

**NHS South Yorkshire and Bassetlaw**

**CCGCOM Meeting**

**Friday 7 June 2013**

**1.00 – 3.00 pm – Boardroom, 722 Prince of Wales Road**

**Present:** Richard Cullen, Chris Edwards, Nick Tupper, Steve Kell, Chris Stainforth, Tim Furness, Martha Coulman, Mark Smith, Will Cleary-Gray, Cheryl Hobson

In Attendance: Michelle Oakes

1.	<b>Apologies:</b> Jackie Pendleton (Mark Smith attending), Phil Mettam, Ian Atkinson (Tim Furness attending)	
2.	<b>Declarations of Interest</b>  No declarations of interest declared.	
3.	<b>Minutes and Matters arising from 3 May 2013</b>  The notes of the meeting held on 3 May were agreed as an accurate record.  <u>MOU revision</u> TF reported a note was sent out for SY&B CCGs to confirm the status of their constitutions with regard to allowing wider collaboration, and noted responses were still outstanding. The deadline for changes to CCG constitutions to be approved was 28 June. TF will follow up after this date.	TF
	<b>FOR AGREEMENT</b>	
4.	<b>Cardiology Commissioning Standards</b>  MC gave feedback following on from discussion at last month's meeting. The group were informed that Clare Hillitt has received initial feedback from Peter Bradley, Clinical Director at STH who still felt there was an issue with out of hours cover. There were no quality concerns - patient safety issues have been resolved since the protocol was introduced however the volume of out of hours calls was still an issue.  It was noted that CCGCOM had not seen detail, such as numbers of calls. MC stated she had requested this information and that the purpose of the piece of work that had been proposed was to enable a fully informed discussion at CCG.  There were concerns about the need for additional resource and CE noted	

	<p>that Chief Officers had agreed that projects should be managed within existing resources.</p> <p>It was agreed that the COs would consider further how to resource the workplan, in the context of the Working Together project and the managerial resources that might be necessary to support that.</p>	CE
	<b>FOR DISCUSSION</b>	
<b>5.</b>	<p><b>Fertility</b></p> <p>TF reported that following previous conversations Sheffield would like there to be a collective review of the current Y&amp;H policy on eligibility, noting that this could still allow CCGs to move to full compliance at differential, affordable paces. WC-G identified it is quite a significant piece of work with a 6 month timeframe. The group agreed that there should be a collective review of the Y&amp;H policy, preferably across Y&amp;H, but if that were not possible, across SY&amp;B. TF agreed that Sheffield would co-ordinate, but noted the potential need to resource the work.</p> <p>SK reported that Bassetlaw would be discussing IVF at their meeting on Tuesday in public.</p>	WC-G
<b>6.</b>	<p><b>Shared care arrangements for NHS England Commissioned Services</b></p> <p>NT reported that NHS England Specialised Commission specifications have given him some concern particularly in relation to the delay in publication of the full commissioning policies and service specification and their potential impact on other aspects of care pathways. Both the obesity pathway and gender reassignment pathway were 2 examples that were given where there was not clarity on both commissioning responsibilities for some aspects of services and where there was potential risk on the integrity of the pathway. NT expressed that this issue was not exclusive to these 2 pathways and that there were some general concerns about both maintaining integrity of the pathway and managing risk. The group explored whether there was something collective that they could do to mitigate. It was agreed that this should start with an initial discussion within SYCOM to discuss pathway issues that covered commissioning of primary, secondary and tertiary care and explore whether there was something to be achieved collectively particularly in light of prescribed services going in to contracts in October and the associated work that was expected in relation to assessment against the specifications.</p>	
<b>7.</b>	<p><b>Prostate Cancer primary care follow up</b></p> <p>WG-C noted that there will be a paper presented to CCGCOM next month, developed with the Cancer Network, to propose developments to manage follow up in primary care.</p>	

<p><b>8.</b></p>	<p><b>Work Plan</b></p> <p><u>Management resource</u> The workplan now estimates clinical and managerial resources needed for each area of work. CCGCOM was asked to consider whether it needed a collective management resource (a programme office). CS stated that he would prefer not to create a programme office but to use existing resources, with the work divided up between CCGs. It was agreed that we would need to ensure that work was fairly shared, and that although the default position might be that COs should provide management resource for the pieces of work they lead, there could well be exceptions to take account of existing expertise. COs to discuss further in the context of the Working Together project.</p> <p><u>Clinical leads</u> It was agreed we now need to identify clinical leads for SCNs. TF suggested each to pursue if there are any interested GPs. MC was happy to co-ordinate the names and identify any gaps. It was agreed we should aim to share the roles out across CCGs, and noted that CCGs might need to provide additional funding to support their clinical leads.</p> <p>WC-G suggested that it might be helpful to outline some principles with regards to expectation of working arrangements. W C-G agreed to work with MC to give a description for the workplan on the areas. MC identified that there are no names on any of the ODNs in terms of clinical input and it was agreed that, at the moment, CCGs did not expect to be closely involved in ODNs and therefore clinical leads might not be required.</p> <p>SK met with the MD of NHS Improvement Quality around CCGs and transformational change. The group asked if we could obtain free resources from them on a regional basis. SK agreed to pursue further.</p>	<p>ALL MC</p> <p>SK</p>
<p><b>9.</b></p>	<p><b>Working Together</b></p> <p>CE reported on the Finnamore session where North Derbyshire was not involved in the original session. CE will arrange a follow up session with Eleri.</p>	<p>CE</p>
<p><b>10.</b></p>	<p><b>AOB</b></p> <p><u>Information Governance issues</u> It was noted that CCGs are increasingly worried about the impact of IG rules preventing CCGs from holding patient identifiable data. TF said that IA was going to write to NHSE, and would like that to be a collective letter from SYB. SK has spoken to Ros Roughton and felt that NHSE understood the problems and that there was likely to be an extension to current flexibilities. It was agreed that IA would draft a letter, seeking clarification and support for CCG interpretation of the law, and send to the group for comment before sending to NHSE.</p>	<p>IA</p>

	<p><u>Obesity</u>  WC-G reported that the city council in Sheffield is considering commissioning the local service (which transferred to SCC responsibility as part of the Public Health transfer) differently, which could affect patients ability to access bariatric surgery and therefore negatively affect the integrity of the pathway. It was suggested that this might not be isolated to Sheffield and that other CCGs may be having a similar conversation with their respective LA.</p> <p>It was agreed, after some discussion that, although all CCGs were faced with this issue, there was little benefit in a collective response and each CCG would need to discuss with their respective LAs, possibly via the Health and Wellbeing Board. The broader matter of integrity of the obesity pathway and access to bariatric surgery would be discussed at SYCOM.</p>	
11.	<p><b>Date of Next meeting</b>  Friday 5 July 2013 1.00pm, Boardroom, 722 Prince of Wales Road</p>	