

Matters Arising /Action Points from September 2014 Merton CCG Governing Body - for the November 2014 Meeting Pt 1					MCCG GB 20.11.14
Date	Item	Title and Action Required	Lead	Comments	Outcome
25.09.14	3.	<u>To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 31st July 2014</u> To make requested amendment to minutes	TF	Requested amendment made	Completed
25.09.14	7.3	<u>Individual Funding Requests Policy</u> LS said she would explore the possibility of an audit of panel decisions.	LS	See overleaf for outcome	Completed
25.09.14	8.1	<u>Commissioning Intentions</u> (i) That AD would look into the lack of information of the cover sheets, indicating any patient and public engagement or that an Equality Impact Assessment had been carried out.	AD	All schemes as part of the local commissioning intentions will have an Equality Impact Assessment.	Completed
		(ii) That AD would look into the lack of sufficient detailed demographic information.	AD	As the commissioning intentions are part of the 5 year strategy, the demographic information is found within that document	Completed
25.09.14	8.4	<u>Community Services Project Initiation Document</u> (i) AD gave an assurance that a recent report on community nursing by the South London Nurse Network would be taken into account.	AD	This report has been taken into consideration and the finding will be incorporated to the specifications that are currently being written	Completed
		(ii) AD gave a assurance that there would be further clarification provided regarding the roles of individuals on the Project Board.	AD	The project board on 15 th November 2015 covered this area	Completed
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Individual Funding Requests Policy

Response (to Lynn Street) from South East CSU

All the requests we receive are entered into Blueteq (our bespoke database).

All panel decisions are recorded against the cases and in our reports we report both per CCG and across South London.

This enables us to ensure that there is consistent decision making across panels for the same type of cases and also to identify any possible service developments.

An example is the joint panel meeting yesterday where there were drug cases discussed we were able to review previous decisions to ensure that the panel considered the case and came to the same conclusion as other panels based on the same information.

In terms of decisions being audited all decisions have to be made in line with the ethical framework and each decision has to state in the decision letter the reason for approval or decline ie exceptionalality or rarity. (or lack of it or poor evidence for a decline)

The decision making of the joint panel ensures that decisions are consistent across the four CCGs, whereas single panels do not have this element of consistency and equity.

We sent out blind test cases to all six south London panels and asked them to consider them as real cases to ensure that both their decision-making and the rationale behind the decision-making was consistent this was reported to all CCGs in January 2024 and we are planning to repeat this.

All cases taken to panel and decisions made can be made available to auditors should you require it.

Please come back to me should you have any questions