

Sheffield Clinical Commissioning Group

Report from the Joint Clinical Directors' Office

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Governing Body Meeting

2 May 2013

Author(s)/Presenter	Dr Richard Oliver and Dr Zak McMurray, Joint Clinical Directors
and title	
Sponsor	Dr Richard Oliver and Dr Zak McMurray, Joint Clinical Directors
Key messages	

To update the Governing Body on the work of the Clinical Directors, including the Protected Learning programme and the Clinical Reference Group.

Assurance Framework (AF)

Risk Reference (RR) Number

991 (adoption of change in clinical behaviours needed to deliver QIPP)

How does this paper provide assurance to the Governing Body that the risk is being addressed?

This paper describes the clinical leadership being exercised through the CCG's Clinical Directors which secures engagement of clinicians in service redesign, scrutiny of proposed changes and participation in education.

Is this an existing or additional control?

This is an existing control, numbered 4.1.1.A in the Assurance Framework.

Equality/Diversity Impact

Has an equality impact assessment been undertaken? NO

Which of the 9 Protected Characteristics does it have an impact on?

The work of the Clinical Reference Group aims to address health inequalities and to support the CCG in meeting its statutory duties around equality. The work programme of the Clinical Directors has the potential to make a positive impact on people with any or all of the protected characteristics.

Public and Patient Engagement

Elements of the Clinical Directors' work includes public and patient engagement, for example, communication of health messages to the public, involving patients in the development of new services and delivery of education.

Recommendations

The Governing Body is asked to note the contents of the report and to make any comments about the work of the Clinical Directors.



Report from the Joint Clinical Directors' Office

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2 May 2013

1. Update on the work of the Joint Clinical Directors

Dr McMurray and Dr Oliver continue to discharge the wide range of duties which fall within the remit of the Joint Clinical Director post and to provide leadership and support to the wide range of clinicians who are engaged with the CCG's commissioning activities.

Dr McMurray remains the CCG clinical lead for the Right First Time unscheduled care programme. He has also contributed to the development of new musculo-skeletal pathways; the elective care strategy; work on safeguarding children; primary care streaming in A&E, and review of district nursing services.

Dr Oliver continues to work on preparation for the introduction of the 111 services across South Yorkshire and Bassetlaw; to liaise with the local pharmaceutical and optometric committees; to lead on clinical quality and safety issues; to chair the Area Prescribing Committee; supporting the children's portfolio, and to revise the alternative contractual mechanism for the Clover group of practices.

2. The work of the Clinical Reference Group (CRG) Monthly Forum

The monthly forum continues to have a small number of attendees, however meetings have included representatives from different professions and from secondary care as well as GPs. The last six meetings have debated a variety of topics: maternal and child outcomes in diabetes; elective pathways and use of Map of Medicine; patient education and support in pain management; and management of osteoporosis. These meetings provide opportunities for dissemination of work being undertaken in the city, a forum for discussions between primary and secondary care clinicians, and peer scrutiny of development projects. The discussions at the face to face meetings are supplemented by further debate via email.

3. The Protected Learning Initiative (PLI)

Dr Oliver oversees the planning and delivery of the PLI, assisted by a clinical steering group. The group agrees the programme for the year and provides advice to the clinical lead for each event. In the last six months the CCG has run city wide events for GPs and practice nurses on: early cancer detection; infectious disease management and adult mental health, as well as clinical knowledge and skills update for dentists. Learning sessions on diabetes, child and adult safeguarding, smoking cessation and pain management are planned for the rest of 2013. A piece of work is under way to assess the impact of the training offered over the last 4 years on clinical practice and activity patterns.

4. Clinical matters which have been debated by the CRG

The CRG has debated and provided clinical advice on a number of these matters, advised by broader virtual debate from peers:

- · Accuracy of clinical coding in secondary care
- Care pathways for endocrine conditions and inflammatory arthritis
- Clinical model for end of life care at home
- Protocol for hallux vulgus (bunions)
- Standards of training, supervision and premises for provision of minor surgery

5. Recommendations

The Governing Body is asked to note the contents of this report and to make any suggestions with regard to the work of the Clinical Directors, the CRG or the PLI programme.

Paper prepared by: Jane Howcroft, Senior Commissioning Manager

On behalf of Dr Zak McMurray and Dr Richard Oliver, Joint Clinical Directors

23 April 2013