

## Clinical Commissioning Committee

31 July 2013

### Minutes

A meeting of the Clinical Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 14:00 on 31<sup>st</sup> July at Discovery Court, Canford House, Wallisdown Road, Poole, Dorset BH12 5AG.

**Present:** Forbes Watson, Chair (FW)  
Chris Burton, Secondary Care Member (CB)  
Lionel Cartwright, Cancer and End of Life Care CCP Chair (LC)  
Paul French, Locality Representative (PF)  
Tim Goodson, Chief Officer (TG)  
David Jenkins, Lay Member (DJ)  
Ros Maycock, Mental Health CCP Chair (RM)  
Chris McCall, General Medical Chair (CM)  
Jane Pike, Director of Service Delivery (JP)  
David Phillips, Director of Public Health (DP)  
Suzanne Rastrick, Director of Quality (SR)  
Andy Rutland, Locality Chair for Poole Bay (AR)  
Paul Vater, Chief Finance Officer (PV)  
Craig Wakeham, Cardiovascular, Stroke and Diabetes CCP Chair (CW)

**In attendance:** Liane Jennings, Deputy Director Strategic Development and Planning  
Liz Kite, Deputy Director of Engagement and Communication (LK)  
Conrad Lakeman, Governing Body Secretary (CGL)  
Dr Will Robinson, F2 Trainee  
Frances Stevens Deputy Director, Review Design and Delivery (West) (FS)  
Christine Storry, Personal Assistant (CJS)

### Action

1. **Apologies**
- 1.1 Karen Kirkham, Maternity, Reproductive and Family Health CCP Chair (KK).
2. **Quorum**
- 2.1 It was agreed that the meeting could proceed as there was a quorum of committee members present.

### **3. Declarations of Interest**

3.1 There were none.

### **4. Minutes**

4.1 The minutes of the meeting held on 22<sup>nd</sup> May 2013 were approved for signature by the Chair as a true record, subject to the following amendments:

4.2 David Phillips was no longer Medical Director.

4.3 Only Dorset CCG attended the Competition Hearing (6.6).

4.4 Final sentence to read 'considered' for inclusion (7.5).

### **5. Matters Arising**

5.1 The Committee noted the Report of the Chair on matters arising from the minutes of the previous meeting.

### **6. Chief Officer's Update**

6.1 The Chief Officer introduced his Update.

#### **6.1.1 Royal Bournemouth & Poole Hospital Merger**

The Chief Officer, the Director of Service Delivery and CM had been to the Competition Commission (CC) to explore the interim findings. The exercise was to assess the merger-benefits and whether they could be achieved other than by merger. The benefits case had been well made. A decision would be made late August. There had been an acknowledgement that the Competition process did not sit well with healthcare.

6.1.2 CW suggested the CCG consider collaborative working more widely in the healthcare economy.

#### **6.1.3 DHC**

6.1.4 The Chief Officer said that the internal review of DHC was expected imminently. He understood that it would be a blunt and hard hitting report. Monitor would continue to have monthly meetings with DHC. He reported that the Director of Nursing at DHC was leaving and noted that this may result in staffing issues.

#### **6.1.5 Keogh Investigation**

6.1.6 The Committee noted that RBH was one of the first acute trusts to be subject to investigation regarding weekend mortality.

6.1.7 The Committee noted the Update of the Chief Officer.

## 7. Strategy and Horizon Scanning

### 7.1 Update on Strategy Development

7.1.1 The Deputy Director of Strategy and Planning tabled an updated report.

7.1.2 She acknowledged the need for the ADP each year to link with wider healthcare strategies.

7.1.3 The CCG was engaging with stakeholders on principles and key challenges. This would be pursued at the Governing Body workshop.

7.1.4 The Deputy Director of Strategy and Planning reflected on the need for localities to be incorporated into the document and the strategic planning cycle.

7.1. The Committee **noted** the update of the Deputy Director of Strategy and Planning.

### 7.2 Health & Social Care Integration

7.2.1 The Chief Officer introduced his verbal Update on Health and Social Care Integration.

7.2.2 He said that three local authorities and health bodies were bidding for Transformational Challenge funds, an initiative predominately led by local authorities to bring together Health and Social care. Our bid had been accepted as a 'Network' area.  
A decision was expected August/September.

7.2.3 He reminded members of the need for all bodies to work together with less importance attached to balancing budgetary input but rather a multiple use of single resources.

7.2.4 The Committee **noted** the Update of the Chief Officer.

### 7.3 Pan Programme Development Options

CS

7.3.1	The Director of Service Delivery introduced her Report on Pan- Programme Development Options.	All
7.3.2	She updated the Committee on CCP leadership changes: Richard Holmes had resigned as General Medical CCP Chair and Chris McCall had agreed to takeover. He would resign his position as Chair of the MSK CCP. Ros Maycock would resign as Mental Health CCP Chair. Nominations were sought for both roles.	All
7.3.4	RM and CM were creating a person specification for CCP Chairs.	RM/CM
7.3.5	The Director of Service Delivery outlined the purpose and role of the 7 <sup>th</sup> CCP.	
7.3.6	The Committee directed that drug and alcohol initiatives be incorporated into the work of the 7 <sup>th</sup> CCP.	JP
7.3.7	The Committee <b>approved</b> the creation of a 7 <sup>th</sup> CCP and the Report of the Director of Service Delivery.	
<b>8.</b>	<b>Delivery</b>	
8.1	<b>Urgent Care</b>	
8.1.1	The Director of Service Delivery introduced her Report on the Dorset Urgent Care Board and apologised for the lateness of papers that had been due to the timing of the Urgent Care Board.	
8.1.2	She stated that investment was in hand to meet demand for urgent care this winter.	
8.1.3	The teams were working with the hubs to review existing processes. Each organisation was approaching the issue differently. She had made it clear that additional funds were available for pump-priming only, no recurrent funding was available.	
8.1.4	The Committee noted that a local initiative regarding immunisation may prove cost effective, but noted that responsibility for immunisation lay elsewhere. The Committee noted the need to ensure a coordinated approach.	
8.1.5	The Committee directed the Deputy Director of Engagement and Communication to link with Infection Control Networks to promote the benefits of immunisation.	LK
8.1.6	The Committee noted the marginal conflicts of interest of GP	

members of the Committee who may be remunerated for immunisations performed.

- 8.1.7 The Committee **approved** the Report of the Director of Service Delivery and approved an audible and visual flu campaign this year.
- 8.2 **Fertility**
  - 8.2.1 The Deputy Director of Review Design Delivery West introduced her Report on Fertility.
  - 8.2.2 She said that fertility had not been part of the prioritisation programme this year.
  - 8.2.3 Since the prioritisation exercise there had been a challenge elsewhere regarding both the NICE guidelines and age restrictions.
  - 8.2.4 In Dorset a procurement process had started, effective from April 2014. To amend the CCG policy to meet the NICE guidelines and remove the lower age restriction and remain in the cost envelope would result in the number of cycles offered being reduced from two to one. It was noted that one of the challenges had been made under the Equality Act.
  - 8.2.6 The Committee directed the Deputy Director of Review Design Delivery (West) to obtain legal advice on the CCG's policy and position regarding both the NICE guidance and the Equality Act and to report to the next meeting with an estimate of the cost implication of any changes required.
  - 8.2.5 The Committee directed the CCP review the policy to ensure legal compliance.
- 8.3 **Annual Delivery Plan**
  - 8.3.1 The Chief Finance Officer introduced his Report on ADP Performance.
  - 8.3.2 He said that the CCG was making good progress. Dementia had been identified as a priority area.
  - 8.3.3 The Committee directed a locality by locality report on dementia and that this be reported to the locality meetings.
  - 8.3.4 The Committee directed that it should receive an updated report on dementia at its next meeting.

FS

KK

JP

PV

8.3.5 The Committee **noted** the Report of the Chief Finance Officer on ADP Performance.

## 8.4. Pathways for Biologic Agents in Inflammatory Arthropathies

8.4.1 The MSK Clinical Commissioning Programme Chair introduced his Report on Pathways for Biological Agents.

8.4.2 He said that this was one of the priorities for the year. The NICE guidelines were not being followed in Dorset. From 2014 new Pathways would be introduced. The cost of the new pathways would be £220k.

8.4.3 The Committee **approved** the Report of the MSK Clinical Commissioning Programme Lead and new Pathways for Biologic Agents would form part of the prioritisation list for 14/15.

## 8.5 Policy for Botulinum Toxin in Adults

8.5.1 The Deputy Director of Review Design Delivery (West) introduced her Report on the Policy on Botulinum Toxin.

8.5.2 The Committee **Approved** the Report of the Deputy Director of Review Design Delivery (West) and the Policy on Botulinum Toxin, subject to the last paragraph of the document be changed to read 'required' rather than 'expected.'

JP

## 8.6 Engagement with Members about Emerging CCP Visions

8.6.1 The Deputy Director for Review Design and Delivery (West) introduced a discussion on Engagement with Members about emerging CCP visions.

8.6.2 She said that there needed to be a coordinated approach by all CCPs in their consultation and engagement with localities

8.6.3 The Committee **directed** the Deputy Director for Strategic Planning and Development to review how engagement at cluster and locality level may be achieved.

FS

## 8.7 Practice Prescribing Budget Setting

8.7.1 The Director of Quality introduced the budget setting report by the Medicines Optimisation Group on the setting of the Prescribing Budget.

8.7.2 She said that the item had been extensively consulted upon;

the Prescribing Leads on the Committee had been involved in its preparation.

8.7.3 The Chair received assurance there would not be a repeat of the issues arising from individual practices, as there had been in previous years with the PCTs.

8.7.3 The Committee **approved** the Report on budget setting by the Medicines Optimisation Group on the setting of the Prescribing Budget.

## 8.8 Health Technologies Forum

8.8.1 The Director of Quality introduced the Report of the Head of Medicines Management on the Health Technologies Forum.

8.8.2 The Committee directed that further consideration be given to changing the name of the forum to something more meaningful to non-clinicians.

JP

8.8.3 Members were urged to forward suggestion to the Director of Quality.

All

8.8.4 The Committee **approved** the Report of the Director of Quality on Health Technologies Forum.

## 9 Wider Health Economy Issues

9.1 There were no additional issues.

## 10. Any Other Business

### 10.1 Safeguarding Leads adults/children

10.1.1 RM reminded the Committee that it needed to appoint leads for the Adult and Children's safeguarding roles. A job description had been circulated but there had been no response.

10.1.2 CM said the problem had been previously that this role involved much out-of-hours work and a heavy workload.

10.1.3 The Committee directed that, in the absence of a Pan-Dorset approach, the preferred option would be for one Children's Safeguarding lead and one Adult Safeguarding lead in each of the three clusters (six posts).

RM

10.1.4 The time commitment and remuneration for the roles would be reviewed.

CS

## 10.2 **Report Proforma**

10.2.1 The Committee directed that the Committee report proforma be altered to include specific recommendations on the frontis.

**CGL**

## 11. **Date and Time of Next Meeting**

The next meeting of the Clinical Commissioning Committee will be held on 25<sup>th</sup> September 2013 in Meeting Room 16, Vespasian House, Bridport Road, Dorchester, Dorset DT1 1TS at 14:00 hrs.

DRAFT