

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 14 November 2018.

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.

3. Declarations of Interest, Gifts or Hospitality

3.1 Under Part 2, item 21 – Recommendation of Contract Award - the interests declared on the Register of Interests regarding Dorset Healthcare University NHS Foundation Trust (DHUFT) were noted for the following Governing Body members:-

- Dr F Watson, Dr D Haines, Teresa Hensman, Dr M Ni'man, Dr B Sharland and Jacqueline Swift.

Due to the peripheral nature of the interests, no action was required and all could remain and vote.

SL – Actioned.

5. Matters Arising

5.1 Under 9.1.14 – concern remained regarding the delivery of service from SWASFT, particularly within rural Dorset.

- 5.2 The Governing Body directed that SWASFT be asked to attend a Part 2 Governing Body meeting to enable a discussion.

SH – SWASFT is attending Part 2 of the Governing Body meeting.

9.1 **Quality, Performance and Finance Report**

- 9.1.8 The BMI Harbour Hospital was not meeting the performance target against the 18-week referral to first treatment target despite reduced activity. The Governing Body directed that the reasons be explored and reported.

SB – The reason the Harbour Hospital is not meeting RTT is due to Cataract Surgery. They have recently lost another consultant; now only have one Ophthalmologist working across both BMI hospitals in Dorset - the Winterbourne and Harbour.

In the Harbour there are 117 patients on the waiting list and have a recorded Appoint Slot Issue (ASI) contact for 59 - all these patients have been contacted and wish to stay on the list.

Of the remaining 58 patients, 27 referrals were received after the 16/11/2018, which leaves 31 RED who have yet to have ASI contact recorded.

Patients phone the Harbour within 2 weeks of booking on line - as per the instructions they receive. This hospital from December 18, is now informing patients that they will not be able to be offered an appointment until July/August 2019, with the prospect of surgery one month after this date.

They are seeing around 20 patients per month, which is insufficient to keep up with the demand. Their clinics are already fully allocated until April 19.

A proposal for improving ophthalmology capacity in Dorset ICS, through plans for demand and capacity work are also being discussed at the OFRG in January 19. BMI will be involved in these discussions, as this forms part of a larger piece of work in ophthalmology, Dorset wide, with different solutions being explored for the east and west areas, during January 2019.

- 9.1.9 The utilisation rates in relation to Improving Access to General Practice Services (IAGPS) had risen steadily. Following a query regarding the differing rates for the West, Mid and East Dorset areas, the Governing Body noted that the West Dorset area had mobilised slightly later than the East.
- 9.1.10 Work was underway with the new incoming provider regarding delivery of the whole IAGPS pathway and sharing of best practice.

- 9.1.11 This issue would be taken to the Primary Care Commissioning Committee for further discussion and feedback would be provided to the Governing Body.

SSa – included in the Primary Care Update paper for the Primary Care Commissioning Committee meeting on 5 December 2018. We are working with partners, Dorset Healthcare as the incumbent lead provider regards engagement with GPs on the ongoing development of the model, including improving utilisation rates.

- 9.1.12 Regarding blood stream infections, there was concern in relation to the Medicines Management guidance to prescribe a second line antibiotic which was unfamiliar to GPs. GPs were also unable to test sensitivity to the antibiotic. The Director of Primary and Community Care agreed to feedback the points raised.

SSa – DMAG and CCC had agreed to adopt the South Central Antimicrobial Network (SCAN) guidance for primary care antibiotic prescribing, which Medicines Management encourages GPs to use. Trust practice around sensitivity testing varies, with one Trust (DCH) testing the first time for 12 antibiotics, including pivmecillinam. The microbiologists from the three Trusts have only been able to meet recently, due to capacity issues, to discuss different testing procedures. Guidance for GPs on sampling is being developed and while a result for pivmecillinam will not usually be released if the first line options are susceptible. GPs should specify any planned or recent antibiotics on the request to ensure the lab releases the appropriate result, as detailed previously by Dr Alsaffar.

- 9.1.13 Diagnostic performance had deteriorated further and was nearly twice the national average. The Governing Body directed that a post meeting note be provided with further information regarding the actions being taken to address.

SB (T Hall) – Post meeting note e-mailed to GB members 03/01/2019

9.4 Organisational Development Framework Progress Update

- 9.4.4 Following a query regarding the process and oversight for the development of the draft governance arrangements for the Integrated Care System (ICS), the Director of Engagement and Development agreed to discuss further outside of the meeting.

CS/TH – The matter is being followed up accordingly.

9.6 Safeguarding Adults and Children's Annual Report Update

- 9.6.4 Proposals for the new safeguarding partnerships was progressing and the final proposal would be presented to the Governing Body at its next meeting.

VR – The proposal is currently out for comment and therefore final proposals may not be available until the March Governing Body meeting.

- 9.6.5 There was a query regarding the figures for the Deprivation of Liberty applications received/granted as set out in paragraph 6.6 and whether outcomes were still awaited or the application had been unsuccessful. The Governing Body directed that a post meeting note be provided clarifying the position.

VR – The Local Authority triages all applications for Deprivation of Liberty Safeguards from NHS hospitals which are prioritised according to <https://www.adass.org.uk/adass-priority-tool-for-deprivation-of-liberty-requests> High priority includes high level of restriction and the person or someone else is objecting to being in hospital or to discharge arrangements. They also take into account whether they are befriended or there are other issues such as safeguarding. They may be deemed as a lower priority for assessment where person lacks capacity but is not objecting to arrangements for their care or treatment.

The number of DoLS that are not granted include the people whose hospital stay has been very short. This may be when individuals are admitted when they are acutely unwell and confused, but either recover and regain capacity, improve and are discharged, or their initial objection is settled once their acute physical/mental health needs are addressed. They may have been through the assessment process, but found not to meet the criteria for DoLS (for instance, if they have capacity). There are a significant number of people admitted who are discharged before the assessment can be undertaken or completed through to an authorisation stage.

Local Authorities benchmark themselves against comparable Local Authorities using the Department of health annual statistics published by NHS Digital. These are available from NHS Digital here: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/annual-report-2017-18-england>

- 9.6.6 The Governing Body directed that a post meeting note be provided regarding the rise in inter-familial sexual abuse across the county and whether Dorset was an outlier.

VR – Actioned – post meeting note circulated 27/11/2018.

9.8 Integrated Care System (ICS) Delivery Update

- 9.8.2 Regarding the GP on-line consultations, the Governing Body noted that Highcliffe Medical Centre was due to commence a pilot on 5 December 2018 and directed that a post-meeting note be provided setting out the proposed rollout/availability timetable.

SB (S Longman) – Post meeting note e-mailed to GB members

03/01/2019.

12. Questions from the Public

- 12.3 Councillor B Pipe (Dorset County Council) asked for a progress update regarding the provision of the Wareham hub.

Answer

Dorset CCG's commitment to the Wareham hub was reaffirmed and it was one of the major estates and development priorities. There were a number of complexities surrounding the provision and a number of business cases would need to be progressed to secure external support. Regarding the NHS element, both Dorset Healthcare University NHS Foundation Trust (DHUFT) and Dorset CCG planned to make financial commitment decisions in January 2019. The Director of Primary and Community Care offered to provide a fuller update outside of the meeting if required.

SSa – contact details provided if fuller update required.

- 12.4 A member of the public asked the following questions:-

Question

How much single use plastic was used in the NHS and what was done with it?

Answer

Dorset trusts include a section in their annual report regarding recycling, carbon footprint and energy utilisation, so if not included, an enquiry would need to be made of each individual trust as to whether data was collected regarding single use plastics. The Chief Finance Officer agreed to ask the CCG's Sustainability Group.

SH – On the agenda for the next Sustainability Group meeting.

It was noted that the underlying principle for single use plastic would be to minimize the risk of infection and there was an anticipation that there would be sound reasoning for the use of single use plastics particularly for clinical use/operating theatres.

- 12.5 Further Question regarding Freestyle Libre

Why were specialists denying access to individuals who met the criteria?

Answer

The CCG was not aware of this and would raise with the specialists.

05.

KG – It is understood that the product is now available to patients meeting the criteria, though some of the trusts had taken some time to implement the training and capacity for setting this up.