

**South West Cardiovascular Strategic Clinical Network  
Cardiovascular Steering Group Meeting**

**Tuesday 18 November 2014, 10.00am – 12pm  
Holiday Inn, Taunton.**

**NOTES**

**Present:** Stuart Walker (Chair)

Edward Barnes, Duncan Browne, Liz Clark, Ulrike Harrower, Nicola Jury, Rachel Levenson, Alex Mayor, (Helen Miller *CCG Gloucestershire* ), Michelle Roe, Martin James, Stephen Ray, Tariq White,

**Apologies:** Sunita Berry, Anna Burhouse, Nicola Caldecoat, Eileen Partington, Ian Cox  
Debbie Hart

1. Welcome, introductions and apologies	Appendix	Action
Apologies acknowledged		
2. Matters Arising		
<p>Notes agreed as accurate and action completed.</p> <p>The new structure has been implemented and both the newly formed SW Cardiac and Stroke CAGs met last week.</p>		
3. Work Programme		
<ul style="list-style-type: none"> <li>• <b>South West Mapping</b></li> </ul> <p>The CV SCN has been asked to co-ordinate the development of service maps and profiles for 'complex' cardiac and stroke services across the South West.</p> <p>MR notified a letter informing of the SW mapping had been sent to:</p> <ul style="list-style-type: none"> <li>• Provider CEO's and Medical Directors</li> <li>• CCG Chairs</li> <li>• Cardiac and Stroke CAGs</li> <li>• CV SCN Steering group</li> </ul> <p>Also the project initiation document (PID) has been circulated to both the Cardiac and Stroke CAGs</p> <p>SW updated the group on progress. PenCHORD, who are part of the Peninsula CHLARC are carrying out the modelling exercise on behalf of the CV SCN. Mike Allen from PenCHORD presented at both the</p>		

Cardiac and Stroke CAGs last week on the initial modelling, particularly around the methodology and data PenCHORD are using, to gain feedback from the groups.

Feedback included:

- Emergency PCI should be split by STEMI and STEMI
- Geographical boundaries needed to include patients who use the hospitals within the SW SCN footprint
- The criteria for the modelling needs to be open and transparent

Furthermore, concerns were raised that the SCN should not be submitting any options entirely based on this modelling exercise.

It was reiterated to the CAGs, the modelling is just one element of the service mapping project. The report will take into account several factors including the future NHS intentions and the 'case for change' criteria. The options available will also include the risks and consequences associated with them.

**Action:**

**MR to circulate the updated PID to the group**

MR informed various data sets are being used e.g. HES, ambulance and NICOR to ensure it is linked to clinical outcomes where possible and to ensure the modelling is as accurate as possible.

MR raised she is concerned about the time it will take to obtain the national data from NICOR. This could potentially be a risk and affect the deadline for the report which is due by the end of March.

It was agreed by the group that it is more important to produce a robust and accurate report rather than being a quick process.

- **Foot Care Reviews**

The Peer Review process has commenced and all 15 reviews will be completed by March 2015. Four reviews have been undertaken to date. The process is being driven via the CCGs. A final report with recommendations is produced and sent to the CCGs and providers to help focus where improvements can be made. The aim is to try and provide recommendations on the process where possible rather than an increase in resources as this is more achievable. The report will also be sent to NHS England so it can be part of the assurance process if appropriate. The SCN is hoping to contact areas 6 months after the review to establish progress. It is also hopes the process will be submitted for publication.

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MR

<p><b>Action: DB to inform the group of progress at the next meeting.</b></p> <p><b>MR to circulate the reports to Area teams</b></p> <ul style="list-style-type: none"> <li>• <b>AKI Project</b></li> </ul> <p>RL confirmed action completed. There are now a total of 14 hospitals with AKI champions identified. There has been a good response to the AKI Event taking place Friday 21 November with representatives from every trust. A total of 30 people are due to attend. 13 out of the 14 hospitals have completed the assessment.</p> <ul style="list-style-type: none"> <li>• <b>Vascular</b></li> </ul> <p>MR confirmed the outcomes of the Vascular Event held on 14 October had been finalised and sent back to Specialised Commissioning (Appendix 2). The main issues arising were regarding:</p> <ul style="list-style-type: none"> <li>• Leadership both in the commissioning process and the provision of service.</li> <li>• Public engagement with clear roles and responsibilities for CCGs and SC.</li> </ul> <p>The SCN had not received any feedback to date regarding the outcomes and any future support required</p>	2	<p>DB</p> <p>MR</p>
<b>4. CV Data Dashboard</b>	<b>3</b>	
<p>The CV data dashboard is an overview of the CV SCN. It is the intention of each CAG to have a specific data dashboard. This has been easy to achieve with stroke but much more difficult with the other areas.</p> <p>It was felt the data dashboards should be distributed further (Providers Medical Directors, CCG Chairs and Accountable Officers) so areas were informed of where there might be issues. It was also suggested it would be beneficial for all the SCNs to have a more co-ordinated approach in circulating the data dashboards.</p> <p><b>Action: MR to raise at SCN team meeting</b></p> <p>AM proposed there would be value in the SCNs and AHSNs linking together regarding data</p> <p><b>Action: AM to follow up with Ian Harrison</b></p>		<p>MR</p> <p>AM</p>
<b>5. Partnership working</b>		
<ul style="list-style-type: none"> <li>• <b>Specialised Commissioning</b></li> </ul> <p>Inter-hospital transfer policy across South West was</p>		

<p>struggling to move forward. MR has asked SC to link this to the contracting process help to move forward.</p> <ul style="list-style-type: none"> <li>• <b>Academic Health Science Network</b></li> </ul> <p><b>West of England</b></p> <p>SR presented an overview of the Anticoagulation project and progress to date. 11 practices have been identified to be the first wave of innovator sites and the project will go live next week in the first couple of practices.</p> <p>The WEAHSN is keen to support the continuation of the AF OPRA audit and to establish how this could be made sustainable as part of the overarching AF project. The intention is that GPs are provided with a suite of tools to support the improvement in AF management and the OPRA audit tool will be one of them. There had been poor uptake in the 2 pilot sites despite GPs funded to complete audit</p> <p>SR to work out mechanism for patient identification and process for OPRA project. MJ to write to WEAHSN area stroke consultants to advise them of the process once process agreed</p> <p>It was high-lighted primary care are exceedingly constrained by time and furthermore some had been undergoing CQC visits recently.</p> <p>MJ informed he was updating the CV SCN guidance on the use of anti- coagulation.</p> <ul style="list-style-type: none"> <li>• <b>South West Academic Health and Science Network.</b></li> </ul> <p>AM gave an update on the patient safety collaborative. A Design Day taking place on Thursday 20 November with some SCN attendance. The aim is to focus on cross community issues i.e. measurement, leadership and safety culture.</p> <p><b>Action:</b> <b>AM to feedback at the next meeting.</b></p>	<p><b>4</b></p>	<p><b>AM</b></p>
<p><b>6. Five Year Forward View</b></p>		
<p>TW presented an overview of the five year forward. The main focus was how the SCN can rethink patient pathways.</p> <p><b>Action:</b> <b>Questions about the presentation and feedback to TW</b></p>	<p><b>5</b></p>	<p><b>ALL</b></p>

<b>7. AOB</b>		
<ul style="list-style-type: none"> <li>• <b>Industry Partnership working</b></li> </ul> <p>RL informed there will be 3 task and finish groups (shared care, diabetes and renal) established to help support the delivery of the CV SCN work programme. The initial meetings are taking place on the 4 and 5<sup>th</sup> December.</p> <p><b>Action:</b>  <b>RL to feedback at the next meeting.</b></p>		<b>RL</b>
<b>8. Date of next meeting</b>		
<b>Tuesday 27 January 2015 South West House, Taunton.</b>		