

<b>MINUTES</b>	
<b>MEETING:</b>	Clinical and Professional Senate
<b>DATE/TIME:</b>	Wednesday 7 December 2022, 1:00pm – 2.55pm
<b>VENUE:</b>	Teams Meeting
<b>PRESENT:</b>	<ul style="list-style-type: none"> <li>Dr Kiran Patel (Chair), Dr Liane Harris, Dr Cathy Fines, Wendy Craven, Steven Senior, Will Blandamer, Vicki Howarth, Catherine Jackson, Nigget Saleem, Matt Logan, Kath Wynne- Jones, Jeanette Richards.</li> </ul>
<b>IN ATTENDANCE:</b>	<ul style="list-style-type: none"> <li>Barney Schofield, Anand Lyer, Karen Richardson, Cath Tickle, Damian Aston, Lindsey Darley, Caroline Beirne, Jon Hobday, Dr Simon Minkoff.</li> </ul>
<b>1</b>	<p><b>Welcome, introductions and apologies</b> The Chair welcomed colleagues to the meeting.</p> <p>Apologies for absence were noted for the following invitees to the meeting:</p> <ul style="list-style-type: none"> <li>David Thorpe, Beverley Johnson.</li> </ul>
<b>2</b>	<p><b>Declarations of Interest</b> There were no interests declared relating to any of the agenda items.</p>
<b>3</b>	<p><b>Minutes of the previous meeting</b> The minutes were agreed as an accurate record.</p>
<b>4</b>	<p><b>Clinical Diagnostic Centres</b> A presentation was provided to Senate which gave an overview of the proposal for an NCA Community Diagnostic Centre; Bury Spoke Site development plans.</p> <p>The NCA and the Bury locality are working together to co-produce plans to develop two spoke sites in Bury to serve the population of Bury and provide access to routine low-level diagnostics close to home. The proposal is to have the spokes in Prestwich and Radcliffe.</p> <p>The modalities considered for the Bury locality spokes were shared. Barney reported that under imaging tests, CT and X-rays will be taken out as these tests will be provided in the hubs.</p> <p>The following points were raised and considered:</p> <ul style="list-style-type: none"> <li>Dr Fines queried why BNP was listed as a separate test to phlebotomy given it is a blood test. Cath Tickle commented that the modalities had been chosen where there are greatest opportunities and to address waiting times in order to get patients through the pathway quicker.</li> <li>Thought needs to be given to new additional activity. The CDC will enable people to have more tests done in one day (one stop clinic).</li> <li>Concern raised that having a CDC could push demand causing another bottle neck; it is important to undertake case finding.</li> <li>Question raised in terms of transport analysis and whether any had been</li> </ul>

	<p>undertaken with regard to Prestwich and whether a spoke in the East of Bury would be more beneficial. Barnie Schofield confirmed that some analysis had been undertaken as part of the business case but this was more cross locality; neighbourhood level journeys could be included if it was felt this would help the case. Steven Senior suggested including cost as well as time in the travel analysis.</p> <ul style="list-style-type: none"> <li>• AQP for NOUS could be picked up and included in the spokes.</li> <li>• A number of the tests are already offered and funded in Primary Care and secondary care; we don't want to outsource what is already being undertaken in Primary Care which is closer to home than the spokes.</li> <li>• Further engagement needed with the NCA around funding of frailty and cardio and full potential of the model which can be expanded in future years. The model of care in the future is to have more capacity put into community and primary care to free up unnecessary secondary care outpatients and have other programmes in elective care that will add in capacity further down the pathway to improve access.</li> <li>• As the CDC develops further, other diagnostics could be included i.e. urology.</li> </ul> <p>National funding is available, and the development of a CDC is a "must do". Based on Public Health input the biggest deficits are in diagnosis of conditions and frailty hub; other things will try to be built in as the model goes forward.</p> <p>The Senate agreed the proposal is a good starting place to support the team to move forward.</p> <p>It was agreed this agenda item would come back to Senate at a later date when it is known what the model will look like and the capacity element is known.</p>	
<p><b>5</b></p>	<p><b>Workforce</b></p> <p>Lindsey Darley and Caroline Beirne provided a presentation which outlined the work to date and ongoing/future programmes of the Bury Integrated Delivery Collaborative Workforce hub.</p> <p>An initial piece of work taking place is the high level analysis of identifying workforce priorities. This work should be completed for the December IDC Board.</p> <p>GM have refreshed the Workforce Strategy; each locality is to produce its own workforce plan which has to be completed by the end of March.</p> <p>There followed an interactive session where members were asked to send their thoughts on the following:</p> <ul style="list-style-type: none"> <li>• What do we want to be different in our current workforce;</li> <li>• How do we want our workforce to operate in the future; moving away</li> </ul>	

	<p>from silos;</p> <ul style="list-style-type: none"> <li>• Ranking of priorities to include in the workforce strategy.</li> </ul> <p>Apprenticeships - links have been made working with care leavers and 16-18 years olds who are not in any training/education. The programme will be developed and will sit under the priority 'inclusion and being included', learning disability and autism will also be included.</p> <p>It was felt that recruitment and retention should be separate priorities with retention of staff being the priority and then looking at where there are gaps.</p>	
<p><b>6</b></p>	<p><b>Wet AMD Service Review</b></p> <p>Wendy Craven provided a presentation and background information to the treatment of WET AMD. Support from Senate was sought for the continuation of the Community Wet AMD service.</p> <p>The following points were raised and considered:</p> <ul style="list-style-type: none"> <li>• There needs to be an audit trail of decision made to include patient experience/cost; risk and benefits.</li> <li>• When the number of patients currently being treated with Avastin (8) reduces, the fee will reduce.</li> </ul> <p>The Senate agreed that the service should continue as is. Dr Patel agreed to make Committees aware of the decision and suggested it would be interesting to see the savings made.</p>	
<p><b>7</b></p>	<p><b>Open Discussion:</b></p> <ul style="list-style-type: none"> <li>• <b>Opportunity for members to discuss any items/issues</b> <ul style="list-style-type: none"> <li>➤ Dr Fines referred to an ongoing issue with LANC UK in Bury. There is currently no service; work is ongoing to rectify this situation. There is significant gap in neuro development for adults which is causing pressures in primary care. Dr Fines agreed to provide an update at the January meeting on the current position.</li> <li>➤ Vicki Howarth referred to the death of a patient in an ambulance whilst waiting to be handed over to the hospital staff. There has been a meeting and learning has come out of that in terms of discharge summaries and information out to primary care; there is an opportunity to do things differently before a patient becomes unwell. Spreading and sharing of risk was also discussed. Vicki agreed to provide the outputs from that meeting at the next Senate to show a holistic process.</li> <li>➤ Dr Liane Harris raised concern around the recent cases of Strep A. There is a shortage of paediatric suspension antibiotics to treat cases, so advice is to prescribe tablets where possible. PCN pharmacies are being asked to try and locate supplies. Nigget Saleem agreed to find out where stocks are and make GPs aware. Dr Harris suggested printing out prescriptions rather than sending them by the EPS so that parents can try to find a pharmacy that has stock.</li> </ul> </li> </ul>	

	<p>Steven Senior reported that there is a meeting later to discuss schools and early years settings to see what is needed at this point and to ensure they have the IPC contact details. Public Health advice has not changed; any cases to be excluded and antibiotics prescribed.</p> <p>There are a lot of worried well and a lot of demand for unnecessary treatment given the media coverage; it is difficult to get messages out that helps the demand created.</p> <ul style="list-style-type: none"> <li>• <b>Future agenda items</b> <ul style="list-style-type: none"> <li>➤ Update on LANC UK service – Dr Cathy Fines</li> <li>➤ Dermatology Update – Wendy Craven</li> <li>➤ Outputs and learning from meeting following the death of a patient in an ambulance – Vicki Howarth</li> <li>➤ Clinical Diagnostic Centres, model and capacity element – Barney Schofield</li> </ul> </li> </ul>	
<p><b>8</b></p>	<p><b>GM Update</b>            Dr Cathy Fines reported that there is activity around how Clinical Leads operate across localities and GM. The December Clinical Leads meeting has been rescheduled to the 14<sup>th</sup> December at 3.30pm to discuss how Clinical Leads feel about this in Bury. There is a lot of activity around workforce and aligning workforce to workstreams and projects.</p>	
<p><b>9</b></p>	<p><b>Any Other Business</b>            Dr Liane Harris asked if there was any possibility the start of the Senate meetings could be pushed back to 1.30 as they were clashing with Education Webinars. Dr Patel agreed to look at the timings of the meetings going forward.</p>	
<p><b>10</b></p>	<p><b>Next Meeting:</b>            Wednesday 4 January 2023,            1:00 – 2:55pm</p>	