

**Update on the work of the Clinical Director
and Clinical Reference Group**

Item 17d

Governing Body meeting

4 December 2014

Author(s)	Jane Howcroft, Senior Commissioning Manager
Sponsor	Dr Zak McMurray, Clinical Director
Is your report for Approval / Consideration / Noting	
Noting.	
Are there any Resource Implications (including Financial, Staffing etc)?	
None.	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i></p> <ul style="list-style-type: none"> • To improve patient experience and access to care • To improve the quality and equality of healthcare in Sheffield • To ensure there is a sustainable, affordable healthcare system in Sheffield. <p>This paper describes the clinical leadership being exercised through the CCG's Clinical Director, which supports the engagement of clinicians in service redesign, scrutiny of proposed changes and participation in education.</p>	
<u>Equality impact assessment</u>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached? If not, why not?</i></p> <p>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 Director has the potential to make a positive impact on people with any or all of the protected characteristics.</p>	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i></p> <p>This paper is a report on the work of the Clinical Director, and the Clinical Reference Group, which supports the clinical engagement and leadership within the portfolio teams of the CCG, and the wider work of the organisation. This can and does encompass engagement of patients and the public but it is not its primary purpose.</p>	

Recommendations

The Governing Body is asked to note the contents of this report.

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1. Introduction: role of the Clinical Director

The purpose of the paper is to brief Governing Body members on the work of the Clinical Director, the Clinical Reference Group, and associated workstreams, such as the Protected Learning Initiative. The Clinical Director is a member of the CCG's senior team, contributing clinical expertise to decision making, governance and quality assurance, and advising on handling of press queries, complaints and policy developments.

Dr Zak McMurray, who also works sessionally as a GP, continues in post as the CCG's Clinical Director. There is a wide range of duties associated with this role. The main elements of Dr McMurray's role over the last six months can be summarised as follows:

- Clinical leadership of the commissioning for outcomes work around musculo-skeletal conditions;
- Clinical advice to the Right First Time programme;
- Contributing to the improvement of urgent care across the city through quality assurance of the 111 service, re-design of geriatric and stroke medicine, and planning for system resilience;
- Representing the CCG by liaising with Foundation Trust Medical Directors, the Local Dental Committee and the Local Medical Committee;
- Acting as the senior clinical representative from the CCG in partnership contexts such as Health and Wellbeing Board, Child Death Overview Panel;
- Supporting the development of the CCG and strengthening the engagement of member practices;
- Providing a clinical steer to the development of the CCG's primary care strategy and primary care quality assurance.

2. The Clinical Reference Group

The Clinical Reference Group (CRG) is a virtual forum which exists to provide clinical peer scrutiny of new clinical policies, pathways, service proposals etc. Dr Mike Tomson has been working on an interim basis in support of the Clinical Director to review the Terms of Reference of the CRG; to look at how its working methods could be made more effective (including exploring various platforms for interactive e-dialogue); to recruit broader membership, and to ensure breadth of clinical and public health input to the various debates.

A key role for CRG is to consider proposed improvements for management of common conditions in primary care. A sample of topics which the CRG has considered over the last six months includes:

Gout; overactive bladder; heavy menstrual bleeding; post partum depression; childhood fevers; effective promotion of physical activity; poor weight gain in childhood; fracture risk assessment.

The CCG will shortly be advertising for a part time CRG Facilitator on a permanent basis, who will develop the clinical reference processes of the CCG; convene and moderate the virtual CRG, and support Dr McMurray in the work of strengthening clinical engagement and leadership.

3. The Protected Learning Initiative

The Protected Learning Initiative (PLI) is overseen by a steering group which includes four GPs, a practice nurse, and a CCG senior manager. The steering group liaises with the clinical leads for event to advise on format, delivery, topic content and also on the practical constraints for example physical layout of the venue, timescales. PLI events continue to be well attended, in some cases we have had to have a reserve lists because all places have been booked (our largest venue holds 300 people).

We have run the following clinical events this year so far: mental health; care planning: infectious disease; cancer; rheumatology; respiratory disease, and adult safeguarding. In response to feedback, we have incorporated more case study based work and “marketplace” style learning. Two further events on gastroenterology and musculoskeletal conditions will take place in the last quarter of the year.

We have also run some events this year for non-clinical practice staff. We ran two sessions looking at the requirements of the Equalities Act 2010 in general practice, a session looking at the PREVENT initiative (role of primary care in identifying and addressing the risk of extremism), and five events in partnership with Macmillan around active listening skills, particularly in relation to people living with cancer.

Overall we continue to receive very positive feedback for these educational sessions; however, the steering group is looking at different ways in which we could meet clinicians’ learning needs more effectively in the future. We are intending to move away from just having one large city wide event towards a “mixed economy” of a choice of smaller events, delivered in different styles.

5. Recommendations

The Governing Body is asked to note the contents of this report, and to make any suggestions regarding the future work of the Clinical Director and the CRG.

Paper prepared by Jane Howcroft, Senior Commissioning Manager

On behalf of Dr Zak McMurray, Clinical Director

November 2014