

## Notes from Senate Council Meeting

Held on 29<sup>th</sup> November 2018  
In Taunton Rugby Club

### Meeting Notes

		Action																		
<b>1</b>	<b>Welcome, introductions and business items</b>																			
	<p>Round table introductions – attendance and apologies listed at the end of this document.</p> <ul style="list-style-type: none"> <li>Council members were asked to declare any potential conflicts of interest in relation to the topic which were recorded and also the nature of the confidentiality of this meeting was flagged to the attendees.</li> <li>SPearson thanked members that have already contributed to the Clinical Review programme and gave an update about recent and upcoming clinical reviews, that will require members to participate and encouraged volunteers to contact RPerry or TTrim</li> </ul> <table border="1" data-bbox="363 1128 1302 1603"> <tbody> <tr> <td>STP</td> <td>Update</td> </tr> <tr> <td>Bath Maternity</td> <td>CRP complete</td> </tr> <tr> <td>Gloucestershire</td> <td>Likely to need a further CRP Progress delayed</td> </tr> <tr> <td>Weston</td> <td>CRP planned for end of November</td> </tr> <tr> <td>Mental Health Services in Bristol, Bath, North Somerset</td> <td>Will require a CRP</td> </tr> <tr> <td>Cornwall</td> <td>Senate invited to early stakeholder meetings</td> </tr> <tr> <td>Devon</td> <td>Will require CRP. Timeline not agreed</td> </tr> <tr> <td>Somerset</td> <td>Will require CRP March or July 2019</td> </tr> <tr> <td>Bristol - neonatal services</td> <td>Will require a CRP. Timeline not agreed</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Notes from 27<sup>th</sup> September Senate Council meeting were agreed for accuracy.</li> <li>The recommendations from the 27<sup>th</sup> September Council meeting were distributed.</li> <li>Dates for 2019 Senate Council meetings can be found at the end of this document. SPearson also announced the Senate Conference date for 7<sup>th</sup> March 2019.</li> </ul>	STP	Update	Bath Maternity	CRP complete	Gloucestershire	Likely to need a further CRP Progress delayed	Weston	CRP planned for end of November	Mental Health Services in Bristol, Bath, North Somerset	Will require a CRP	Cornwall	Senate invited to early stakeholder meetings	Devon	Will require CRP. Timeline not agreed	Somerset	Will require CRP March or July 2019	Bristol - neonatal services	Will require a CRP. Timeline not agreed	
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	<ul style="list-style-type: none"> <li>• SPearson introduced the topic for today's Council meeting:</li> </ul> <p><b><i>Given the geography of the South West and the need to ensure equitable access, what are the essential clinical characteristics for networked delivery of Urgent Treatment Centres?</i></b></p> <p><b><i>As part of your deliberations please consider the following:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Clinical responsibility for pathway/s</i></b></li> <li>• <b><i>Skill mix, distribution and training of workforce</i></b></li> <li>• <b><i>Essential diagnostics and networks thereof</i></b></li> </ul> <p>and welcomed the representation from the various SW area Clinical Commissioning Groups (CCGs) attending the meeting to contribute to the discussion and recommendations.</p>	
<b>2</b>	<b>Scene Setting:</b>	
	<p><b>Introduction to Urgent Treatment Centre (UTC) national policy</b></p> <p>LJennings (Deputy Programme Director - UEC Transformation and Better Care Fund) welcomed and thanked the participants from both the Council and the CCGs.</p> <p>She outlined that what is being directed by central government from the 5 Year Forward View is a systemic wide change impacting the patient flow journey (111 Online, Integrated Urgent Care, UTC, Ambulance services, Hospitals, Hospitals to Home.)</p> <p>The timeline from the policy commenced in Oct 2014 when the Five Year Forward View was introduced (March 2017 Five Year Forward View – Next Steps, July 2017 – UTC Principles and Standards published – NHS England) December 2019 - Date for Delivery of UTCs.</p> <p>The SW is the first NHS England region to engage with the Clinical Senate with regards to the introduction of UTCs. Progress for the region so far has seen the introduction of 6 Urgent treatment centres in the South so far and a number of 'test and learn' approaches in place or in the advance planning phase (includes BNSSG, Somerset, Cornwall, Gloucestershire).</p> <p><b>Challenges to delivery in the SW</b></p> <ul style="list-style-type: none"> <li>• Interdependencies with wider urgent community changes.</li> <li>• We have a large number of existing sites which need to be considered</li> <li>• Workforce, specifically an issue for GPs and radiology workforce as these are the main enhancement areas for existing Minor Injury Units (MIUs) to become UTCs</li> <li>• Ensuring that the new models of delivery are clearer for patients. If not a UTC then what?</li> </ul> <p>Currently much of the urgent injury need is delivered by MIUs and one issue is whether MIUs will need to evolve to become either UTCs, GP Improved access hubs or alternative community provision.</p>	

	<p>What options are there to evolve any of the existing MIUs into a networked UTC model?</p> <p>Two of the largest gaps between current MIU provision and provision at a UTC are:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> “GP led” - the national guidance FAQs state this does not have to be a GP in the UTC at all times</li> <li><input type="checkbox"/> “X-ray” - the national guidance allows for a clear diagnostic pathway if x-ray is not always present.</li> </ul> <p>Part of question to be considered this afternoon is how these two elements from the national UTC standards could be delivered through a networked model. We also need to consider the need to protect Primary Care input, use competency based staffing as well as avoiding creating another ‘front door’ with little gain.</p> <p>National challenges that the SW will also share is ensuring enhanced access to patient records to facilitate effective treatments; this is being met in part by Summary Care Records (SCR) for patients transferred between NHS providers.</p>	
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<b>3</b>	<p><b>Reducing avoidable hospital based care: re-thinking out of hospital clinical pathways</b></p>	
	<p>SPearson presented on behalf of the South East (SE) Clinical Senate regarding their Review report in 2016: ‘Reducing avoidable hospital based care: rethinking out of hospital clinical pathways’. SPearson also referred to the finding from the NHS England (NHSE) report (November 2013) on transforming urgent and emergency care services in England Urgent and Emergency Care Review;</p> <p><i>‘For those people with urgent but non-life-threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families.</i></p> <p>The SE Senate focussed on how community based health and care pathways can be improved to reduce unnecessary acute hospital utilisation. In May 2016 they convened two expert clinical review to look at two specific pathways: Acute care pathways and Chronic long-term conditions.</p> <p>The resulting Review comprised 4 sections;</p> <ul style="list-style-type: none"> <li>Guidance on assessment of acute symptoms</li> <li>Management of acute conditions out of hospital</li> <li>Core elements of high quality clinical pathways and exemplars of long term condition pathways</li> <li>Factors that maximise potential of Community based Clinical Hubs</li> </ul>	
<b>4</b>	<p><b>Diagnostics and Pathology</b></p>	
	<p>Ewan Cameron, NHSi South of England Lead for the Consolidation of Diagnostic Services (Pathology and Imaging) unfortunately was unable to present and SBerry stepped in to present his overview of data indicating what diagnostic resources exist in</p>	

	<p>the system already and to what extent the challenges of replacing out of date diagnostic machines is impacting on the total resources available currently.</p> <p>Until now diagnostic networks have been directed at Acute and Emergency Centres alone. Going forward this should appropriately include UTCs.</p> <p>Trained relevant workforce to operate the diagnostic network is also part of this national audit of systems.</p> <p>Aside from these challenges there ‘unknown’ presenting pathologies to manage.</p> <p>This is also against a background about the lack of clarity from the policy, about the absolute minimum of care that should be provided by a designated UTC.</p>	
<b>5</b>	<b>Clinical governance in networked models</b>	
	<p>Michael O’Rourke, Hempsons   London gave an overview of the Governance aspect of this change within the system.</p> <p>He laid out that there are many inconsistencies and a plethora of NHSE documentation from various strands not providing clarity and explicit minimum ‘set up’ standards to CCGs.</p> <p>New Integrated Care Providers contract <a href="https://www.england.nhs.uk/publication/integrated-care-provider-contract-easy-read-documents/">https://www.england.nhs.uk/publication/integrated-care-provider-contract-easy-read-documents/</a> has been written but it is not clear regarding their legal status.</p> <p>Previously contractual frameworks have worked against collaboration. The challenge is to provide a ‘fit for purpose’ contract to robustly underpin the various pathways of care.</p>	
<b>6</b>	<b>Emerging models and challenges: Cornwall</b>	
	<p>Dr Rob White, GP Lead for Urgent Care and inpatient care and Tryphaena Doyle, Programme Director Shaping our Future New Models of Care, Cornwall CCG delivered a presentation with a progression update of integration of UTCs into the Cornwall CCG model.</p> <p>Royal Cornwall Hospitals Trust, sub-contracting to NHS Kernow have the contract to deliver the new pathways in Cornwall. There is commitment to 3 UTCs at Penzance, Bodmin and Truro, building on and enhancing existing Minor Injury Units (MIUs). Their experience is that the public ‘understand’ the enhancements to their healthcare. For example, at the Penzance UTC the staffing comprises GPs and junior doctors for treat and discharge and some short term stay beds with which they liaise with Community provision. There is a CT Scanner but again experience has determined in Cornwall that there wouldn’t be the demand to have one at each UTC due to the population spread and geography in Cornwall (although there are plans to introduce a scanner to the Bodmin UTC).</p> <p>The vision has also been shared regularly and fully with staff and patients including a</p>	

	'bonkers list" to flag where there is crossover or confusion in service provision.	
<b>7</b>	<b>Emerging models and challenges: Gloucester</b>	
	<p>Candace Ploufee, Chief Operating Officer Gloucestershire Care Services  Malcolm Gerald – Clinical Lead for the One Place Programme, GP; and  Maria Metherall - Senior Commissioning Manager: Urgent and Emergency Care</p> <p>The team gave an overview of the Redesign of Urgent and Emergency Care within the Gloucestershire CCG footprint. It covered the ongoing shift in urgent care as part of wider whole system change.</p> <p>A test and learn approach has informed provision 10 planned PDSA cycles; 6 specific to Diagnostics and 4 to Non-Diagnostics UTC functions.</p> <p>Noted was the ambition for online patient booking at UTCs to help smooth out flow.</p>	
<b>8</b>	<b>Emerging models and challenges: Devon</b>	
	<p>Christine Branson, Head of Urgent Care, South Devon and Torbay and Jon Whitehead presented the Devon and South Devon CCGs approaches.</p> <p>They acknowledged they are very much at the start of the process of change linking to the Devon STP model of care with 4 key Priorities;  to enable more people to be and stay healthy;  to enhance self-care and community resilience  integrating and improving out of hospital care  delivering modern, safe and sustainable services</p> <p>Initial testing with the public (Devon wide exercise June 2018) produced emerging key themes:</p> <ul style="list-style-type: none"> <li>• Continuity of GP and GP service</li> <li>• Pharmacist advice</li> <li>• MIUs</li> <li>• Speed of access</li> <li>• Out of Hours availability</li> <li>• Accurate advice and direction on where to go for help</li> <li>• Services relatively close to home</li> <li>• Consideration and respect</li> <li>• NHS staff</li> </ul> <p>The biggest challenge is to provide an equity of service across all of Devon even though South Devon has a very different demographic and financial base to the rest of Devon.</p>	
<b>9</b>	<b>Citizens' Assembly/Patient Experience Library</b>	
	<p>JParker, Chair of the SW Clinical assembly had researched Patient Experience Library, a Healthwatch UK resource. It comprises collated and catalogued UK patient experience literature with over 40,000 documents from Healthwatch, health charities, academics, think tanks and government bodies in a single online database.</p>	

	<p>JParker highlighted the importance of environment in urgent care facilities. Recorded experiences from contributors highlighted ‘poor service’ themes across accessing current healthcare centres’ services ranging from parking issues to poor communication and insufficient information at end of visit.</p> <p>For patients going forward remedies to such experiences underline the importance of co-production/co-design and place based person-centred compassionate care citing respect, preservation of dignity and privacy as key factors. Improved communication could include easily accessible information and flexibility to provide “Reasonable adjustment” for patients with learning disabilities and other needs where appropriate.</p>	
<b>9</b>	<b>Conclusions and AOB</b>	
	<p>The afternoon session involved facilitated groups discussing the Council topic:</p> <ul style="list-style-type: none"> <li>• Safety and Governance</li> <li>• Working Together</li> <li>• Diagnostics</li> <li>• Patient Access</li> </ul>	<b>TT</b>

**2019 Meetings:**

**Tuesday 29<sup>th</sup> January**

**Thursday 7<sup>th</sup> March Regional Assembly Conference**

**Thursday 28<sup>th</sup> March National Senates Conference**

**Thursday 23<sup>rd</sup> May**

**Thursday 18<sup>th</sup> July**

**Thursday 19<sup>th</sup> September**

**Thursday 28<sup>th</sup> November**

**Present:**

<b>South West Clinical Senate</b>	
Rachel Perry	Sunita Berry
Peter Buttle (Citizens Assembly)	Ellie Devine
Sally Pearson, Chair	Nick Pennell (Citizens Assembly)
Trish Trim	
<b>SW Clinical Senate Council Members</b>	
Marion Andrews-Evans	Maggie Rae
Paul Eyres	Jane Jacobi
Bettina Klueggens	Ben Lankester
Bruce Laurence	Joanna Parker
Anne Pullyblank	Amelia Randle
Peter Rowe	Andrew Tometzki

Paul Winterbottom	
<b>South West Clinical Networks</b>	
Tim Edmonds	James Sanders
<b>Presenters</b>	
Christine Branson	Tryphaena Doyle
Candace Plouffe	Michael O'Rourke
Rob White	
<b>CCG</b>	
Sara Evans	Nadar Francis
Malcolm Gerald	Janette Harper
Lynn Haywood	Catherine Hurst
Gill May	Maria Metherall
Mike Paynter	Helen Persey
Claire Prentice	Ann Remmers
John Renninson	Alison Rowswell
Solveig Sansom	Louise Sturgess
Helen Thomas	Jon Tipping
Lesley Ward	Jon Whitehead
Deidre Molloy	Liane Vennings

**Apologies:**

Tariq White	William Hubbard
Emma White	David Halpin
Diane Crawford	Vaughn Lewis
Jane Mitchell	Robert Dyer
Kirstie Corns	Nick Kennedy
Yvette Pearson	Sara Evans
Peter Bagshaw	Caroline Gamlin
Ewan Cameron	Leanne Jennings
Mark Stone	
Heather Cooper	