

- ix. Q29 : Adequate communication lines in place to allow for consultation with localities in the development of commissioning plans and reporting of decisions.

SCh commented that this will improve with the restructuring work being done with SHP.

	<p>x. Q32 : Clinical Executive active assessment of clinical outcomes for provider contracts.</p> <p>AS said that this was about governance and the Clinical Executive ToR should be revised to provide tighter guidelines.</p> <p>Action (6) : AS to include tighter guidelines regarding Clinical Executive's active assessment of clinical outcomes for provider contracts in the revised ToR.</p> <p>AS thanked Clinical Executive for their input and said an action plan will be prepared and will be brought back to the February 2018 Clinical Executive.</p> <p><i>Post meeting note : The review of the amended ToR and the Action Plan is on the 12 February 2018 Clinical Executive agenda.</i></p> <p>Clinical Executive discussed the ToR and the following suggestions for amendments to the existing ToR were made. It was agreed that the ToR quoracy should be rewritten to reflect that five practising GPs would be required to make a quorum, along with two Executives [of the CCG / of the Joint Executive Team ??].</p> <p>It was also agreed to amend the number of members required to become quorate, to account for the three currently vacant posts.</p> <p>The revised ToR to also include suggestions made in the self assessment section of this item.</p> <p>AS said the revisions would be done in conjunction with the other two CCGs within the SHP, as part of the realignment programme to ensure uniformity of governance across the three CCGs.</p> <p>JRa thanked AS and AS departed the meeting.</p>	
17	<p>Any Other Business</p>	
	<p>1. RH advised Clinical Executive that there was an outbreak of measles in North West Surrey. There were also outbreaks in some other CCG areas as well in parts of Europe.</p> <p>CC said that the CCG has a responsibility to assure about the health of its workforce. CC has written a template letter for GPs at CCs surgery for them to use for their patients and agreed to share the template with Clinical Executive.</p> <p>Action : Secretariat to forward CCs template letter for patients, about the measles outbreak, to Clinical Executive.</p> <p><i>Post Meeting Note : Action completed.</i></p> <p>RH said any person born before 1970 was immune and if people are not sure then it was suggested they receive a vaccine.</p>	<p>Secretariat</p>

	RH noted that ASPHFT has been proactively immunising their staff and a communication about this outbreak has gone to all schools.	
18	Dates of Next Meetings	
	<p>All meetings of the Clinical Executive will be held at the NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> • Wednesday 10 January 2018 • Wednesday 21 February 2018 (later date due to Surrey schools half-term) • Wednesday 14 March 2018 • Wednesday 18 April 2018 (Later date due to Easter) • Wednesday 9 May 2018 • Wednesday 13 June 2018. 	
19	Closure	
	JRa declared the Part One meeting of the Clinical Executive closed at 4.01pm.	

Decision Log:

Agenda No	Action	Lead
3	Draft Minutes from 8 November 2017	Approved
4	Action Log	Noted
5	Paper withdrawn	Withdrawn
6	Iron Deficiency Anaemia Pathway	Noted
7	Medicines Optimisation Group (MOG) Minutes	Noted
8	Assisted Conception Policy Update	Approved
9	Prescribing Clinical Network (PCN) Minutes and Policies	i. Noted ii. Approved
10	Enhanced Health for Care Homes Programme	Noted
11	Out-of-Season Flu and Extension to include In-Season Flu Update	Noted
12	Update from Localities	Noted
13	Behavioural and Emotional Neurodevelopmental (BEN) Service for Children & Young People	Noted
14	Adult Substance Misuse Service Re-procurement Update	Noted
15	Surrey Sexual Health Services Update	Noted
16	Annual Review of Clinical Executive's Terms of Reference (ToR) and Annual Self-Assessment	i. Noted ii. Noted
17	Any Other Business	Noted

North West Surrey CCG

Authorised Minutes of the Clinical Executive Part One

Held on : 10 January 2018

At : NWS CCG, 58 Church St, Weybridge, Surrey, KT13 8DP.

Present:

Job Title	Name	Attended / Apologies
Clinical Executive Chair	Dr Jags Rai (JRa)	✓
NW Surrey Clinical Chair	Dr Charlotte Canniff (CC)	A
Surrey Heartlands CCGs Joint Accountable Officer	Matthew Tait (MT)	A
Clinical Chief of Leadership & Development	-	-
Clinical Chief of Quality, System Redesign & Medicines Optimisation	Dr Richard Barnett (RB)	A
Woking Locality Lead & Clinical Chief of Contracts & Performance	Dr Deborah Shiel (DS)	✓
Woking Locality Lead	Dr Chrissie Clayton (CCI)	✓
Woking Locality Lead	Dr Alex Henderson (AH)	✓
SASSE Locality Lead	Dr Diljit Bhatia (DB)	✓
SASSE Locality Lead	-	-
Thames Medical Locality Lead	Dr Asha Pillai (AP)	✓
Thames Medical Locality Lead	Dr Layth Delaimy LD)	A
Thames Medical Locality Lead	-	-
Planned Care Clinical Lead	Dr Beth Coward (BC)	✓
NWS CCG Managing Director	Karen Thorburn (KT)	A
Deputy for KT	Jack Wagstaff (JW)	✓
Surrey Heartlands CCGs Chief Finance Officer	Karen McDowell (KM)	A
Deputy for KM	Claire Fuller (CF)	✓
Surrey Heartlands CCGs Executive Director of Strategic Commissioning	Sumona Chatterjee (SCh)	✓
Surrey Heartlands CCGs Executive Director of Quality	Clare Stone (CSt)	A
Associate Director of Medicines Optimisation	Linda Honey (LH)	✓
Programme Lead Dementia & Carers, & Mental Health	Dr Yvonne Collins (YC)	A
Joint Clinical Lead for Women & Children; Joint Clinical Lead for Mental Health	Dr Lydia Drepaul (LDr)	✓
Surrey County Council Deputy Director of Public Health	Ruth Hutchinson (RH)	✓
Surrey County Council Area Director, Adult Social Care – NW Surrey – Voting Proxy	Ruth Hutchinson (RH)	✓
In Attendance:		
Governing Body & Committees Administrator	Elizabeth Ure (EU)	✓
Director of Children & Young People's Services SABP	Justine Leonard (Pt 1 item 5)	✓

Clinical Lead CYPS, SABP	Dr Phil Ferreira-Lay (Pt 1 item 5)	✓
Executive Director of Nursing CYPS, SABP	Jonathan Warren (Pt 1 item 5)	✓

No.	Item Description	Actions
1	Welcome, Apologies & Proxies - Chair	
	<p>The Chair, Dr Jags Rai (JRa) welcomed attendees and declared the first part of the Clinical Executive Part One meeting open at 1.07pm.</p> <p>JRa advised that agenda items 6, 7 and 15 were withdrawn.</p> <p>Apologies were received from :</p> <ul style="list-style-type: none"> • Dr Layth Delaimy • Karen Thorburn • Matthew Tait • Dr Charlotte Canniff • Clare Stone • Karen McDowell • Dr Richard Barnett • Dr Yvonne Collins. <p>JRa noted that Jack Wagstaff (JW) was attending the meeting as a deputy for Karen Thorburn, and Claire Fuller (CF) was attending as a deputy for Karen McDowell.</p>	
2	Declaration of Interest	
	<p>Clinical Executive Members confirmed that :</p> <ul style="list-style-type: none"> • Their entry in the 2017-18 Register of Interests was up to date, accurate and complete. • There were no other declarations of interest pertinent to the agenda. • Their entry in the 2017-18 Hospitality, Gifts and Sponsorship Register was up-to-date, accurate and complete. 	
3	Draft Minutes from the Last Meeting of Clinical Executive Part One held on 13 December 2017, Actions and Matters Arising	
	<p>The Part One draft minutes from the 13 December 2017 meeting were approved with the following amendments :</p> <ul style="list-style-type: none"> • Item 12, 1st para, line 2. Add 'will be arranged over the holiday season'. <p>Actions and Matters Arising:</p> <p>(i) Item 4, p.3. Action (1) : Linda Honey (LH) advised that Dr Z Chen has agreed to work with the CCG on PCN Policy No.</p>	

	<p>269-2017. Action completed.</p> <p>(ii) Item 4, p.3. Action (2) : Add to Action Log.</p> <p>(iii) Item 4, p. 3/4. Action (3) completed.</p> <p>(iv) Item 6, p.4. Action was discussed and it was requested that this be reinstated onto the OLT agenda.</p> <p><i>Post meeting note : Action completed.</i></p> <p>(v) Item 8, p.4. Action completed.</p> <p>(vi) Item 11, p.6. It was agreed that this action occur after the end of the current in-season flu period. Add to Action Log.</p> <p>(vii) Item 12, p.6. Actions (1) and (2) were noted as completed.</p> <p>A new action was raised as follows :</p> <p>Action : Sch to provide a paper on the results of the extra GP sessions provided over the holiday season and to include a request for feedback for future working.</p> <p>(viii) Item 14, p.7. Action completed.</p> <p>(ix) Item 15, p.8. Action completed.</p> <p>(x) Item 17, p.11. Action completed.</p>	Sch
4	Action Log	
	<p>Action no. 113 (3) was noted as completed.</p> <p>Action 115 (2) : Dr Lydia Drepaul (LDr) provided the following information to be inserted into the next edition of Spotlight:</p> <p>‘GPs to refer to the Service Directory if they wish to speak to someone on the SABP team. If the matter is clinically urgent, GPs to contact the Duty Person. If there is still a query then to direct their query to the CCGs mental health team, Safron Simmonds, Commissioning Manager, Mental Health & Learning (Mon – Thurs) M: 07900 737 221; or, Kathryn Croudace, Head of Collaborative (Mon – Wed) M: 07500 891294 or T: 01372 232412, who will look into the matter and take to the Clinical Lead if needed.’</p> <p>Clinical Executive noted that the Service Directory had been provided as a hard copy to all GPs and requested that an electronic copy be sent out to all GPs.</p> <p>Action 115 (2) was noted as completed.</p> <p>Action 118 : It was agreed that this issue be raised with Martyn Munro in the part two meeting and the action was closed.</p>	

	<p>Action 122 (1) : Following discussion about the development of the Paper Switch-off project and the withdrawal of the Q&A session planned for this meeting, JW (KT) was requested to bring a paper to the 14 March 2018 Clinical Executive. The paper to include discussion about the project's plans and clinical and IT issues.</p> <p>New Action 122 (2) : KT to bring a paper about the Paper Switch-off project to the 14 March 2018 Clinical Executive meeting. The paper to include discussion about the project's plans and clinical and IT issues.</p> <p>It was noted that Action 122 (1) was completed.</p> <p>Clinical Executive requested that the Local Medical Council (LMC) be involved from the early stages in the planning and development of the Paper Switch-off project.</p> <p>New Action 122 (3) : JW was requested to ensure that Local Medical Council (LMC) representation be included from the early stages in the planning and development of the Paper Switch-off project.</p>	<p>KT</p>
<p>5</p>	<p>SABP – Children & Adolescent Mental Health Services (CAMHS)</p>	
	<p>JRa welcomed Justine Leonard, Director of Children & Young People's Services (CYPS) SABP; Dr Phil Ferreira-Lay, Clinical Lead for CYPS, SABP; and, Jonathan Warren, Executive Director of Nursing CYPS, SABP, to the meeting.</p> <p>The SABP CYPS team gave a presentation on the new service model. Justine Leonard said that a key point was that the new service model was radically different to the previous service delivered two years ago, with early intervention at its core.</p> <p>The service is primarily delivered by SABP, with 11 partners who work together to deliver the Mindsight Surrey CAMHS services.</p> <p>These partners include:</p> <ul style="list-style-type: none"> • Beacon UK, who manage the single point of access, the 'One Stop'; • Xenzone offers BACP (British Association of Counselling and Psychotherapy) accredited online counselling, self-help and moderated peer support via Kooth.com for ages 10+; • Surrey Family Services, who lead the development and implementation of a No Labels Service for young people who do not readily engage with services; • The National Autistic Society; • The children's charity Barnardo's; • Brain in Hand, who deliver peer support networks, digital health apps and accredited pre/post parenting support 	

	<p>referrals and Jonathan Warren offered to follow up on this.</p> <p>Action (5) : KT to receive information back from Jonathan Warren regarding enabling CAMHS referral forms to be accessed through EMIS.</p> <p>5. Access to face-to-face youth counselling was discussed and Dr Phil Ferreira-Lay advised that CAMHS has taken over the Youth Counselling Service access however it is not very visible at present. CAMHS was working to improve the visibility of the website icon for access to this service.</p> <p>JRa thanked the CAMHS team for their presentation and noted that it was very helpful.</p>	<p>KT</p>
<p>6</p>	<p>Surrey Children and Family Health</p>	
	<p>This item was withdrawn.</p>	
<p>7</p>	<p>Paper Switch-off Q&A</p>	
	<p>This item was withdrawn.</p>	
<p>8</p>	<p>Hypertension Project</p>	
	<p>LH advised that the hypertension project paper was a response to queries by Clinical Executive at the 8 November 2017 meeting and asked Clinical Executive to approve the revised project.</p> <p>Right-Care data had shown outliers in relation to the prevalence of patients with <150/90 BP.</p> <p>The Medicines Management team have considered ways to track blood pressure outside of the tracked range and looked at innovative ways to manage patients.</p> <p>A main modification to the project plan is to include a search imported into EMIS by the Medicines Optimisation Team, to identify patients who could potentially have hypertension or were not coded properly and whose BP is >150/90. The search has been tested and it is confirmed that these patients do not appear on the QOF search that is already set up on the EMIS system.</p> <p>LH also asked Clinical Executive to support the scoping of an STP-wide project to look at the potential to use community pharmacists to help with the management of patients with hypertension.</p> <p>DS inquired about the use of electronic prescribing for patients with hypertension, noting that the right hand side comment put on the prescriptions indicating the patient required a review as not always being passed onto the patient. LH said this could be looked into with assistance from the NHS Digital team and the Local Pharmaceutical Council (LPC).</p>	

	<p>Action : LH to inquire about the use of the transfer of information by community pharmacists when put on the RHS of electronic prescriptions, and, to ask for assistance with this from the NHS Digital team and the Local Pharmaceutical Council (LPC).</p> <p>Clinical Executive approved the Hypertension Project plan and gave its support to the STP-wide scoping project.</p>	<p>LH</p>
<p>9</p>	<p>Community Midwife Access to Secure Practice Wi-Fi Request - update</p>	
	<p>Dr Alex Henderson (AH) outlined a plan to enable community midwives to move away from a paper based system to an electronic (Wi-Fi) maternity system. An objective of this plan was to provide a single system for access across the whole of Surrey Heartlands.</p> <p>Clinical Executive asked for more information about how the Wi-Fi would work and it was suggested that Dan Shelton-Smith, Technical Specialist \ Project Manager (Interim) - Surrey GP Wi-Fi & NW Surrey Locality Hubs, be asked to attend Clinical Executive to explain this.</p> <p>Action (1) : Secretariat to invite Dan Shelton-Smith to Clinical Executive to provide a presentation about how the secure Practice Wi-Fi would be managed to enable community midwife access.</p> <p>There was concern about how many users could log-in to the service at any time and at any specific location. More clarity about this was requested.</p> <p>Action (2) : Secretariat to ask Dan Shelton-Smith to provide clarity about how many users could log-in to the service at any one time and the capacity for any specific location.</p> <p>Clinical Executive's further concerns were :</p> <ul style="list-style-type: none"> • Users and the system : how will external users be logged onto and logged off the system? How does the patient access GPS? Can the system cope with large volumes? Will the N3 connection have sufficient bandwidth coverage? • Interoperability : will GPs /midwives be able to write one report that is then automatically shared into Emis and Badgernet. • System information : more information is needed about Badgernet. • Process : A proper process will need to be established and agreed across the Surrey Heartlands Partnership. <p>Jack Wagstaff (JW) suggested that a quarterly update should be brought back to Clinical Executive from the SHP Better Births/Children's' workstreams on the development of this plan and</p>	<p>Secretariat</p> <p>Secretariat</p>

	<p>this was agreed.</p> <p>Action (3) : KT to arrange for Clinical Executive to have a quarterly update from the SHP workstreams on plans and contractual arrangements for Community Midwife Access to Secure Practice Wi-Fi.</p> <p>Action 4 : AH to arrange for Louise Emmett, midwife ASPH, to present Badgernet to Clinical Executive.</p> <p>The request for GPs to use the electronic maternity record was not approved.</p>	<p>KT</p> <p>AH</p>
10	Over the Counter (OTC) - Consultation	
	<p>LH outlined the NHS England consultation on ‘Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs’ and requested Clinical Executive to approve a process for NWS for this consultation. The consultation closes on 14 March 2018.</p> <p>The consultation was discussed at MOG’s 3 January 2018 meeting and will also be discussed at the Surrey PCN and locality meetings. There needs to be a Consultation with the population and information to go onto the CCGs website in relation to consultation.</p> <p>Clinical Executive agreed that the CCGs process to include as much public involvement as possible in the consultation and that any possible avenues to maximise public involvement in the consultation be pursued. This included nursing homes, pharmacies, surgeries, and community centres.</p>	
11	Prescribing Clinical Network (PCN) Minutes and Policies	
	<p>Clinical Executive noted the PCN minutes from 6 December 2017.</p> <p>Clinical Executive approved the following PCN policy statements :</p> <ul style="list-style-type: none"> • PCN 281-2017 Freestyle Libre for diabetes • PCN 285-2017 Alimemazine for pruritis • PCN 286-2017 Alimemazine for sleep disorders • PCN 287-2017 Alpha blockers LUTs • PCN 288-2017 Alfuzosin MR urinary retention men • PCN 289-2017 Anticholinergics OAB men • PCN 290-2017 Mirabegron OAB men • PCN 291-2017 5-alpha reductase inhibitors BPH • PCN 292-2017 loop diuretics nocturnal polyuria men • PCN 293-2017 oral desmopressin nocturnal polyuria men • PCN 294-2017 PDE5i LUTs men • PCN 295-2017 Combodart LUTs in men • PCN 296-2017 Vesomni LUTs in men. 	

12	Updated Items which should not routinely be prescribed in primary care : Guidance for CCGs	
<p>LH provided Clinical Executive with an update about implementation plans for updated guidance for CCGs on items which should not routinely be prescribed in primary care. LH explained that this was more about the reduction of prescribing rather than stopping prescribing.</p> <p>Following queries about patients using Liothyronine, LH said that Dr Helen Ward, Endocrinologist at ASPHFT has agreed to review patients using Liothyronine</p> <p>Clinical Executive expressed interest in seeing the detailed spreadsheet for the itemised medicines.</p> <p>Action (1) : Secretariat to forward to Clinical Executive the detailed spreadsheet listing all medicines included in the guidance for items which should not routinely be prescribed in primary care.</p> <p>Following discussion about whether some drugs should come off Emis, or at least, to have pop-ups advising not to be prescribed. LH was asked to inquire about this.</p> <p>Action (2) : LH to inquire about withdrawing some of the drugs listed in the guidance from Emis, and, if that was not possible then to have pop-up protocols advising not to be prescribed.</p>		<p>Secretariat</p> <p>LH</p>
13	Updated List of Procedures with Restrictions and Thresholds Policy (TNR2)	
<p>Clinical Executive approved the amendments to the list of Procedures with Restrictions and Thresholds policy (TNR2) recommended by the Surrey Priorities committee, namely :</p> <ul style="list-style-type: none"> • TNRF2 001: Amendments to criteria, separate criteria for Lipomas; • TNRF2 007: Rhinoplasty and Septorhinoplasty criteria separated; septoplasty criteria introduced; • TNRF2 008: Tonsillectomy criteria amended; • TNRF2 015: Carpal Tunnel criteria amended; • TNRF2 018: Dupuytren's Contracture criteria amended; • TNRF2 027: Inguinal Hernia - 'Or' added in between each threshold. 		
14	Out of Season Flu and Extension to include In Season Flu - Update	
<p>LH provided a verbal update about out of season flu and the NHS England request for an extension to include in season flu.</p> <p>Discussion about different strains of flu and vaccines available and being purchased by GP surgeries for the 2018/19 season also</p>		

18	Safeguarding Six-Monthly Report	
	Clinical Executive noted the Safeguarding Six-Monthly Report.	
19	Patient Safety Themes and Trends Report	
	Clinical Executive noted the Patient Safety Themes and Trends Report.	
20	Quality Surveillance Report	
	Clinical Executive noted the Quality Surveillance Report.	
21	Any Other Business	
	<p>JW advised that there was a six-month waiting time for dermatology appointments. There is a further risk as there was now the transfer of activity from Guildford appointments to ASPHFT.</p> <p>The CCG has written to ASPHFT to request a recovery plan. SCh commented that additional staff was needed if ASPHFT were to continue to service the wider population and a meeting with their operational team has been arranged.</p> <p>SCh asked for feedback from members about their experiences with the dermatology services and said these would be fed back to ASPHFT.</p> <p>Action : Clinical Executive clinicians to send any feedback about experiences with the dermatology services appointments to SCh for feeding back to ASPHFT.</p>	Clinical Executive Clinicians
22	Dates of Next Meetings	
	<p>All meetings of the Clinical Executive will be held at the NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP.</p> <ul style="list-style-type: none"> • Wednesday 21 February 2018 (later date due to Surrey schools half-term) • Wednesday 14 March 2018 (commencing at 2.30pm, following the Council of Members meeting) • Wednesday 18 April 2018 (Later date due to Easter) • Wednesday 9 May 2018 • Wednesday 13 June 2018. 	
23	Closure	
	JRa declared the Part One meeting of the Clinical Executive closed at 3.20pm.	

Decision Log:

Agenda No	Action	Lead
3	Draft Minutes from 13 December 2017	Approved
4	Action Log	Noted
5	SABP – Children & Adolescent Mental Health Service (CaMHS)	Noted
6	Item withdrawn	-
7	Item withdrawn	-
8	Hypertension Project	Approved
9	Community Midwife Access to Secure Practice Wifi Request - update	Not Approved
10	Over the Counter (OTC) - Consultation	i. Noted ii. Approved
11	Prescribing Clinical Network (PCN) Minutes and Policies	i. Noted ii. Approved
12	Updated Items which should not routinely be prescribed in Primary Care : Guidance for CCGs.	Approved
13	Updated List of Procedures with Restrictions and Thresholds Policy (TNRF 2)	Approved
14	Out of Season Flu and Extension to include In Season Flu - Update	Noted
15	Item withdrawn	-
16	Surrey Sexual Health Services Update	Noted
17	Medicines Optimisation Group (MOG)	Noted
18	Safeguarding Six-Monthly Report	Noted
19	Patient Safety Themes and Trends Report	Noted
20	Quality Surveillance Report	Noted
21	Any Other Business	Noted