

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 15 May 2019.

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.

9.1 Quality, Performance and Finance Report

9.1.5 Following a query regarding action in relation to the flu vaccination uptake, particularly for the South Western Ambulance Service NHS Foundation Trust (SWASFT), the Governing Body noted a report would be taken to the System Leadership Team (SLT) which would provide an overview across all providers and primary care. A further report would be prepared in September which would take a retrospective look at the previous winter season to inform planning for the next season and any additional actions required to improve the uptake.

9.1.6 The Governing Body directed that the SLT report be circulated.

VR – Actioned – report circulated by e-mail 04/06/2019.

9.1.11 Physiotherapy patient waiting times were being reported as 6-9 months in some cases and the Governing Body directed that a post meeting note be provided regarding progress on the physiotherapy review including a timeline.

PR – Post meeting note below circulated 29/05/2019.

The physiotherapy review was completed during 2018 and presented to the Clinical Reference Group in January and the Clinical Commissioning Committee in February. The recommendations were approved and work

was now underway to implement the recommendations. Initial focus was being given to the implementation of self-referral for physiotherapy services, for which a paper was currently being written and would be presented to the Clinical Reference Group/Operations and Finance Reference Group in due course.

- 9.1.12 Whilst there had been an increase in the use of Consultant Connect – PhotoSAF, the number of fast tracks had not reduced which had resulted in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) being unable to open lists for routines and a knock on effect for Poole Hospital NHS Foundation Trust (PHFT). The Governing Body directed that a post meeting note update be provided, particularly in relation to the impact on fast tracks and the performance of the dermatology service.

PR – Post meeting note below circulated 29/05/2019.

Data collected at RBCHFT and DCHFT had shown that the teledermatology advice and guidance (A&G) service had a 60-70% referral avoidance rate. It had been difficult to measure the direct impact that PhotoSAF has had on dermatology referrals due to services in the East still being closed to routine referrals. Fast track referrals in the East had seen a 18.4% increase; a significant number of these referrals are understood to be unsuitable for the 2 week wait pathway but were being sent in as a way of accessing the service. We are currently auditing this.

Whilst uptake of PhotoSAF had been successful with over 90% of practices actively using the app, there were still some practices that were not using the app as part of dermatology A&G but remained high referrers to the 2 week wait pathway. The elective care team was now analysing this data with the aim of targeting support and education to those practices that would see most benefit. Anecdotal feedback and that gathered from a recent user survey showed that GPs were growing increasingly confident with the PhotoSAF app and, those using it, valued the dermatology A&G service. In the coming weeks we are due to publish a promotional video and case study in which local GPs and consultant dermatologists would discuss the value and benefits of the teledermatology service and this would be shared with all GP practices. It was hoped that this would further increase the use of teledermatology.

- 9.1.13 The Locality Lead for West Dorset raised a specific issue regarding a response to a fast track photo advising it would not be reviewed and the patient be put on the two week wait pathway. The Governing Body directed that this issue be addressed outside of the meeting and reported.

PR – Following a review of the details provided by Dr Millar, it would appear that there has been some confusion about the use of teledermatology A&G in circumstances when a GP is suspicious of a malignancy.

We are encouraging GPs to utilise the teledermatology A&G service in instances when there is diagnostic uncertainty about a lesion/rash. If GPs have a strong suspicion of a malignancy then we have asked that they continue to refer directly on the 2WW pathway, to avoid delay.

2WW skin referrals are continuing to increase, however, anecdotal evidence suggests that around half of these referrals are incidences where the GP is unsure of the most appropriate pathway for the patient. These are the types of cases that would benefit most from an A&G (with photos) conversation as they would reduce 2WW referrals and ensure that the patient is reassured more quickly.

Using the teledermatology A&G service for non-cancer queries helps to ensure that patients are managed on the most appropriate pathway and in the most efficient way. For example, if a GP sends a photo of a skin lesion through A&G it may be possible for the patient to be direct listed for surgery or referred to a community service which has lower waiting times. This removes the need for the patient to be added to a long waiting list for the initial outpatient appointment.

The communication messages regarding the teledermatology A&G service will be reviewed to ensure that they are clearer going forward.

9.8 Annual Report for Infection Control

- 9.8.4 The Governing Body noted the reduction in CDI cases was a result of the reduction in antibiotic prescribing and directed that this be fed back to Primary Care colleagues.

VR – Complete.

9.9 Joint Children and Adult Safeguarding Annual Report

- 9.9.3 There was concern regarding the format of the information contained within the lengthy safeguarding notifications received from SWASFT and the risk of important information being missed. The Governing Body directed that this be raised with SWASFT.

VR – CCG Safeguarding lead to work with SWASFT safeguarding lead regarding notifications.

9.10 Integrated Care System (ICS) Delivery Update

- 9.10.6 There was concern regarding the slow progress with the Wareham Surgery and Parkstone Health Centre projects and the late stage queries being received by the local NHS England team. The concerns had been raised with the national team and the Governing Body directed that the Primary Care Commissioning Committee kept this under review.

SSa – Updates and progress are being reported to the PCCC.

- 9.10.8 There had been challenges regarding the wider rollout of the Dorset Care Record in part due to urology results testing at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) and secure patient data held by Dorset Healthcare University NHS Foundation Trust (DHUFT). The impact regarding the rollout timeline was being assessed. The Governing Body directed that it continued to be kept updated.

PR – The Dorset Care Record (DCR) team are preparing to engage a consulting firm to assist with driving through the outstanding work. This company was reviewed yesterday just before the Digital Board Meeting and agreed as the partner to be used. Funding to support this work will come from the Wessex Care Record (WCR) fund, and Stephen Slough will be presenting at the WCR Steering Group meeting on 11 July 2019 to source the funding.