

Agenda Item: 102/14

Notes of a meeting held by members of the Governing Body in public

THURSDAY, 31 July 2014, 1.30 – 3.30 PM
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Dr Howard Stoate	GP, Chair
Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Peter Fish	GP Locality Lead Clocktower
Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Sarah Blow	Chief Officer
Keith Wood	Lay Member
Sandra Wakeford	Lay Member
Dr Graham Rehling	Secondary Care Specialist
Kate King	Nurse Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning
Julie Witherall	Head of Finance (CSS)
(on behalf of Theresa Osborne)	
Lionel Eastmond	Bexley Patient Council Vice-Chair – Observer

IN ATTENDANCE:

Mary Stoneham (notes) Board Secretary

APOLOGIES:

Theresa Osborne	Financial Chief Officer
Dr Sarah Chase	GP Locality Representative, Frognal
Dr Nada Lemic	Director of Public Health

STANDING ITEMS		
76/14	WELCOME AND APOLOGIES FOR ABSENCE	
76.14.1	Dr Howard Stoate welcomed members of the Governing Body and members of the public to the meeting.	
76.14.2	Apologies were noted.	
77/14	DECLARATIONS OF INTEREST	
77.14.1	The GPs declared an interest in that they are commissioned by NHS England to provide GP services.	



78/14	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 29 MAY 2014	
78.14.1	The meeting AGREED the Governing Body (Public) Meeting minutes dated 27 May 2014 with the following amendment:	
78.14.2	52.14.7 CONSOLIDATED PROVIDER PERFORMANCE REPORTS A deep dive of the top five areas of over performance at Queen Elizabeth Hospital (to include maternity, urology and GP referrals) was in process and would be reported to the next the next Finance Sub Committee meeting.	
78.14.3	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 10 JUNE 2014	
78.14.4	The meeting AGREED the Governing Body (Public) Meeting minutes dated 10 June 2014.	
79/14	MATTERS ARISING/ACTION LOG	
79.14.1	All previous actions now completed.	
79.14.2	26.14.22 Re-procurement of services at Queen Mary's Hospital and Erith Hospital to be included on Potential Procurements for 14/15 and placed on website.	SV
79.14.3	52.14.7 Sarah Valentine and Keith Wood to meet to discuss the deep die of the top five areas of over performance at Queen Elizabeth.	SV/KW
80/14	CHAIRMAN'S UPDATE REPORT	
80.14.1	Dr Stoate (Chair) congratulated the CCG clinical vice-chair, Dr Nikita Kanani who had been voted by the Health Service Journal one of the 'most inspirational women in healthcare 2014'.	
80.14.2	Dr Stoate provided an update on the implementation of the urgent and unscheduled care services contract to provide a new service that will be more joined-up and accessible for patients. The CCG expects patients to receive a much more holistic package of care from the new service model if they become unexpectedly injured or unwell. The services will include a GP out-of-hours service based at Queen Mary's Hospital; an urgent care centre (UCC) at Erith Hospital, 8am to 10pm seven days a week, 365 days a year – expected to open October 2014; the UCC at Queen Mary's will continue its existing services, seven	



	<p>days a week, 365 days a year. Patient feedback on the arrangements to date has been positive. A deep vein thrombosis service will also be available from 1 September.</p>	
80.14.3	<p>The CCG will continue to support practices in development of primary care services to ensure the quality of primary care continues to improve for Bexley residents and to build on the work for practices to better integrate services discussed at an event held on 10 July 2014.</p>	
80.14.4	<p>At the last GP engagement event on 19 June the CCG discussed with member practices the submission for an expression of interest to NHS England for the co-commissioning of primary care (GP) services. Governing body members will be updated as soon as more information is available.</p>	
80.14.5	<p>The CCG launched the mystery shopper scheme on Tuesday 15 July with more than 50 patient participation group chairs, patient council members, patient representatives, GPs and healthcare professionals at the event. The mystery shopper scheme is an opportunity for the CCG to be able to look at healthcare from a patient perspective and how they really rate the services they access. More information is available about the mystery shopper scheme from our website, or by following us on Twitter (@NHSBexleyCCG).</p>	
80.14.6	<p>The south-east London strategy was submitted to NHS England on 20 June for review, in line with national requirements and from this month onwards, further engagement will be taking place within boroughs and across south-east London and feedback will influence continued development of the strategy.</p>	
80.14.7	<p>Dr Stoate explained the importance of questions from the public at CCG meetings and how they help to develop and influence the work of the CCG. As an example, we recently received a question about why health trainers weren't being fully utilised by GPs. As a result, the CCG re-advertised the service with practices via the fortnightly bulletin, its monthly briefing to localities and the GP zone so that the provider, Mind, can report the number of referral increases. The CCG has also ensured new musculoskeletal (MSK) provider, Kings NHS Foundation Trust, are able to directly refer patients into the service to support their work on improving fitness, diet, exercise and weight management for MSK patients</p>	
80.14.8	<p>DECISION LOG FROM OTHER FORA</p>	
80.14.9	<p>The Governing Body NOTED the decisions that had not been made in public and the reasons for that since the Governing</p>	



	Body (public) meeting held on 29 May 2014.	
81/14	2014/15	
81.14.1	<ul style="list-style-type: none"> • QUALITY & SAFETY REORT & INTEGRATED QUALITY & PERFORMANCE REPORT 	
81.14.2	Simon Evans-Evans stated that the meeting report covered the areas of patient quality, patient safety and clinical effectiveness. There had been a notable improvement in the Serious Untoward Incidents (SUIs) reporting process. This work will improve quality performance going forward and demonstrate learning from incidents. Although there had been a very small number of suicides in Bexley the CCG needed to understand why there has been a small increase in numbers and Oxleas will provide a report on this before the next Governing Body meeting.	
81.14.3	The introduction of the Bexley mystery shopper will help the CCG in collating vital patient feedback on both issues that need to be address and issues where good practices can be highlighted. At the recent launch of the mystery shopper the Queen Mary Hospital maternity services received the first award for the delivery of good services following patient feedback processed through this new scheme.	
81.14.4	Changes have been made to friends and family reporting and the scoring process simplified for local providers and feedback can be used more to understand patient feedback more accurately. Patient feedback is recorded on NHS Choices continue to be monitored and are included in the report with information on local providers.	
81.14.5	Simon Evans-Evans confirmed that the Referral to Target (RTT) had improved for the 18 week and was now green and highlighted that there were still concerns on the cancer performance data which was currently improving. He thanked Kate King for joining the Quality & Safety Sub Committee where her knowledge and experience had already proved very useful.	
81.14.6	The meeting discussed the report and Simon Evans-Evans confirmed that the CCG was robustly challenging all local providers on areas where SUIs were reported. Dr Fish raised concerns on never events on two surgical dental errors (not Bexley patients) and it was confirmed that the CCG would ensure that feedback on all incidents from south east London providers would be reported to the Governing Body. Dr Fish asked if communication between maternity providers and GPs could be improved so that GPs were notified when their patients were receiving care services for pregnancy and a process agreed to speed up blood test results for pregnant	



	<p>women. It was suggest that these issues be included in the new electronic GP amber alert process which would be introduced shortly following a successful trial of the programme with some GP practices across Bexley. Clarification was sought on where the GP referral data was sourced and how the comparisons achieved.</p> <p>Action:</p> <p>81.14.7 Sarah Valentine stated that current GP referral figures were compared to last year's data and that she was currently under taking a deep dive into the GP referral process and data which would be reported to the next Governing Body meeting.</p> <p>81.14.8 The Governing Body NOTED the report.</p> <p>81.14.9 • FINANCE PERFORMANCE UPDATE AS AT MONTH 3 (JUNE) 2014/15</p> <p>81.14.10 Julie Witherall stated that a surplus of £888k had been reported at Month 3 with the use of all reserve funds to achieve the required month end position due to the adverse movement in the acute position. The CCG and CSU will validate acute data this month and ensure required challenges are actioned. Page 14 of the meeting paper details the current risks at Month 3 which will be continually monitored throughout the financial year. Running costs are currently below budget due to CCG vacancies. The QIPP saving target in currently performing to plan with the Better Practice Payment Code (BPPC) meeting its targets.</p> <p>81.14.11 Dr Stoate raised concerns on the QIPP savings to be achieved through prime contractor models if implementation of these schemes were to be delayed. Sarah Valentine confirmed that work was in progress and the Palliative Care/End of Life model business case would be ready for discussion by the Governing Body at its September meeting.</p> <p>81.14.12 The Governing Body:</p> <ul style="list-style-type: none"> • DISCUSSED & NOTED the Month 3 (June) financial position and forecast outturn position in line with the plan submitted to NHS England; • NOTED the details of the 2014/15 allocations (programme and running costs) received and expenditure to date; • NOTED the returns made to NHS England reporting the Month 3 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the risks and mitigations which the CCG has (Appendix 1); • DISCUSSED & NOTED the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2014/15 and the management 	SV
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81.14.13	<p>actions being taken to address and mitigate these additional potential risks;</p> <ul style="list-style-type: none"> • NOTED the month 3 actual performance against the key national finance targets. 	
81.14.14	<p>• CONSOLIDATED PROVIDER PERFORMANCE REPORT MONTH 2 & 3</p> <p>Sarah Valentine referred to the acute contracts report and confirmed that the CSU and CCG are working on a challenge process for Prime Contractor Models with the top 5 providers to ensure that this activity is not included in the acute data. Sarah Valentine highlighted the analysis reports by the CSU for the CCG on Overview/Activity/Referrals/Main providers/Finance/Bridging analysis. She confirmed that GP referrals are above the level that the CCG would expect to see and that emergency non elective activity was also above last year's data. However, elective activity had reduced this year but not to the level the required.</p>	
81.14.15	<p>Action:</p> <p>SV to undertake a deep dive exercise into GP referrals by practice/locality assisted by Bexley Health Limited and shared with the Governing Body and GPs.</p>	
81.14.16	<p>Discussion the on the local acute activity confirmed that integrated older peoples care pathway in the Rapid Response Unit had reduced the number of admissions; length of stay in the Step Up Step Down unit had been reduced and whilst there had been high referrals for physio referrals which were now being reduced.</p>	
81.14.17	<p>Mental health activity was currently over performing by approx. £150k and the CCG were working with MIND to review Improved Access to Psychological Therapies (IAPT) performance.</p>	
81.14.18	<p>111 activity had again met agreed targets locally and it was noted that there would be a South East London procurement process next year in line with national requirements.</p>	
81.14.19	<p>The London Ambulance Service (LAS) local activity was below target and the LAS were currently working on a remedial action plan to address the relevant issues.</p>	
81.14.20	<p>Members were concerned that comparative data was not available for the current year to date and last year so that the impact of new schemes e.g. MSK could be analysed. Sarah Blow confirmed that the CCG would work with the CSU to provide this information. Following concerns from GP members</p>	

81.14.21	<p>of the Governing Body Sarah Valentine confirmed that the Lewisham & Greenwich Trust (LGT) had agreed an action plan with NHS England to address the unacceptable cancer time waits at Queen Elizabeth Hospital (QEH). The significant problems in A&E at QEH were being addressed through demand management work, consideration given to improving the physical environment and integrated work with the community services. It was anticipated that the 95% A&E target would be achieved by the end of the year. The CCG and GPs would work together to improve GP referrals regarding cancer diagnosis referrals.</p> <p>The Governing Body NOTED the performance of the Community & Mental Health contracts as detailed in the meeting papers.</p>	
ITEMS FOR DECISION		
82/14	<p>CHILDREN & YOUNG PEOPLE PRIME CONTRACTOR COMMISSIONING PROJECT</p>	
82.14.1	<p>Sarah Valentine explained that the Business Case detailed the proposed high level outcomes and advantages and disadvantages of the inclusion or exclusion of the different children's services. The recommendation is that the proposed procurement should include as wide a range of services as possible in order to maximise the preventative opportunities, positive outcomes for children and young people and families, with the financial savings detailed. It is expected that the health visiting services etc currently commissioned by NHS England will return to the Local Authority by March 2015.</p>	
82.14.2	<p>The age range for young people is 18 years and 364 days to be treated across all integrated services and ensure that there is a smooth transition into adult services.</p>	
82.14.3	<p>The London Borough of Bexley Cabinet have already approved the business case which puts the children, young people and their families at the heart of what happens.</p>	
82.14.4	<p>The meeting welcomed the proposed innovative integrated model tailored to provide early identification and intervention to prevent escalation of health, educational and social problems associated with poor outcomes. The proposal was based on the 'Report of the Children & Young People's Health Outcomes Forum (for the Secretary of State) July 2012' recommendations and included a case study from Great Ormond Street. The GPs welcomed the improved integrated clinical pathways which would provide improved outcomes for patients and their families.</p>	
82.14.5	<p>The Governing Body APPROVED the redesign and</p>	

	procurement of children and young people services in partnership with London Borough of Bexley to deliver a new integrated care pathway and service, using a prime contractor model as set out in the attached Business Case.	
83/14	UPDATED MEDIUM TERM FINANCIAL STRATEGY (MTFS) 2014 TO 2018/19	
83.14.1	Julie Witherall summarised the meeting paper which detailed the CCG's achievements in their first year of operation. The CCC achievements included a significant improvement in the underlying position of the CCG together with a small surplus and clean audit report on the 2013/14 accounts. The MTFS sets out the financial position of the CCG for 2014/15-2018/19 and how the CCG had met Operating Framework planning requirements in line with statutory duties. Agreement has been reached with NHS England for the CCG to achieve financial break even position at year end and not the required 1% surplus.	
83.14.2	The Governing Body acknowledged the substantial achievements of the CCG in the past year and the potential risks and opportunities around the assumptions made and how they can be mitigated.	
83.14.3	The Governing Body: DISCUSSED & NOTED the contents of the MTFS for Bexley CCG noting the approved deviation from the requirement to make a 1% surplus in 2014/15 but otherwise applying the national guidance for planning; APPROVED the MTFS for the CCG.	
84/14	SCHEDULE OF MATTERS DELEGATED TO OFFICERS UPDATE	
84.14.1	Julie Witherall explained that the Schedule of Matters Delegated to Officers had been approved by the March Governing Body meeting and advised that an amendment was requested to address the reduction in a block contract with the Oaks Nursing Home to enable the Continuing Care Team to effectively carry out their responsibilities and prevent a delay in authorisation.	
84.14.2	The Governing Body APPROVED the addition of the £895 Oaks spot purchase rate in respect of Continuing healthcare expenditure.	
85/14	PRESSURE ULCER ASSESSMENT, PREVENTATIVE CARE & OUTCOMES	
85.14.1	Simon Evans-Evans stated that the Pressure Ulcer Audit had been completed by the Continuing Healthcare Team with	



85.14.2	ArjoHuntleigh for the provision of pressure relieving mattresses and cushions to Nursing Homes. The recommendations in the audit included education on how to recognise risk and the early signs of tissue damage; focus on and pressure ulcer and prevention management with preventative plans of care; incident reporting and equipment.	
85.14.3	The Governing NOTED the report and SUPPORTED the implementation of the recommendations.	
86.14	<p>QUESTIONS FROM THE PUBLIC relating to meeting discussions above</p> <p>86.14.1 1. A member of the public acknowledged that the Mystery Shopper scheme was already being adopted throughout Bexley by members of the Pensioners Forum and was proving to be very beneficial.</p> <p>86.14.2 2. A question was raised regarding the Children & Young People Prime Contractor Commissioning project: - what was the procurement cost of the project/what evidence was it based on/what risks had been considered/ how many applicants had applied.</p> <p>Sarah Valentine stated that the CCG did not record the time staff spent on individual projects so it was not possible to provide the costs requested for the project. Current providers, commissioners, stakeholders, patients had provided input in evidence/risk data as there was no confirmed evidence available at present. There was a Devon Model being implemented but no information was available on the outcomes as present. A stakeholder event had been held with approx. 90 attendees and a number had shown interest.</p> <p>86.14.3 3. Information was requested on when the Hurley Group would be operating from Erith Hospital and whether there was a reason why the GP Led Surgery at Crayford had not been represented at the recent Surgery Patients Group meetings.</p> <p>86.14.4 Sarah Valentine stated that a specific date could not be confirmed at present as it was unclear when the building work at Erith Hospital site would be completed. It had been anticipated that the UCC at Erith Hospital would open in October. The GPs at the Crayford Surgery needed to be contacted directly to respond to the reason why they were not attending the Patient Surgery Meetings.</p> <p>86.14.5 4. A member of the public asked how to find out what happened to the referral her GP sent to King's on her behalf</p>	



	which took over two months to process.	
86.14.6	Sarah Valentine suggested that she speak with Annie Gardiner, CCG Head of Patient Experience & Stakeholder Engagement.	
86.14.7	5. A question regarding what improvements to palliative care services for non cancer patients had been made as from her personal experience over the last 15 years with various relatives there did not appear to be any. Greenwich & Bexley Hospice had commented that the CCG did not commission any additional care.	
86.14.8	Dr Stoate explained that every Bexley GP practice had an End of Life Care Register to include all patients whatever their illness and extra support should be provided to those patients.	
86.14.9	Sarah Valentine stated that there was a lot more support that could be provided through community teams outside hospitals and work on this was currently on going. Sarah Blow asked that further details of the discussion with Greenwich & Bexley Hospice take place after the meeting to clarify some issues raised.	
ITEMS FOR DISCUSSION		
87.14	KING'S DEVELOPMENT	
87.14.1	Sarah Blow explained that the meeting paper detailed the recommendations to transfer services from King's Healthcare from Denmark Hill to more local sites in Bexley and Bromley which would be advantageous to Bexley patients.	
87.14.2	The Governing Body NOTED and SUPPORTED – the proposed service moves for King's Healthcare from Denmark Hill to more local sites for Bexley residents.	
88.14	SEL STRATEGY PROGRAMME	
88.14.1	Sarah Blow provided a verbal update on the progress of the SEL Strategy Programme. At the May Governing Body Meeting the SEL Strategy Programme had been approved and then submitted to NHS London. Initial feedback from NHS London had been positive and the formal feedback would be shared with the Governing Body when received.	
88.14.2	The Governing Body NOTED the update on the SEL strategy programme.	
89.14	BOARD ASSURANCE	
89.14.1	Simon Evans-Evans presented the Board Assurance Framework (BAF) which had been reviewed by the Assistant Directors, Directors and reported to the CCG's governance committees. The BAF was a continuing rolling process	



	regarding the key issues of the CCG.	
89.14.2	Sarah Blow congratulated the Assistant Directors on their work in setting up the new clearer Board Assurance Framework.	
89.14.3	The Governing Body NOTED the Risks reported as laid out in the Board Assurance Framework report.	
90.14	BETTER CARE FUND	
90.14.1	Sarah Valentine provided a verbal update on the progress of the Better Care Fund and confirmed the CCG needed to make a further complex submission by 18 September 2014.	
90.14.2	The Governing Body NOTED the verbal update on the Better Care Fund submission to NHSE on behalf of Bexley CCG and London Borough of Bexley.	
91.14	UPDATE FROM THE BEXLEY & GREENWICH URGENT CARE GROUP	
91.14.1	Sarah Blow provided a verbal update from the Urgent Care Group following and explained some issues had already been discussed at the meeting earlier in the agenda – 81.14.18 Consolidated Provider Performance Report Month 2. The Urgent Care Group has been renamed ‘Resilience Group’ to additionally take forward work around urgent care, planned care and the 18 week targets had been set up to take the redesign of integrated services forward working closely with the social care.	
91.14.2	The Governing Body NOTED the update from the Bexley & Greenwich Urgent Care Working Group.	
92/14	RESULTS OF 360° SURVEY	
92.14.1	Simon Evans-Evans explained that the NHS England had commissioned a stakeholder survey on behalf of all CCGs to feed into the assurance process. The CCG received the second highest response rate in London from their stakeholders and included other CCGs/GP practices/NHS providers/Local Authority/Patient Groups.	
92.14.2	Overall the CCG showed significant improvement across all domains compared to the 360° survey carried out 18 months ago as part of the authorisation process. Pages 6 – 9 of the meeting report detail areas where the CCG had particularly good results and pages 10 – 12 details the work underway to improve satisfaction of future surveys.	
92.14.3	Dr Stoate and Sarah Blow both recognised the importance of	



	good engagement and how it helped to develop the work of the CCG going forward improving patient services.	
92.14.4	The Governing Body NOTED the report.	
93/14	UPDATE ON URGENT CARE GO LIVE	
93.14.1	Sarah Valentine stated that discussion on the implementation of urgent care had already been discussed in the meeting under the 80.14.2 Chairman's Update Report and 87.14.6 Public Question time.	
93.14.2	The Governing Body NOTED the update on Urgent Care Go Live.	
ITEMS FOR INFORMATION		
94.14	ANNUAL REPORT OF THE AUDIT & INTEGRATED GOVERNANCE COMMITTEE (AIAC)	
94.14.1	Keith Wood summarised the Annual Report of the Audit & Integrated Assurance Committee (AIAC) which provided the Governing Body with the following assurance: <ul style="list-style-type: none"> • The system of risk management is effective in identifying risks and enabling the Governing Body to understand the management of those risks • The AIAC has reviewed and used the assurance framework and considers it fit for purpose and supports the Governing Body's decisions and declarations • No significant areas of omission in the systems of governance came to the attention of the AIAC 	
94.14.2	On behalf of the Governing Body the Chairman thanked the Audit & Integrated Assurance Committee for their work.	
94.14.3	The Governing Body NOTED the Annual Report of the Audit & Integrated Governance Committee and self-assessment.	
95.14	The Governing Body NOTED:	
95.14.1	Minutes for Committees/Sub-Committees for the Governing Body: <ul style="list-style-type: none"> • Primary Care Advisory Group, 8 May 2014 (draft) • Patient Council, 23 January 2013 & 1 April 2013 Executive Summaries for Committees/Sub-Committees for the Governing Body: <ul style="list-style-type: none"> • Audit and Integrated Assurance Committee 2 June 2014 • Executive Management Committee 1 May & 12 June 2014 • Finance Sub-Committee 13 May & 10 June 2014 • Medicines Management Sub-Committee 21 May & 18 June 2014 • Information Governance Sub- Committee 6 May 2014 	

	<ul style="list-style-type: none"> Quality and Safety Sub-Committee 22 May 2014 	
96.14	UPDATE FROM THE PATIENT COUNCIL	
96.14.1	Sandra Wakeford provided an update on the work of the Patient Council who were working with the CCG Quality & Safety Sub Committee to ensure patient feedback was shared with primary care services to improve patient services. The Patient Council were currently involved in the process to redesign services e.g. MSK, UCC, cardiology and services for Children and work is on-going to ensure they are involved in the monitoring of patient services.	
96.14.2	Sandra Wakeford stated that the Patient Council welcomed the introduction of the Mystery Shopper and had taken part in the celebration to introduce the programme to the public.	
97.14	ANY OTHER BUSINESS	
97.14.1	None.	
98.14	PUBLIC FORUM	
98.14.1	6. Information was sought on the progress of the Diabetes procurement and whether a clinical lead had been appointed to take this work forward.	
98.14.2	Sarah Valentine confirmed that interviews for the Diabetes Clinical Lead would take place next week.	
98.14.3	The meeting congratulated Sheila Burston on being awarded a MBE in recognition for services to diabetes.	
98.14.4	7. Discussion took place on how hospitals achieved the 4 hour A&E target by moving patients to another areas and the unacceptable practice of sending elderly patients home in the middle of the night without the provision of adequate health services.	
98.14.5	Sarah Blow stated that she understood both these practices to have been eradicated and asked that the member of public to speak with the Patient Engagement Team after the meeting on these issues.	
98.14.6	8. Discussion took place on the changes to train arrangements that would be put in place when London Bridge British Rail Station would be closing some platforms that will affect the Bexley lines. This would have an impact on Bexley patients attending Guy's Hospital for treatment.	
98.14.7	Sarah Valentine confirmed that this issue would be highlighted appropriately by the Choose and Book Team and relevant	



98.14.8	<p>information would be available on the Transport for London and Guy's Hospital websites.</p> <p>Lionel Eastmond extended his thanks to the CCG on behalf of the Patients Council for the improvements to date on patient care services in Bexley.</p>	
DATE OF NEXT MEETING		
99/14 99.14.1	<p>Bexley Clinical Commissioning Cabinet Annual General Meeting Thursday 11 September 2014 10.30am-1.00pm at the Danson Boathouse Danson Park</p>	
99.14.2	<p>Governing Body Public Meeting Thursday 26 September 2014 from 1.30pm–3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ</p>	

