MEETING OF THE
RUSHCLIFFE CLINICAL COMMISSIONING GROUP
CLINICAL CABINET
HELD ON THURSDAY 5 JANUARY 2017 AT 1.30PM
EASTORPE HOUSE, 165 LOUGHBOROUGH ROAD
RUDDINGTON, NOTTINGHAM NG11 6LQ

All attendees should be aware of NHS Rushcliffe CCG’s participation in the Freedom of Information Act. The minutes and papers from this meeting will be published in the Publication Scheme with all names included, unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the debate.

Membership: ‘A’ Denotes absence

Stephen Shortt Clinical Leader (GP Chair) (SS)
Jeremy Griffiths Governing Body GP member – Health & Wellbeing (JG)
Gavin Derbyshire Governing Body GP member – Membership (GD)
Ram Patel Lead - Primary Care Quality (RP)
Neil Fraser Lead - Long Term Conditions (NF)
A Alex Macdonald Lead - Prescribing (AM)
A Lynn Ovenden Lead - Community Services Commissioning (LO)
Matt Jelpke Lead - Acute Specialist (elective) (MJ)
Chris Cope Lead - Acute Specialist (non-elective) (CC)
A Nick Page Lead - Mental Health (NP)
Ann-Marie Stewart Lead - Education (AMS)
Sean Ottey Lead - Clinical Innovation (SO)
A Louise Bevan Lead - Children & Young People (LB)
Vicky Bailey Chief Officer (VB)
Helen Griffiths Assistant Chief Operating Officer (HG)
A Jonathan Gribbin Consultant in Public Health (JoG)
A Jonathan Bemrose Director of Finance or nominated deputy (JB)
Ann Greenwood Governing Body Lay Member Representative (AG)
A Practice Manager Representative ()

In attendance:

Prof. Chris Hawkey Secondary Care Doctor, Nottingham University (CH)
Ian Trimble Independent GP Advisor (IT)
Richard Stratton GP, Belvoir Health Group (RS)
Alan Carr GP, Keyworth Medical Practice (AC)
A Jag Rai GP, Ruddington Medical Centre (JR)
A Linda Kandola GP, Gamston Medical Centre (LK)
Nigel Cartwright GP, Orchard Surgery (NC)
Clare Hopewell Assistant Chief Finance Officer (Cho)
Andy Hall Director of Outcomes & Information (AH)
Fiona Callaghan Head of Strategy and Service Development (FC)
Caroline Stevens Governance Officer (minutes) (CS)
CC/17/001 Welcome
SS welcomed everyone to the meeting of the Clinical Cabinet.

SS noted that the Clinical Cabinet would now focus on Governance and Commissioning and Service Improvement would be led through the Multi-specialty Community Provider. This resulted in a change of membership for the Clinical Cabinet and accounted for some of the absences of usual members. A briefing paper and updated terms of reference would be presented at the February 2017 Clinical Cabinet meeting.

The Cabinet noted that AH would attend the meeting later and therefore his items would be moved to later on the agenda.

CC/17/002 Apologies for Absence
Apologies were received from LK.

CC/17/003 Declarations of Interest
SS reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of NHS Rushcliffe CCG.

Declarations declared by members of the Clinical Cabinet were listed in the CCG’s Register of Interests. The Register was available either via the Head of Governance or the CCG website: http://www.rushcliffeccg.nhs.uk/media/3882/nhs-rushcliffe-conflicts-of-interest-register-december-2016.pdf

A standing general declaration of interest was acknowledged in respect of:

(i) All participants who have provider contract(s) with the Clinical Commissioning Group (CCG)
(ii) All participants with membership of Nottingham Emergency Medical Services
(iii) All participants with membership of Partners Health
(iv) All participants with roles and responsibilities within the Multi-specialty Community Provider

Declarations of interest were also made for AMS and CC in relation to item CC/17/012 as GP partners at East Bridgford Medical Centre, provider of the Fracture Liaison Service

CC/17/004 Minutes of the Last Meeting held on 1 December 2016.
The minutes of the previous meetings were agreed as an accurate record.

CC/17/005 (i) Action List
The Cabinet reviewed the schedule of actions

CC/16/232 Clinical Contract Board (CCB). JG agreed to forward relevant information from the Clinical Contract Board for inclusion in the CCG bulletin to practices.
CC/16/242 Deep Vein Thrombosis Proposal. HG reported that the working group for the proposal was due to meet in January. The proposal would be reviewed and would be included on the Clinical Cabinet agenda for February 2017. The Cabinet noted that the other South Nottinghamshire CCGs had agreed the proposal.

CC/16/245 EMAS Community Car. HG reported that the number of defibrillators in care homes had been discussed with Elizabeth Harris. This was unknown, however, CC confirmed that the Technicians carried defibrillators with them.

All other actions were noted as complete

**CC/17/005 (ii) Matters Arising not elsewhere on the agenda**

No matters arising noted

**NC and AC arrived at the meeting during discussion of item CC/17/006**

**CC/17/006 Finance Report**

CHo presented the Finance Report to the Clinical Cabinet for information.

The month eight position had seen a continued year to date pressure on the financial position and the in month position had given rise to significant concern with large over performance on acute and continuing care. A significant deterioration in the planned underlying position had been reported to NHS England. The CCG was now in Internal Financial Recovery and it was imperative that the financial recovery planned savings delivered for the remainder of the financial year in order to achieve the planned surplus target, however, the trend of overspending continued. The main areas of overspend were Nottingham University Hospitals (NUH), Circle (Treatment Centre) and Continuing Healthcare (CHC). There were some early indications that the work of the CHC turnaround team was having a positive impact in some areas, however, there were no improvements noted around spend on NUH or Circle.

The Cabinet noted that all contingencies were now utilised. Delivery of the one percent surplus was reliant on the slippage of other reserves and savings from Financial Recovery Plan schemes. An escalation meeting had been called by NHS England to review the financial position of the CCG.

The Cabinet discussed the financial position and its implications in detail.

Following the practices commitment to reducing unnecessary referrals into secondary care, a reduction in elective referrals had been noted, however, acute provider activity remained the same and waiting times remained the same. A reduction in activity would be evident, however, this was unlikely to impact on that current financial year.

In answer to a question, CHo explained that the CCG was required to provide regular updates to NHS England on its in-year position and were implementing recovery plans to secure the financial position. If the one percent surplus was not met that year, it would have a detrimental financial impact on 2017/18 and it would be likely that CCG senior executive team members would be required to meet with senior members of NHS England to review the situation in detail.
The Cabinet noted that many other CCGs were in similar positions financially.

The Cabinet noted that increased activity was linked to increased number of patients rather than increased complex patients with a six percent increase on predicted and last year. Members discussed further actions that could be taken to support reduction of activity in secondary care.

VB had attended a meeting at NUH that week to review patients that had been admitted for over seven days with a view to moving appropriate patients into the community. NUH would now review internally and this would provide greater capacity within the hospital. NF noted that there was some capacity of NEMS streaming doctors in the evenings, VB would highlight with Guy Mansford, Clinical Lead for Nottingham West CCG.

**Action: VB to discuss NEMS capacity with Guy Mansford.**

The Clinical Cabinet:
- **NOTED** the financial position of the CCG for the reporting period and the risks faced in delivering 2016/17 planned surplus.
- **NOTED** the CCG was now in Internal Financial Recovery
- **NOTED** the Finance Report for the reporting period.

### CC/17/011 Multi-specialty Community Provider

FC provided a verbal update of the Multi-specialty Community Provider (MCP) to the Clinical Cabinet for information

A submission for 2017/18 funding had been made in early December 2016, and £3.35 million had been awarded by NHS England, although, confirmation of this in writing was awaited. This had not been the amount bid for and the MCP would now need to submit a revised delivery plan in February 2017. A bid for funding to support rolling the MCP out across Greater Nottingham had been unsuccessful.

The MCP was in the process of appointing an evaluation partner. There had been one interested party and were currently negotiating an agreement.

A quarter three assurance meeting was scheduled for the following week with the New Care (NMC) model’s team. This was a further opportunity to showcase the work of the MCP and to confirm the approach for 2017/18. The monthly update would be circulated the following day.

SS thanked FC and Elizabeth Kaufman for their hard work on the MCP and in particular towards the bid for funding that was required on tight timescales. Although funding was not agreed to extend the work of the MCP into Greater Nottinghamshire, this would hopefully be considered again. The Cabinet noted that this may be the last significant funding that the MCP received and the importance of focussing on utilising for work that would build sustainability.

In answer to a question VB explained that governance for the Sustainability and Transformation Plan (STP) was being agreed and led by Colin Monckton at Nottingham City Council. A final paper would be presented to the Clinical Cabinet when available. Members agreed it would be useful to have a future agenda item for the Cabinet or a PartnersHealth meeting to consider how the MCP, STP and Accountable Care Organisation (ACO) would all come together.
The Cabinet NOTED the update.

**AH and AMS joined the meeting during discussion of item CC/17/010 Centene Report**

**CC/17/010 Centene Report**

SS provided a verbal overview on the work of Centene to the Clinical Cabinet for information.

Centene had completed a detailed review of the local health care system and identified areas for savings based on the development of an integrated health and care system. An integrated care system was required as part of the STP and the report would provide suggestions for a potential structure for this based on current position.

Centene recommended with their findings that greater savings could be made than required by the STP through adoption of an integrated system and were willing to underwrite that saving for a small percentage of savings made above what they proposed.

The STP required organisations to join together to becomes an Accountable Care System (ACS), however, there was no guidance on how this should be constructed. An internal report had been produced based on the findings from Centene that proposed a framework for development and this would be presented to Governing Bodies and provider organisation Boards to seek agreement of this. If this approach was agreed the ACS may then consider the possibility of working with an external partner to implement.

The Clinical Cabinet noted the significance of changes proposed and the potential impact on the health and care system. The report would be available to members once presented to Governing Bodies and provider organisations.

**Action:** CS to circulate paper to members when available

The Cabinet NOTED the update.

**CC/17/007 Financial Recovery Plan**

AH presented the Financial Recovery Plan to the Clinical Cabinet

The purpose of the paper was to outline the developing Financial Recovery Plan (FRP) for Greater Nottingham and the processes being developed to implement the FRP. The paper was to inform and request support from Clinical Cabinets to enable effective delivery of the plan.

All the schemes identified for QIPP had been grouped into 6 areas:

1. Systematically embedding existing policies (SEEPs). Schemes within this group covered variation in existing practice. For Rushcliffe this accounted for £1 million, although, some benefits had already been recognised that year.
2. Continuing Health Care (CHC). FC had done a lot of work with the CHC team to minimise this variation, in particular around fast track and the management of contracts. Improvements had been seen, although, there was still a lot of work to be completed
3. Clinical Variation in Primary Care. The Cabinet had discussed this previously and were continuing to work on this.
4. Tighten criteria/ decommission (potential to require engagement and consultation). Schemes within this group included Procedures of Limited Clinical Value, teams were continuing to review
the schemes and identify areas for potential saving.

5. Contracting. Work was ongoing with these schemes and included some services and coding.

6. Internal Efficiencies. This included organisational efficiencies including vacancy control.

The paper included a red/ amber green rating for each scheme based on likelihood of delivery. Cabinet members were asked to continue their excellent work on schemes they led in particular around elective admissions.

The Cabinet discussed schemes other CCGs within Greater Nottinghamshire that had been successful including GP Governing Body members visiting practices to consider referral triage and buddy practices to review all referrals.

The Cabinet NOTED the plan.

**CC/17/008 QIPP Group Highlight Report and QIPP Plan**

CH presented the Finance Report to the Clinical Cabinet for information.

At month eight, the CCG had:-
- Used £3.2 million reserves as at end of November 2016
  - NUH £1.9 million over being driven by elective care and daycase activity
  - Circle £0.6 million over
  - CHC overspend was reducing due to recovery plan actions
- £3.2 million risk/contingency reserves for full year
- An annual QIPP target of £5.7 million forecast being supported by £1.6 million reserves

A monthly return was now required by NHS England confirming how the CCG would “get over the line”.

VB had met with Regional Director to discuss financial position for 2016-17 and 2017-18. The CCG was reporting a financial deficit for the following year. The CCG’s QIPP target for 2017/18 was £6.9 million

The Cabinet NOTED the report.

**CC/17/009 Performance Report**

The Cabinet NOTED the report.

**CC/17/012 Fracture Liaison Service Update**

AMS presented an update to the Fracture Liaison Service (FLS) Update

Declarations of interest were made for AMS and CC in relation to this item as GP partners at East Bridgford Medical Centre, provider of the Fracture Liaison Service. As the item was for noting only, members were able to participate in discussion.

The existing Rushcliffe CCG Fracture Liaison Service was extended for Nottingham North and East CCG and Nottingham West CCG at the beginning of December 2016. The service was
commissioned to provide a total of 354 intravenous (IV) zoledronic infusions, this was based on National Osteoporosis Society (NOS) calculator of likely number of cases for the population of patients, for those presenting with first fragility fracture. The service now had a FLS team of community nurses (this included one whole time equivalent band seven, 2.8 whole time equivalent staff at band six and one whole time equivalent administrative support). The service had some established bases now in each CCG and capacity of the virtual clinic has doubled. The virtual clinic now involved a hospital specialist osteoporosis nurse with Professor Sahota providing overall clinical responsibility. The community team operated from its base in East Bridgford Medical Centre, where AMS was involved in running the community arm of the service. The extension of the service to cover the additional CCGs had resulted in an annual cost reduction for Rushcliffe from £120,600 annually to £96,200. Referrals were being received from all three CCGs via the virtual clinic and directly from primary care.

The team had sent out a survey to practices and patients to seek feedback on the service. Only five responses had been received from practices, this highlighted some slow response times, however, part of the delay had been linked to DEXA scanning and the team were negotiating alternative options for this. The patient survey received 70 responses with 90 percent of patients rating the service either good or excellent.

The Cabinet congratulated the service on the successful roll out across other CCGs and thanked AMS for her leadership of the service

The Cabinet NOTED the update.

**CC/17/013 Health and Wellbeing Board**

JG highlighted the Health and Wellbeing Board update to the Cabinet for information.

The Public Health Annual Report had been published, this highlighted an increasing life expectancy and further work required around health inequalities. Some key recommendations for GPs included advice around social based prescribing, smoking and weight loss, a three year GP programme for promotion and prevention and a focus on alcohol misuse, variation in exception coding in practices and the diabetes programme.

The Clinical Cabinet NOTED the update.

**CC/17/014 Clinical Contract Board**

JG noted there had not been a meeting of the Clinical Contract Board since the last Clinical Cabinet meeting.

The Clinical Cabinet NOTED the update.

**CC/17/015 Individual Funding Request Panel**

SO noted there had not been a meeting of the Individual Funding Request Panel since the last Clinical Cabinet meeting.

**CC/17/016 Prioritisation panel**
SO noted there had not been a meeting of the Prioritisation Panel since the last Clinical Cabinet meeting.

### CC/17/017 Messages to Practice Managers’ Forum, Governing Body and Patient Cabinet

The Cabinet agreed the following key items for the highlight report:
- Finance Report
- Financial Recovery Plan
- Multi-specialty Community Provider update

### CC/17/018 Any Other Business

In answer to a question HG explained that Neeley Browne, Service Improvement Manager and Rahul Mohan, Clinical Lead for Diabetes were considering options following resignation of the Rushcliffe Diabetes Specialist Nurse. At that time, individual patients were being seen by Nottinghamshire Healthcare Trust CHP and Rahul Mohan. A message would be disseminated to practices shortly

**Action:** HG to send communication regarding diabetes service to practices

HG

No other business noted

**Meeting closed at 3-30pm.**

**DATE OF NEXT MEETING**

The next meeting will be held on:
Thursday 2 February 2017 at 1.30pm
Clumber Room
Easthorpe House
165 Loughborough Road
Ruddington
Nottingham
NG11 6LQ

Members should inform the meeting secretary of any apologies and deputies attending on their behalf at least 10 working days prior of the next meeting. This is to ensure that the meeting is quorate and any action from potential declarations of interest are handled appropriately in advance

Signed by………………………………… Chair – Dr. Stephen Shortt

Date .................................