

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

**Thursday 21 January 2014, 09.30am – 12.30am  
South West House**

**Notes**

**Present:** Stuart Walker (Chair)

Maria Bellovillalba, Sunita Berry, Maya Bimson, Ruth Hall (part-meeting) Martin James, Rachel Levenson, Sheila McCormick, Michelle Roe, Susan Shears, Tariq White.

**Apologies:** Duncan Browne, Liz Clark, Ian Cox, Debbie Hart, Ulrike Harrower, Alex Mayor, Claire Fullbrook Scanlon, Francis Tippett.

<b>1. Welcome, introductions and apologies</b>	<b>Appendix</b>	<b>Action</b>
Apologies acknowledged and introductions made.		
<b>2. Governance and Accountability</b>	<b>1</b>	
<p>Governance flowchart circulated to group. MR explained, the second round of Commissioning Advisory Group meetings were now taking place, although there are some regional differences highlighted, stability is emerging.</p> <p>MJ, raised concerns, with many NHS England National Clinical Directors how will the CV SCN reconcile accountability? SB, stipulated although it is recognised that it may not be possible to take all work forward, the SCN will have to justify its local priorities and where appropriate, show our support to the national priorities. SW stated that there needs to be a 2 way interaction to ensure local and national priorities are aligned where possible. <b>SW to contact Cardiac Clinical Directors to establish if a meeting with Huon Gray would be beneficial</b></p>		<b>SW</b>
<b>3. Draft Terms of Reference</b>	<b>2</b>	
<p>Previously circulated for review. SB raised concerns about membership, in particular the lack of providers and commissioners on the group and the need to ensure balance. Although it is appreciated that issues are discussed via the CAGs there is still the need to consider the wider priorities and provide advice around the longer term strategy. MR stressed the role of providers and commissioners would be to offer perspective not representation. There was agreement that 4 providers and 4 commissioners to be invited from both the South and North areas.</p>		

<p>Also, 1 provider must be from a non-teaching centre.  <b>Invites to go out to relevant providers and commissioners</b>  <b>Changes also to be made to quorate number from 3 to 7.</b></p>		MR/SS
<p><b>4. Commissioning Advisory Groups (CAGS) – Feed back</b></p>	3	
<p><b>Cardiac North and South</b>  SW gave an overview. The second Cardiac North meeting had now taken place which was very positive. The second South meeting is due to take place at the end of February in Saltash.</p> <ul style="list-style-type: none"> <li>• Data dashboard, work continues to determine the final metrics.</li> <li>• Rehabilitation – SCN Quality Improvement Lead Ruth Hall will be attending next North meeting to update group.</li> <li>• OPRA audit (heart failure - pilot is being undertaken by Somerset CCG).</li> <li>• Cardiac Surgery, which will include demand and capacity, inter-hospital transfer and electronic referrals. A Cardiac Surgery workshop is being held on 1 April 2014, Holiday Inn, Taunton. SW stressed that although progress is being made, the network is not in a position to make recommendations or to influence any changes this year to the commissioning contract.</li> </ul> <p>Tabinda Rashid Fadel has just joined the SCN in Bristol and will be supporting the CV network, linking in with specialised commissioning (QIPP). This includes support for, cardiac surgery, devices and EPS.</p> <p><b>Stroke North and South</b>  MJ gave an overview. The second North Stroke meeting had now taken place. The second South meeting is due to take place at the end of February in Saltash. Agendas are identical.</p> <ul style="list-style-type: none"> <li>• Data dashboard, work continues to determine the final metrics.</li> <li>• 7 day TIA services, the SCN has not been asked to undertake any work. It was acknowledged that carotid procedures will be included in the transformation of vascular services.</li> <li>• OPRA Audit (AF -pilots are being undertaken by Devon, Cornwall and Isles of Scilly).</li> <li>• Acute stroke, MJ explained that there is some unfinished business from the stroke strategy, including variation in performance, thrombolysis rates and access to CT scanning.</li> <li>• The use of PenCHORD modelling is being offered.</li> </ul> <p>SB, review of emergency services is likely to instigate a stroke reconfiguration. This will be a major item over the next 12 months and it would be prudent to start to think about the overarching view across the South West (2014/15 work plan). This will be raised at the next CAG meetings.</p> <p><b>Kidney</b>  MB explained that it has become clear there is still confusion about renal commissioning, i.e. what is the remit of CCG and specialised commissioning. There are also issues with IT and data collection. The first initial steps will be to establish a baseline of current services</p>		

<p>across the South West.</p> <p>SB acknowledged that this area will be challenging and advised taking just 2 priorities to work on which will support the maximum amount of benefits over the next year.</p> <p><b>Diabetes</b> The diabetes area is vast and it is crucial that the CAG remains focussed so that the SCN is able to achieve objectives. There was good commissioner representation and a sub group for diabetes foot care is being formed.</p>		
<b>5. Work Programme</b>	<b>4</b>	
<p>RL stressed the need for caution about taking on additional workloads. SB said that the addition to the SCN of a vascular network is highly likely; although the detail needs to be agreed but there would be additional resources to support this. SB will be taking a discussion document to stakeholders at the next oversight group meeting in March and will update the group on progress.</p>		
<b>6. SCN – Cross Cutting Themes</b>		
<ul style="list-style-type: none"> <li>• Rehabilitation Ruth Hall, Quality Improvement Lead joined the meeting to offer an overview of her work to date around rehabilitation. SW informed that it had been raised at the CAGs about ‘where does general rehabilitation fit with specialist care?’ RH informed the group about a forthcoming event and will be keen to have representatives to discuss where it is appropriate for generic and specialist rehabilitation.</li> <li>• End of Life Care (EOL) Francis Tippett has joined the SCN as Quality Programme Lead and will be working on EOL and an initial area to focus on may be the renal pathway. FT sent her apologies.</li> </ul>		
<b>7. Partnership working</b>		
<ul style="list-style-type: none"> <li>• <b>Specialised commissioning (SC) and SW priorities</b> DH had been invited to the meeting but had sent her apologies. SC are holding 5 year strategy events throughout the region. <b>MR to request that MJ and SW be added to the collaborative meeting distribution list.</b></li> <li>• <b>Specifications and derogation</b> No further updates given at this meeting.</li> <li>• <b>AHSN</b> MB gave an overview of the AHSN’s work plans. Key: the aim is to have good evidence based research and translate it into service delivery. The AHSN would want to support at least 1 priority with the SCN and it has been agreed that this is AF.</li> </ul>		<b>MR</b>

<p><b>MJ to be invited as part of the clinical reference group.</b></p> <p>RL has already been invited to attend the WEAHSN Evidence Into Practice and Commissioning Evidence Based Care Reference Group</p> <p>It was suggested that there are 2 other possibilities, 'tele-advice' for chronic kidney failure and the recruitment of community based diabetes mentors.</p> <p>SB confirmed a joint meeting has been arranged between the SCN and both AHSN to look at strategic priorities and align work programmes where appropriate.</p>		<b>MB</b>
<b>8. Budget and resource allocation</b>	<b>5</b>	
<p>MR gave the group an update.</p> <p>MJ requested approval to upgrade the pathology IT system for renal clinicians in Torbay, Cornwall and Bath (approx. 6-10K each)</p> <p>The budget allocation 2013/14 was endorsed by the group.</p>		
<b>9. QOF Developments</b>		
<p>SM informed that there has been a relaxing of QOF measures; as a consequence there has been some discussion about some new measures. SW asked if the new QOF measures could be clarified to establish gaps where new CV measures could be suggested.</p> <p>TW confirmed that a project manager is going to be employed and he will be able to offer further updates soon.</p> <p><b>SM to send briefing document to the group.</b></p>		<b>SM</b>
<b>10. Any other business</b>		
<p>None</p>		
<b>11. Date of next meetings</b>		
<p>Tuesday 15 April 2014, 10am – 12pm</p> <p>South West House, Taunton.</p>		