

**Minutes of the  
Meeting of the Haringey Clinical Commissioning Group Clinical Cabinet**

Thursday 1 September 2016 at 1.15pm  
Hornsey Neighbourhood Health Centre

**Present:**

|                       |    |   |
|-----------------------|----|---|
| Dr John Rohan         | JR | GP Governing Body Member, North East Lead, Deputy Chair of the Clinical Cabinet |
| Dr Belinda Agoe       | BA | GP, Dementia Lead   |
| Dr Muhammed Akunjee   | MA | GP Governing Body Member, South East  |
| Dr Christiana Aride   | CA | GP, Tynemouth Medical Practice  |
| Dr Simon Caplan       | SC | GP Governing Body Member, North East  |
| Dr Dina Dhorajiwala   | DD | GP Governing Body Member, West  |
| Sonia Hall            | SH | Practice Manager, Tynemouth Medical Practice                                    |
| Dr Kaine Ikwueke      | KI | GP Grove Road Practice, South East Collaborative, LMC Representative            |
| Dr David Masters      | DM | GP Governing Body Member, West  |
| Prakash Rughani       | PR | LOC Chairman  |
| Sharon Seber          | SS | Primary Care Health Professional Governing Body Member South East               |
| Dr Lionel Sherman     | LS | GP, Bounds Green Group Practice   |
| Dr Thomas Strommer    | TS | GP, Morum House Medical Centre  |
| Dr Daijun Tan         | DT | GP Governing Body Member and Clinical Lead for Diabetes                         |
| Dr Richard Taylor     | RT | GP, Highgate Group Practice   |
| Sarah Timms           | ST | Governing Body Member, Nursing  |
| Dr Elizabeth Young    | EY | GP, Pan-Haringey Federated4Health   |
| <b>In attendance:</b> |    |   |
| Shush Dattani         | SD | LOC Member  |
| Karen Baggaley        | KB | Assistant Director for Quality and Nursing                                      |
| Eamann Breen          | EB | QIPP Programme Manager, Haringey CCG  |
| Manjit Gill           | MG | QIPP Project Manager, Haringey CCG  |
| Jennie Williams       | JW | Executive Nurse and Director of Quality and Integrated Governance, Haringey CCG |
| Cassie Williams       | CW | Assistant Director Primary Care, Haringey CCG                                   |
| Linda Roast           | LR | Minutes   |

|       |  |        |
|-------|--|--------|
| 1.    | <b>INTRODUCTION</b>  | Action |
| 1.1   | <b>Chair's Introduction</b>  |        |
| 1.1.1 | In the absence of Dr Peter Christian, Dr John Rohan welcomed all present.  |        |
| 1.2   | <b>Declarations of Interest</b>  |        |
| 1.2.1 | Dr Elizabeth Young declared an interest as a representative of Federated4Health. There were no other declarations of interest pertaining to items on the agenda. |        |
| 1.3   | <b>Apologies for Absence</b>   |        |
| 1.3.1 | Apologies were received from Dr Peter Christian and Moaz Nanjuwany.  |        |

|            |  |  |
|------------|--|--|
| <b>1.4</b> | <b>Minutes of the Previous Meeting</b>   |  |
| 1.4.1      | Dr Simon Caplan noted that in discussion of the Dermatology Service he had raised continuation of the NMUH email advice line and he had been disappointed with Dr Natasha Kapur's response that this was a funding issue. It was agreed this would be reflected in the previous minutes. However, Eamann Breen advised that he understood the facility would continue and this would be discussed at a meeting to be held later this month. Dr John Rohan asked that it also be recorded in the minutes that the use of Choose and Book was mandatory. Subject to these amendments the Cabinet agreed the minutes of the meeting held on 7 July 2016 as an accurate record.  |  |
|            |  |  |
| <b>1.5</b> | <b>Matters Arising and Action Log</b>  |  |
|            |  |  |
| 1.5.1      | <u>Action 07/07/16 - 01:</u> It was noted that the communication of changes and contact details in relation to future dermatology services was underway.   |  |
|            |  |  |
| 1.5.2      | Cassie Williams advised that voting in respect to the decision on Level 3 Commissioning was still underway but it appeared that the majority of votes were in favour. In response to Dr John Rohan, she confirmed that the number of votes was determined by Practice list size. All present were reminded to ensure votes were returned.  |  |
|            |  |  |
| <b>2.</b>  | <b>CLINICAL UPDATES</b>  |  |
|            |  |  |
| <b>2.1</b> | <b>Community Referral Pathways and Further Referral Pathway Development</b>  |  |
| 2.1.1      | Eamann Breen presented details of current community referral pathways and progress with these services. It was noted that community gynaecology, urology and gastroenterology services were demonstrating financial savings. However, there were issues of long waiting times for community gynaecology and the service, as currently provided by Whittington Health, was likely to be decommissioned. Community ophthalmology and diagnostic services were working well and the T-Quest package was to be launched in October with wider roll out during 2017/2018. Comments were invited and Dr John Rohan encouraged members to consider potential areas for future development.  |  |
|            |  |  |
| 2.1.2      | Dr David Masters noted that a document issued by NHSE last month, linked to increases in referral rates, had included examples of a number of successful developments. He suggested these could be reviewed for potential implementation locally.<br>Dr Simon Caplan referred to previous work with RFL on CKD and that the service model in Camden had reduced referrals seen at consultant level to 15-20%. Approximately 40% were seen by specialist nurses and the rest handled via email. It was agreed that this model should be explored for Haringey. Eamann Breen advised that CKD was part of the QIPP Plan for the current year and work with NMUH was planned for quarter 4. Barnet CCG's work with RFL was also to be shadowed for a pilot locally this year. |  |
|            |  |  |

|       |  |           |
|-------|--|-----------|
| 2.1.3 | Sonia Hall reported problems with T-Quest in that a significant EMIS upgrade was required. Eamann Breen advised that there had been work to resolve interface issues but this would be raised with GP IT services for further investigation. Dr John Rohan noted that there had been some delays in receiving test results and then often a backlog of numerous results received at the same time. Dr Simon Caplan reported that there had been recent improvement but Dr Belinda Agoe noted that on some occasions results were received for additional tests not requested. Dr Christian Aride agreed similar experience and noted instances where patients themselves had annotated forms for additional tests. Eamann Breen provided assurance that work would be undertaken to ensure any additional testing, and associated costs, were avoided.   |           |
| 2.1.4 | Dr David Masters observed that the numerous different referral pathways, involving various providers, could be quite complex and Dr Elizabeth Young added that it could be quite difficult to navigate the intranet sites. Dr John Rohan suggested that Choose and Book should be the guide and Cassie Williams advised that, although not currently the case, it was aimed to ensure all community services were included on Choose and Book. It was agreed to look at referral systems used by other CCGs and also seek advice from GP IT to improve clarity and ease of use.  |           |
| 2.1.5 | <b>ACTION 01/09/16 – 01</b> To look at community pathway referral systems used by other CCGs and also seek advice from GP IT to improve clarity and ease of use.   | <b>EB</b> |
| 2.1.6 | Dr Elizabeth Young queried the high DNA rates for urology services at WH and it was discussed that problems with DNA rates were quite widespread at WH. Eamann Breen reported that this had been raised at the last urology contract meeting and text messages or calls were now being made to patients as reminders. Clinics were also being “overbooked” to compensate for non-attendance. Sonia Hall observed that smaller providers were often more aware of the cost implications of low attendance. Dr Belinda Agoe noted that InHealth negotiated convenient appointment times and locations with patients which had proved successful in maximising attendance. Eamann Breen agreed that a similar approach would be discussed at the next contract meeting with WH. It was noted that both community urology and community gynaecology services would be subject to re-procurement for the next financial year. Dr David Masters cautioned that there could also be problems, such as communication, with smaller providers and the solution was not always to move contracts away from the larger trusts. Eamann Breen advised that the contract for community urology could remain at WH but this would not be the case for community gynaecology and Haringey and Islington would work together in the procurement of an alternative provider. |           |

|            |   |           |
|------------|---|-----------|
| 2.1.7      | Dr Richard Taylor raised the issue of ophthalmology referrals by GPs and that his Practice had recently received complaints from two patients in respect to referrals made. Dr Elizabeth Young noted that the Practice needed to contact the patient to discuss the referral and Prakash Rughani confirmed that the protocol required discussion with the patient before referral to secondary care. Dr Richard Taylor suggested that the optometrist could have this discussion with the patient rather than a further conversation with the GP. Cassie Williams reported that, when sending his apologies for today's meeting, Moaz Nanjuwany had asked that Practices be reminded to refer patients to local opticians first who would then refer to hospital or the community ophthalmology service if needed. He had noted that at present optometrists were being contacted for reports and information for patients not requiring referral which was a waste of both time and money. Dr Simon Caplan agreed that the current practice was a waste of GP resources and it would be far more appropriate for optometrists to make referrals with just a copy sent to advise GPs. He suggested a pilot of direct referrals, with the exception of patients with cataracts. Dr John Rohan agreed that the QIPP Delivery Group should be asked to consider such a pilot with an audit of outcomes and review of any financial considerations. |           |
| 2.1.8      | <b>ACTION 01/09/16 – 02</b> To consider a pilot of direct referrals to ophthalmology by optometrists, with an audit of outcomes and review of any financial considerations.   | <b>EB</b> |
| 2.1.9      | Dr Elizabeth Young suggested that a clinic for treatment of moles could be an additional area to explore but it was acknowledged that dermatology services had been discussed at the previous meeting and service developments were already being pursued. It was agreed any further suggestions or ideas for referral pathways would be passed to Eamann Breen or Cassie Williams.   |           |
| <b>3.</b>  | <b>Commissioning Items</b>  |           |
| <b>3.1</b> | <b>QIPP Update</b>  |           |
| 3.1.1      | Eamann Breen presented a report summarising quarter 1 performance against the QIPP Plan for 2016/2017. The total annual value of £12.6m included £10.2m of already identified schemes and £2.4m relating to in-year recurrent and non-recurrent measures to be identified during the year. Underperformance of £157k at month 3 was felt to be largely due to a number of data anomalies which were currently being investigated and actual performance was likely to be nearer to target. The report as circulated included a full list of QIPP schemes and detail of their achievement both in-month and for the year to date.  |           |
| 3.1.2      | Eamann Breen highlighted that waiting times for community dermatology services had resulted in increased acute referrals. This was now being addressed by additional clinics to clear the backlog and similar additional capacity for ENT services meant that both schemes were expected to be back on track by month 4. As previously discussed, the community gynaecology service was underperforming and a full report would be presented at the next meeting of the Cabinet.  |           |

|            |   |           |
|------------|---|-----------|
| 3.1.3      | Eamann Breen explained that Right Care was an NHSE initiative based on comparison of local CCG performance and identification of areas for potential savings as related to outcomes and highest spend. An original estimate of £6m was not felt to be realistic and a target of £1.9m had been set for savings that would be aligned to transformation work to reduce both elective and non-elective admissions. Following work with Public Health the key areas of initial focus had been identified as cancer electives, hypertension, stroke and CKD. Schemes were currently being finalised and were not due to commence until quarter 3. Fuller details of the Haringey RightCare Action Plan would be presented at the next meeting of the Cabinet.   |           |
| 3.1.4      | Dr Thomas Strommer asked about examples of miscoding and Eamann Breen advised that an initial focus had been review of day case codings which should correctly be first OP Consultant appointments. It was acknowledged that all CCGs were monitoring closely and challenging providers, particularly as savings became increasingly difficult to realise.  |           |
| 3.1.5      | <b>ACTION 01/09/16 – 03</b> To present a report on the Community Gynaecology Service and detail of the schemes related to the Haringey RightCare Action Plan at the next meeting of the Cabinet.  | <b>EB</b> |
| 3.1.6      | The Cabinet <b>NOTED</b> the report of Quarter 1 QIPP performance 2016/2017.  |           |
| <b>3.2</b> | <b>Safer, Faster, Better Project Update - Out of Hospital Work</b>  |           |
| 3.2.1      | Karen Baggaley explained that the Safer, Faster, Better project had been initiated in May. This was a whole system programme across NMUH and the local health and social economy and was linked to the concerns that had arisen regarding A&E performance at NMUH. There were four key project groups focussed on addressing different aspects of patient flow from home to hospital and subsequent discharge – ED; short stay and assessment services; wards; and “Out of Hospital”. The report circulated provided an update for all four workstreams.<br>Karen Baggaley highlighted that the Out of Hospital work related to delays with discharge and the need to shift discharge assessment to an earlier stage in the care pathway. The aim was for a default discharge of 24 hours for onward care in a community setting from when patients were medically optimised. Improvement had been achieved but there were challenges in respect to more complex cases. Karen Baggaley advised that weekly update briefings were available on the CCG intranet. Marco Inzani was leading for Haringey CCG with Will Maimaris for Public Health and Jenny Bostock for Enfield CCG.<br><br>Comments and questions were invited. |           |
| 3.2.2      | Dr Mo Akunjee queried the position in relation to the concerns raised regarding training standards in ED at NMUH. It was noted that this would be covered in the following agenda item.   |           |
| 3.2.3      | Dr Christiana Aride noted GPs were not receiving notification of patients discharged to community services and Dr John Rohan and Dr Simon Caplan agreed similar experience. Karen Baggaley confirmed that GPs should be given sufficient notice. She encouraged GPs to email details of specific instances where this had not been the case and also to lodge Quality Alerts to ensure investigation.   |           |
| 3.2.4      | In response to Dr Richard Taylor, Karen Baggaley advised that, although not part of the Safer, Faster Better project, it was acknowledged that performance at WH A&E had recently deteriorated and would now be an area of greater focus.   |           |

|            |  |  |
|------------|--|--|
| 3.2.5      | The Cabinet <b>NOTED</b> the Safer, Faster, Better project update report.  |  |
| 3.2.6      | Dr John Rohan noted that Karen Baggaley was due to leave the CCG and expressed thanks and appreciation for her work on safeguarding that had been very well respected throughout Haringey. Dr David Masters added his personal thanks and acknowledgement of Karen Baggaley's achievement in supporting GPs and improving safeguarding services. The Cabinet wished her good luck and success for the future.  |  |
| <b>4.</b>  | <b>Quality Items</b>   |  |
| <b>4.1</b> | <b>NMUH Quality and Safety</b>   |  |
| 4.1.1      | Jennie Williams noted that the Cabinet had been previously advised of quality and performance concerns in relation to services at NMUH and the associated action undertaken over the past months. The Trust had been subject to a number of inspections by HENCEL, the CQC and the GMC. A report presented to the CCG's Governing Body in July provided a clear timeline of events and action taken for reference.   |  |
| 4.1.2      | The focus for today's update was the quality and safety concerns related to ED/A&E which included senior leadership and staffing issues. An undetected death in the department had led to a Risk Summit in February, followed by a visit by HEE in March identifying significant concerns and five Immediate Management Requirements (IMRs) three of which had related to A&E. In April an unannounced visit by the CQC had resulted in a Section 29A Condition of Warning Notice requiring significant improvements by the Trust to avoid enforcement of further action. In May the GMC had triggered Risk Summit Guidance due to lack of confidence in delivery of the IMRs. The Trust had been under significant pressure and had received on-going system wide support during May and June to avoid the potential removal of medical trainees. In July the GMC had noted progress made by the Trust and had agreed trainees to remain but with a number of conditions to be met. |  |
| 4.1.3      | The Safer, Faster, Better initiative had been previously discussed and leadership changes at NMUH included the appointment of a new Medical Director and Clinical Director for A&E. A new interim CEO had been appointed on secondment from RFL and would be supported by David Sloman (CEO, RFL) in the role of interim Accountable Officer. Senior doctors from other London Trusts had been seconded to the A&E department to provide support for current staff shortages. Changes had also been made to the Executive Team and further review of governance and leadership would be undertaken as part of joining the RFL group. High level scrutiny on the CCG to ensure system support for improvement at NMUH would continue and rigorous on-going scrutiny of performance would be maintained.<br><br>Comments and questions were invited. Jennie Williams also offered to provide individual briefings to any Cabinet members requiring further information.                |  |
| 4.1.4      | Dr Thomas Strommer queried the reason for staffing problems in A&E. Jennie Williams advised that this was not directly related to the closure of A&E at Chase Farm but concerned more general issues of shortages of the appropriate staff and difficulties in recruitment. She confirmed that the secondment/"loan" of additional medical staff from other Trusts had made a significant difference to performance. Staffing rotas were subject to weekly review and Dr Simon Caplan confirmed that 95% performance had been achieved this week. There were however concerns regarding the position when the six month period of secondment of additional staff expired.  |  |

|           |   |  |  |
|-----------|---|--|--|
| 4.1.5     | <p>Sonia Hall questioned whether attendance at NMUH had reduced due to adverse publicity. Dr Simon Caplan responded that A&amp;E attendance figures had reduced generally across NCL. It was discussed that it was hoped this supported the message of using appropriate routes for urgent care but it was acknowledged the holiday period could also be a factor. Dr Simon Caplan reported that at NMUH all A&amp;E attendees, with the exception of ambulance patients, were now seen by a GP and triaged within minutes of arrival. Dr David Masters reported that there was nursing triage of paediatric patients and 20% were seen by the Urgent Care GP. Further work was underway with the PAU to embed the new system and Dr John Rohan emphasised the need to reduce short stay admissions. It was noted that two A&amp;E Paediatric Consultants were to be appointed and would be accountable to the A&amp;E Director. Dr David Masters noted that the leadership changes were changing the culture of the department and good progress was being made.</p> |  |  |
| 4.1.6     | <p>Jennie Williams concluded that the GMC conditions remained in place and would not be lifted until there was sufficient assurance that the necessary improvements were fully embedded. The next inspection visit by the CQC was scheduled for 21 September.</p>   |  |  |
| <b>5.</b> | <b>ANY OTHER BUSINESS</b>   |  |  |
| 5.1       | There were no other items of business.  |  |  |
| <b>6.</b> | <b>DATE OF NEXT MEETING</b>   |  |  |
| 6.1       | Thursday 3 November 2016  | 1.15pm – 3.15pm<br>Hornsey Central Neighbourhood Health Centre |  |