

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 21 May 2014.

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.

5. Matters Arising

- 5.1 9.1.4 – The Deputy Director of Quality said this was part of the learning from the Serious Case Review regarding un-prescribed medication for children and was an on-going piece of work.

The Governing Body directed that an update be provided at the next meeting.

SSh - this was a required action resulting from a Serious Case Review following the death of a young person. Katherine Gough, Head of Medicines Management and the medicines team have completed the action and have issued guidance on a newsletter. Action complete.

8. Strategy

8.1 Clinical Services Review Specification

- 8.1.6 With regard to paragraph 4.6 of the Specification, the GB directed that the set of recommendations show the specific outcomes required.

TG - the specific outcome from the public consultation will be successful transition from initial plans through to approved

implementation plans without Judicial review.

The outputs which will be delivered through this stage are listed in paragraph 8.2 of the specification and are:

- **Communication and Engagement Strategy**
- **Recommendations of service change**
- **Consultation evidence base and audit trail**
- **Revised business case (pre implementation business case)**
- **Implementation plans and costs**

9.2 Performance Report

9.2.4 The Governing Body directed that sharing of resources/cross cover should be encouraged and this could be an area to explore through the Clinical Services Review.

JP - We will continue to review allocation of resource across commissioning support to ensure delivery of performance is maintained, as well as ensuring the Clinical Service Review is appropriately supported.

9.3 Quality Premium

9.3.5 Noting this was a key target, the Governing Body directed that a further update be provided for the next meeting.

JP - Using the adjusted prevalence figure of 13049 the outturn for 13/14 for our diagnosis rates is at a minimum: 57.1%, based on diagnosis figures reported by the Memory Assessment Service.

The revised prevalence rates should be coming out in July time and this may see prevalence dropping by up to 25% in our rural areas but we have to wait and see. We do not currently have the split between Dorset, Bournemouth and Poole, in future months we will have the diagnosis numbers from the Memory Assessment Service by the 13 GP localities.

9.3.6 Concern was expressed regarding early discharge from hospital for patients with dementia. The Locality Chair for East Bournemouth asked members to provide him with case details.

All GPs – Noted.

9.6 Clinical Commissioning Local Improvement Plan (LIP)

9.6.8 The Governing Body directed that the Audit and Quality Committee would receive a feedback report at the end of the year on spend.

CGL – Diarised.

- 9.6.9 The Governing Body asked for a support mechanism for locality chairs to provide assurance if there were concerns with sign off for appropriate use of the resources.

JP – Actioned.

- 9.6.10 The Governing Body directed that more thought be given to how to define outcomes for next year, as the same issue had been raised last year.

JP - Outcomes will be further defined and agreed via the Primary Care Committee.

9.7 Annual Report for Medicines Management

- 9.7.3 The Governing Body directed the Deputy Director of Quality to provide a post meeting note explaining why the national list delineating which drugs should be funded by NHS England and which should be funded by the CCG had been withdrawn by the Wessex Area Team, as this was not the case in bordering areas.

SSh - Katherine Gough, Head of Medicines Management has raised this issue with Malcolm Qualie, Senior Pharmacist for Specialist Commissioning in NHS England, who has raised it with Wessex Area Team as he is of the opinion that the national list should be adhered to. An outcome from that correspondence is awaited.

- 9.7.4 A concern was expressed that GPs were receiving outpatient letters from Acute Trusts asking them to prescribe. The Chief Finance Officer and Deputy Director of Quality asked that any such issues be reported into the Niggles system. This would also be raised at the contract meetings.

PV/All - This matter has now been raised at Contract Review Meetings with providers, with an expectation that this practice should cease.

Should specific instances of this practice continue then information should be passed to the Service Delivery team so that the matter can be raised as appropriate.