

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 20 May 2015.

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.

8. Strategy

8.1 Clinical Services Review (CSR)

8.1.4 The Programme Director (Transformation) said there were four amendments to the Governing Body report highlighted in red as follows:-

- Page 11 – Maternity and Paediatrics – final bullet point should read ‘Neonatal Intensive Care Unit level 3 & 2’;
 - Page 12 – Urgent and Emergency Care – first bullet point should read ‘24/7 Consultant led A & E with 14/7 consultant presence*’;
- Page 12 – Maternity and Paediatrics – first bullet point should read ‘24/7 consultant led cover with an increase to approx. 60 hours per week on labour unit and 108 128-hours on call at night (either resident or at home if within 30 minutes)*’.

CGL – Actioned.

8.1.26 Regarding climate change, this was a challenging issue and again, something the NHS could not tackle independently. The aspiration for the out of hospital models was to be able to offer more services for patients closer to home with the aim of less travel e.g. community hospitals and hubs.

8.1.27 It was agreed that the climate change issues would be explored further.

PR - The development of models of out of acute hospital care are predicated on the delivery of care options which will facilitate access to services closer to patients home thus reducing the extent to which patients will have to travel to access services. Our aspiration is to also incorporate innovative solutions for future estate development and service delivery where beneficial and financially viable.

9.6 Clinical Commissioning Improvement Plan 2015-16

9.6.6 The Governing Body directed that on page 6, paragraph 26, the wording '...request return of payments' be amended to read 'require return of payments' and should be a condition of any grant.

JP - Actioned – wording amended accordingly.

9.6.9 The Governing Body directed that new wording be included to state 'GP representation should be the norm for locality meetings and only a Practice Representative is able to vote at meetings'.

JP - Actioned – wording amended accordingly.

9.6.10 In response to a question from the Secondary Care Member regarding an evaluation of the effectiveness of the CC LIP for 2014-15, the Director of Service Delivery undertook to prepare a report for the July Governing Body meeting.

JP – Actioned – evaluation report on the agenda for 17 July.

9.6.11 There was concern regarding the recommendation from the Medicines Optimisation Group (MOG) on Pregabalin and the audit against local and national guidance, taking into account the recent safety alerts.

9.6.12 The Governing Body directed that the issue be referred to the MOG for clarification and a full explanation of their recommendation.

SSh – post meeting note sent 26 May 2015.

9.8 Annual Report for Infection Control

9.8.4 In response to a comment from the Secondary Care member stating that the annual report was narrow in its scope for the whole health community, the Director of Quality said Norovirus and TB would be included for future reports.

SSh – Noted.