

GOVERNING BODY (PUBLIC) MEETING

**THURSDAY, 28TH MARCH 2013, 1.30PM-3.30PM
ASHMOLE HALL, DANSON YOUTH CENTRE, BEXLEYHEATH, DA7 4EZ**

PRESENT:

Dr Howard Stoate	GP, Chair
Dr Sushanta Bhadra	GP, Locality Representative (North Bexley)
Dr Sarah Chase	GP, Locality Representative (Frognal)
Theresa Osborne	Chief Financial Officer
Yemisi Osho	Nurse Member
Dr Graham Rehling	Secondary Care Specialist
Sandra Wakeford	Lay Member
Keith Wood	Lay Member
Dr Gunen Ucyigit	GP, Locality Representative (Clocktower)
Ron Brewster	Representative from the Patients Council
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning

IN ATTENDANCE:

Nabil Jamshed	Corporate Governance Risk Manager
Christine Taylor (notes)	Senior PA

APOLOGIES:

Sarah Blow	Chief Officer
Dr Varun Bhalla	GP, Locality Lead (North Bexley)
Dr Bill Cotter	GP, Locality Lead (Clocktower)
Dr Sid Deshmukh	GP, Locality Lead (Frognal)

20/13	WELCOME AND APOLOGIES FOR ABSENCE Dr Howard Stoate welcomed members to the Governing Body (Public) Meeting. Apologies were received from Sarah Blow, Dr Varun Bhalla, Dr Bill Cotter and Dr Sid Deshmukh.
21/13	DECLARATIONS OF INTEREST Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda. There were no declarations of interest.

22/13	<p>MINUTES OF GOVERNING BODY DATED 28 FEBRUARY 2013 The minutes of the Bexley Clinical Commissioning Group meeting held on 28 February 2013 were agreed.</p>
23/13	<p>MATTERS ARISING/ACTION NOTES 06/13 Community Health Services Contracts Update Sarah Valentine advised that the community and mental health targets for high risk children were being reviewed.</p> <p>All actions completed on action log.</p>
24/13	<p>CHAIRMAN'S UPDATE REPORT Dr Howard Stoate reported that:</p> <ul style="list-style-type: none"> • Mike Wood had been appointed to work on the QMS Campus Programme. • Dr Stoate did not believe that the Judicial Review on the TSA would hold up work on the QMS Campus. • NHS Bexley Clinical Commissioning Group had been authorised by NHS England with three conditions and thanked everyone who had contributed to the process. • The communications team had been supporting prostate cancer awareness and TB awareness and had been engaging with members of the public. <p>DECISION LOG FROM OTHER FORA Decisions taken since October 2012 in relation to procurement related to:</p> <ul style="list-style-type: none"> • The Anti-coagulation contract had been awarded to Boots and Cotter Laubis via Chair's action. • The IAPT contract had been awarded to Mind in Bexley. • Dental Special Care Service had been awarded to King's College Hospital NHS Trust. • Termination of Pregnancies had been awarded to a number of organisations via the Any Qualified Provider route. <p>The Governing Body noted decisions that had been made in different fora on behalf of the Governing Body.</p>
25/13	<p>OPERATING PLAN 2012/13 QUALITY REPORT Simon Evans-Evans reported that there had been an increased number of complaints and GP alerts about SLHT. A clinician to clinician meeting was being arranged to address the concerns in addition to the monthly Clinical Quality Review Group meeting. Dr Stoate had written to all GPs in Bexley to request reports of any areas of concern so that these could be addressed.</p> <p>FINANCIAL PERFORMANCE UPDATE AS AT MONTH 10 (JANUARY) 2012/13 Theresa Osborne said that Month 10 reported a surplus in line with plan.</p>

Bexley Care Trust had received additional funding to cover the likely cost of the Continuing Healthcare Claims. The additional resource and the likely provision had been included in the month 10 position. The overspend on acute contracts continued to cause concern and remained a small risk to the delivery of the surplus position. However, the month 11 acute position had improved. Payment of invoices was not meeting the BPPC 95% target. QIPP had achieved 94% of target year to date and was forecast to achieve the same percentage. Underperformance of QIPP is primarily in the acute sector. Capital expenditure had increased in month 11. £10.5m cash had been returned. This was understandable considering the large CHC provision and surplus, neither of which needed cash in 2012/13. Cash for payment of Continuing Healthcare for 2013/14 is an outstanding issue. This was a national problem. The CCG had received its allocation for 2013/14 and a balanced financial plan for 2013/14 had been submitted to NHS England in January. Further iterations answering some of the queries and providing additional information regarding the acute budgets had also been submitted within the required timeframe.

The Governing Body:

- **Discussed and noted** the month 10 (January) financial position and the forecast outturn position detailed in the report, which showed the Care Trust meeting the required 1% surplus at year end.
- **Noted** the details of the 13/14 allocation received and **noted** the submission of a revised version of the financial plan for 2013/14.
- **Discussed and noted** the key risks and cost pressures identified to achieving the surplus control total in 2012/13 and the management actions being taken to mitigate these risks.
- **Noted** the revenue and capital resources available to the Care Trust.
- **Noted** the month 10 forecast performance against the key national finance targets.

TARGET PERFORMANCE REPORT MONTH 10

Theresa Osborne explained that the report is reliant on information from the Commissioning Support Unit. It provided an update on Bexley Care Trust's performance against national targets. The report showed those national targets currently rag rated at Red or Amber and those reported locally currently rated red. Bexley is not an outlier compared to its peers across these targets. It was confirmed that Darent Valley Hospital performance is included in the figures. Darent Valley was outperforming SLHT in respect of the 12 weeks maternity target. The information requested at the previous Governing Body meeting on this target was provided in the action points.

It was reported that there was considerable pressure on hospitals within SE London and Kent. An additional 11 beds had been temporarily commissioned in the step up step/down ward at Queen Mary's Hospital, Sidcup in order to alleviate this situation and improve the A&E 4 hour wait target.

Keith Wood asked whether it would be possible to have DVH performance separately in future. Sarah Valentine advised that we had been asked for the

	<p>top five providers for reporting in 2013/14 and we had asked for DVH, as we had for 2012/13.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Discussed the targets of the Care Trust and noted the targets highlighted as red or amber throughout the paper. • Noted the actions being taken to improve performance. <p>CONSOLIDATED CONTRACTING AND PROVIDER PERFORMANCE REPORTS</p> <p>Sarah Valentine said that the acute report for month 11 was not yet available, but advised that the acute contracts continue to over perform. At month 10 over performance amounted to £7.7m.</p> <p>There were some issues regarding under performance of the community contract and action plans had been put in place with Oxleas. Key Performance Indicators for 2013/14 were being revised in liaison with GP Clinical Leads.</p> <p>The Mental Health outturn showed a £17,000 improvement for month 10 and CQUINs were progressing well against the milestones.</p> <p>The Governing Body noted the performance of the Acute, Community and Mental Health contracts.</p>
26/13	<p>OPERATING PLAN 2013/14 CONTRACTS UPDATE</p> <p>Negotiations were taking place with major providers. Sarah Valentine hoped to be able to sign a Heads of Agreement with SLHT as soon as possible. It was noted that there was still a financial gap with SLHT which might result in mediation and arbitration but negotiations continued. Bexley and South East London were not out of line with other areas in negotiation timescales.</p> <p>The Governing Body noted the contracts update.</p>
27/13	<p>2013/14 BUDGETS</p> <p>Theresa Osborne said that three iterations of the balanced 2013/14 budget had been submitted to NHS England. Detailed budgets would be given to budget holders to implement from 1 April 2013. There was an element of risk as provider contracts were still to be signed and the specialist commissioning allocation adjustment had yet to be completed. It was recognised that the plan was challenging but that NHS England had praised the Bexley plan as one of the best in London.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the methodology used to calculate the draft 2013/14 budgets. • Noted the submission of three iterations of the balance 2013/14 budget to NHS England. • Noted the risks associated with the delivery of a balanced budget.

	<ul style="list-style-type: none"> • Approved the draft 2013/14 balanced budget, whilst recognising the risks inherent in the plan, to ensure assignment to relevant directors prior to 1st April 2013.
28/13	<p>QIPP PLANS 2013/14</p> <p>Sarah Valentine explained that the QIPP plans had been grouped into phases. The intent of the transformational programmes within QIPP were to change pathways to manage chronic disease outside hospital and prevent unnecessary admissions and improve quality of services and outcomes. Each of the schemes had been rag rated (Red, Amber, Green). Project plans had been set out for each of the plans. NHS England had reviewed the plans. Project resources had been secured and clinical leaders were involved in the design of services. Theresa Osborne pointed out that two columns were missing off the summary QIPP financials as well as two rows from the bottom. Sarah Valentine advised that plans were aligned with the London Borough of Bexley and other partners had been involved.</p> <p>Sandra Wakeford said a group of patients had heard in detail about the development of services for Bexley patients. She said she would like to ensure that the Patient Council was involved in helping to work up QIPP schemes to change ways in which services were delivered. Sarah Valentine confirmed that this would be the case.</p> <p>Graham Rehling asked what would happen if Local Authority funding was cut. Sarah Valentine said that NHS Bexley CCG and the London Borough of Bexley were working closely to deliver savings and share in the benefits. Managing patients in the community would provide better value for money. There was primary and secondary engagement and in many cases the new services would ensure that consultant led services would be available in the community. Dr Stoate confirmed that any money saved would be reinvested in the most cost effective way.</p> <p>Ron Brewster asked for an explanation of QIPP. He was advised that QIPP stood for Quality, Innovation, Productivity and Prevention, but that in effect it looked at new ways of delivering services, improving care and prevention of disease or complications especially in relation to long term conditions.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the work undertaken over recent months to validate and confirm the QIPP plans for 2013/14. • Approved the 2013/14 QIPP schemes and overarching project plan.
29/13	<p>REVISION TO 2013/14 SCHEDULE OF MATTERS DELEGATED TO OFFICERS</p> <p>Theresa Osborne said that she had received some comments in relation to the schedule of matters and had incorporated these in the amended schedule. The report detailed the changes and these had been discussed at the Audit and Integrated Assurance Committee. A section had been added to include waiver of tender provisions that were no longer included in the Standing Financial Instructions (included in the CCG's constitution).</p>

	<p>The Governing Body approved the revised Schedule of Matters Delegated to Officers to help ensure that the scheme is fit for purpose for NHS Bexley CCG.</p>
<p>30/13</p>	<p>COMMITTEE TERMS OF REFERENCE</p> <p>Simon Evans-Evans said that the various committee terms of reference had previously been agreed at the Governing Body, subject to review by each committee, the revised terms of reference were now being brought back to the Governing Body. It was proposed to change the names of the Working Groups to Sub-Committees.</p> <p>In order to manage and ensure learning from serious incidents NHS Bexley CCG had formed a joint committee with Bromley and Greenwich CCGs, which would report into the Quality and Safety Sub-Committee.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed to rename sub-committees of the Executive Management Committee from “Working Group” to “Sub-Committee”. • Agreed the terms of reference for: <ul style="list-style-type: none"> ○ Executive Management Committee ○ Audit and Integrated Assurance Committee ○ Remuneration Committee ○ Finance Sub-Committee ○ Quality and Safety Sub-Committee ○ Medicines Management Sub-Committee ○ Information Governance Sub-Committee • Noted the creation of a Joint Committee with Bromley and Greenwich CCGs to have oversight of Serious Incidents affecting the population of Bexley or providers commissioned by NHS Bexley CCG.
<p>31/13</p>	<p>FUTURE ARRANGEMENTS FOR THE CCG REMUNERATION COMMITTEE</p> <p>A proposal had been put forward that a Joint meeting of the Remuneration Committees should be put in place for Bexley, Bromley and Greenwich CCGs, which share an HR service via the South London Commissioning Support Unit. It was felt that this would help with benchmarking and would give greater robustness. It was proposed that either the Bexley, Bromley or Greenwich Chief Officer act as Senior Responsible Officer (SRO) for the collaborative committee and agree the agenda with the other Chief Officers and the Chair of the joint meeting.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed that the NHS Bexley CCG Remuneration Committee meets ‘together’ (in common) with the Bromley and Greenwich CCG Remuneration Committees in line with their individual terms of reference. • Agreed the proposed operating model for the collaborative committee. • Agreed the arrangements for the chair of the collaborative committee and the SRO role.

<p>32/13</p>	<p>INTEGRATED CARE FOR OLDER PEOPLE</p> <p>Sarah Valentine explained that Bexley CCG was working closely with the London Borough of Bexley to deliver integrated services for the older population. Health care providers and social care services would be more closely integrated to provide more efficient and streamlined services that centre around the patient. This would enable better management of conditions at home and in the community and avoid admissions to acute settings. Sarah referred to page 10 of the Board paper showing the delivery plan:</p> <ul style="list-style-type: none"> • The Case management service was currently being piloted in six practices. This would be assessed and rolled out to all practices in Bexley. • The Community Geriatrician service was about to commence in pilot form. • An additional six reablement beds had been funded in the step up/step down unit, which would help to keep people out of hospital and enable quicker discharge when they were admitted to hospital. • The Integrated Rapid Response and Assessment Team and Integrated Discharge Team would involve health care and social care working together to plan discharges which would enable patients to return home more quickly. • The Community Assessment and Rehab Team would work together to provide treatment of patients in the community. <p>Graham Rehling commented that these schemes would need 100% commitment from GPs. It was confirmed that the scheme already in operation – case management – had the support of GPs and the multi-disciplinary team meetings were working well. Dr Bhadra agreed that this was a very good model but was concerned that it was sometimes difficult to arrange integrated care team meetings. It would be important to ensure that the services did not degrade once out of the pilot stage.</p> <p>Sandra Wakeford asked whether there were different entrance criteria for the different services. It was confirmed that work would be conducted regarding criteria as part of the pilot stage. The step up/step down unit provided more rehabilitation support than acute settings.</p> <p>Yemisi Osho said that the London Ambulance Service would need to be aware of the integrated model. Sarah Valentine confirmed that the 111 service would be aware of the appropriate model for each area. Dave Holman, of the London Borough of Bexley, was present and commented that the Local Authority, London Ambulance Service and acute colleagues were all aware of the integrated care model as they had been involved in its development.</p> <p>The Governing Body approved the commissioning intentions and proposed contractual model for developing integrated services for older people.</p>
<p>33/13</p>	<p>POLICIES –</p> <ul style="list-style-type: none"> • HR

	<ul style="list-style-type: none"> • NHS CONTINUING HEALTHCARE AGREEMENT JOINT REFERRAL, DECISION MAKING AND DISPUTE RESOLUTION PROCESS • HEALTH AND SAFETY • INFORMATION SHARING AGREEMENT <p>Simon Evans-Evans explained that as a statutory body Bexley CCG needed to have policies in place.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved the use of all Bexley Care Trust policies, procedures, protocols, guides, guidance and frameworks in force as at 31 March 2013, where a Bexley CCG policy had yet to be approved to supersede it. • Approved the Human Resources policies: <ul style="list-style-type: none"> ○ Capability Procedure ○ Disciplinary Procedure ○ Grievance Disputes Procedure ○ Leave Policy ○ Policy on Bullying and Harassment • Approved and agreed the NHS Continuing Healthcare Agreement Joint Referral, Decision Making and Dispute Resolution Process. • Approved the Health and Safety Policy. • Approved the NHS Bexley CCG Information Sharing Agreement <ul style="list-style-type: none"> ○ Approved the use of the Subject Specific Sharing Agreement (SSSA) for the detailing of data/information to be exchanged between NHS Bexley CCG and Partner Organisations.
34/13	<p>QUALITY ASSURANCE FRAMEWORK</p> <p>Simon Evans-Evans explained that quality data is received from a variety of sources. Meetings take place with various providers, sometimes jointly with other commissioners of the same service. The Quality and Safety Sub-Committee comprises managers and clinicians. Intelligence is received from hard reports and soft data such as Patient Advice and Liaison contacts, complaints, GP information, GP alerts etc. Serious Incidents are registered and a specialist group conducts a root cause analysis.</p> <p>The Governing Body approved the Commissioning for Quality Framework.</p>
35/13	<p>INDIVIDUAL FUNDING REQUESTS</p> <p>Simon Evans-Evans explained that individual funding requests (IFRs) were made for treatments not routinely commissioned, for example those treatments that had not yet been approved by NICE. Bexley Care Trust had worked with Lewisham in the past and it was planned to have a Joint IFR panel with Lewisham CCG going forward. IFR panels are made up of lay people, clinicians, managers and Public Health experts. Requests for funding are anonymised.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved: <ul style="list-style-type: none"> ○ The terms of reference for the IFR Panel ○ The terms of reference for the IFR Appeals Panel

	<ul style="list-style-type: none"> ○ The terms of reference for the IFR triage meeting ○ The panels reporting into and being accountable to the Quality and Safety Sub-Committee ○ The delegation of responsibility for appointing to the panel, or agreeing changes to these terms of reference and operation of the panels to the Executive Management Committee. <ul style="list-style-type: none"> ● Noted: <ul style="list-style-type: none"> ○ The role specification for the GP member ○ The role specification for the lay member
<p>36/13</p>	<p>QUESTIONS FROM THE PUBLIC relating to issues raised in meeting.</p> <p>1. The minutes of the last meeting page 9, first paragraph needed to be amended to read differed rather than deferred “Declaration of Interest declared by Drs Stoate & Cotter detailed in the current meeting paper differed from those declared in 2012”.</p> <p>Dr Stoate confirmed that the declarations of interest at the February meeting had been incomplete – these had since been updated.</p> <p>Action: Minutes to be amended.</p> <p>2. Clarification regarding the status of South London Healthcare Trust (SLHT) with effect from 1 April 2013.</p> <p>Dr Stoate confirmed that SLHT would continue to exist, as providers were not affected by the Health and Social Care Act. The TSA was a separate exercise from the legislation and the Judicial Review would hold up the organisational changes proposed for SLHT.</p> <p>3. Clarification regarding 111, there seemed to be some confusion about the roll out of 111.</p> <p>It was confirmed that Bexley, Bromley and Greenwich had taken part in the soft launch of 111 on 12 March 2013 and any issues were being addressed. The data provided showed that 80% of calls were being answered within 60 seconds, but some calls were taking a long time to answer. Staffing was being reviewed locally. The launch in Lewisham, Lambeth and Southwark had been delayed. There were difficulties at the backup centre in Milton Keynes and this has caused a delay in the hard launch which will not take place until the backup centre was fully operational.</p> <p>4. Clarification regarding the inspection of services being commissioned.</p> <p>It was confirmed that a Clinician to Clinician meeting would be held on 18 April 2013 so that GPs and Consultants at SLHT could discuss the quality and safety of services. Working with the CQC, who will shortly be appointed a Chief Inspector of Hospitals, the CCG has a range of quality assurance measures at its disposal including commissioning specific</p>

	<p>audit inspections.</p> <p>5. Is Bexley CCG confident about its negotiations with providers bearing in mind current over performance?</p> <p>Sarah Valentine explained that detailed negotiations were taking place and that QIPP schemes were focussed on moving services to the community to reduce acute activity.</p>
37/13	<p>SAFEGUARDING UPDATE</p> <p>Simon Evans-Evans said that following media coverage of the allegations of abuse involving Jimmy Savile, NHS Trusts and Foundation Trusts had been asked to review their arrangements and practices relating to vulnerable people, particularly in relation to safeguarding, access to patients and listening to and acting on patient concerns. He confirmed that Oxleas and SLHT had carried out these reviews.</p> <p>The Governing Body noted the safeguarding update.</p> <p>The missing children report had not been attached.</p> <p>Action: Mary Stoneham to circulate the missing children report and arrange for this to be placed on the website.</p>
38/13	<p>FRANCIS REPORT</p> <p>Simon Evans-Evans said that the Francis Report had been carefully considered by Bexley, Bromley and Greenwich CCG Governance Leads. The analysis of recommendations had been colour coded for ease of reference. The initial review highlighted 56 white recommendations applicable to CCGs for immediate action for Bexley CCG to consider. Some actions were already in place such as requesting SLHT to improve their complaints response rates and requesting Oxleas to report incidents immediately, and stand down the incident if necessary. Triangulation of soft and hard data was taking place and commissioners looked at key performance indicators.</p> <p>The amber recommendations required the development of working relationships with external bodies. Quality meetings already take place with providers and other commissioners. Introductory meetings are being set up with the CQC. A Quality Surveillance Group covering all providers in South London was being arranged. A London Group meeting had also taken place to discuss working together, information sharing to improve quality of services to patients and improve the healthcare of the population.</p> <p>The green recommendations were not applicable to Bexley CCG.</p> <p>Oxleas and SLHT were responding to the Francis Report and NHS Bexley CCG would be provided with their action plans.</p> <p>Sandra Wakeford said that the report had given her confidence that lessons</p>

	<p>were being learnt from Mid Staffordshire and being implemented locally.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the report and the planned actions. • Noted the recommendations which have been highlighted as applicable to Bexley CCG.
39/13	<p>DIRECTORATE RISK REGISTER</p> <p>Simon Evans-Evans explained that all risks are seen by the Executive Management Committee and Audit and Integrated Assurance Committee. Those rated 15+ are reported to the Governing Body. The risk rated at 15+ had already been discussed at the previous Governing Body meeting and a meeting was being arranged for 18 April to discuss quality issues at SLHT.</p> <p>The Governing Body agreed and reviewed the reported risks and action plans.</p>
40/13	<p>MINUTES COMMITTEES/SUB COMMITTEES FOR THE GOVERNING BODY TO NOTE:</p> <ul style="list-style-type: none"> • Audit and Integrated Assurance 8th February 2013 • Executive Management Committee 21st February 2013 <p>Sub Committee Summary Sheets:</p> <ul style="list-style-type: none"> • Finance Working Group 5th February 2013 • Quality Safety Working Group 21st February 2013 • Information Governance Working Group, December 2012/January 2013/February 2013 • Medicines Management Group 6th February 2013 <p>The Governing Body noted the work of the Governing Body's Committees and Sub-Committees.</p>
41/13	<p>ANY OTHER BUSINESS</p> <p>Sandra Wakeford suggested that, in the interests of saving paper and photocopying, only the front sheets of papers should be made available for members of the public. Additional information could be obtained from the Bexley CCG website or specifically requested. Members of the public present agreed that they would be happy to pilot this approach for the next meeting.</p> <p>Action: CCG to consider only front sheets of Governing Body papers to be photocopied for members of the public. The meeting in May to trial this approach.</p>
42/13	<p>PUBLIC FORUM</p> <p>1. Could the minutes at least, if not all the papers, be published sooner than the day before the next meeting?</p> <p>NHS Bexley CCG would aim to get the agenda and papers for future Governing Body Meetings a week before the meeting, or as a minimum at</p>

least 2 days prior to the meeting. Minutes would appear on the website as soon as published.

Action: Christine Taylor to advise Mary Stoneham and Lucy Huitson.

2. The item on safeguarding children should be extended to vulnerable adults.

Simon Evans-Evans confirmed that NHS Bexley CCG is part of the Safeguarding Children Board, Safeguarding Adult Board and Safeguarding Improvement Board. A nurse lead in adult safeguarding would be joining Bexley CCG in April.

3. Choose and Book had been discussed at the last meeting, this had not appeared in the minutes.

Howard Stoate confirmed that Choose and Book is a national scheme and there are no plans that we are aware of to change this service. It is well utilised in Bexley.

4. Diabetes patients would like to be involved in the redesign of services.

Sarah Valentine confirmed that patients would be involved.

5. At a recent meeting of the Crayford Town Surgery PPG, information had not been available regarding the Town Hall development.

Dr Howard Stoate confirmed that Primary Care would be commissioned by NHS England from 1 April 2013. As far as he was aware the Crayford Town Hall development was going ahead, the specification and price had been agreed. The development would enable future expansion of the surgery.

6. Explanation of the diabetes education service being taken over by Bexley Health Limited was requested.

It was explained that as a commissioning organisation NHS Bexley CCG was unable to continue to employ trainers to deliver diabetes education. Bexley Health Ltd (BHL) were therefore going to employ the trainers, with the services provided via the GP practices, following them leaving the Care Trust, so that the service could continue.

Post meeting note: Following the question raised by the member of the public in respect of the role of BHL Limited in the provision of the Bexley diabetes programme, further enquiries were made. The situation is as follows:

As a CCG and commissioning organisation, from 1st April 2013, the diabetes Practice Development and Patient Training service could not be delivered in-house. After unsuccessful efforts were made by the CCG to

	<p>transfer the service to other NHS organisations it was decided that the CCG service had to be ceased on 31st March and instead that we should commission a service in primary care through a Local Enhanced Service. This was formally agreed by the CCG Finance and Quality & safety working groups in February and signed off by the EMC early in March. The two permanent clerical staff left the Care Trust at the end of March. GP practices (as providers) decided that they required administrative staff to manage the new service and all aspects of the patient and staff training. Practices asked Bexley health Limited to employ these clerical staff on their behalf to ensure continuity. This has given the CCG reassurance that the service is well supported by an experienced team which will ensure the service quality is maintained. The practices will reimburse BHL through payments received for the diabetes service.</p> <p>7. Clarification on the future of Crayford Centre.</p> <p>It was confirmed that this would need to be discussed with London Borough of Bexley. Dave Holman, of London Borough of Bexley, was present so advised that it was hoped that Oxleas would resolve this issue soon. He also confirmed that the Health and Wellbeing Strategy includes a consultation on Diabetes/Obesity and a consultation period would take place with patients to redesign services.</p> <p>8. Update on anti-coagulation.</p> <p>Sarah Valentine confirmed that an any qualified provider procurement process had taken place and that the Tier 1 service had been awarded to Boots and Cotter Laubis. The Tier 2 service had not received any tenders and negotiations were taking place regarding provision of this service on the Queen Mary's Hospital, Sidcup site.</p>
43/13	<p>DATE OF NEXT MEETING Thursday, 30th May 2013 from 1.30pm-3.30pm in the Danson Room at 221 Erith Road.</p>