



South West Strategic Clinical Network

South West Cardiovascular Clinical Network Cardiovascular Steering Group Meeting

Tuesday 14 July, 10.00am – 12pm
South West House (NHS), Taunton.

NOTES

Present: Martin James (Chair)

Ulrike Harrower, Rachel Levenson, Michelle Roe, Susan Shears, Rod Walsh, Sarah White.

Apologies: Rosie Bennyworth, Sunita Berry, Anna Burhouse, Tariq White.

1. Welcome, introductions and apologies	Appendix	Action
Apologies acknowledged		
2. Matters Arising		
Last meeting non-quorate (March 2015) - no notes produced. Items from the meeting held in November 2014 – all covered in the agenda. Action: It was agreed that the membership would be revisited to include patient representatives		MR/RL
3. Future Governance	1	
NHS England has completed the 'Improvement Architecture' Review. This Review includes SCN's, Clinical Senates, Academic Health Science Networks, NHSIQ and NHS Leadership Academy. The recommendations of the review are due to be implemented by September 2015 and include: <ul style="list-style-type: none">• Cardiovascular (Stroke, Cardiac, Renal and Diabetes) remains a priority and will continue to be a mandated Clinical Network;• NHS England Five Year Forward View (FYFV) will dictate the priorities of the Network;• Strategic Clinical Networks will be now called Clinical Networks;• The 'mode of operation' will change. Standing Committee Meetings (eg CAG) will no longer be held. These meetings will be replaced by time limited Task and Finish Working Groups. The Stroke and Complex Cardiology South West Mapping Project will be progressed through cardiac and stroke working Groups;• The budget of the Network has been reduced		

<ul style="list-style-type: none"> AHSNs, Clinical Networks and Senates to continue as separate organisations but to work closer together and align priorities <p>It is hoped that there will be further details about the future plans for the SCNs by the end of July. Any new arrangements are planned to be in place by March 2016.</p>		
<p>4. Work Programme</p>	<p>2</p>	
<p>The focus of the work of the CV Network has moved to support the priorities under the NHS FYFV. Furthermore, NHSE South has developed a Diabetes PID across the South to support the national pre-diabetes work and reduction in secondary complications associated with diabetes. Nigel Acheson is the SRO and MR is a member of the Diabetes Programme Priority Board.</p> <p>Updates:</p> <p>Prevention Reduce the number of lower limb amputations in high risk diabetic patients. All 14 peer reviews of Diabetic Foot Care Services have been completed and final reports with recommendations have been sent to organisations. The 6 month follow-up proforma has been developed and is being sent to organisations to establish progress and issues. A learning event was held on the 9th July 2015, it proved a great success and will be followed by another event in December. To assist the outcomes of the reviews a PID has been developed collaboratively with industry to secure funding to:</p> <ul style="list-style-type: none"> Support the completion of the national diabetes audit to benchmark performance Develop training and education resource packages for primary care to improve quality in foot checks including; undertake training needs analysis of practice nurses and identify a range of options for primary care to access diabetes professional education. The PID was endorsed by the group. <p>Finally, the following KLOE has agreed for CCG assurance meetings. <i>'Could you tell us how you are taking forward the recommendations for your CCG in relation to the diabetic foot care review undertaken by the Cardiovascular Clinical Network?'</i></p> <p>Action: The summary report will be prepared for the next CV CN Steering Group meeting</p> <p>Empowering patients to manage their own health and behavioural change interventions through medicines optimisation. The project will support pilot areas for Diabetes, Hypertension, AF and AKI (in alignment with National CD priorities). A PID has been developed collaboratively with industry to secure funding.</p> <p>Presentation attached with the notes.</p> <p>The PID was endorsed by the group.</p>		<p>MR/RL</p>

Urgent and emergency care (specialised care)

The South West Mapping is being delivered through the stroke and cardiac working groups. The stroke modelling is complete as far as possible and has been presented to the stroke working group. It is now dependent upon the completion of the cardiac modelling. There has been difficulty in obtaining national cardiac data from National Institute for Cardiovascular Outcomes Research (NICOR). The Primary PCI modelling will be presented to the cardiac working group on 11th August, and the complex cardiology modelling will be on 8th October. A meeting will be held on the 3rd November to commissioners and clinicians to present the finalised outcomes of the modelling for both areas in line with the Urgent & Emergency care Review. The outcomes from the Senate meeting regarding Clinical Co-Dependencies have been incorporated into the process. The modelling methodology was also presented to the Senate Citizen's Assembly to ensure patient views are incorporated into the process.

Action: The group to be invited to the 3rd November SW mapping meeting

New care models

Seven day working, to support the implementation of resilient and sustainable stroke services across the SW. Draft standards to support the implementation of 7 day services have been developed and circulated for consultation.

To identify opportunities to deliver new models of renal care within existing resources. Benchmarking of Home Therapy services has now being undertaken and showed significant variation across the South West. The results were presented to clinical leads from each of the 5 renal units on 12 March 15. A CQUIN has been offered by SC with a focus to improve access to home therapies. Furthermore, a PID has been developed collaboratively with industry. The aim of the project is to optimise Home therapies – Right patient, right treatment, right place by:

- Providing a toolkit and implementation support by trust (we will utilise existing tools & resources – local and national, where possible),
- SW Learning event on home dialysis
- Advising commissioners on the consistent commissioning of evidence based, outcomes driven services

The PID was endorsed by the group.

Improving Patient safety

A second AKI event was held in Taunton on 25 March 2015 for patients, clinicians, patient safety leads and commissioners, to come together and share learning and agree priorities to tackle AKI within the region. Dr Richard Fluck, National Clinical Director was invited to lead the event and provide the key address. Other presenters included GP, a pharmacist, a biochemist and a representative from NICE. A patient perspective was provided by video link.

An interim survey has been undertaken to assess compliance against the recommendations of the AKI PSA June 14. 13 out of 14 trusts have completed this with 9 out of 14 have implemented e-alerts for AKI. All of the other Trusts have plans in place but are dependent on changes to path lab IT systems

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being applied at a national level. A third event is planned for 17 September 15.		
5. Budget 15/16		
<p>Details circulated at the meeting and MR gave an overview to the current situation. There has been a substantial budget cut for this year, affecting all SCN resources. CV SCN is seeking approval for the recruitment of a Project Manager on a fixed term basis until March 2016.</p> <p>The SCN data analyst has recently left and if the CV network requires a regular CV data dashboard, options will need to be discussed It was agreed that a data dashboard would be of use. Comprehensive stroke data is available quarterly but data in other areas is annual only.</p> <p>Action: MR/RL to explore options for creating a SWCV dashboard based on national and local priorities.</p>		MR/RL
6. Partnership Working		
<p>Specialised Commissioning – SC has undergone a lot of changes as a result of the OACP. The reconfigurations have now been completed and it is expected the specialised collaborative oversight group will continue to meet monthly. This would be the most appropriate place for the CV SCN to raise issues that are not on their work programme but have been brought to their attention such as Inherited Cardiac Conditions and Endovascular treatment for acute ischaemic stroke</p> <p>Action: RW to inform MR of the next meeting</p> <ul style="list-style-type: none"> • WEAHSN – AF project ‘don’t wait anti-coagulate’ was still ongoing and had produce positive results • AKI- there is a new national AKI AHSN Collaborative RL is representing the WEAHSN and SWSCN on this. • SW AHSN – MJ updated the group on the thrombolysis project. The project aims to promote effective use of thrombolysis and minimise the time between the onset of stroke and treatment to improve patient outcomes. A combination of process mapping, data analysis, and simulation modelling is used to analyse current processes, determine potential changes which may increase thrombolysis rates. A Stroke Quality Improvement Manager from the CV SCN will support the implementation of service improvement at each Trust. • AF project, improving diagnosis – development of a device for diagnosing AF. MR had recently met with Paula Varndell who had informed of the AF app, she will be contacting MJ in the near future to discuss the next steps. 		RW

7. SCN National Review Update		
<p>This continues with the expectation of having update by the end of July.</p> <p>Action: MR to update at the next meeting</p>		MR
8. AOB		
<p>Annual Conference, Friday 27th November 2015, 10.00am - 4.00pm at the Sandy Park Conference Centre in Exeter</p> <p>We would like to invite you to 'save the date' for our second annual conference. The conference offers the opportunity to showcase the work for many members of your teams and patients who have been active within the networks for Cancer, Cardiovascular Disease, Mental Health, Dementia and Neurology and Maternity and Children. The conference will also enable you to get involved in the large programmes of work that we are developing, Integrated Personal Commissioning (ours is the largest programme in England) and the Urgent and Emergency Care Networks.</p> <p>Our speakers will include: Andrew Ridley – Regional Director, NHS England, South Dr Nigel Acheson – Regional Medical Director, NHS England, South Mark Cooke - Director of Commissioning Operations, NHS England, South, South West Dr Pat Oakley – Dr Patricia Oakley, Director, Practices made Perfect Ltd. Teaching and Research Fellow, Public Policy and Management, King's College, London</p> <p>A full programme will follow in the next few weeks, along with the registration details.</p>		
9. Date of next meeting		
Tuesday 13 October, 10.00-12.00, South West House, Taunton		