

Agenda item: 8

GOVERNING BODY MEETING – TUESDAY 20 SEPTEMBER 2016

REPORT OF THE CLINICAL CHIEF OFFICER

1. HSJ Awards

- 1.1. I am delighted to announce that the CCG and a member of staff have been shortlisted for awards at this year's HSJ awards, which take place in London on 23 November 2016.
- 1.2. Once again, the CCG been shortlisted in the CCG of the Year category, and Dr Felicity Guest has also been shortlisted in the Rising Star category.
- 1.3. Unlike last year, the HSJ judges won't be visiting us, however CCG representatives will be required to meet with the judging panel in November and Dr Guest will meet with the judging panel in October.

2. 2016 assurance framework

- 2.1. The CCG has been assessed in six priority areas – cancer, dementia, maternity, mental health, diabetes and learning disabilities – as part of NHS England's new 2016/17 CCG Improvement and Assessment Framework.
- 2.2. The assessment differs from last year's assurance framework assessment – in which the CCG was rated 'outstanding' – as it looks at services the CCG commissions for its local patients, rather than rating its performance in areas such as leadership, engagement, governance and finance.
- 2.3. In order to provide a rating, the assessment has used two to four indicators in each clinical priority area and scored them using national averages and targets.
- 2.4. Members of the commissioning team have reviewed the assessments, identifying a number of issues, including data inaccuracies which will be clarified with NHS England.
- 2.5. I am very pleased to say that for all the indicators the CCG can identify improvement works that are either planned or under way and our clinical and commissioning leads are reviewing these to identify where we can do even more.

3. Planning guidance

- 3.1. The latest information from NHSE is as follows:
 - STP finance template – 16 September

- STP full plan – 21 October
 - STP feedback – end of October/early November
 - Planning guidance – end of September
 - Contract published – 11 November
 - Draft operational plans – 24 November
 - Final operational plans – 23 December
 - Contract sign off – 23 December
- 3.2. NHSE Lancashire planning event – 6 October, 9.30am-4pm, Marriott Hotel, Preston.
- 3.3. Pipeline meetings have been increased from monthly to bi-weekly during the planning period as per last year's process and the internal timeline and process will be circulated when finalised.
- 3.4. Recurrent savings targets: for 2016/17 – annual target = £3.8m, cumulative target = £3.8m. For 2017/18 – annual target = £6.8m, cumulative target = £10.6m.

4. MCP development

- 4.1. At present, we have undertaken a scoping exercise to identify the services bundles which would be provided by the MCP.
- 4.2. The immediate next steps are for the neighbourhoods to:
- Consider whether MCP Partners, Provides or Sub-contracts each service or bundle of services.
 - Consider which MCP services are best provided on what footprint.
- 4.3. In addition, we are currently planning face to face meetings with key stakeholders to take place in September/early October.

5. Marie Stopes International

- 5.1. Following an unannounced inspection of Marie Stopes International's services and its corporate headquarters in England in July, the CQC raised concerns about the provider's corporate and clinical governance arrangements and patient safety protocols in specific areas.
- 5.2. The CQC outlined its concerns to Marie Stopes International and in response it:
- Suspended termination of pregnancy provision for under-18s and vulnerable groups of women.
 - Suspended terminations under general anaesthetic or conscious sedation.
 - Suspended all surgical terminations at their Norwich centre.

- 5.3. As of Friday 19 August 2016, all new bookings were diverted to alternative provision by MSI, predominantly to BPAS.
- 5.4. CCGs as commissioners were asked to be aware that waiting times in other contracted services may increase and this may impact on KPIs.
- 5.5. The CQC is expected to publish a report at the end of September.

6. National Cancer Patient Experience Survey

- 6.1. The results of the National Cancer Patient Experience Survey, which was commissioned and managed by NHSE, were published in July 2016.
- 6.2. Nationally, 71,186 people completed the survey, locally, there were 416 respondents – both represent a response rate of 66%.
- 6.3. Executive summary: asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.8.
 - 6.3.1. 79% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment – compared to 78% nationally.
 - 6.3.2. 92% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment – compared to 90% nationally.
 - 6.3.3. When asked how easy or difficult it had been to contact their Clinical Nurse Specialist 86% of respondents said that it had been 'quite easy' or 'very easy' – compared to 87% nationally.
 - 6.3.4. 91% of respondents said that, overall, they were always treated with dignity and respect they were in hospital – compared to 87% nationally.
 - 6.3.5. 94% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital – compared to 94% nationally.
 - 6.3.6. 61% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment – compared to 63% nationally.

7. New services/approvals from Clinical Commissioning Committee

- 7.1. **MSK expansion** – an expansion of the current musculoskeletal service in Fylde and Wyre went live on 1 September 2016. The expansion will allow the MSK service to act as a single point of access for all referrals by general practitioners for patients with musculoskeletal and orthopaedic conditions referred. This involves daily clinical triage by advanced musculoskeletal practitioners and extended scope practitioners.

- 7.2. **Home oxygen service assessment and review (HOS-AR)** – A HOS-AR service provides specialist assessment and review for patients prescribed home oxygen therapy. The main purpose of the HOS-AR service is to ensure that patients are appropriately prescribed home oxygen, educated in its use and, in the event that oxygen therapy is not clinically effective, manage withdrawal of home oxygen therapy. This service went live on 1 August 2016.
- 7.3. **New Integrated community falls service** – the CCG has launched a new community falls service designed to drastically reduce the number of injuries and deaths following falls in the home. The service is provided by Blackpool Teaching Hospitals NHS Foundation Trust and is physiotherapy and occupational therapy-led, with patients referred into it receiving a full falls risk assessment and a personally tailored falls prevention plan. This service went live on 1 July 2016.
- 7.4. **WIN care home pilot** – has been extended from December 2016 to July 2017 subject to achievement of cost neutrality. The service will continue to assess registered patients living in care/nursing homes to ensure that they are appropriately assessed and managed by a multidisciplinary team. The aim is to reduce the number of inappropriate emergency hospital admissions and the number of deaths in hospital.

8. Changes in the current Safeguarding Team arrangements

Fylde and Wyre CCG and Lancashire North CCG currently have a shared model for delivery of a safeguarding team. Whilst this arrangement has been satisfactory potential changes in Lancashire North CCG and retirement of a member of the team led to a review of the current arrangements. The review found that the current safeguarding team and structures could not meet the capacity demands in a safe way and Fylde and Wyre CCG issued formal notification to Lancashire North CCG of its intention to cease the current arrangements. Lancashire North CCG is progressing with a redesign and recruitment of their safeguarding team.

The transfer arrangements are being managed and monitored and risks relating to Fylde and Wyre CCG are being mitigated. Changes to the arrangements will take effect from 3 October 2016. A future audit of the new arrangements has been scheduled for the end of 2016.

9. Recommendation

The Governing Body is asked to note the contents of this report.

Dr T Naughton
Clinical Chief Officer