

Clinical Commissioning Group

Bexley Patient Council

12th December 2013

Danson Room, 221 Erith Road, Bexleyheath

Draft Minutes

PRESENT:

Sandra Wakeford	(SW)	Acting Chair & CCG PPI Lay member
Tia Giles	(TG)	Acting Vice Chair & PPG Chair North Bexley
Lionel Eastmond	(LE)	Crayford Town Forum & PPG North Bexley
Terry Murphy	(TM)	Bexley Pensioner's Forum
Dawn Brooker	(DB)	South London Cancer Network
Sheila Burston	(SBu)	Diabetes UK Bexley
Sheila Botwright	(SBo)	Complementary Cancer Care Trust
Chris Lee	(CL)	Youth Council
Andrew Mitchell	(AM)	Haven
Dennis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group
Simon Evans-Evans	(SEE)	Director of Governance & Quality
Annie Gardner	(AG)	Head of Patient Experience, Bexley CCG
Diane Hannaford	(DH)	Stakeholder Insight Officer, Bexley CCG
Terry Bamford OBE	(TB)	Chair Healthwatch Bexley
Dailine Schoeman	(DS)	Project Manager, MSK
Jane Price	(JP)	Project Manager, Cardiology
Alan Rubin	(AR)	Project Manager, Diabetes

1. Standing Items

1.1 Welcome, introductions and apologies

Apologies for absence were received from:

Hilary Rowley (Clocktower PPG)	Steve Davies (Bexley Mencap)
Paul Goulden (Age UK Bexley)	Roy Penny
Janet Fox (PPG Chair - Frognal Locality)	Cindy Lowe (Bexley Moorings)
Dave Baker (Carers Support Bexley)	
Helene Brenchley-King (Bexley Diabetes Group)	

SW welcomed Liz Shires representing Plas Meddyg PPG. Liz also sits on the Healthwatch Advisory Group.

1.2 Declaration of interest

SW - Member of Board of Healthwatch

Clinical Commissioning Group

1.3 Minutes of last meeting

Minutes of the previous meeting, dated 24th October 2013, were accepted as a true account by all members present.

1.4 Matter's arising / Action notes

Action notes were shared with Patient Council and noted as completed or covered on the agenda.

AG advised that she had not received any update regarding the Big Health Check event on 4th November 2013. Any feedback will be shared at future meetings.

AG confirmed that the Patient Council Terms of Reference now included all amends and comments received from members.

SW confirmed she had highlighted concerns raised previously by PG and SD regarding CCG tendering opportunities to local voluntary sector organisations. Following a discussion with Sarah Valentine, Director of Commissioning SW was advised the CCG commissioning process is a "Prime Contractor" model and Voluntary Sector Organisations can become involved. SW advised that PG will liaise with BVSC to ensure organisations understand the system and how to become involved.

AG distributed copies of the "Yellow Man – not A&E" winter campaign and asked members to distribute amongst their groups/communities. The campaign was officially launched on 11th December 2013 in Bexleyheath Broadway. SW said the campaign had been tested in North London and data indicated that fewer people attended A&E as a result. TM referred to a previous campaign with a small card to advise people where to go. AG confirmed she had discussed this with the Communications Team but small cards were not currently available. However, a range of posters have been produced and should be available in public places (libraries, GP surgery, pharmacy). In addition information will be displayed at bus stands and on public transport. SW encouraged members to share information about the campaign widely and to bring feedback to the next meeting.

Action: AG to update members on production of small card and circulate pack containing "Yellow Man" literature to all Patient Council members.

AG advised the CCG and Local Authority had jointly commissioned a new service from Mencap to support people with learning disabilities. The service is called the Black Book Scheme and offers support with annual health check-ups and appointments. AG confirmed that information regarding the scheme was available on the GP zone. SW added that the Governing Body were also advised and aware of the scheme.

Following discussion members felt it would be helpful to share information about the Black Book Scheme with Patient Participation Groups (PPG's). AG said she would include information in the next PPG newsletter for circulation.

Action: AG to highlight details of Black Book scheme to PPG's.

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DH provided an update regarding shingles vaccination programme. Members were advised the November vaccine update from Public Health England confirmed there were still supply issues which were expected to be resolved by end of December. 500k doses had already been distributed in UK and a further 100k doses remain in GP practices ready to be administered.

The vaccine can be administered any time between September 2013 and August 2014, it is not the same as the influenza vaccine that is normally administered between September - December, annually. AG reiterated this is a National Campaign.

TM asked for clarification as to who owns Erith District Hospital

Action: SW agreed to obtain clarification and feedback at next meeting.

AM expressed concern that staff in Mental Health organisations do not acknowledge next of kin within a civil partnership. AG advised the NHS has a duty to comply with the Equality Act and no one should be treated differently.

Action: SW will raise this issue at the next Equality Group meeting.

SW reiterated the importance of receiving feedback from Patient Council members and the groups/communities they represent. Members were asked to bear this in mind and ensure they bring feedback/comments or concerns to future meetings.

MW was concerned LAS had been advised to take patients to hospitals (not necessarily where previous treatment or care had been provided). It was suggested this creates a delay whilst staff attempt to receive notes/information from another hospital. AG tried to explain that when LAS attend a call they assess the patient and take them to the most appropriate hospital as quickly as possible. However, it was noted that there are occasions when other factors can affect a decision about where to take a patient e.g. speciality and availability of beds etc.

Action: AG to invite LAS to attend a future meeting to provide a presentation on their services.

AG then referred to a previous item raised by SD regarding LAS being awarded contract as step in provider for the 111 service. SD wanted to confirm if LAS had previously tendered for the contract. Following advice from David Parkins, Assistant Director of Quality, it was confirmed that LAS were not part of the original bid.

AG confirmed she had not received any comments or feedback on the urgent and unscheduled care service redesign presented at the October meeting.

SW provided a brief update regarding the Equality Delivery System (EDS). Confirming that new members had been identified to ensure the group represented all protected characteristics identified in the EDS. PS advised that he had been out of the Country but that he would like to be part of that group. AG acknowledged and confirmed that PS would be added to the circulation list.

Clinical Commissioning Group

SW updated TM regarding a newspaper article that implied Wandsworth CCG would lose £45 million funding. Concerns regarding loss of funding had been fed back to the CCG Governing Body who advised at this point allocations had not been agreed for Bexley.

Action: SW to invite Finance department to a Patient Council meeting when final allocations have been agreed.

1.5 Chairman & Lay Member Update

SW advised the CCG Governing Body had a tour of the borough planned for the afternoon of 12th December 2013. This would include visits to Queen Mary's Hospital site, Erith District Hospital and other local services provided in the borough, e.g. Inspire Community Trust and Age UK Bexley.

SW recently attended an NHS England event for PPI Lay Members, which was extremely informative and interesting. SW advised that a further meeting was being arranged for London based PPI Lay Members, which she felt would be beneficial.

SW confirmed she attends the CCG Quality and Safety Working Group. This meeting is chaired by a local GP and is used as a forum to discuss safety issues around services the CCG commissions and how they can be improved.

2. Presentations / Speakers

2.1 Healthwatch Bexley Terry Bamford, OBE, Chair of Healthwatch Bexley

TB advised that each Local Authority has a responsibility to introduce a local Healthwatch. Following procurement Mind and Age UK in Bexley were successfully awarded a contract to run Healthwatch in the borough. TB said Healthwatch had inherited staff from LINKs and they were operating on the same budget.

Healthwatch Advisory Board met for the 1st time in August 2013 and whilst they are still building the board they already have a number of different groups represented, such as long term conditions, mental health, carers and elderly. Healthwatch is the consumer champion for health and social care which is a tall order and will commence 'Enter and View' visits in 2014.

TB advised Healthwatch will focus on a limited number of issues over the next 6 months; firstly changes at QMH. They want to ensure patients are getting a good service and in January 2014 will undertake a survey, including enter and view. Healthwatch will also be working with the University of Kent to undertake research into life in residential care.

Healthwatch are concerned about the current policy regarding provision of incontinence pads, particularly in care homes, which are limited to 3 per day. TB advised the CCG have reviewed this service and advised it has been misapplied for a number of years.

TB said Healthwatch will have public meetings and the Advisory Group meetings will be open to the public from April when governance arrangements have been agreed.

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TB acknowledged the Patient Council as a very valuable source of information and confirmed that some members are already involved in Healthwatch advisory group.

TM was concerned that since the abolition of LINKs no checks had been undertaken with Savoy Transport services on their vehicles transporting patients. SW commented that through joint working the CCG and LINKs had previously called Savoy Transport to account. SEE added that the focus was to ensure services were clinically effective, safe and joined up, using the power of the commissioner and patient to drive forward improvements.

3. Items for discussion

3.1 Chair & Vice Chair Elections.

AG advised two nominations had been received following notification of elections. These were as follows:

- SW for the position of Patient Council Chair
- LE for the position of Vice Chair

TM expressed his gratitude to SW for her role as acting Chair of the Patient Council over the past six months.

3.2 Patient Council Terms of reference

AG confirmed a number of conversations regarding the development of the Patient Council TOR had taken place with SW, TG, SEE and AG. The current version has now been circulated three times to all members and no comments or feedback received.

Action: AG asked Patient Council members to accept the TOR and nominations for Chair and Vice Chair. All present agreed.

4. Items for information & Update

4.1 MSK redesign - update

DS briefly explained the purpose of the redesign programme and advised the CCG went through an extensive procurement process. The MSK service will now operate as a 1st line management service, which will be clinically led.

A prime contractor was awarded on the 15th November 2013 and it is expected that the new service will go live on 3rd February 2014. Two locations have been agreed, Erith District Hospital and Queen Mary's Hospital with elective procedures at King's, Princess Royal University Hospital, Lewisham and Darent Valley Hospital.

4.2 Cardiology redesign - update

JP advised progress was being made and although Guys and St Thomas Hospital (GSTT) has been identified as a preferred bidder contracts have not been signed.. From January to March 2014 there will be a transition of rehabilitation services with Oxleas managing. Triage and advice to GP's will be provided by GSST from February 2014 ensuring enough time for a well-planned and smooth handover to go live on 1st April 2014.

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JP advised of a new project in 2014/15 regarding End of life and Palliative care. JP asked if she could present information about this work at the next Patient Council meeting.

Action: AG to include JP on January meeting agenda to speak about End of Life care.

4.3 Community clinic's redesign - update

AG provided the following update on behalf of NH.

The first phase of the procurement process for the new Community Clinics is now nearing completion from which we expect new services will be starting in January for:

- Dermatology (2 providers)
- Gynaecology (2 providers)
- Urology (1 providers)

Locations of the new services and their exact start dates are currently being finalised though these will include Queen Mary's Hospital along with GP practices.

Phase 2 of the procurement process is now underway which will conclude in February.

By 1st April 2014 we are expecting a Minor Surgery Community Clinic will also be established with the potential for further new clinics also in the above areas.

4.4 Diabetes redesign - update

AR advised the project was slightly behind but that discussions had been held with bidders and submissions to tender received. AR said the next stage was to evaluate and identify preferred bidders.

AR said the new service will be a single prime contractor model, providing primary and secondary care. It was acknowledged that there are issues around podiatry and dietetics which are not streamlined. AR also said that the contractor would be responsible for education with GP's in the community.

4.5 Public Health & JSNA

AG extended an invitation for a representative from Public Health to attend this meeting but due to work commitments it was not possible. However a representative will attend the next PC meeting in January 2014.

4.6 Care Homes Survey

Due to time constraints this item was deferred to the next meeting

4.7 "Not A&E"

Leaflets distributed and item covered earlier on the agenda under action points.

4.8 QMH Vision Events

AG advised that the CCG would be hosting a number of engagement sessions regarding the future and vision for Queen Mary's Hospital. Members were advised that events were taking place on the site on 21st and 28th January 2014. AG confirmed that there were a number of dedicated sessions for members of the public but that arrangements had also been made to co-ordinate sessions aimed at staff. AG advised that all Patient Council members and representatives from Patient Participation Groups would receive an invitation.

Clinical Commissioning Group

Patient Council members were advised that a number of changes and investments on the site would commence in January, firstly when the café moves to a new site nearer the main foyer so work can commence on the building of the new kidney service. SEE said there were many investments in the future of Queen Mary's Hospital and Patient Council members were encouraged to advocate to their groups/communities that the site is not closing.

4.9 EDS

Due to time constraints this item was deferred to the next meeting. AG advised she would produce a briefing paper to provide an update on CCG progress with EDS and present at the next meeting.

Action: AG to produce EDS briefing paper for January meeting

5. Date of next meeting & Close

Tuesday 23rd January 2014

Meeting commences at midday with working lunch

Venue: Danson Room, 221, Erith Road, Bexleyheath

Governing Body (public) meeting

DATE: 27 March 2014

Executive Summary of Executive Management Committee held on 2 January 2104

No conflicts of interest raised.

STANDING ITEMS

Operating Plan 2013/14

•Finance Report Month 8

The CCG submitted a forecast break even position with significant risks following discussions with NHS England (acute over performance still a concern). Key risks and costs pressures identified and management actions to mitigate these risks considered. New criteria for running costs agreed by NHS England to ensure uniformity reporting across CCGs and would be reduced over the next two years based on CCG costs not associated with the delivery of patient services. The legacy continuing care provision would be transferred to the CCG in 2014/15 (not in 2013/14 as previously indicated).

Consolidated Contracts Report

•Concerns discussed regarding the lack of CSU acute challenges on behalf of the CCG which had an adverse effect on the CCG's financial position. New reporting arrangements would be in place shortly to inform and improve month 8 data. Acute contractual discussions were being led by the Bexley/Greenwich/Lewisham Chief Officers/Chief Financial Officers/ Directors of Commissioning jointly with the acute providers to ensure uniformity of contracts. The meeting noted that the clinical leads were continuing with redesign work and that acute trusts were responsible for the management and control of their risks.

•**Risk Management report** discussed and agreed to review all risks to ensure appropriately scored.

ITEMS FOR DECISION

Framework for Joint Working with the Pharmaceutical Industry – Version 0.4

The Executive Management Committee **APPROVED** the Framework for Joint Working with the Pharmaceutical Industry subject to the agreed amendment to provide clarity on 1.2 of the framework.

ITEMS FOR DISCUSSION

Constitution Review

Following Primary Care Advisory Group discussions on the Constitution EMC noted the proposed amendments to the GP election process as part of the Constitution Review Group work which would need approval from the Governing Body, Primary Care Advisory Group and NHS England.

ANY OTHER BUSINESS

Update on the NHS planning guide on strategy for the next 5 years and the various options to take this work forward.

INFORMAL DISCUSSION ONF ON ISSUES NOT INCLUDED ON AGENDA

- MSK update on current position
- Discussion on Better Care Funds to be shared across SE London CCGs
- Discussion on SE London Financial Management & Planning Team

Executive Summary of Executive Management Committee held on 6 February 2104

All GPs declared an interest in item number 21/14 Draft Primary Care Strategy.

MATTERS ARISING

GPs to send notification (GP alerts) relating to acute patient care issues relating to enable issues to be taken up formally at quality meetings with acute providers.

STANDING ITEMS

Operating Plan 2013/14

•Quality Report

Queen Elizabeth Hospital (QEH) Care Quality Commission (CQC) inspection scheduled to take place 25-28 February. The CQC inspection report for the Princess Royal Hospital (PRUH) will be circulated and the action plan agreed by Kings with the PRUH in the next few weeks.

Update on the outstanding work of the QHM Quality Group to oversee the transition of patient services and ensure quality standards were maintained now being taken forward by an overarching time limited group. Current operational issues were now addressed through the individual provider quality and operational groups.

•Finance Report Month 9

Meeting discussed the deterioration of the financial position considered at the Governing Body Private Meeting. NHS England had agreed non-recurrent support repayable in 2015/16 with the CCG. Problems with the QEH data were being investigated and the additional knock on effect of the demise of SLHT in Month 6 was noted. Current running costs did not include CCG rental costs but would be included in 2014/15. Performance against the Better Practice Payment Code ((BPPC) had slightly improved. The risks to financial breakeven were discussed (slippage in QIPP savings, prescribing and acute over performance). The 2013/14 SLA Dartford & Gravesham contract was agreed and would be signed subject to minor word changes. Concerns regarding the increased level of GP referrals, reduced level of A&E activity but increased admissions to hospital with more serious illness with had resulted longer stays in hospital considered. SB noted that the CCG had worked very hard to achieve the current financial position which had improved from the previous year and could improve following the receipt of validated data and challenges.

•Consolidated Contracts Report

2014/15 acute provider SLAs are at an advanced level by Bexley/Greenwich/Lewisham CCGs with the providers and completion expected end of February/ March. Concerns raised on CSU missed deadlines. Greenwich & Bexley Trust working with CCGs to agree a single set of Commissioning for Quality & Innovations (CQUINs) for all contracts. Oxleas were close to agreement with Bexley & Greenwich CCGs to agree CQUINs.

CSU Update provided a summary on the start of work on the Lead Provider Framework and the evaluation of the integrated reporting system review process. The automated provider challenges system currently being piloted at SLAM.

Urgent Care Update included discussion on the A&E at the QEH via modelling demand capacity plans to address the increased bed activity since the closure of SLHT. It was noted that Bexley primary and community care together with Social Services had worked extremely well in ensuring patients were discharged as appropriate. The Out of Hours procurement bids were currently being assessed.

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Risk Management report was discussed and acknowledged the improvement in the reporting process and noted that some operational risks needed to be reviewed to ensure that the on going development of programmes was captured.

ITEMS FOR DECISION

PROPOSAL RE FINANCIAL MANAGEMENT TEAM approved the preferred option regarding the Financial Management and Planning services as detailed in the meeting paper.

ITEMS FOR DISCUSSION

Draft Primary Care Strategy

Meeting discussed the meeting paper which needed to be populated and developed through discussions with GPs at the GP Engagement Event on 6 March 2014.

Bexley Q3 Workforce Report

Meeting discussed CCG staff sickness level and completion of staff mandatory training.

Any Other Business

360 degree CCG Stakeholder survey programmed to take place from 3-28 March 2014.

Governing Body (public) meeting

DATE: 27 March 2014

Executive Summary of Finance Sub-Committee meeting held on 14 January 2014

- Members discussed and noted the GP Prescribing and QIPP Update. Dr Sushanta Bhadra would join the Medicines Management Sub-Committee. Discussions took place regarding possible savings and cost pressures for future years.
- Members discussed a Medicines Management benchmarking review which, once the work was undertaken would enable local strategy to be set for the next 4-5 years. Funding was agreed for Keele University.
- Members discussed the Primary Care Support to Care Homes proposed incentive payment to reduce and maintain low levels of acute admission from Care Homes. Theresa Osborne chaired this item. Dr Deshmukh and Dr Stoate were unable to participate in the discussion or decision due to their declarations of interest. Other members of the Finance Sub-Committee approved the incentive payment scheme outlined in the Business Case.
- Members discussed and noted the work undertaken to date to develop a Personal Health Budget Financial Model that is bespoke to Bexley, based on one of the models used at a pilot site. The model for determining Personal Health Budgets for clients in Bexley who request to have a personal health budget was approved, assuming final testing proves satisfactory.
- Members discussed and noted the month 8 (November) financial position and forecast outturn detailed in the report which showed the CCG meeting the required 1% surplus; discussed and noted the month 9 (December) update which reported the CCG achieving a breakeven position; noted the details of the 2013/14 allocations (programme and running costs) received and expenditure to date; noted returns made to NHS England reporting the month 8 financial position, QIPP delivery, use of 2% headroom and the risks and mitigations which the CCG has; discussed and noted the key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks; noted the month 8 actual performance against the key national finance targets. The month 9 position and the risks were discussed at length.
- Members discussed the contents of the month 8 QIPP report and supported the delivery of the QIPP agenda within Bexley; noted the month 8 Non-ISFE QIPP monitoring report and the internal QIPP monitoring; noted the area of QIPP RAG rated red and the details contained within the report.
- Members noted the month 7 Bexley CCG Integrated Report and discussed with the CSU areas of investigation of acute activity validation.



Governing Body (public) meeting

DATE: 27 March 2014

Executive Summary of Quality and Safety Sub Committee held on 13 February 2014

Chair and GP lead for Quality: Dr Sarah Chase (SC).

1. SC welcomed everyone to the meeting and introductions were made.
2. There were no conflict of interests
3. Approval of the minutes of the meeting held on 21st November and the status of the Action Log.
4. IFR applications report - The SLCSU had produced a draft Q1 IFR report and wanted comments on the format of the report and any additional information that the CCG would like to see recorded in the Q2 SLCSU IFR report that is currently being prepared. Questions were raised in relation to assisted conception and breast reconstruction procedures which were higher than average. The Quality and Safety Sub-Committee agreed that the weighed comparisons were useful and the report should continue in this format.
5. Clinical pathways: Erectile Dysfunction, Red Eye, Cellulitis & Generalised Anxiety Disorder were approved with minor amendments.
6. Data for the 13/14 Quality Premium was presented. The Quality Premium covers five domains - it was noted that it is difficult to obtain latest evidence for some of these measures. The Q&SSC noted the data for 2013-14 and approved the local measure - "the percentage of adults receiving secondary mental health services who are in paid employment, given by CCG" - to be submitted to the Health and Wellbeing Board.
7. Q&S Q3 report and Quality dashboard was noted. It was also noted that CQC visits had taken place at the PRUH and are due soon for Lewisham and Greenwich NHS Trust.
8. Patient insight and experience report Q3 was noted. There were issues in relation to Lewisham and Greenwich NHS Trust delays in investigating complaints and staff attitude at local resolution meetings was very poor. AG had attended a subsequent meeting and staff attitude had improved.
9. Care Homes Quality update: There were no particular concerns in relation to the dashboard. Some Care Homes that had not met Care Quality Commission (CQC) requirements at the time of the report had since met requirements. A pressure ulcer and mattress audit had been conducted.
10. Safeguarding CSC: There were no issues to escalate. A CQC safeguarding inspection was expected in the near future. The Q&SSC noted the minutes of 22nd January 2014.
11. 13/14 Performance report; The Q&SSC noted the Performance Report Month 7 2013/14, noted the current performance against Bexley CCG targets and the actions being taken to address any areas of underperformance.
12. CQUINS - The Q&SSC noted the CQUINS development briefing paper.
13. DP presented the Q&S strategy 2014-15. It would be helpful for the Patient Council to have input and the Strategy would then be submitted to the Governing Body.
14. The draft service specification for pulmonary rehabilitation was reviewed.
15. Care Homes joint working - Phil Bailey tabled a document setting out how Care Home quality is monitored from a Local Authority (LA) perspective. The LA quality team covers residential and nursing homes, older persons' day centres, domiciliary care services, learning disability day services, learning disability residential care homes and registered accommodation and a range of learning disability supported living services. A joint report is being proposed.
16. The SEL NHS 111 Clinical governance report was noted.
17. Cardiology procurement update was noted.
18. Date of next meeting : 10 April 2014, 9am-12 noon.



Governing Body (public) meeting

DATE: 27 March 2014

Executive Summary of Medicines Management Sub-Committee meeting held on 15 January 2014

- **Asthma and COPD Prescribing Guidelines**

The two documents presented to the members were reviewed, discussed and changes will be made. The approved documents then to be distributed to prescribers.

- **Prescribing QIPP Update**

CF took members through the document presented to Finance Sub Committee on 'GP Prescribing Budget and QIPP Update'.

- **Recently Published Nice Technology Appraisals**

Proposals made for the RAG rating the five items, for the Bexley List, were discussed, accepted and approved

- **North Bexley Dressings Pilot**

Doctors in North Bexley are raising concerns of writing prescriptions for dressings for District Nurses and why they could not raise said items themselves. CF will be meeting with Oxleas to discuss a way forward with possibility of district nurses supplying patients dressings direct rather than by FP10 route.

Following round the table discussion, it was agreed that in the case of DNs supplying Bexley patients, these are Oxleas patients therefore the decision as to the supply method is an Oxleas decision. This pilot is not to include GP patient FP10 prescriptions only for items required by patients under the care of Oxleas nurses.

- **Pentasa Rebate Agreement**

CF presented the paper to members and following discussion this was approved

- **L&G NHS Trust**

Guidelines for Vit D being updated– Dr Upton volunteered to be GP representative on review.

- **Newsflash To Include**



Clinical Commissioning Group

COPD/Asthma management pathway with key points and link to smoking cessation
Antibiotic Guidelines
Doublebase usage



Governing Body (public) meeting

DATE: 27 March 2014

Executive Summary of Information Governance Sub-Committee held on 14 January 2014

Chair and Caldicott Guardian: David Parkins (DP)
14th January 2014

The IGSC meeting was held on 14th January 2014 to review Information Governance agenda items;
Chair : David Parkins (DP) - Caldicott Guardian.

At the meeting the IGSC:

1. No conflicts of interest were raised.
2. The sub-committee approved the minutes of the meeting held on 26th November 2013 & noted the status of the actions.
3. It was confirmed that the ASH Data Sharing Agreement and Contract have now been signed by DP and returned to HSCIC. The CCG are now waiting further information from HSCIC in respect to the data with NHS numbers flowing to the CCG..
4. The risk register was reviewed
5. IG Audit review - Patient experience team. It was agreed that in view of the sensitive content in the correspondence, the information should be sent by special delivery, so that documents are signed for on receipt.
6. PIA update: Two further PIAs have been received since the last formal report.
 - a) Risk Stratification for GP extraction tool - One query is still outstanding regarding software.
 - b) Primary Care Support to Care Homes – Details required on how the information will be collected and where the information will be shared.
7. Primary care update: To date only 7 practices have published IG toolkit submissions. IT currently reminding practices and encouraging completion.
8. Bromley Healthcare IG incident: six packages were received from Bromley Health Care NHS Trust which contained patient information relating to Diphtheria, Polio and tetanus vaccinations. Bromley HC has been made aware of this matter and the SIRO advised. All the information has now been collected and the CCG have a signed letter of receipt. This does not affect the CCGs serious incidents, but has been reported on the Bromley Healthcare serious incident register.
9. Freedom of information update: a new process for FOIs is being established. Requests that are received for multiple departments, which may also include a response from the CSU, will be co-ordinated by the Assistant Director of that department.

