

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

MATTERS ARISING - PART ONE

Report of the Chair on Matters Arising from Part 1 of the Minutes of the NHS Dorset Clinical Commissioning Group Governing Body meeting held on 15 November 2017.

1. Purpose

To report to the Governing Body on any matters arising from the draft minutes of the last Governing Body meeting.

2. Recommendation

That the Governing Body notes this report and directs any action it sees fit.

3. Background Information

This report covers all outstanding action points contained in the minutes and is required in order that the Governing Body can be satisfied that all action points in the action column have either been done, are being done or will be done in accordance with the timescale contained in the minute, if any.

9.1 Quality Report

9.1.8 The Governing Body noted that all ambulance trusts would be using the new categories by next year which would facilitate benchmarking.

9.1.9 The Governing Body directed that a CCG similar to NHS Dorset CCG be identified to provide benchmarking in the interim.

SSh - Historically, ambulance Trusts used the same categorisation for response rates and therefore benchmarking between providers was possible. In 2016 SWASFT become a pilot site for the Ambulance Response Programme (ARP), which meant the introduction of different categorisations and consequently benchmarking against other Trusts was not reliable. The ARP is now being rolled out nationally, all ambulance Trusts will be applying the same response rate categorisation, at which time benchmarking between ambulance providers will be possible.

9.1.10 The Governing Body directed the Accountable Officer to write to the relevant acute trusts recognising the significant improvements made regarding Stroke Services.

SSh – Letter sent to relevant acute trusts 06/12/17.

9.2 Performance Report

- 9.2.6 There was a query regarding the reduction of fast-track referrals for the period to September 2017 and the Director of Service Delivery was directed to investigate and report.

MW - In comparing the referral rates for the period of Sept 2017 with the same period in 2016, there is a reduction of 0.22% in fast track referrals however, when compared to the overall position there is a clear increase in GP referrals of 3%. Equally, when comparing May to August 2017 with the same period in 2017, fast track referral rates show an overall increase. Upon discussions with Business Intelligence and Primary Care, there are no factors known to have impacted on the data to cause a reduction to fast track referrals for the month of Sept. Providers provide data in a timely manner through their monthly reporting. The CCG was anticipating a change to the referral rates for patients with suspected cancer following the implementation of the new NICE guidance NG12 causing an overall increase in 2 week wait cancer referrals. The date was examined for the next period - Oct 2017, and shows an overall increase to fast track referrals of 2.64%. We are therefore content that whilst the September position for growth on fast track referrals was not as we would expect for that month, when compared to the overall year's position and the subsequent data available in October, it is an isolated situation and overall the CCG is actually showing the increase anticipated.

- 9.2.7 Unusually, North Dorset locality had seen the biggest increase in referrals at locality level. There was concern that this could be a data issue. The Business Intelligence Team would investigate.

SH - the investigation concluded that data had been included for Salisbury Hospital and this should have been removed due to the concerns over the veracity of the data. This issue has now been raised formally with Salisbury Hospital for resolution.

- 9.2.8 The Governing Body noted the position regarding Dementia diagnosis. A detailed review had been undertaken and the report would be shared with Governing Body members.

MW – Actioned. E-mail sent to GB 04/01/18.

9.8 Safeguarding Adults and Children's Annual Report Update

- 9.8.10 The Governing Body directed that for all future reports all abbreviations be defined at their first appearance.

CGL – Actioned.

9.10 Sustainability and Transformation Plan (STP) Update

- 9.10.3 There was concern regarding the East/West Accountable Care System Groups divide.

05.

- 9.10.4 With one acute trust and local authority in the West and two acute trusts and local authorities in the East, there could not be a like for like comparison and it was acknowledged that different groups were at different stages of operational working.
- 9.10.5 The Chief Officer said there would be one Accountable Care System in Dorset, but there would be discussions held at different levels i.e. county, cluster and east/west. There was no clear definition of boundaries and it was more about providing a mechanism to make operational decisions to enable the transformation to take place. More development would be required to ensure the right shape of groups/meetings.
- 9.10.6 The Governing Body believed that the East/West wording could be misleading and directed the Director of Design and Transformation to revisit the language used.

PR – This was to be taken to the SPB and would be discussed at the meeting on 18 January 2018.