

**Clinical Commissioning Group (CCG) Governing Body 2019/2020 – Part 1**

<b>Date of Meeting:</b>	17 January 2020
<b>Agenda Item:</b>	4.1
<b>Subject:</b>	Clinical and Professional Advisory Panel Report
<b>Reporting Officer:</b>	Dr Aggy York
<b>Aim of Paper:</b>	To inform Governing Body of discussions taken place at the November and December CPAP meetings.

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Strategic Place Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	12 November 2019	For Information Only
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

<b>Governing Body Resolution Required:</b>	For Information Only
<b>Recommendation</b>	For information.

Link to Strategic Objectives	Contributes to: (Select Yes or No)
<b>SO1:</b> To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
<b>SO2:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Prevention and Access</b> (Prevention and Self Care)	Yes
<b>SO3:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Neighbourhoods &amp; Primary Care</b> (Getting help in the Community)	Yes
<b>SO4:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Planned</b> (Getting more help)	No
<b>SO5:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Urgent Care</b> (Getting more help)	No
<b>SO6:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Children, young people and families</b>	Yes
<b>SO7:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Mental Health</b>	Yes

<b>Risk Level:</b> (To be reviewed in line with Risk Policy)	Not Applicable
<b>Comments</b> (Document should detail how the risk will be mitigated)	Click here to enter text.

<b>Content Approval/Sign Off:</b>	
<b>The contents of this paper have been reviewed and approved by:</b>	Director of Operations / Executive Nurse, Karen Hurley
<b>Clinical Content signed off by:</b>	Not applicable
<b>Financial content signed off by:</b>	Not Applicable

	<b>Completed:</b>
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

## Executive Summary

The November Clinical and Professional Advisory Panel was held at Number 1 Riverside, Rochdale on Friday 1<sup>st</sup> November 2019.

### Clinical Leads Updates

Verbal updates were provided by Dr York, Dr Purlackee, Dr Bracegirdle and Dr Khiroya. Written updates were received prior to the meeting from Dr Ghafoor, Dr Walker and Dr Purlackee who sent their apologies.

Dr York reported working on the Urgent Care Review, and chaired the Primary and Secondary Care Interface Group which focussed on diagnostics as per last month's CPAP. The recurrent theme is GPs are consistently being asked to repeat or chase up secondary care generated diagnostics. A Diagnostic Improvement Task and Finish Group has been set up to carry out a deep dive into inappropriate requests. Various solutions in relation to this were discussed including amendments to the Junior Drs handbook, getting the message out via Medical Director's for each Care organisation and changing GP's perception that nothing is done when reporting these issues on DATIX. Following a question, it was confirmed that issues fed into DATIX are looked at and fed back to the relevant specialty with the reporting clinician also receiving a response. Further discussion took place regarding secondary care bloods and a suggestion was made to ask the Primary Care Networks to open a Community Blood Room.

Dr Khiroya reported he has regular contact with the 111 service in relation to issues with end of life care (EoL) and advised HMR was previously the best performing of all CCG's, but this has changed recently, and a meeting is scheduled to explore where things are going wrong. It was confirmed that this will be picked up via the Quality & Safeguarding meeting.

A verbal update on the development of the EoL Pharmacies was provided. There will be two pharmacies in each Township with contracts being finalised, funding allocated and a training plan to enhance pharmacist's knowledge and skills around EoL. It was confirmed that the Local Pharmaceutical Committee (LPC) are handling the information gathering.

Dr Purlackee reported that she is overseeing amendments to the referral proforma for Healthy Young Minds which will pre-populate most of the information and attach the GP consultation. She reminded the panel that the Early Attachment Service was launched in July and are taking referrals currently via the Healthy Young Minds pathway however this is likely to be through a new referral process in the upcoming months. Comms will be going out to GPs in the area

regarding referring to the service in the upcoming months once a new pathway has been developed.

Other updates from her included a “Birth Day” launch event and antipsychotic prescribing for patients with learning disabilities. Dr Purlackee is liaising with the community midwives with regards to Folic Acid and Vitamin D prescribing. Kuiama Thompson from Public Health clarified that they cannot be obtained from children’s centres. She took this as an action to follow up with PHE.

The panel were made aware of a Respiratory COPD day on 20 November 2019 at Rochdale Infirmary – flyers have been circulated from the Self Care Team and the panel were asked to disseminate throughout their teams.

The panel noted the verbal updates provided.

### Papers for Discussion

#### **Vasectomy Provision**

An overview of the paper was provided, and the panel were asked for clinical input prior to any recommendations going to the Savings Delivery Board. It was stated that the preferred option at this stage would be for Consultants in secondary care to directly list patients, but this would mean a conversation with a GP would be required first. The panel discussed the available options and felt moving the service from secondary care to the community was preferable.

The panel agreed to note the content of the paper

#### **Consultant Connect**

An overview of the paper was provided and the panel were asked to note that although the paper states extending the pilot for 12 months there is only enough funding for a 9-month extension. Positive feedback for the service was received and the option of the text service for dermatology was highlighted as particularly useful. A question was asked if it would be possible to get advice via text for some of the other specialties. It was agreed this question would be taken back to Consultant Connect.

The panel agreed to support the recommendation

### Workshop/Presentation

The topic of Urgent Care was brought to CPAP. Members were provided with a presentation by S Ahmed regarding HMR’s Urgent Care System Wide Surge and Resilience Plan.

Further discussion took place regarding patient education and the panel felt that information needs to be given to patients prior to attendance at Urgent Care/A&E. It was suggested to provide newly registered patients with a welcome pack/A4 list of services and where to go for them. A suggestion was made to utilise the mailshot of Council Tax bills/bin collections with a decision tree for patients on how to access services.

There were discussions about the IV Therapy Service, the Homeless Alliance Response Team (HART) and the flu vaccination programme (where it was felt that the focus should be on children as they are the super spreaders).

A presentation was then provided by S Merridale around HMR's Urgent Care Strategy and the panel were asked for any comments/questions. Coding issues were discussed as well as the suitability of Graphnet, which although members felt is useful, they concurred that access to EMIS Web is the best way to integrate urgent care. There are meetings proposed for later in the month to look at integrated systems across the local authority, CCG and Pennine Acute Trust.

A discussion took place in relation to the UCC night cover and the proposal of being able to book an appointment as an Urgent Treatment Centre.

### AOB

The panel were advised that future Clinical Leads who are unable to attend CPAP will now be required to complete a reporting sheet to update the panel on work being undertaken.

Due to the January CPAP meeting falling on the first week after Christmas, the panel were asked if they were happy to change that month's meeting to 10<sup>th</sup> January 2020. This will be circulated to core members via email for opinion.

### **The December Clinical and Professional Advisory Panel was held at Rochdale Town Hall on Friday 6<sup>th</sup> December 2019.**

#### Clinical Leads Updates

This item was deferred until January where a roundup of Clinical Lead's 2019 projects can be presented

#### Presentations/ Updates

There were no guest presentations at December CPAP

#### Action Log Feedback: Vitamins in Pregnancy

Dr Purlackee and Kuiama Thompson gave feedback on the recommendation Vitamins in Pregnancy. There was concern that at risk pregnant women may not be prepared to purchase the high dose vitamin D which is recommended to them and this preparation is not available from Sure Start centres. It was confirmed that the Sure Start vitamins are available free of charge to those ladies on certain benefits but that the high dose folic acid is a prescription only medication. There was concern that women are being directed to the GP solely for a prescription of these items, often with no supported written advice from the antenatal team.

The panel agreed to look in to a possible Patient Group Directive (PGD) to allow those women at risk to obtain these medications from pharmacists without the need for a GP Prescription.

#### Workshop/Presentation

The topic of Prescribing was discussed. A presentation was shown by Dr York which summarised workshop discussions at the Heywood and Middleton and the Rochdale Locality Engagement Groups.

The topics discussed with the theme of prescribing included:

- Communications between the medicines management team, GPs and secondary care
- Near point CRP testing for acute respiratory illness
- FENO testing for asthma
- GMMMG RAG list and shared care protocols

- PCN/ CCG Clinical Pharmacists
- Optimise Rx and Pincer tools
- OTC medication/ minor ailment scheme
- Issues with secondary care prescribing

The full allocated CPAP time was used to discuss the points as per above.

#### Future agendas

It was decided to roll the topics of Vitamin D Testing and the TAG update over to January alongside a clinical lead summary discussion in order to allocate the correct amount of time to the discussions, to ensure the most appropriate core members are present at the discussions and also to tie in the topics which will be discussed via Dr York at the Primary and Secondary Care Interface Group.