

PART 1 GOVERNING BODY 2022/23

Date of Meeting:	20 May 2022
Agenda Item:	4.1
Subject:	Clinical and Professional Advisory Panel (CPAP) Report
Reporting Officer:	Dr Aggy York
Aim of Paper	To inform Governing Body of discussions taken place at the March CPAP meeting

Governance route prior to Governing Body	Meeting Date	Objective /
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group		
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Governing Body Resolution Required:	For Information Only
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Recommendation: For information only

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

RISK LEVEL (To be reviewed in line with the Risk Policy)

RAG Status: Green

Comments: N/A

CONTENT APPROVAL / SIGN OFF

The contents of this paper have been reviewed and approved by:

Clinical Board Member – Dr Aggy York

Clinical Content signed off by:

Not applicable

Financial content signed off by:

Not applicable

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 March Clinical and Professional Advisory Panel was held Virtually via Teams 29th March 2022.

Minutes and Action Log

There were reviewed and updated.

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These were reviewed and it was advised that the draft terms of reference have been to LCO, SMT and following this meeting will be taken to LCO Executives and shadow system board for approval. Members were asked to provide views on their membership, the set up and name of the board.

The purpose of the updated CPAP meeting will be to develop then agree system pathway changes following system wide engagement. It is currently uncertain who will chair the meeting after the CCG ceases, one proposal is that the role rotates between chairs from organisations across the system.

A system wide risk framework is being developed, and the updated CPAP will be able to look at gaps in pathways and make changes to ensure that risks are owned by the entire system rather than falling on individual people or organisations. Ensuring there is clinical input into shadow system board was agreed to be crucial, and therefore shared membership between system board and CPAP necessary. Wider membership of CPAP from across the system will also need to be promoted.

How to encourage issues from across the system to feed into the new CPAP meeting was discussed. It also needs to be ensured that there is feedback on the issues raised at CPAP so that people feel heard and trust the process. Previously there have been strong links with GPs through LEG meetings, where issues that have been raised have been discussed and fed into CPAP, however there is a risk of losing such input once CPAP becomes more formalised with less fluid membership. It was suggested that highlight / escalation reports from other areas of the system could feed into CPAP and an action log be created to ensure that issues are logged and actioned.

It was suggested that PCN clinical directors be involved as they are likely to have feedback on GP issues. A quarterly session to look at complaints was considered, as this would give an overview of common issues arising.

Members agreed that submission of a neighbourhood risk register or report to the new CPAP would be beneficial as it would detail risks from across the system including social care. A risk report could also be escalated if a near miss seems likely.

It was noted that the existing format of the meeting has positive aspects and these should be retained moving forward.

It was advised that the CPAP terms of reference would continue to be taken through the relevant governance routes for approval, following this work on developing the format and structure of the meeting will begin.

Upcoming Pathway Changes Workshop

The structure of the new CPAP will determine how the pathways change. There is concern as to where the risks will sit and options to consider a 2 part meeting with a risk register were considered.

It is uncertain if clinical directors of the PCNs will be able to involved in the future.

There were discussions regarding pathways within care homes and how to engage organisations who currently don't attend CPAP.

Presentations

DIGITAL HEART FAILURE PLAN

The heart failure team presented the new digital heart failure plan.

Discussions took place regarding clinical responsibility for changes, integration within GP Clinical systems, feedback to Health Innovation Manchester and patient online access. Discussions are ongoing with Pumping Marvellous as well as links to the GM digital facilitators and voluntary/community organisations.

Clinical Leads Updates

Updates were provided from Urgent care, IT and written Cancer Clinical Lead report was received.

AOB

There were no other comments or discussion points raised.