

		Concerns were raised regarding workforce being centralised which could affect expertise at other sites. Ged Oliver confirmed that Workforce is an issue that has been mentioned before and is currently being reviewed.		
3.	Cardiology Core Standards	<p>Pathways document: Paper has been circulated previously and only one response was received from Philip Batin.</p> <p>The group approved that a baseline is needed therefore the first step would be to agree to pathways & circulate.</p> <p>Steven Lindsay would like comments to be returned in 2 weeks thereafter gap analysis to be established and then signed off by the end of the year so the group has an update before the next meeting.</p> <p>Action: Greg Reynolds will ask someone from Leeds to comment on each section.</p> <p>Action list: Paul Brooksby to comment on Heart Failure Maurice Pye to comment on Patient Devices Steven Lindsay to comment on N-Stemi Greg Reynolds to comment on Surgery Peter Braidley (absent) from Sheffield to comment on Surgery Mubarak Chaudry (absent) from Hull to comment on Surgery.</p>	Greg R Paul B Maurice P Steven L Greg R Peter B Mubarak C	16 th December 2014
4.	Data Requirements	<p>Data on gap analysis needs to be looked at across all providers. The summary data is already published in the public domain.</p> <p>Group collectively agreed that data is needed to benefit Clinicians so that they can advise Commissioners on how practices can be improved.</p> <p>Ged Oliver pointed out that assurance is needed that the data is not made public and this should be agreed by the trusts.</p> <p>It is important that the data is validated and the same standard templates are used by everyone. Resources and metrics are needed to start looking at data and measure performance of pathways.</p> <p>Data will need to sit neutrally so there is a possibility that Public Health Profiles will be involved.</p> <p>Action: Steven Lindsay to write to Clinical Lead Groups to ask for access to this data so that Directors/Managers are aware of why it is needed and what it will be used for.</p>	Steven L	ASAP
5.	Complex Devices	Julia Jessop has confirmed that the SCN is currently looking at mechanisms for doing the review because there has been uncertainty around this.		

		<p>Group members raised concerns that the derogation process has not been acted upon because the group was assured that all derogations would be completed by the end of the financial year.</p> <p>Ged Oliver would like to arrange a sub-group to lead a review about complex devices before the end of the financial year. The group agreed this would need to be done at the next meeting.</p> <p>The group highlighted that assurance is needed from Specialised Commissioners that they will listen to the advice given by the CEG group. A realistic timescale is essential for responses to the issues raised at these meetings. Action: Ged Oliver to explore establishing a devices sub group.</p>	Ged O	January 2015
6.	TAVI	<p>In a previous meeting with Public Health England it was established that there is a disparity in provision of TAVI to patients who live further from Leeds. Public Health England is focussed on ensuring that Leeds is working effectively.</p> <p>There was concern that NHSE is controlling expense by restricting access rather than commissioning against need. The group would like clarity from Specialised Commissioning around establishing a second centre.</p> <p>Action: Ged Oliver to ask Jackie Parr about current position.</p>	Ged O	Before next meeting
7.	Any Other Business Accurate list of cardiologists	Action: Dates for future meetings beyond march 2015 need to be arranged and circulated to the group.	Sarah R Ged O	Before next meeting
8.	Close			
	Date and Time of Next Meeting	Thursday 29 th January 2015 14:00-16:00 – Hatfield Hall, Wakefield.		

No.	Actions from 20 th November Meeting	Action Owner	Due Date	Action Status
1.	Ged to deliver feedback from this meeting to Jackie Parr.	Ged Oliver	28/11/2014	
2.	Dr Steven Lindsay to write on behalf of Clinicians directly to the new Interim Specialised Commissioner who has taken over from Laura Sherburn	Steven Lindsay	16/12/2014	
3.	Future meeting dates to be sent as calendar requests to those whose attendance is essential.	Sarah Rehman	ASAP	
4.	Ged Oliver to study outcomes of other NHS structures to establish if any other area has a decentralised model so that this can be used as a basis for Yorkshire & Humber to practice in a similar	Ged Oliver	ASAP	

	way.			
5.	Ged Oliver to provide email address for the new person in Interim Specialised Commissioner role.	Ged Oliver	ASAP	
6.	Greg Reynolds will ask someone from Leeds to comment on each section.	Gregory Reynolds	16/12/2014	
7.	Paul Brooksby to comment on Heart Failure Maurice Pye to comment on Patient Devices Steven Lindsay to comment on N-stemi Greg Reynolds to comment on Surgery Peter Braidley (absent) from Sheffield to comment on Surgery Mubarak Chaudry (absent) from Hull to comment on Surgery.	Paul Brooksby Maurice Pye Steven Lindsay Gregory Reynolds Peter Braidley Mubarak Chaudry	16/12/2014	
8.	Steven Lindsay to write to Clinical Leads Groups to ask for access to cardiology data so that Directors/Managers are aware of why it is needed and what it will be used for.	Steven Lindsay	ASAP	
9.	Ged Oliver to explore establishing a devices sub group.	Ged Oliver	January 2015	
10.	Ged Oliver to clarify specialised commissioning position on additional TAVI centre	Ged Oliver	December 2014	
11.	Dates for future meetings beyond March 2015 need to be arranged and circulated to the group.	Sarah Rehman Ged Oliver	ASAP	