Wessex Clinical Senate

Minutes

WESSEX CLINICAL SENATE COUNCIL MEETING

Minutes of the Wessex Clinical Senate Council Meeting held on Tuesday 24th May 2016 at the Holiday Inn, Southampton

Senate Council members in attendance:

William Roche	(WR)	Clinical Senate Chair
Michael Baker	(MB)	Deputy Director of Healthcare, Public Health England South East
Peter Hockey	(PH)	Deputy for Simon Plint, Health Education Wessex
Hayden Kirk	(HK)	Consultant Physiotherapist, Solent NHS Trust
Matthew Hayes	(MH)	Clinical Director SCN Cancer
Liz Mearns	(LM)	Medical Director, NHS England, Wessex
Alyson O'Donnell	(AO)	Clinical Director SCN Maternity, Children and Young People
Chris Kipps	(CK)	Clinical Director SCN Mental Health, Dementia, Neurological Conditions
Lionel Cartwright	(LC)	Clinical Lead, Dorset CCG
Richard Jones (pm only)	(RJ)	Clinical Director SCN Cardiovascular
Ranjit Mahanta	(RM)	Consultant Liaison Psychiatrist for Older Adults
Ruth Williams	(RW)	Nurse Director, NHS England, Wessex
Frank Rust	(FR)	Patient and Public member
Suzanne Cunningham	(SC)	Consultant Midwife, University Hospitals Southampton
Mohit Sharma	(MS)	Centre Consultant-Healthcare Public Health England South East

Attendees/Observers present:

Debbie Kennedy	(DK)	Senate Manager, NHS England, Wessex
Sara Cobby	(SaC)	Senate Support Officer, NHS England, Wessex
Samantha Cosserat	(SamC)	Senate Quality Improvement Lead, NHS England, Wessex
Jane Barrett	(JB)	Chair Thames Valley Clinical Senate
Sian Summers	(SS)	Specialised Commissioning, NHS England, Wessex
Femi Ogeleye	(FO)	Consultant Psychiatrist, Southern Health NHS Foundation Trust

Apologies:

Nigel Watson	(NW)	GP and Chief Executive, Local Medical Committee
Rida Elkeir	(RE)	Director of Public Health, Public Health England
Lucy Sutton	(LS)	Associate Director of SCN & Senate, NHS England South
Sally Shead	(SS)	Director of Nursing, Dorset CCG
Fiona Haughey	(FH)	Director of Nursing, Dorset Healthcare NHS Foundation Trust
Denise Cope	(DC)	Clinical Director SCN Mental Health, Dementia, Neuro Conditions

Item	Subject	Action
1.	**Welcome**	

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	The Chairman welcomed everyone to the meeting. The External Review Team report on the Dorset Clinical Services Review had been circulated to Senate Council members and areas of concern would be discussed at this meeting. A summary report will then be produced and sent to Dorset CCG in time for their meeting on 8th June.	
2.	**Minutes of the Previous Meeting** The minutes of the meeting held on 30th September 2015 were approved.	
3.	**Dorset Clinical Services – External Review Team Report** The Chair of the External Review Team (JB) presented the report to the Senate Council Members. WR informed those present that an External Review Team (ERT) had been recruited in April 2015 and had presented its initial findings to the Senate Council in July 2015. These were communicated to the CCG and NHS England. There was then a series of meetings with the CCG, including further Senate Council study sessions in February and April 2016. In May 2016, the pre-consultation business case was formally referred back to the Clinical Senate Council and the ERT was reconvened, with substitutions where the original members were unavailable. All ERT members had received a copy of the initial findings. JB reported that it was generally felt by the team that significant improvements had been made to the pre-consultation business case. It was acknowledged that Dorset CCG has done an enormous amount of work. They had submitted a huge volume of paperwork which WR needed to triaged before it was sent to the External Review Team. However, all of the papers were made available to the ERT at their meeting. WR thanked JB for chairing this review, particularly in view of the very short timescale involved. WR explained that Specialised Services and the Cardiovascular Clinical Director had been asked to outline in further detail what the potential areas of impact of the Dorset Clinical Services Review on those areas might be, following questions raised by the ERT. Following those presentations, the Senate Council would discuss the ERT report in camera.	
4.	**Specialised Services in Dorset** SS highlighted the potential areas of impact on Specialised Services of the Dorset Review. Specialised Commissioning had not been approached for help, but had been available for advice and had only been consulted in specific elements. Potential areas of impact which would need to be considered by the Clinical Senate Council were: • Radiotherapy; • pPCI; • Neonatal services.	
5.	**Cardiovascular Services in Dorset** RJ explained that access times are the key issue for heart attack patients and therefore welcomed the plan to maintain a cardiovascular facility at Dorchester, particularly in view of the difficult transport links in Dorset. RJ advised that due to low patient numbers it would not be possible to provide this service within national best practice guidelines but it was important for patient outcomes that a service was maintained. Several Senate Council members suggested that access to a cardiologist virtually via telemedicine could enable the service to be provided within national best practice guidelines24/7. The potential impact on the ambulance service of the model for TIA – requiring knowledge of rota between the 3 hospitals (Salisbury, Bournemouth and Dorchester) should be modelled and piloted if necessary. Again, it was suggested that telemedicine	

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	could provide a solution here. The location of non-invasive cardiovascular facilities in community clinics had improved outcomes elsewhere and had not yet been considered because the CCG had not yet finalised its' community services model. Renal Dialysis Unit in the plans was based in Dorchester. There would be transport implications if the Major Emergency Hospital was in Bournemouth should be noted. There were examples of diabetes being run successfully as a community rather than hospital speciality (in-reach rather than outreach model). It was commented that communication between Trusts has improved greatly during the review process and that discussions are now being held regarding a Pan Dorset service.	
6.	**Senate Council Discussion of the ERT report** Discussion of the report by Senate Council members then followed and although broadly speaking the proposed models of care were well received and the Senate Council noted that improvements had been made since the first review, the report should be amended to identify that there were still opportunities to explore the following models of care further: : • Cancer – Location of LINAC machines if the major emergency hospital was Royal Bournemouth • Community Services – the CCG had yet to finalise its out of hospital model at the time of the review. However, it was noted that they had made considerable progress in their thinking. • Workforce – considerable potential redeployment of nursing and clinical staff meant that joint plans were needed with Health Education Wessex on which staff would be redeployed or retrained. • Parity of Esteem – the integrated community services (ICS) model would deliver primary, community and mental health services (excluding specialist mental health services) but the CCG had yet to finalise this model • Communication of plans to general public – further work was needed to win support to the model. Some perceived it as taking services away when in fact the model once fully implemented should improve services for the population as a whole.	
7.	**A Strategic vision for Integrated Healthcare for Children and Young people in Wessex** This was circulated to Senate Council members. It is currently in draft form. The main focus of document was: • Integration of services and care closer to home; • Closer working between primary and secondary care; • New workforce models; • Growing the community workforce; • Key workers for families with children with long term conditions; • CAMH services must be part of the integrated model. Mental health must not be separated from physical health. The direction set in the vision was welcomed by Senate Council members. There was a discussion and the following comments were made regarding the documents: • Likely timescale with regard to implementation. What would success look like? • Audit to benchmark what access there was at present – along the lines of the Cardiovascular Clinical Network rehabilitation guidelines audit; • More emphasis needed on Public Health and prevention;	

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	• More emphasis needed on emotional health and well-being. AO asked for any further Senate comments or suggestions to be emailed to her by the beginning of next week.	
8.	**Sustainability and Transformation Plans** A brief presentation was given on the Dorset and Hampshire/Isle of Wight (HIOW) Sustainable Transformation Plans. It was noted that the HIOW plan was less developed than Dorset's but that this was reflective of the huge amount work undertaken during CSR process. Positively, the HIOW plan was commended for placing the patient at the centre of future transformation. The Senate Council broadly accepted the direction of travel for both STPs, but noted that the detail or the 'how' was missing. They did understand however, that the timescales had been tight and that as a consequence detail would need to be further developed in future years. • Clinical Networks particularly Diabetes, Cancer and MCYP had been consulted with regards to the HIOW STP. All were keen to continue involvement in the process providing expertise where possible. • WR added that he and DK had met the HIOW STP leader to discuss the potential significant service change issues • Hampshire's prevention model was good, but it would have to consider how it measured success post year 5 of the programme, given the fact that prevention benefits often take longer than 5 years to realise. • Dorset did not adequately reflect the 'parity of esteem' agenda but this could be because the ICS model had not yet been completed. A holistic approach to physical and mental health is necessary. It was also felt that a lot of activity that there were examples of good practice elsewhere that could be replicated locally and this was not yet articulated in the draft plans. Some members felt inspiration could be taken from both national and international transformation models. It was agreed to circulate final versions of the STPs once submitted for Senate Council comment remotely. {Post Meeting Note: A decision has yet to be taken on when the STPs would be published locally}.	
9..	**Any Other Business** No other issues were raised. The minutes from the September 2015 meeting were approved.	
10.	**Next Meeting** 13 July 2016: Dorset Clinical Services Study Day in Dorchester.	