

Agenda **Part 1**

Meeting held in via Microsoft Teams

(a recording of this meeting will be made available on CCG websites)

Meeting title: Northern CCG Joint Committee

Date: Thursday 14 January 2021
Time: 2.00pm – 3.00pm

Item		Lead	Time	Paper
01	Welcome, apologies and declarations of conflicts of interest in relation to the agenda	Chair	2.00-2.05	Enclosure 01
02	Minutes and action log of previous meeting – 12 November 2020 02.1 Minutes 02.2 Actions	Chair	2.05-2.10	Enclosure 02
03	Matters arising from the previous meeting	Chair	2.10-2.15	Verbal
Items for information/discussion				
04	How Fit	Steve Parry	2.15-2.25	Presentation
05	Academic Health Science Network (AHSN) - Update of collaborative work programmes with CCGs and future opportunities	Nicola Hutchinson Stephanie Walton	2.25-2.35	Enclosure 03
06	Joint Committee Work Plan updates		2.35 – 2.50	
	06.1 Joint commissioning of breast diagnostic services across the ICS area	Neil O'Brien		Verbal
	06.2 Update on proposals for specialised commissioning	Penny Gray		Verbal
	06.3 Development of a consistent policy across to be applied across the ICS area for Value-Based Clinical Commissioning (VBCC) and Individual Funding Requests (IFRs)	Matthew Walmsley		Verbal
	06.4 Future reporting arrangements for North Cumbria North East Prescribing Forum	Graham Syers		Verbal
	06.5 Plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on other areas of the region.	Neil O'Brien		Verbal
07	Questions from members of the public relating to specific items on the agenda	Chair	2.50-2.55	Verbal
08	Any other business	Chair	2.55-3.00	Verbal

Date and time of next meeting: Thursday 11th March 2021
2.00pm

Representatives of the press and other members of the public are excluded from part 2 of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2)) Public Bodies (Admission to Meetings) Act 1960

Northern CCG Joint Committee

Future meetings (via Microsoft Teams until further notice)

2021

Date	Time
Thursday 11 th March	2.00pm
Thursday 13 th May	2.00pm
Thursday 8 th July	2.00pm
Thursday 9 th September	2.00pm
Thursday 11 th November	2.00pm

Register of Interests as at September 2020

Name	Current position(s) held in the CCG(s)	Declared Interest (name of the organisation and nature of business)	Type of Interest				Nature of interest	Is the interest direct or indirect	Date declared	Action taken to mitigate risk
			Financial Interests	Non-financial	Professional	Non-financial Personal				
Mark Adams	Accountable Officer for Newcastle Gateshead CCG and North Tyneside CCG, Northumberland CCG	Newcastle Gateshead CCG	ü			Accountable Officer	direct	Sep-20	Will declare at meetings as required	
		North Cumbria CCG	ü			Accountable Officer	direct		will declare at meetings as required	
		North Tyneside CCG	ü			Accountable Officer	direct		Will declare at meetings as required	
		Northumberland CCG	ü			Accountable Officer	direct		Will declare at meetings as required	
		NECS Customer Board		ü		Deputy Chair of Customer Shadow Board	direct		Will declare at meetings as required	
GLSKR.com Ltd	ü			Director	direct	Will declare at meetings as required				
Amanda Bloor	Accountable Officer for North Yorkshire CCG	North Yorkshire CCG	ü			Accountable Officer	direct	Apr-20	Will declare at meetings as required	
Mark Dornan	Clinical Chair for Newcastle Gateshead CCG	Newcastle Gateshead CCG	ü			Clinical Chair Governing Body member Executive Committee Chair	direct	Jul-19	Will be declared at meetings where relevant	
		Teams Medical Practice	ü			Partner and GP Trainer	direct			
		Academic Health Science Network		ü		Governing Body Member	direct			
		Gateshead Community Based Care	ü			Teams Medical Practice is a member	direct			
		Inner West Gateshead Primary Care Network	ü			Teams Medical Practice is a member	direct			
		Branch End Practice, Stocksfield	ü			Wife is GP Partner	indirect			Jan-20
		Hadrian Alliance Federation, Northumberland	ü			Wife's practice is a member	indirect			
Inner West Northumberland Primary Care Network	ü			Wife's practice is a member	indirect					
David Gallagher	Accountable Officer for Tees Valley CCG	Tees Valley CCG	ü			Chief Officer	direct	23.04.2020	Will declare at meetings as appropriate	
		Academic Health Science Network		ü		Governing Body Member	direct			


		Specsavers Peterlee		ü		Daughter is Store Manager	indirect		
David Jones	Clinical Chair/Safeguarding Lead for Newcastle Gateshead CCG	Newcastle Gateshead CCG	ü			Clinical Chair/Safeguarding Lead	direct	27.08.2020	Will be declared at meetings where relevant
		Throckley Primary Care	ü			GP Partner	direct	27.08.2020	
Neil O'Brien	Accountable Officer/Clinical Chief Officer	County Durham CCG	ü			Accountable Officer/Clinical Chief Officer	direct	Jul-19	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
	Accountable Officer	South Tyneside CCG	ü			Accountable Officer	direct	Apr-20	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
	Accountable Officer	Sunderland CCG	ü			Accountable Officer	direct	Apr-20	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Cestria Health Centre, Chester-le-Street	ü			GP Partner at Cestria Health Centre, Chester-le-Street	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Cestria Health Centre, Chester-le-Street	ü			Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery in which I financially benefit from.	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Chester Le Street Primary Care Network	ü			Practice is a member of the Chester Le Street Primary Care Network	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Chester-le-Street Health Ltd (GP Federation)		ü		Cestria is a member of Chester-le-Street Health Ltd (GP Federation)	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.

		County Durham and Darlington NHS Foundation Trust (CDDFT)			ü	Wife works at County Durham and Darlington NHS Foundation Trust (CDDFT)	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
Charles Parker	Clinical Chair for North Yorkshire CCG	North Yorkshire CCG	ü			Chair	direct	Apr-20	Declare before discussion and exclude from decision voting
		Topcliffe Surgery	ü			GP	direct		
		Hambleton South Primary Care Network	ü			Practice is a member of the Network	direct		
		Heartbeat Alliance	ü			Surgery is shareholder	direct		
		Harrogate District Foundation Trust	ü			Employee working in Out of Hours	direct		
Ian Pattison	Clinical Chair for Sunderland CCG	NHS Sunderland CCG	ü			Clinical Chair	direct	Jun-19	Will declare at meetings as appropriate
		Southlands Medical Group	ü			GP Partner			
			ü			Practice is a member of the Sunderland GP Alliance			
		Sunderland East Primary Care Network	ü			Practice is a member of the Network			
		NHS England	ü			GP Appraiser			
		NTW MH Trust/Sunderland GPA/Sunderland CCG/NHSE/locums	ü			Wife GP with portfolio career - undertaking work for variety organisation across NE	indirect		
Boleslaw Posmyk	Chair for Tees Valley CCG	NHS Tees Valley CCG	ü			CCG Chair	direct	Apr-20	Interests will be declared at meetings as required
Havelock Grange GP Practice		ü			Salaried GP	direct			
One Life Hartlepool' Primary Care Network		ü			Havelock Grange Practice is a member of the Network	direct			
Rockcliffe Court Surgery, Hurworth		ü			Salaried GP	direct			
Darlington Primary Care Network		ü			Rockcliffe Court Practice is a member of the Network				
Local GP Federations				ü	Havelock Grange and Rockcliffe are part of	indirect			
North Tyneside NHS Foundation Health Trust				ü	Daughter in Law is podiatric surgery registrar	indirect			

Jon Rush	Lay Chair for North Cumbria CCG	NHS North Cumbria CCG	ü		Chair	direct	Aug-20	Declare at relevant meetings and, if application, leave the meeting	
		North Cumbria ICP			ü	Chair			direct
		Safeguarding Children and Adults Local Government Agency			ü	Peer Reviewer			direct
		Stainton Village Hall Committee			ü	Chair			direct
Richard Scott	Clinical Chair for North Tyneside CCG	North Tyneside CCG	ü		Clinical Chair	direct	Jun-20	Will comply with the Standards of Business Conduct and Declarations of Interest Policy	
		Marine Avenue Medical Centre, Whitey Bay (GP Practice)	ü		GP Partner and GP trainer; member of CCG Council of Practices	direct			
		Tyne Health (North Tyneside GP Federation)	ü		Partner in a GP Practice that is a shareholder of TyneHealth. Practice Manager is a director of TyneHealth	direct			
		Northumbria Healthcare FT			ü	Wife works as a District Nurse for Northumbria Healthcare FT			indirect
		Whitley Bay Primary Care Network	ü		Practice is a member of the Network	direct			
Jonathan Smith	Clinical Chair for County Durham CCG	County Durham CCG	ü		Clinical Chair	direct	Apr-20	All interests will be declared at meetings as appropriate	
		Silverdale Family Practice, South Hetton	ü		GP Partner	direct			
		Council of Members, County Durham CCG	ü		Representative for Silverdale Family Practice	direct			
		North Easington Primary Care Network	ü		Prctatice is a member of	direct			
		South Durham Health Federation	ü		Member	direct			
Graham Syers	Clinical Chair for Northumberland CCG	Northumberland CCG	ü		Clinical Chair	direct	23.04.2020	Will declare at meetings as required	
		Alnwick Medical Group	ü		GP Partner	direct			
		Well Up North Primary Care Network	ü		Practice is a member of	direct			
Matthew Walmsley	Chair for South Tyneside CCG	Chair	ü		Chair	direct	Feb-18	Declaration and withdrawal	
		Health and Wellbeing Board		ü	Vice Chair	direct			
		Marsden Road Health Centre	ü		Partner	direct			
		Houghton Medical Group	ü		ü	Wife is a Partner			indirect
		Houghton-le-Spring Scout District			ü	Chair/Trustee			indirect

		South Tyneside (South) Primary Care Network	ü			Practice is a member; Practice partner is a Clinical Director	direct	Aug-19
		South Tyneside Health Collaboration	ü			Practice is a member; Practice partner is a Board member	direct	Aug-19
		Wawn Street Surgery	ü			Partner	direct	Sep-20
		Sunderland Coalfields Primary Care Network			ü	Wife's practice is a member	indirect	Aug-19
		Sunderland GP Alliance			ü	Wife's practice is a member	indirect	Aug-19

Non voting members

Stephen Childs, Managing Director of NECS		 Stephen Childs DOI.pdf						Jul-19	Non-voting member
Kate Hudson	Chief Finance Officer for South Tyneside CCG	South Tyneside CCG	ü			Chief Finance Officer	direct	Feb-20	Non-voting member
Jeff Hurst	Lay Member of Newcastle Gateshead CCG	Newcastle Gateshead CCG	ü			Lay Member, Deputy Chair, Chair of Primary Care Commissioning Committee, Audit Committee member	direct	Jun-20	Non-voting member
		YMCA Newcastle	ü			Chief Executive Officer - Charity is in receipt of grant income for suicide prevention work from Cumbria CCG - Charity is contracted by Newcastle City Council to deliver Change4Life obesity prevention programme	direct	Jun-20	

		Personal friendship			ü	Long Standing personal friendship with Dr Howarth of Denton Turret Practice, Newcastle	indirect	Jun-20	
Michelle Thompson	Lay Member Tees Valley CCG	Tees Valley CCG	ü			Lay Member	direct	May-20	Non-voting member
		Healthwatch Darlington	ü			Chief Executive	direct		
		Michelle Thompson Consultancy				Self employed consultant NB Professional interest	direct		
		Rotary Club of Darlington			ü	Member	direct		
		Darlington Football Foundation			ü	Trustee	direct		
		Macmillan Cancer Support			ü	Volunteer/Fundraiser	direct		
		Appleton Wiske Parish Council			ü	Parish Councillor	direct		

















Northern CCG Joint Committee

12 November 2020 /2.00 – 3.15pm

Part 1 - Meeting held via Microsoft Teams

Present

CCG members		
Mark Adams	MA	NHS Newcastle Gateshead CCG NHS Northumberland CCG NHS North Cumbria CCG NHS North Tyneside CCG
David Gallagher	DG	NHS Tees Valley CCG
David Jones	DJ	NHS Newcastle Gateshead CCG
Charles Parker	CP	NHS North Yorkshire CCG
Ian Pattison	IP	NHS Sunderland CCG
Boleslaw Posmyk	BP	NHS Tees Valley CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Richard Scott	RS	NHS North Tyneside CCG
Jonathan Smith	JS	NHS County Durham CCG
Graham Syers	GS	NHS Northumberland CCG
Matthew Walmsley	MW	NHS South Tyneside CCG

In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Alan Foster	AF	North East and North Cumbria Integrated Care System
Shona Haining	SH	North of England Commissioning Support (NECS)
Trish Hirst	TH	North of England Commissioning Support (NECS)
Kate Hudson (representing CCG Directors of Finance)	KH	NHS South Tyneside CCG
Dan Jackson	DJa	NHS Sunderland CCG
Helen Riding	HR	North of England Commissioning Support (NECS)
Joanne Smith	JSm	North of England Commissioning Support (NECS)
Gillian Stanger	GSt	North of England Commissioning Support (NECS)

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
<p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Apologies were received Mark Dornan (NHS Newcastle Gateshead CCG), Penny Gray (NHS England and NHS Improvement), Jeff Hurst (Lay member), Dan Jackson (NHS Sunderland CCG), Neil O'Brien (NHS County Durham, NGS South Tyneside and NHS Sunderland CCGs) and Michelle Thompson (Lay member).</p> <p>The Committee's register of Interests was received.</p>	
02 Minutes and action log of previous meeting (10 September 2020)	
<p>The minutes of the meeting held on 12 March 2020 were accepted as an accurate record.</p> <p>The action log was updated:</p> <p>02.1 Academic Health Science Network (AHSN) vacancy Action: Follow this up with Dan Jackson.</p>	GSt

03 Matters arising from the previous meeting (and action log)	
<p>03.1 Work Plan for Northern CCG Joint Committee 2020-21 The Chair noted that written confirmation had been received from Mark Adams that Newcastle Gateshead CCG had approved the Joint Committee's work plan.</p> <p>03.1 Format of future meetings The Chair noted that the Committee's decision to hold future public meetings via Microsoft Teams (with no live feeds) with papers being published on CCG websites had been challenged by a member of the public as this was not in line with individual CCG arrangements.</p> <p>Decision: that in future public meetings of the Committee would be recorded and made available on CCG websites.</p>	
04 Research and Evidence Annual update	
<p>Shona Haining introduced two of her team members to the meeting and gave a presentation (supported by papers circulated with the agenda) which included:</p> <ul style="list-style-type: none"> - Research statutory duties for CCGs - Primary Care Research Strategy - Applied Research Collaborative (ARC) - Research Capability funding - Clinical Research Network - Use of research evidence for research - Excess Treatment Costs <p>The Committee was asked to consider:</p> <ul style="list-style-type: none"> - How to develop new research and evidence that meets CCG and primary care priorities? - How to build research knowledge and capacity - all staff ? - How to get equitable access to research for all patients – get practices and Primary Care Networks (PCNs) involved? - How do you want to access and use evidence from research ? <p>The need to think flexibly about using ARC to focus on the digital agenda, including digital exclusion, was noted and seen as a priority in terms of partnership working. MA agreed to discuss this further with SH.</p> <p>Committee members thanked SH and the team for all their hard work.</p> <p>Decision: to receive and note the reports.</p>	MA
05 Joint Committee Work Plan updates	
<p>05.1 Joint commissioning of breast diagnostic services across the ICS area The aim of the proposals detailed in the report was to support the longer term sustainability of breast diagnostic services and outlined an offer to the system to commission breast symptomatic services from breast screening units (BSU). The proposal included the development of a managed clinical network across BSUs. There were further recommendations to progress the joint commissioning of screening and symptomatic services in the longer term. It was noted that the report had been presented and endorsed by the ICS Management Group on 23 October 2020.</p> <p>MA noted that within the ICS structure there was to be a provider alliance which would discuss both operational work and strategic elements and this would be a good opportunity for them to consider the proposed hub and spoke arrangements, together with the Cancer Network, and report their views on a working model and the practicalities of implementation back to the Committee to consider next steps. In considering this, there was a question around the need for some form of patient/public pre-engagement or consultation on the proposals. It was noted there was ready-made cohort of patient interest groups in the system with whom engagement could take place if needed.</p> <p>Decision: To support the proposals outlined in the paper and to ask the Provider Alliance and Cancer Network to develop (with appropriate engagement/consultation) a workable</p>	

model for the joint commissioning of breast diagnostic services and to report this back to the Committee in due course.

05.2 Update on proposals for specialised commissioning

The paper provided an progress update on the following two items as emerging areas of focus:

- Collaborative commissioned model for cardiology
- Complex rehabilitation

It was noted that while the response to COVID had impacted on some regional transformation programmes, new opportunities had emerged as a result of the response. Specialised commissioning would continue to review these opportunities and to lock in beneficial changes within the ICS to develop integrated commissioning approaches to support the development of patient pathways.

Decision: to receive and note the report.

05.3 Development of a consistent policy across to be applied across the ICS area for Value-Based Clinical Commissioning (VBCC) and Individual Funding Requests (IFRs)

MW presented the report and noted that although progress had been made in some areas, the previously agreed programme of work had been significantly delayed as a result of the Covid pandemic which had impacted implementation.

The Committee noted the timelines for delivery of the next steps for the programme of work would be determined by the pandemic situation. It was understood that EBI Phase 2 policy would be concluded in late November 2020 which would enable the VBC Steering Group to review the requirements and implement as part of the April 2021 Regional Policy. Account would need to be taken of future contracting arrangements in light of Covid and how to ensure that the appropriate activity baselines are included in contracts for those procedures which are impacted by local and national contracts. CCGs in the region would need to make a decision on the timing of the roll-out of the new IFR system.

There were some governance issues related to quoracy at meetings of the VBC Steering Group from members in the south of the region (as a result of CCG mergers) which DG would discuss with MW outside the meeting.

DG/MW

Decision: to receive and note the report.

05.4 Future reporting arrangements for North Cumbria North East Prescribing Forum

GS presented the paper which sought to clarify and confirm the reporting arrangements of the Forum and to clarify the process for agreeing joint funding which may be needed for initiatives which are to be delivered across multiple CCGs. The Committee noted the numerous successes in the past from a joint approach across CCGs' prescribing initiatives and the discussions taking place on working together on joint challenges such as national diabetes guidance and further projects such as opiate reduction campaigns. This involved looking at current initiatives which had already been delivered at a CCG level but would benefit from scaling up across the NCNE area and having a single forum where these could be agreed if funding was needed.

Decision:

- 1. To continue to support the need for the collaborative approach of the Prescribing Forum and support representation by nominated GPs/Pharmacists from their organisations.**
- 2. Given the successes of the Prescribing Forum and its collaborative approach, to confirm that the reporting arrangements will be to the Northern CCG Joint Committee.**
- 3. Agree that Terms of Reference are to be reviewed.**
- 4. Agree to the change in the chairing arrangements to allow the current arrangement to continue.**
- 5. To support the need for a process for seeking and agreeing support and joint funding (if this is needed) where initiatives would involve NCNE CCGs working together on a common issue. This process to be worked up in conjunction with the CCG Chief Financial Officers' (CFO) Group.**

<p>05.5 Plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on other areas of the region. The Committee noted there was no update available for this item at the present time.</p>	
<p>06 North of England Commissioning Support (NECS) – Annual Review 2019/2020</p>	
<p>Decision: To receive and note the NECS Annual review 2019/2020.</p>	
<p>07 Questions received from members of the public relating to specific items on the agenda</p>	
<p>No questions had been received from members of the public.</p>	
<p>08 Any Other Business</p>	
<p>There was no other business.</p>	

Representatives of the press and other members of the public were excluded from part 2 of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2)) Public Bodies (Admission to Meetings) Act 1960

Date and time of next meeting:

Thursday 14 January 2021
2.00pm

Joint CCG Committee for Cumbria and the North East – Action log (completed actions shown in be greyed out section)

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
1	12.3.20	Academic Health Science Network (AHSN) vacancy Report back to the Committee once the governance review is complete	DG/MD		10.09.2020 – DJa to raise with Maria Roche of AHSN and report back. 12.11.20 GSt to ask DJ for a progress update – requested 16/11/20	

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	10.9.20	Work Programme for Northern CCG Joint Committee 2020-21 Confirm Newcastle Gateshead CCG's position with regard to approving the Joint Committee's work programme.	DJ	asap	Confirmation received from mark Adams 24.09.2020	Complete
2	10.9.20	Future meetings Submit agenda items for future meetings/development sessions	All	ongoing		Ongoing

Northern CCG Joint Committee

Date of meeting: 14 January 2021

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Academic Health Science Network (AHSN) NENC (North East North Cumbria) - Update of collaborative work programmes with CCGs and future opportunities

Purpose of report (brief description): This report provides a summary of the AHSN NENC and its future direction of travel which opens up the scope and opportunity to develop collaborative opportunities to work with CCGs in the future

Recommendations: None

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee: To note the report.

Sponsor: David Gallagher
Report Author: Nicola Hutchinson
Job Title: CEO AHSN
Date: 18 December 2020

Introduction

As a regional network, the AHSN NENC works with its Member Organisations to help to identify, evaluate, drive the adoption of, and disseminate, transformative innovation. As the 'trusted broker' between the NHS, academia and industry, we are uniquely placed - bridging the gaps and strengthening connections between research, life sciences industry and healthcare - to unlock the power of frontline innovation. This ultimately improves population health and saves lives, whilst saving money through increased efficiencies and improved treatments. It also supports the region's economic growth through health innovation, enabling a healthier workforce, supporting new businesses and business growth, creating more and better jobs, and facilitating inward investment into the region. Further, the adoption of these innovations nationally through the national AHSN Network is facilitated.

The work of the AHSN NENC, with its Member Organisations, is currently grouped under 4 broad themes: -

1. Supporting Economic Growth

The AHSN NENC supports its Member Organisations with the identification, evaluation, and adoption of innovation, originating from within the organisation, as well as helping to mobilise the assets within the organisation, thereby contributing to economic growth through: -

- ideas assessment including intellectual property and product searching, market research, and peer reviewing, to inform commercialisation decisions
- intellectual property and commercialisation support, including the identification and assistance with the protection of new ideas, as well as assistance with their subsequent exploitation
- access to the bespoke services provided by The Innovation Pathway, including Real World Evaluation
- signposting to innovators and funding to address unmet needs.

Case study: Real World Evaluation: Diabetes, Newcastle Gateshead CCG

Insulia Digital Diabetes Companion Evaluation – a prescription only medical device that provides patients (via web portal, iOS or Android devices) with insulin dose recommendations and educational coaching messages, based upon blood glucose values and other diabetes related data. It works with basal insulin and enables a wide variety of treatment plan configurations that are based upon scientifically supported and well supported insulin adjustment rules.

On behalf of the Newcastle Gateshead CCG, the AHSN NENC and the Research and Development Team at NECS delivered a pilot Real World Evaluation in three Gateshead surgeries and the Gateshead Diabetes Centre, to assess the utility and resource use of Insulia for Newcastle Gateshead CCG.

Data is currently being analysed prior to a final report being completed.

2. Improving Population Health

The AHSN NENC has built collaborative partnerships with universities and pharmaceutical companies to transform research into clinical practice, providing demonstrable improvements and increasing productivity. This infrastructure can be accessed, as well as a number of health improvement Programmes, through: -

- support with the adoption and spread of innovations into health and social care environments, to improve population health
- collaborative working opportunities across regional partners, to address healthcare needs
- access to local and national healthcare programmes, to support healthcare priorities
- access to bespoke training and experts, to build capability and increase the capacity of clinical innovators

Case Study: Atrial Fibrillation (AF) – Implementation of the AliveCor Device

In the North East North Cumbria region, 91,921 people are estimated to be living with AF, with approximately 17,661 of those currently undetected (QOF 2018/19 data). The AHSN NENC were allocated 370 handheld pulse-checking devices by NHS England, aiming to detect AF in asymptomatic and high-risk patients. Building upon the initial success and demand from the region, the AHSN NENC purchased a further 100 devices. Over a 26 month period, the devices were used 50,546 times, detecting 3,408 abnormal rhythms and potentially preventing over 170 strokes. The take up in the AHSN NENC region was more than double any other AHSN region in England. The AHSN NENC has worked in almost every CCG to deliver the AliveCor Device project and has also delivered AF detection projects in a number of CCGs. We send each CCG a bespoke AF report annually, and we are currently working with Cumbria and Northumbria in the Virtual Clinics pilot and the Southern Collaborative working with County Durham and Tees Valley CCGs. This was paused due to COVID-19 but we hope to resume Q1 20/21.

There is an additional scoping exercise to consider an opportunity to secure additional AliveCor devices across the region, to further scale the AliveCor project and help prevent further strokes.

Case Study: Responding to Covid 19 – ESCAPE-Pain

The AHSN NENC is working with CCG MSK leads and PCN Physiotherapists to implement this pathway. The project enables participants to access the national ESCAPE-pain Programme during lockdown. ESCAPE-Pain is an exercise-based group rehabilitation Programme for people aged 45+ with chronic joint pain of the hip and knee. It is designed to improve function by integrating exercise, education, and self-management strategies, to dispel inappropriate health beliefs, alter behaviour, and encourage regular physical activity.

Ordinarily, this Programme is delivered face-to-face in group settings at a variety of healthcare and community venues. However, due to lockdown, participants have been unable to access ESCAPE-pain and manage chronic joint conditions in person. In response to this, our clinical lead has developed a series of ESCAPE-pain training videos designed for participants so they can complete the full ESCAPE-pain sessions at their own pace, as easily and as safely as possible in their own homes (until such time that normal face-to-face classes can resume).

3. Transforming Patient Safety and Quality Improvement (QI)

The AHSN NENC facilitates joint working across the whole system, to facilitate access to Programmes to improve the safety of patients and ensure that continual patient safety learning sits at the heart of healthcare, through: -

- access to a national network of Patient Safety and QI experts and techniques, focussed upon building safer clinical practice and implementing measurable quality improvement
- use of the Improvement toolkit, and access to national Patient Safety toolkits, to manage QI projects
- opportunities to work collaboratively on local and national Patient Safety and QI initiatives
- access to specialist training, to increase workforce capability and capacity
- access to a range of support networks including the Health Foundation, the Q Initiative and national Communities of Practice.

Case Study: PINCER

PINCER, is the pharmacist-led, IT-based intervention (PINCER) to reduce clinically important medication errors in Primary Care, by searching GP clinical systems using computerised prescribing safety indicators (13 in total) to identify patients at risk from their prescriptions, and then acting to correct the problems with pharmacist support. The AHSN NENC is currently working with NECS to disseminate PINCER dashboards across all CCGs in the region

Case Study: Deteriorating Patients: 'Is My Resident Unwell?' Tool

In response to the need to improve recognition, recording, and communication, of simple clinical signs and accompanying softer indications of possible deterioration of residents by care home staff, the AHSN NENC's Regional Well Connected Care Homes Steering Group commissioned the development, testing, use, and refinement of a new tool, incorporating the NEWS2 score, and recording relevant soft signs of patient deterioration suitable for widespread use.

The "Is My Resident Unwell?" tool was developed by a group of educators, social care and clinical colleagues and it has: -

- already become routinely used in 100+ care homes in the North East of England
- been readily understood and adopted by care home and NHS staff
- been widely welcomed by those who use it
- Allowed users to recognise the enhanced quality of care for care home residents as a result of improved record keeping, improved skills of staff, and improved communication of possible deterioration.

These have been of particular benefit under the extraordinary stress of the COVID-19 pandemic and the tool is now being adopted at pace within care homes in the North East and North Cumbria region.

AHSN NENC's Well Connected Care Homes Programme has resulted in approximately 400 care homes already being digitally enabled using digital NEWS scores. Discussions are underway to consider how the remainder of the system could be covered. The AHSN NENC is currently considering connectivity and future proofing solutions beyond the pandemic response.

4. Driving Digital Transformation

The AHSN NENC acts as an honest broker for interactions between multiple organisations, to drive forward the regional digital agenda, offering Member Organisations: -

- access to a network of digital, data, and information professionals, to develop technologies and platforms that improve communications and provide smarter patient care
- opportunities to collaborate with digital industry partners, to enable clinical teams in Primary or Secondary Care to co-design, develop, and use, clinically relevant digital services
- access to the Great North Care Record, to unite local health data and advanced technology, improving health services
- access to the HealthCall platform, to improve care and technology innovation across the region.
- Access to the CDRC suite of integrated tools available in GP systems

Case Study: CDRC responding to Covid-19

The CDRC is making integrated tools available in GP systems, with every CCG represented on the steering group. In response to the COVID-19 pandemic, the Clinical Digital Resource Collaborative (CDRC) team, supported by the AHSN NENC, NECS, and NHS England, has produced digital resources within both EMIS and SystemOne, that support the assessment and management of patients with suspected COVID-19 and those in the high risk group.

The CDRC have released a new range of resources for use with clinical IT systems (EMIS Healthcare systems and the SystemOne clinical system) to support the national roll out of the COVID-19 vaccine. Developed by clinicians in the North East, the resources have been hazard reviewed by NECS, and provide GPs with searches to identify those patients that are eligible for the vaccine. The CDRC Precision COVID-19 Vaccine Management resources also support GP practices by recording refusals and identifying those patients which may have missed a second dose.

Case Study: Cardiology Virtual Wards

There are two elements to the cardiology virtual wards work. The first element is the implementation of the KardiaMobile6L AliveCor ECG device to remotely monitor patients on QT-prolonging medication. To date, 300 patients have used the device and the AHSN NENC is working with Dr M Santhana Krishnan to evaluate the results and look for opportunities for wider spread, both regionally and nationally.

Going forward, the second element will focus upon the AHSN NENC reviewing the opportunities to integrate AliveCor with the HealthCall platform.

Case Study: BP@Home

The AHSN NENC will support the roll out of a digital hypertension pathway to support the national BP@Home NHSX initiative. This will be in collaboration with the regional Cardiovascular Clinical Network, with support from CCG digital leads and the AHSN NENC CVD strategy group. Where localities have chosen an alternative solution to HealthCall, the AHSN NENC can still offer support and capacity where it is required. However, it is intended to support implementation of the HealthCall solution wherever possible. This Programme will require significant strategic support across the region for a successful implementation.

Engagement and Opportunities Going Forward

The Digital Transformation Programme represents a significant increase in the drive of the AHSN NENC to support digital transformation across the North East North Cumbria region, building upon its response to Covid-19 and its commitment to supporting 'flagship' regional developments such as the Great North Care Record, HealthCall and CDRC over the last 3 years.

The Rapid Insights into Digital GP Solutions during COVID-19 (June 2020) provided insight into the immediate, moderate and long term system priorities for the NENC region, ensuring that we: -

- meet the requirements of the Long Term Plan and the GP Contract
- get this right for our system and the patient and practice population we serve;
- Reflect on the massive whole scale transformation in the last 6 months due to Covid-19, and keep the best aspects and refresh our strategy;
- take stock and agree our plans together

The AHSN NENC has secured a NHSX Programme allocation for the North East and Yorkshire region to scale remote monitoring capability across the region. Funding for this financial year will target the following priorities to deliver a major part of NHSX Joining Up Care initiative, and support NHS E/I's NHS @Home Strategy: -

- a redesigned outpatient service across core specialities
- greater levels of care at home for those with long term conditions
- greater support for virtual wards caring for those with COVID-19 symptoms
- enhanced communication tools for frontline clinicians

The AHSN NENC and ICS have agreed that we need to ensure 'digital' projects in the region have the oversight of, and are consistent with, the overall ICS Digital Strategy, and we are developing governance arrangements to ensure that the NHSX digital projects being delivered by the AHSN NENC meet the region's needs and report to the Digital Delivery Group.

Future Opportunities to Support Members

The AHSN NENC is committed to supporting members to adapt to the changing policy and operating landscape, in order to enable system wide benefits, added value and efficiencies, whilst improving patient care and reducing health inequalities across North East and North Cumbria.

We have a key role in supporting our Member Organisations in helping to achieve the ambitions of the NHS Long Term Plan, particularly in addressing prevention and inequalities, supporting the focus on quality and health outcomes, tackling workforce challenges, supporting Primary Care, and enabling digitally enabled care, including self-care. We look forward to further opportunities to work with our CCG partners, going forward.
