

# Minutes

## WESSEX CLINICAL SENATE COUNCIL MEETING

Minutes of the Wessex Clinical Senate Council Meeting held on Wednesday 30<sup>th</sup> September 2015 0930 to 16.15 at The Board Room, Southampton Football Club, St Mary's Stadium, Southampton.

### Senate Council members in attendance:

William Roche	(WR)	Clinical Senate Chair
Andrew Mortimore	(AM)	Director of Public Health, Health and Wellbeing Board Member
Lionel Cartwright	(LC)	GP and Dorset CCG
Gary Connett	(GC)	Wessex Academic Health Science Network/Tertiary Care Providers
Laura Edwards	(LE)	(Deputy for Nigel Watson) Medical Director, Wessex Local Medical Committees Ltd
Michael Baker	(MB)	Deputy Director of Healthcare, Public Health
Adrian Higgins	(AH)	GP, Clinical Lead, Primary Care, Wessex AHSN
Richard Jones	(RJ)	Clinical Director, Wessex SCN, Cardiovascular
Alyson O.Donnell	(AO)	Clinical Director, Wessex SCN, Maternity and Young People
Ranjit Mahanta	(RM)	Consultant Liaison Psychiatrist for Older Adults
Liz Mearns	(LM)	Medical Director, NHS England, Wessex
Ruth Williams	(RW)	Nurse Director, NHS England, Wessex
Simon Plint	(SP)	Dean, Health Education Wessex
Frank Rust	(FR)	Patient and Public member
Suzanne Cunningham	(SC)	Consultant Midwife University Hospitals Southampton

### Attendees/Observers present:

Debbie Kennedy	(DK)	Senate Manager, NHS England, Wessex
Lucy Sutton	(LS)	Associate Director, Wessex SCN
Sara Cobby	(SC)	Senate Support Officer, NHS England, Wessex

### Invitees:

Stuart Ward	(SW)	Clinical Lead Primary Care, Wessex Academic Health Science Network
Vaughan Lewis	(VL)	Clinical Director, Specialised Commissioning South
Dave Meehan	(DM)	Deputy CEO and Director for Partnerships, Wessex Academic Health Network
Julia Carthew	(JC)	Project Manager, Wessex Academic Health Science Network
Claire Fleming	(CF)	Project Manager, Wessex Academic Health Science Network

### Apologies:

Hayden Kirk	(HK)	Consultant Physiotherapist, Solent NHS Trust
Matt Hayes	(MH)	Clinical Director, Wessex SCN, Cancer
Dominic Hardy	(DH)	Director of Commissioning Operations, NHS England, Wessex
Denise Cope	(DC)	Clinical Director, Wessex SCN, Mental Health, Dementia and Neurological Conditions

Chris Kipps (CK) Medical Director, Wessex SCN, Mental Health, Dementia and Neurological Conditions

Item	Subject	Action
1.0	<p><b>Welcome:</b></p> <ul style="list-style-type: none"> <li>• <b>Introductions:</b> The Chairman welcomed the invited guests to the Council and introduced Michael Baker from Public Health as a new member of the Senate Council.</li> <li>• <b>Renewal of Senate Council Membership:</b> Membership renewal letters have been distributed to all Senate Council members. The Chairman asked for formal replies to be sent or e-mailed to SC.</li> <li>• <b>Approval of the Minutes of the meeting 10<sup>th</sup> June 2015:</b> – The Senate Council approved the minutes.</li> <li>• <b>Approval of the Minutes of the meeting held on 8<sup>th</sup> July 2015:</b> – Reference to social care should be included in the second bullet point under item 8. Subject to this change, the Senate Council approved the minutes.</li> <li>• <b>Hampshire Hospitals Update:</b> The Chair stated that following the Senate Council meeting in September 2014, an offer to meet with the provider and commissioners to discuss the Senate Council views was made but not taken up by Hampshire Hospitals. The CCGs arranged a meeting on 4<sup>th</sup> September 2015 between the provider, commissioners, Senate Chair and Manager to discuss the next steps. However, the CCGs cancelled this meeting due to fiscal issues outside the Senate remit. North and West Hampshire CCG plan to make a decision how to proceed at their Board meetings at the end of September/beginning of October.</li> <li>• <b>Dorset Update:</b> WR and DK visited Dorset to discuss the outcome of the Dorset Clinical Services Review on 27<sup>th</sup> August 2015. Many of the Senate Council's comments were welcomed. The discussion particularly focused on the vision for provision of maternity, obstetric and paediatric services and the link between these services. The commissioners had decided to invite the three Royal Colleges to undertake a review of their plans for maternity, obstetric and paediatric services. The Royal Colleges' report should be available by February 2016, for the Senate to review in March 2016. The CCG also undertook to further engage with the Operational Delivery Networks and the Strategic Clinical Networks on all of their plans.</li> </ul> <p>Dorset had been selected by NHS England for an acute vanguard. It was confirmed that the vanguard will be linked with the Clinical Services Review.</p> <ul style="list-style-type: none"> <li>• <b>Regional Minutes and draft Terms of Reference:</b></li> </ul> <p>NHS England would like Senate Councils to work more closely together the region to align processes and avoid duplication.</p> <p>Wessex has had whole service reviews, other areas have had condition specific reviews. The first regional meeting has been held to try to align Senates and discuss key issues.</p>	<p>All</p> <p>DK/SC</p>

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	<ul style="list-style-type: none"> <li>• <b>Senate Council Assembly</b></li> </ul> <p>When Senates were set up, there was a requirement to have a Senate Assembly once a year. In 2014, the Senate Assembly was launched at an engagement event with the Strategic Clinical Networks. The draft new Operating Model for Senates did not specify how frequently Senate Assembly meetings should be held. A second Assembly meeting was proposed for late 2015. WR requested ideas for topics and key themes and who we should engage with such as Health and Well-being Boards and the Third Sector. It was important for the Assembly to add value and create awareness of the need for change. Suggestions from Senate Council on topics to be covered during the day included:</p> <ul style="list-style-type: none"> <li>• Engaging with politicians - challenging and influencing</li> <li>• Increasing focus on the prevention agenda</li> <li>• Getting the message across about where the priorities are with a focus on care closer to home</li> <li>• Empowering clinicians and managers to change systems</li> <li>• Better use of resources available</li> <li>• Self-care and getting people to take responsibility for their health and wellbeing</li> <li>• Relationship between supply of social care and demand for health care</li> <li>• Outcomes based commissioning – but not focused on top end secondary care</li> <li>• Increasing representation and engagement from other health professionals</li> <li>• Change management and implementation of change</li> </ul> <p>WR asked if any members knew a keynote speaker who would attract the target audience. It was agreed that following the keynote speech or speeches, the meeting would be split so that all of the above areas could be addressed, involving all in break-out groups. WR, DK and SC would take forward the agenda. WR added that the right content for the day and attracting the right audience was more important than holding the meeting before the end of the year, so it was likely that the Assembly would be held in early 2016.</p>	<p><b>WR/DK/SC</b></p>
<p>2.0</p>	<p><b>Update on Vascular Services:</b></p> <p>The Senate Council had previously made recommendations about the reconfiguration of vascular surgery, the need for population based approaches to reduce the numbers of diabetics with lower limb problems and the need for an increased focus on vascular medicine and nurse led programmes. The latest edition of the Atlas of Variation showed an improvement in Fareham/Gosport where there has been a joint care management project for people with diabetes. Smoking cessation, aneurysm screening and better diabetes care may have also helped to improve the data. MB agreed to investigate the data further.</p> <p>LM reported that a review of the options for reconfiguring services in South East Hampshire has been carried out by the Vascular Society and this has just been reported back to NHS England. There is more engagement now with commissioners and providers and with Dorset and Wiltshire who have similar issues. Progress has</p>	<p><b>MB</b></p>

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	<p>been made on networking across the region with clinicians from different organisations conducting early multi-disciplinary review together.</p> <p>Decisions will be made following discussion of the vascular society review and the Senate Council recommendations, but there is no intention at present to bring the issue back to the Senate for further deliberation.</p>	
3.0	<p><b>Mental Health Recommendations:</b></p> <p>AM has been working at a national level on guidelines for sustainable mental health services and suggested that some comments should be added to the Draft Mental Health Recommendations regarding prevention and future proofing. Links to existing guidance should be included on the recommendations. AM put forward a paragraph to address this. All Senate Council members were asked to email any further comments to DK, to be incorporated into existing recommendations. A few points were made:</p> <ul style="list-style-type: none"> <li>• Commissioners, providers and patients need to be working together to achieve the desired outcomes</li> <li>• Senior Clinicians had concerns regarding the adequacy of funding for mental health services but noted that financial considerations were beyond the Senate's remit.</li> <li>• There was a need for Mental Health Recommendations to be concise (2 pages).</li> <li>• The recommendations should focus on prevention and the parity of esteem work.</li> </ul> <p>The final draft Mental Health recommendations will then be circulated once more for comments and published following the launch of the national guidance on sustainable public health services on 27<sup>th</sup> October 2015.</p>	<p style="text-align: center;"><b>All/DK</b></p> <p style="text-align: center;"><b>SC/DK</b></p>
4.0	<p><b>Reimagining the Primary Care Workforce – Stuart Ward</b></p> <p>SW introduced a joint project between the Academic Health Science Network, Health Education England and the Wessex Clinical Senate. The project aimed to address the growing recruitment crisis in primary care. There was a lack of trainees wanting to become General Practitioners. Doctors completing their training were more attracted to hospitals for career progression, or portfolio posts (particularly paediatrics) for a better work/life balance. A national survey of GP trainees last year by the LMC raised the following issues:</p> <ul style="list-style-type: none"> <li>• Need to stop the negativity in the media about general practice.</li> <li>• Concerns about under-funding in general practice.</li> <li>• GP trainees felt that secondary care doctors regarded them as “second rate”.</li> </ul> <p>There was a recognition that general practice needed to be able to sell itself and raise its own profile in order to attract trainees. Combining or federating GP practices may help to improve training conditions. There were issues around unsustainable practices and the reluctance of NHSE to allow mergers and closures. Younger GPs could be unwilling to take on the financial risks of becoming a partner.</p> <p>The national survey also revealed:</p> <ul style="list-style-type: none"> <li>• 50% of trainees do not want to a GP Practice and will go elsewhere.</li> <li>• 20% of GPs intend to retire early.</li> <li>• Junior partners are leaving and not returning.</li> <li>• 80% of GPs felt current way of working unsustainable.</li> </ul>	

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	<p>There is a workforce crisis pending in general practice and these issues need to be addressed. There was funding available across Wessex to help develop new models of working to involve other allied healthcare professionals. However, the group was asked to consider whether this was being radical enough and how the Senate could add value. The timescale for this joint project is one year.</p>	
5.0	<p><b>Patient flow – Vaughan Lewis</b>            Previous basic work has been done in the Clinical Senate to see if the number of GP referrals out of Wessex has increased. The numbers had actually decreased year on year up to 2013, but we would like to expand this work to include specialist services across the south of England to look at more up to date figures. Data analysis should be a high priority, particularly with regard to service reconfiguration.</p> <p>The main determinant of where patients go for treatment is mostly based on geography and convenience. Parking is always an important factor for patient choice. Referrer choice can often be out of region due to professional relationships and is not always appropriate. Highly Specialised services are commissioned on a national basis. Other specialised services have centres across the region.</p> <p>Operational Delivery Networks (ODNs) will be the theme of delivering specialised services in the coming years. The challenge with this will be around funding as there was no additional resource to set up new ODNs. There is currently only one patient and public involvement person in specialised commissioning clinical reference groups. There was a recognition that this needed to be improved.</p>	
6.0	<p><b>Next Meeting:</b>            2016 – Dates to be arranged.</p>	<p><b>SC</b></p>
7.0	<p><b>Assembly Meeting Date:</b>            To be confirmed, but more likely to be early 2016.</p>	<p><b>SC</b></p>
8.0	<p><b>Senate Council Meeting Dates 2016</b>            Preferred days of week to be emailed to SC</p>	