

Clinical Commissioning Committee

22 May 2013

Minutes

A meeting of the Clinical Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 14.00 hours on Wednesday 22 May 2013 at Vespasian House, Bridport Road, Dorchester, Dorset, DT1 1TS.

Present: Forbes Watson, Chair (FW)
Lionel Cartwright, Cancer and End of Life Care CCP Chair (LC)
Paul French, Locality Lead, East Bournemouth (PF)
Tim Goodson, Chief Officer (TG)
David Jenkins, Lay Member (DJ)
Karen Kirkham, Maternity, Reproductive and Family Health CCP Chair (KK)
Ros Maycock, Mental Health CCP Chair (RM)
Chris McCall, MSK and Trauma CCP Chair (CM)
Andy Rutland, Locality Chair for Poole Bay (AR)
Paul Vater, Chief Finance Officer (PV)

In attendance: Lawrence Brad, General Practitioner (LB)
Jessyca Hayes, Personal Assistant (JLH)
Rebecca Kendall, Senior Strategic Planning Manager (RK) (Part)
David Phillips, Medical Director / Director of Public Health (DP)
Jane Pike, Director of Service Delivery (JP)
Vanessa Read, Head of Quality Improvement (VR)
Fiona Richardson, Head of Review Design and Delivery
Sally Sandcraft, Deputy Director of Review Design (SS) (Part)

		Action
1.	Apologies	
1.1	Chris Burton, Secondary Care Member (CB) Richard Holmes, General Medical CCP Chair (RH) Craig Wakeham, CVD CCP Chair (CW)	
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 Item 9.2 – Delete Paragraph.

4.2 The minutes of the meeting held on 05 March 2013 were approved for signature by the Chair as a true record, subject to the amendment above.

5. Matters Arising

5.1 Bridport Hospitals Theatre

5.1.1 5.1.1 - The Director of Service Delivery said that the Deputy Director of Review Design Delivery, West, would be leading on this matter with the locality.

5.2 Draft NHS Dorset CCG Strategy 2013-2018 and NHS Dorset CCG Annual Delivery Plan 2013/2014

5.2.1 6.0 - The Chief Officer said that the draft NHS CCG Strategy 2013-2018 and the Annual Delivery Plan had been shared at the Governing Body Meeting.

5.2.2 He provided the Committee with an updated version.

5.3 CCG Research Lead

5.3.1 11.3 - The Locality Chair for Poole Bay said that he had been approached by a primary care research network. The Director of Quality had responded.

5.4 Dorset Industry NHS Collaborative (DINC)

5.4.1 12.5 – The Director of Service Delivery said that a name change would be suggested at the next meeting.

5.5 Matters Arising from the meeting held on 05 March 2013 were noted by the Clinical Commissioning Committee.

6. Chief Officer's Update

6.1 The Chief Officer introduced his Report

6.2 He said the NHS Dorset CCG Strategy had been presented to various providers and feedback had been positive. The presentation would be made to further providers shortly.

6.3 The Chief officer reported that NHS 111 had been very busy with Saturday a.m. the busiest period. He said that 1500 calls

11.2.1

had been received although the pilot anticipated 1000, representing a 50% increase. This had led to operational difficulties due to the volume of calls and in particular, answering within the 60 second timeframe.

- 6.4 The rate of abandonment of calls had meant Dorset was on the National Radar, however, ambulance call outs and onward referrals had been low.
- 6.5 The Chief Officer said that the Urgent Care Board had met on 21 May 2013 and they had requested further information, which, the activity group were working on.
- 6.6 He said that the Chief Executive Officer of Dorset Healthcare University Foundation Trust had attended a hearing with the Competition Commission regarding the Royal Bournemouth and Christchurch and Poole Hospitals' merger. He said that he was expecting a decision in June.
- 6.7 The Clinical Commissioning Committee **noted** the update of the Chief Officer.

7. Strategy and Horizon Scanning

7.1 Health and Wellbeing Boards

- 7.2 The Local Authority Director of Public Health, introduced his presentation and provided the committee with additional information on the draft strategy for Public Health.
- 7.3 He outlined the approach taken by the two Health and Wellbeing boards, Dorset and Bournemouth and Poole.
- 7.4 A discussion took place around the importance of ensuring that appropriate members of the CCG were included on the boards.
- 7.5 He said that it had been recognised that there was an absence of two defined areas from the draft strategy; Urgent Care and Dementia. These would be included in the subsequent version of the document.
- 7.6 The Clinical Commissioning Committee **noted** the Health and Wellbeing presentation.

8. Delivery

8.1 Annual Delivery Plan 2013/2014

8.1 The Chair thanked members and staff involved in the creation of the Annual Delivery Plan for 2013/2014 (ADP).

8.1.1 The Chief Finance Officer Introduced his report on the ADP.

8.1.2 He said that priorities had been decided for the year and that the ADP was effectively a live document which could be revisited and amended throughout the year, if necessary.

8.1.3 The Chief Officer said that engagement for the Strategy refresh for 2014/2015 would start shortly.

8.1.4 The Clinical Commissioning Committee **noted** the report of the Director of Finance on progress against the ADP for 2013/2014.

8.2. Patient Risk Stratification Review

8.2.1 The Locality Lead, East Bournemouth, introduced his report.

8.2.2 The Committee noted the need for a Risk Stratification Tool as the RISC tool did not provide full functionality.

8.2.3 The Deputy Director of Review and Design noted that support would remain for those who wish to continue to use the RISC tool.

8.2.4 The Clinical Commissioning Committee **approved** the report and recommendations of the Director of Service Delivery on the Patient Risk Stratification Review, noting that there would be consideration nearer the time of the expiry on the RISC license to determine whether there were then alternative products, and if not whether GP's wanted to extend the current contract with RISC.

8.3 Review of the Musculoskeletal (MSK) Strategy

8.3.1 The MSK and Trauma CCP Chair introduced his report on the MSK Strategy.

8.3.2 He said that the document was yet to be approved by the CCP, but full approval would be followed by a public

consultation.

8.3.3 The Director of Service Delivery said that a seventh CCP was being considered to take into account the cross-cutting programmes. She would update the Committee in due course.

JP

8.3.4 The Committee directed that the MSK Strategy be brought back to the Committee for consideration in the event of significant changes.

CM

8.3.5 The Clinical Commissioning Committee **noted** the report of the MSK lead on MSK services.

9. Wessex Academic Health Network

9.1 The Director of Service Delivery introduced her report.

9.2 She said NHS Dorset CCG had committed to work with the Wessex Academic Health Network.

9.3 She said that the financial contribution was currently unknown.

9.4 The Clinical Commissioning Committee **noted** the report of the Director of Service Delivery on the Wessex Academic Health Network.

10. CCP Education Implementation

10.1 General Practitioner, Dr Lawrence Brad, introduced his report.

10.2 He said that he had been liaising with “Hot Topics” regarding delivery of relevant training sessions to GP’s.

10.3 He said that Hot Topics could provide training for £150 per delegate; this fee included internet access to a booklet containing training materials, together with the course video for viewing after the event.

10.4 The Clinical Commissioning Committee **approved** the report of the Director of Engagement and Development on the CCP Education Implementation.

The Deputy Director of Review and Design left the meeting.

11. Outcome of Prioritisation Exercise

11.1 The Chief Officer provided a verbal update.

11.2 Following concerns with regard to the full understanding of

PV

11.2.1

prioritisation exercises, the Committee agreed the inclusion of amber flags on the prioritisation spreadsheet to aid interpretation.

11.3 The Chief Financial Officer was directed to review decisions relating to various priority results and to report to the Committee.

PV

11.4 The Clinical Commissioning Committee **noted** the update of the Chief Officer.

12. Revised Generic CCP Terms of Reference

12.1 The Director of Service Delivery introduced her report.

12.2 She explained the rationale for the Generic Terms of Reference for the CCP's and how they would help focus the activities of the Programmes.

12.3 The Clinical Commissioning Committee **approved** the Revised Generic Terms of Reference for Clinical Commissioning Programmes.

13. Defining the Clinical Commissioning Group Geography

13.1 This item was deferred to the next Clinical Commissioning Committee Meeting, when the Consultant in Public Health could address the Committee.

13.2 It was agreed that the "Purpose of Report" should be altered to more accurately reflect its purpose.

JH

13. Any Other Business

13.1 The CCP Chair for Maternity, Reproductive and Family Health raised an issue relating to Middle Grade Trainees being removed from Obstetrics at Dorset County Hospital.

13.2 It was agreed that the Director of Service Quality would write to Dorset County Hospital for clarification and would also raise the issue in the Dorset County Hospital Contract Review Meeting.