ROtherham Clinical Board

Minutes of the meeting held on
9 February 2011
at Oak House

Present:

Prof W Al-Wali Medical Director, RFT (Chairman)
Mrs K Atkinson, Director of Strategic Planning, NHSR
Dr P Birks, General Practitioner, Local Medical Committee
Dr R Carlisle, Deputy Chief Executive – Performance & Primary Care Improvement, NHSR
Mr P Chapman, PE/ AHP rep, NHSR
Dr R C A Collinson, PE Chairman, NHSR
Dr Alison Cooper, Consultant Anaesthetist and Director of PGME
Mrs Moira Hardy, Quality & Standards Manager for Jackie Bird
Mrs K Henderson, Managing Director of RCHS
Dr B Hoeroldt, for Medicine Directorate, RFT
*Ms Daksha Patel, Consultant in Obstetrics & Gynaecology
Mr M Pinkerton, Chief of Business Development, RFT

In Attendance:

Mrs S Johnstone, Executive Assistant to Medical Director, RFT
**Dr J Kitlowski, Commissioning Executive, NHSR
*Mr Jason Punyer, Prescribing Support Pharmacist, NHSR
Mr A Tenany, Board Secretary, NHSR (Notes)

* First part of meeting only
** Item 10/11 only

1/11 Apologies
Apologies for absence were received from Mrs Bird, Ms Brady, Mr Irvine, Mr Pinkerton and Dr Withers.

2/11 Minutes of the Previous Meeting
Minutes of 13 October 2010 were agreed as a correct record.

3/11 Matters Arising

a) 74/10b Second Re-admissions to Hospital
Information on the way forward, in the light of the case notes examination, was awaited.

Action: Mrs Bird

b) 76/10 Do Not Attempt CPR Policy
As had been requested, the RFT was adopting the Yorkshire & Humber PCTs’ policy.
c) 77/10 Do Not Attempt Resuscitation Audit

The Board wished to know the key lessons from the first audit. The findings from the second audit were also awaited.  
Action: Prof Al-Wali

d) 78/10 Threshold triggers for results to go to consultant

Not quite all results were the responsibility of the consultant team that had requested the test/scan. Findings from pre-operation screenings should and do go back to the GP. See next item.

Action: Prof Al-Wali

e) 86/10 Abnormal Results to GPs

See previous item. When it was indeed appropriate for the GP to take action on abnormal results, then the RFT doctors should communicate that by phone. It would be useful to cover this requirement in junior doctors’ induction.  
Action: Dr Cooper

f) 81/10 Public Health Strategy for RFT

Prof Al-Wali would bring a draft to the next meeting – when Mr Andy Irvine could be present.

Action: Prof Al-Wali

g) 85/10 GP Enhanced Services – Anticoagulation

Arrangements were still under discussion with Dr Barker - the haematologist. Dr Birks was interested in a quantification of what could and would move to primary care. Dr Barker would be invited to attend the next meeting of the Clinical Board.  
Action: Prof Al-Wali

4/11 RFT News

RFT was busy preparing for the incorporation of community services under Shaping Our Future. As well as acquiring much of RCHS, RFT was to run Bassetlaw’s community services.

Action: Prof Al-Wali

5/11 NHS Rotherham’s commissioning news

Replacement of the Professional Executive (PE)

Alan Tenanty’s update email of 27 January was noted. The PE was being replaced by a Commissioning Executive (CE) and eight GPs had been appointed to it. Twelve other GPs comprised a “reference group” which would meet occasionally to examine the CE’s work and give views on key issues.

Prof Al-Wali stressed that RFT wished to develop its dialogue with all GPs, but especially those twenty on these two groups.

A GP commissioning consortium should be operating in shadow form from April 2012 and be fully operational by spring 2013. There was a strong consensus amongst local GPs that one consortium should cover all Rotherham residents / GPs.
**Post meeting note**

CE members and Board members would have a regular meeting and – amongst other things – this would aid the ‘learning’ of the GPs. The best means of securing input by non-GPs to the CE’s work has not been determined.

**Staffing Changes at Oak House**

NHS Rotherham had embarked on a programme to halve its management costs.¹ A voluntary redundancy scheme was seeing the departure of one fifth of the staff at Oak House. Amongst the staff that would be leaving was Mrs Atkinson.

The Government’s Public Health White Paper – which was still out for consultation – proposed the transfer of some PCT staff to the Local Authority.

A very recent nationally-driven development was “clustering” of PCTs’ most senior management. A handful of local PCTs, including NHS Rotherham, were expected to share a Chief Executive and Finance Director from May 2011 onwards.

**Post meeting note**

A small team of officers² for the cluster of South Yorkshire & Bassetlaw PCTs is based at Oak House. An increasing role in the business of each PCT is anticipated.

**6/11 Terms of Reference**

Alterations to reflect restructuring of organisations and staff departures were identified. Redrafted terms of reference would be issued.  

**Action:** Alan Tenany

**7/11 Clinical Referrals Management Committee**

Minutes of the following meetings had been circulated

- 29 September 2010
- 13 October 2010
- 27 October 2010
- 10 November 2010
- 24 November 2010
- 8 December 2010
- 22 December 2010
- 5 January 2011
- 19 January 2011

Ms Patel reported briefly on an audit on managing heavy menstrual bleeding. The results will be presented at a PLT event for GPs.

The various work streams were coming to fruition and a new orthopaedic pathway was likely to be implemented in the spring.

Referral paperwork may become standardised – aided by computer templates.

¹ although it was now required to focus on reducing “running costs”
² including Andy Buck as a shared Chief Executive
Mr Chapman pointed out that the quality / completeness of referrals to community health services would become increasingly important due to the introduction of a community data set in September 2011.

8/11 Diabetes Redesign

Dr Carlisle reminded the Board of the need for pathway redesign and explained the changes planned from April 2011.

The changes would require the realignment of funding streams.

Dr Hoeroldt noted that the “specialist team” membership included clinicians from the hospital and community providers.

Mrs Henderson pointed out that not all members of the specialist team would share the same management and base and so this would be a virtual team.

Care guidelines for primary care clinicians would need to be readily accessible and the best means of ensuring this continued to be discussed.

9/11 Rotherham Antimicrobial Prescribing Policies

Mr Punyer highlighted the history of good cooperation in Rotherham between hospital and non-hospital settings. Rotherham had very low rates of quinolone and cephalosporin prescribing and there had been a long-term reduction achieved in the incidence of c.diff. A development of note was visits by microbiologists to general medical practices to discuss treatment issues.

The number of reported MRSA bacteraemia in the year to date was nil.

The appropriateness of prescribing by CareUK was difficult to monitor due to the temporary status of many of its patients.

The recent production of guidelines for use in the hospital setting was welcomed. Although separate guidelines had been produced for non-hospital settings the two sets dovetailed neatly. Mr Punyer was thanked for his help in aligning the guidelines.

One challenge was managing patients’ expectations. New paperwork included an explanatory note which could be given to patients when an antibiotic was not indicated.

10/11 Clinical Governance Issues

Changes to medication following admission

The meeting noted the difficulties that arose for GPs when pre-admission medicines were not prescribed at discharge i.e. was it an oversight or was it intentional, and if the latter why? Dr Cooper noted the issues and would progress the solutions through the training of junior doctors.

Action: Dr Cooper
Colostomy Nurse Funding

Concern was repeated today that at least one nurse was funded by a commercial supplier with expectations about the use/promotion of their products.

**Action: Prof Al-Wali**

11/11 Service Specifications

Mrs Henderson drew attention to some impacts of Shaping Our Future viz. the production / updating of service descriptions and of care guidelines (e.g. asthma, paediatric diabetes).

12/11 Dates, times and venues for future meeting

- 13 April 2011 (subsequently cancelled)
- 8 June 2011 (subsequently cancelled)
- 14 September 2011, in ........................., 12:30-2:00pm, venue tbc
- 9 November 2011, in ........................., 12:30-2:00pm, venue tbc
i.e. the second Wednesday of those months.

**Action: all to diarise**

Today was the last meeting for Mrs Atkinson, Mr Chapman and Dr Collinson. Prof Al-Wali thanked the departing members and paid tribute to his co-chair Dr Collinson.

Dr Collinson in turn thanked all members for their cooperation under his chairmanship. He also thanked Mrs Johnstone and Mr Tenanty for their help in managing the Board’s business.

*The draft minutes, once approved by the two Chairmen, should be shared with RFT Board / Corporate Team Management Board, NHSR Board, Commissioning Executive, Head of Clinical Governance, Donna Dennison Local Medical Committee and all general practices*