

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

Tuesday 29 July 2014, 10.00am – 12pm
Lyngford House, Taunton.

NOTES

Present: Martin James (Chair)

Sunita Berry, Duncan Browne, Nicola Caldecoat, Ian Cox, Rachel Levenson, Alex Mayor, Michelle Roe, Rachael Rowe, Claire Fullbrook-Scanlon, Susan Shears, Stuart Walker, Tariq White.

Apologies: Tim Archer, Charles Buckley, Anna Burhouse, Liz Clark, Reine Corley, Chris Dudley, Guy Gribbin, Debbie Hart, Ulrike Harrower, Sheila McCormick, Helen Miller, Anita Pearson.

1. Welcome, introductions and apologies	Appendix	Action
Apologies acknowledged		
2. Matters Arising	1	
Notes agreed as accurate and action completed.		
3. Governance arrangements	2	
<ul style="list-style-type: none"> • Review of Commissioning Advisory Groups <p>The NHS England, Organisational Alignment and Capability Programme to include a 15% reduction in costs. It is therefore necessary to review the SCN governance arrangements and agree the way forward for the structure for both the Cardiac and Stroke commissioning advisory groups (CAGS).</p> <p>Since April 2013 parallel CAGs have taken place for the Peninsula and AGWS areas, to ease the transition from the way the original Heart & Stroke Networks operated. However this arrangement was always going to be time-limited and was expected to be just for the initial year of the new SCN.</p> <p>After discussion at recent CAG's and weighing up the pros and cons, avoiding duplication and reflecting the South West footprint, it was agreed to proceed with the merging of the Peninsula and AGWS areas to align them with our Kidney and Diabetes CAGs, which operate on a South West basis.</p> <p>Action: To implement the new structure for the Autumn meetings.</p>		MR/MJ/SW
4. Work Programme	3/4	
<ul style="list-style-type: none"> • South West mapping 		

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, to gain robust evidence to support future discussions regarding service models and the 'case for change' this will include governance numbers, transfer times, establishing vital adjacencies and co-dependencies etc. and will contribute to the national Urgent Care review.

We are keen to ensure that the modelling exercise will be evidence based so we are planning to work with academic partners in the SW Peninsula CLAHRC with expertise in Healthcare-related service modelling <http://clahrc-peninsula.nihr.ac.uk/>.

It is our aim to ensure this is an open and transparent process and therefore, providers and commissioners will have every opportunity to influence the process through the established Cardiac and Stroke Commissioning Advisory Groups (CAGs), which will be the principal mechanism for reporting on progress to stakeholders.

We envisage producing a finalised report by March 2015 and that this will be used to guide future commissioning discussions, both locally via the CCG: Local Area Team assurance process, and through Specialist Commissioning.

A letter will be sent to Providers CEOs and CCG Chairs informing of the process. It will be very clear that Providers and CCGs will have every opportunity to influence the process through the established Cardiac and Stroke CAGs

Action:

MR to draft the letter and organise its circulation.

- **Foot care reviews**

The All Party Parliamentary Group Report on Vascular Disease <http://appqvascular.org.uk/reports> has shown persistently high major and minor lower extremity amputation rates in those with diabetes in the South Western region. In order to gain a greater understanding of the causes for the variation in the South West, the SCN is undertaking comprehensive peer reviews of foot care pathways and services available in all Clinical Commissioning Group (CCG) areas. The reviews will assess the quality and accessibility of foot care for people with diabetes in comparison with national standard. Patient interviews will also be incorporated in the process. It is hoped that through sharing and learning, services will be improved and variation reduced across the region.

The first review will take place in Bristol in October. Reviews will take place as one per month/six weeks (total of 16 visits over 16 months). This work is being co-ordinated by Margaret Bamford and Richard Paisey.

Action:

DB to inform the group of progress at the next meeting

- **AKI project**

All Trusts have received letters informing them of the project. Eleven Trusts have since replied and champions have been identified. CCG's will then be contacted.

There is the possibility of working with AHSN and plans to

MR/SS

DB

<p>advertise for Clinical Lead and a Project Manager. This is a good opportunity for some early communications and promotion. Action: RL to contact the remaining hospitals to confirm champion contacts.</p> <p>Kidney - engagement of local/specialised commissioning. It is recognised that as a small team, it is extremely difficult for specialised commissioning colleagues to attend each CAG. Different ways to engage discussed, use our links with AHSN's and also links with area teams via TW, RC & SM.</p> <ul style="list-style-type: none"> • Vascular <p>SCN will be supporting a joint event with specialised commissioning to be held on 14 October. The aim of the day will be to share best practice and lessons learned on implementing national service specification.</p>		RL
5. Data Dashboard	5/6	
<p>Overview of current dashboard to be reviewed at each meeting. Complex devices – currently bench marched against European rates. Some more consideration and decisions to be made before final version. Action: SW to review options and update at next meeting</p>		SW
6. Partnership working		
<ul style="list-style-type: none"> • Specialised Commissioning <p>No further updates from previously discussed.</p> <ul style="list-style-type: none"> • Academic Health Science Network <p>AM gave an update on current and planned projects.</p> <ol style="list-style-type: none"> i. Patient Safety agenda - Peninsula, running the safety collaborative, recognising key issues <i>i.e. AKI and Sepsis</i>. Ensuring clinical engagement and education. Rolling out a quality improvement training programme. This will be a 5 day programme and will be offered to those who will be able to demonstrate improvements made following the training. Letters will be going to all Trusts, copies to Networks. ii. Integrated care - clinical outcomes, looking at the financial impact as well as clinical impact, working closely with SCN's. iii. WEAHSN - AF project is ongoing. <ul style="list-style-type: none"> • Area Teams <ol style="list-style-type: none"> i. SM, TW & RC currently in discussion about how to best meet with area teams <i>i.e.</i> meet within own area or to work across the whole footprint. ii. All currently looking at CCG alignment with the SCN. 		
7. Budget and resource allocation	7	
Circulated prior to the meeting – no further update		

8. Any other business		
<p>PPE – SS confirmed PPE documentation has been amended from SCN templates to reflect CV network. Changes will now need to be made to reflect the new structure of the meetings. Recruitment campaign will follow.</p> <p>MR proposed a CV summit to be held towards the end of the year.</p>		
8. Date of next meetings		
Tuesday 18 November, 10am – 12.00pm, Holiday Inn, Taunton.		