

Minutes of South West Clinical Senate Council meeting

Held on Thursday 17th September 2015
At Taunton Rugby Football Club

Meeting Notes

Present:

Phil Yates, Chair	Shelagh McCormick
Marion Andrews-Evans	Joanna Parker
Mary Backhouse	Sally Pearson
Sunita Berry	Steve Rawstorne, Speaker, AM only
Geraint Day	Sarah Redka
Ellie Devine	Guy Rooney
Paul Evers	Ann Sephton
Caroline Gamlin	Andy Seymour, AM only
John Graham	Jill Shepherd, AM only
Derek Greatorex	Emma Stapley
Kevin Haggerty, AM only	Mike Taylor, Speaker, AM only
David Halpin	Christine Teller
Ulrike Harrower	Helen Thomas
Susan Hawkins	Rachel Vokes, AM only
Lee Hilton, Speaker, AM only	Sanjay Vyas
William House	Margaret Willcox
Steve Judge, Observer, AM only	Dan Williams
Bruce Laurence	Dominic Williamson, Speaker, AM only
Simon Mathias	Paul Winterbottom

Apologies:

Trevor Beswick	Clare Hines
Judith Brown	William Hubbard
Tim Burke	Peter Jenkins
Chris Burton	Georgia Jones
Iain Chorlton	John Miskelly
Diane Crawford	Ian Orpen
Sara Evans	Ann Remmers
Deborah Fielding	Ray Sinclair
Jane Gibbs	Andy Smith
Carol Gray	Jayne Weare
Deepak Gupta	Jenny Winslade
Paul Hardy	

		Action
1.1	Welcome, introductions and business items	
	Round table introductions – attendance and apologies listed above. Phil Yates introduced himself as new Senate Chair and reported his past and present positions.	
1.2	Public attendance and recording of meeting	
	The meeting was recorded for the purpose of accurately recording the discussions of the day and the recording will be deleted once the minutes are ratified.	
1.3	Minutes from last meeting	
	The 14 th May 2015 Senate Council meeting minutes were agreed and ratified.	
1.4	Conflicts of interest (COI)	
	All attendees were asked to declare any COIs. There were no COIs raised specific to this meeting and any COI forms submitted have been recorded.	
1.5	Review of Terms of Reference (ToR)	
	<p>At the January 2015 Senate Council meeting the ToR were reviewed and it was agreed that the Senate Council membership was to be reduced to facilitate future deliberations.</p> <p>Prior to the meeting a 'note' outlining the proposed membership and recruitment process was circulated. The Senate Council discussed the proposed reduced membership of 25 members. Concerns were raised that some professions and groups appeared under-represented in the proposed membership. However it was agreed to be a suitably representative proposal given that additional people can be co-opted to attend where the subject would benefit from their perspective.</p> <p>Current Senate Council members will be asked to express their interest to remain on the Senate Council for a further term of either one, two or three years.</p> <p>It was also agreed that each member may remain on the Senate Council for a maximum of five years.</p> <p>Where possible appointments will be made that give good geographical and organisational representation of the area. It was decided not to send proxies where attendance of the Senate Council member could not occur in person to maintain the dynamics, and modus operandi of the group.</p> <p>The need to take the opportunity to engage more widely with the Senate Assembly was made.</p>	
	Action: Senate Council members to email expressions of interest to Sarah Redka.	Senate Council members
2	An integrated urgent and emergency care system	
	Dr Phil Yates introduced the topic for deliberation. Slides available from the SW Senate website at http://www.swsenate.org.uk/ .	
3	The model for ED: a view from the shop floor	
	This was presented by Dr Dominic Williamson, Emergency Medicine Consultant, RUH Bath. Slides available on SW Senate website.	

	<p>Questions and comments:</p> <p>Q) Why can the ED not say no?</p> <p>A) Patients are sent to ED for assessment before being sent elsewhere for treatment.</p> <p>C) The four hour target is good overall barometer for service delivery.</p> <p>Q) Capacity and resourcing within the community is inadequate. Need to increase primary, community and social care workforce to make improvements – rather than always secondary care.</p> <p>A) System change to create increased capacity is required.</p> <p>C) Commissioners understand the requirement for the whole system to work together.</p>	
4	Facing the future for ambulance services within an integrated system	
	<p>This was presented by Lee Hilton, Clinical Development Manager, SWAST. Slides available on SW Senate website.</p> <p>Questions and comments:</p> <p>Q) Interesting about the workforce changes and development of skills. Why is there a workforce issue?</p> <p>Q) If moving towards 24/7 services – the flow of information is key and integral. How can this be done without current information?</p> <p>Q) If the ambulance service is moving towards treating patients in the community, what is in place for transporting patients home from ED?</p> <p>A) Patient transport services are provided by external organisations.</p> <p>Q) Could the NHS engage with UBER?</p>	
5	Joining up urgent care – the link between primary and secondary care	
	<p>This was presented by Dr Mike Taylor, GP. Slides available on SW Senate website.</p> <p>Questions and comments:</p> <p>Q) What is the optimum size of a unit that is large enough to have enough cases to be worthwhile?</p> <p>A) Needs to be led by someone with a lot of experience who understands the system. Could be coordinated from home if the right technology is available but this removes the contact with patients and colleagues.</p> <p>Q) What small scale changes can be made in a pressurised system that can make a difference?</p> <p>A) Medical model of care – needs other support systems.</p>	
6	The next phase for NHS 111 – its future and place in demand management	
	<p>This was presented by Dr Steve ‘Ossie’ Rawstorne, NHS 111 National Medical Advisor. Slides available on SW Senate website.</p> <p>Questions and comments:</p> <p>Q) The scope is not wide enough – need a single point of access regardless of who provides the care. NHS 111 should be the single point of access to urgent primary care.</p> <p>A) The scale would have to be dramatically changed – currently a long way from this.</p> <p>Q) NHS 111 call handlers are working to a script. How is evidence collected that this script is effective and figures indicating when it is not working?</p> <p>A) NHS Pathways is used. It was designed about 11 years old but has</p>	

	<p>reasonable clinical governance arrangements. The data is reviewed centrally and there is a formal site for raising and addressing issues. A piece of work has been started to look at triage and other alternatives but this is not at the stage of being piloted.</p> <p>Q) With regards to mental health and child mental health which as an area is very different, how is this adequately streamed? Increased support is required for carers to reduce admissions.</p> <p>A) Need to enhance the skills of the call handlers.</p>	
7	Station rounds	
	<p><i>Question: Giving due attention to issues of local clinical engagement and ownership whilst retaining focus on economies of scale, how will all health and social care communities move from their current provision of urgent and emergency care to meet the emergent national service standard?</i></p> <ol style="list-style-type: none"> 1. <i>What services need to be co-located, consolidated or decommissioned?</i> 2. <i>Which sectors need strengthening and investment?</i> 3. <i>What is the workforce redesign required to support the national guidance?</i> <p>The Senate Council split in to three groups and each discussed each of the above questions.</p>	
8	Discussion and constructing advice	
	<p>The discussions about each question were fed back to the whole group. The Senate Council members confirmed and agreed the summary of key points relating to each question. Phil Yates will construct a set of recommendations for commissioners based on the summaries agreed within the meeting.</p>	
	Action: PYates to construct recommendations based on discussion summaries and circulate to Senate Council member for comment.	PYates
	Action: SRedka to circulate the discussion summaries to Senate Council members.	SRedka
9	Close	
	<p>PYates thanked the contributors, the CCGs and the Council members who attended.</p> <p>The next meeting will be 19th November.</p>	