

<b>MEETING:</b>	Extra-ordinary Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;"><b>MINUTES OF THE EXTRA-ORDINARY GOVERNING BODY</b></p>
<b>MEETING DATE:</b>	Thursday 26 June 2014	
<b>VENUE:</b>	Board Room, Health Place, Brigg	
<b>TIME:</b>	13:30 – 13:50	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson ( <i>MS</i> )	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke ( <i>AC</i> )	Chief Officer	NHS North Lincolnshire CCG
Therese Paskell ( <i>TP</i> )	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs ( <i>CB</i> )	Director of Commissioning	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua ( <i>JM</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie ( <i>IR</i> )	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Frances Cuning ( <i>FC</i> )	Director of Public Health	North Lincolnshire Council
<b>IN ATTENDANCE:</b>		
Clare Smith ( <i>CS</i> )	PA ( <i>Note Taker</i> )	NHS North Lincolnshire CCG
Doug Flockhart ( <i>DF</i> )	Programme Manager, Healthy Lives, Healthy Futures	North Yorkshire and Humber Commissioning Support Unit

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Robert Jaggs-Fowler ( <i>RJF</i> )	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Dr Nick Stewart ( <i>NS</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Fergus Macmillan ( <i>FM</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Paul Evans ( <i>PE</i> )	CCG Lay Member, Governance	NHS North Lincolnshire CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES</b>		
Apologies were noted, as detailed above.	<b>Decision:</b> Noted	Chair
MS welcomed the members of the public and Doug Flockhart, Programme Manager, Healthy Lives, Healthy Futures to the Extra-ordinary CCG Governing Body meeting.		
<b>2.0 DECLARATION OF INTERESTS</b>		
MS invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	<b>Decision:</b> Noted	Chair
<b>3.0 HEALTHY LIVES, HEALTHY FUTURES</b>		
<b>3.1 Options for Public Consultation</b>		
<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Briefing Paper</li> <li>• Appendix 1: Hyper-Acute Stroke Options Appraisal</li> <li>• Appendix 2: ENT Inpatient Surgery Options Appraisal</li> <li>• Appendix 3: Children's Surgery Options Appraisal</li> </ul>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>3.1: Options for Public Consultation Presentation</b></p> <p>DF provided a PowerPoint presentation in relation to the Northern Lincolnshire Healthy Lives, Healthy Futures Programme.</p>  <p>Presentation</p> <p>Specific areas highlighted/discussed:</p> <p><b>Programme Board and Council of Members Recommendations</b> (slide 2)</p> <ul style="list-style-type: none"> <li>• Three areas were considered by the Programme Board and Council of Members (Hyper-Acute Stroke Services, Ear, Nose and Throat (ENT) Inpatient Surgery and Children’s Surgery)</li> <li>• Review of the options appraisals has resulted in recommendations for: <ul style="list-style-type: none"> <li>○ Consultation for Hyper-Acute Stroke and ENT</li> <li>○ Further options development for Children’s Surgery</li> </ul> </li> </ul> <p><b>Hyper-Acute Stroke Services</b></p> <ul style="list-style-type: none"> <li>• Four options considered: Stroke (slide 4) The options appraisal was reviewed for the following options, and scored against the evaluation criteria (quality, access, affordability, deliverability) <ol style="list-style-type: none"> <li>1. De-centralise the service</li> <li>2. Remain at Scunthorpe General Hospital (SGH)</li> <li>3. Move to Diana Princess of Wales Hospital (DPOW), Grimsby</li> <li>4. Move off patch to nearest specialist centre</li> </ol> </li> <li>• Rationale for scoring (slide 5) <ul style="list-style-type: none"> <li>○ Returning the service to operate on both sites goes against national recommendations for more centralised specialist services for hyper-acute care. It was deemed that this would not address the serious quality issues that had been raised by the Keogh team and the local service reviews, which would result in a poor peer review, and have a detrimental impact on mortality and morbidity for local stroke patients <ul style="list-style-type: none"> <li>▪ It was confirmed that a Peer Review Accreditation visit to SGH had taken place on 12 June 2014. The report was awaited, but the feedback received was positive</li> </ul> </li> <li>○ It has been demonstrated through the temporary location of the service on the SGH site that the quality of care is improved by centralisation onto one site, and the introduction of a 24/7 hyper-acute stroke service. It was recognised that the service could be delivered on either site, however SGH scored highest from a quality perspective due to the fact that the service is established with fully trained staff, and the required infrastructure is already in place.</li> <li>○ DPOW does not have a spare CT scanner, which could present a risk if the current one is not available for any reason, and there is no clinically appropriate space on the DPOW site in close proximity to the A&amp;E department</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body reviewed and approved that in relation to Hyper Acute Stroke Services:</p> <ul style="list-style-type: none"> <li>• Consult with the public on all 4 options</li> <li>• Highlight Option 2 (remain at SGH) as the preferred option</li> <li>• Explain the rationale for that proposal</li> </ul>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>○ Moving the service to Hull (or another tertiary centre) was deemed less attractive to the Programme Board due to the additional travel time, and the fact that capacity at the specialist centres may not easily be identified</li> <li>• Recommendation (<i>slide 6</i>) <ul style="list-style-type: none"> <li>○ Consult with the public on all 4 options, highlight option 2 (remain at SGH) as the preferred option, and explain the rationale for that proposal</li> </ul> </li> </ul> <p><b>Ear, Nose and Throat Inpatient Surgery</b></p> <ul style="list-style-type: none"> <li>• Four options considered: Ear Nose and Throat (ENT) (<i>slide 8</i>) The options appraisal was reviewed for the following options, and scored against the evaluation criteria (quality, access, affordability, deliverability) <ol style="list-style-type: none"> <li>1. Do nothing</li> <li>2. Centralise on DPOW site</li> <li>3. Centralise on SGH site</li> <li>4. Move off patch to nearest specialist centre</li> </ol> </li> <li>• Rationale for scoring (<i>slide 9</i>) <ul style="list-style-type: none"> <li>○ Clinicians have raised concerns over the volumes for surgery, so the Programme Board deemed that “do nothing” was not an acceptable option</li> <li>○ Centralisation at DPOW and SGH scored equally from a quality perspective, assuming that the same level of care could be delivered on each site through effective care pathways and processes. DPOW scored slightly higher as there is more available theatre capacity and greater staffing complement, meaning recruitment/retention may be more achievable than SGH</li> <li>○ In addition there are outlying clinics in Mablethorpe and Louth that would be impacted negatively by a move to SGH; these patients are unlikely to travel to SGH. With IFR procedures removed, (tonsillectomy, grommets, sleep apnoea), the numbers are still significantly greater at DPOW</li> <li>○ Locating the service at a specialist centre was deemed favourable from a clinical quality perspective, however it would require all patients to travel further, and the receiving Trust would need to identify significant capacity which could be costly</li> </ul> </li> <li>• It was noted that there were differences in the North and North East Lincolnshire CCG policies. For North Lincolnshire patients, the Individual Funding Request (IFR) policy and commissioning policies in place in North Lincolnshire would still apply, if the treatment was received at DPOW in North East Lincolnshire</li> <li>• It was clarified that the proposal related to ENT inpatient surgery only, outpatient appointments and day case surgery would remain at SGH.</li> <li>• As part of an external clinical review, the Clinical Senate had been approached regarding the options</li> <li>• Recommendation (<i>slide 10</i>) <ul style="list-style-type: none"> <li>○ Consult with the public on all 4 options, highlight option 2 (centralise at DPOW) as the preferred option and</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body reviewed and approved that in relation to Ear, Nose and Throat Inpatient Surgery:</p> <ul style="list-style-type: none"> <li>• Consult with the public on all 4 options</li> <li>• Highlight Option 2 (centralise at DPOW) as the preferred option</li> <li>• Explain the rationale for that proposal</li> </ul>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>explain the rationale for that proposal</p> <p><b>Children's Surgery</b></p> <ul style="list-style-type: none"> <li>• 4 options considered: Children's Surgery (<i>slide 12</i>) The options were proposed by Northern Lincolnshire &amp; Goole NHS Foundation Trust (NLaGFT) and considered using their business case, and a brief options appraisal paper, and scored against the evaluation criteria (quality, access, affordability, deliverability) <ol style="list-style-type: none"> <li>1. <b>Do nothing</b></li> <li>2. <b>Rotate Consultants locally between sites</b></li> <li>3. <b>Rotational training programme with tertiary centre</b></li> <li>4. <b>Move off patch to nearest specialist centre</b></li> </ol> </li> <li>• Rationale for scoring (<i>slide 13</i>) <ul style="list-style-type: none"> <li>○ Clinicians have raised concerns over the volumes for surgery, so the Programme Board deemed that "do nothing" was not an acceptable option</li> <li>○ The options were scored by the Programme Board; however it was queried why a local centralisation option was not included in the paper. It was clearly recognised that there would be safety improvements through centralising with a tertiary provider, however the travel distance and non-elective attendances at local A&amp;E departments may be disadvantaged by not having local expertise on site</li> <li>○ Options 1 and 2 were felt to score too poorly to pursue. The Programme Board requested more work on the options appraisal for options 3 and 4, to include centralisation at DPOW or SGH as options 5 and 6. It was suggested that a further period of engagement on this could mean that (with this scale of change) there would not need to be a formal consultation in the future. The further engagement would take place alongside the formal consultation from June 2014, and therefore implementation of changes may not be delayed</li> </ul> </li> <li>• The local centralisation option was discussed</li> <li>• Emergency care was highlighted</li> <li>• Skills and competencies were highlighted</li> <li>• It was suggested that as part of an external view, the Clinical Senate should be approached regarding the options</li> <li>• Recommendation (<i>slide 14</i>) <ul style="list-style-type: none"> <li>○ Engage with the public on options 3-6, with a view to a Programme Board/Council of Member (COM)/Governing Body decision in October 2014. Discuss with the Overview Scrutiny Committee (OSC) whether a formal consultation will be necessary after this level of engagement</li> </ul> </li> </ul> <p><b>3.1: Briefing Paper</b> The Briefing Paper was taken as 'read'. No additional comments were received.</p> <p><b>3.1: Appendix 1: Hyper-Acute Stroke Options Appraisal</b> Appendix 1 was taken as 'read'. No additional comments were</p>	<p><b>Decision:</b> The CCG Governing Body reviewed and approved that in relation to Children's Surgery:</p> <ul style="list-style-type: none"> <li>• With a view to a decision being made by the Programme Board, the Council of Members and the Governing Body in October 2014, engage with the public on options 3-6, <ol style="list-style-type: none"> <li>3. Rotational training programme with tertiary centre</li> <li>4. Move off patch to nearest specialist centre</li> <li>5. Centralisation at DPOW</li> <li>6. Centralisation at SGH</li> </ol> </li> <li>• Discuss with the Overview Scrutiny Committee (OSC), whether a formal consultation will be necessary following this level of engagement</li> </ul>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>received.</p> <p><b>3.1: Appendix 2: ENT Inpatient Surgery Options Appraisal</b> Appendix 2 was taken as 'read'. No additional comments were received.</p> <p><b>3.1: Appendix 3: Children's Surgery Options Appraisal</b> Appendix 3 was taken as 'read'. No additional comments were received.</p>	<p><b>Overall Decision: The CCG Governing Body unanimously endorsed the preferred options for consultation, as recommended by the North Lincolnshire CCG Council of Members</b></p>	
<b>3.2 Proposed Consultation Process</b>		
<p>Having determined that the consultation should proceed, the proposed consultation process was then considered by Governing Body members.</p> <p>DF presented Item 3.2 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Proposals: <ul style="list-style-type: none"> <li>○ Development of documentation <ul style="list-style-type: none"> <li>▪ Full and summary consultation document and questionnaire</li> </ul> </li> <li>○ Four public events (two in North Lincolnshire) <ul style="list-style-type: none"> <li>▪ Barton upon Humber, Assembly Rooms on 15 July 2014, 13:30 – 15:30</li> <li>▪ Scunthorpe, Civic Centre on 9 September 2014, 18:00 – 20:00</li> </ul> </li> <li>○ Mobile engagement, eight road shows <ul style="list-style-type: none"> <li>▪ Kirton Lindsey, Epworth, Winterton, Barrow, New Holland, Brigg, South Killingholme, Scunthorpe</li> </ul> </li> <li>○ Advertising <ul style="list-style-type: none"> <li>▪ Online, radio and print advertising</li> </ul> </li> <li>○ Online Consultation <ul style="list-style-type: none"> <li>▪ All consultation documentation and information will be available online at the Healthy Lives, Healthy Futures website. This will include the ability to leave comments and feedback via the site</li> </ul> </li> <li>○ Media relations <ul style="list-style-type: none"> <li>▪ A series of media briefings/editorials at the start of the consultation period, followed by regular updates, as required</li> </ul> </li> <li>○ Social media <ul style="list-style-type: none"> <li>▪ Use of Twitter, Facebook</li> </ul> </li> <li>○ Consultation video</li> </ul> </li> <li>• It was highlighted that the CCG was happy to attend any local community groups to provide updates</li> <li>• A meeting date with Healthwatch North Lincolnshire is being</li> </ul>	<p><b>Decision:</b> The proposed consultation process was noted</p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>organised</p> <ul style="list-style-type: none"> <li>• Timescales <ul style="list-style-type: none"> <li>○ Consultation to be launched on 30 June 2014 to run for 13 weeks until 26 September 2014</li> <li>○ Publicity to start on 30 June 2014</li> </ul> </li> </ul> <p>It was noted that as the Healthy Lives, Healthy Futures programme covered 'Northern Lincolnshire'. North East Lincolnshire CCG were simultaneously holding a meeting to discuss the same items.</p>		
<b>4.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
<p>Thursday 14 August 2014 13:30 Board Room, Health Place, Brigg</p>	<b>Decision:</b> Noted	Chair