

Meeting: Governing Body (public) meeting
 Date: 31 July 2014
 Agenda item: 95/14

PRIMARY CARE ADVISORY GROUP MEETING
8 May 2014, 7.00pm-9.00pm
Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ

PRESENT:

Dr Howard Stoate (Chair)	Chair	NHS Bexley CCG
Dr Elizabeth Cameron	GP	Lyndhurst Medical Practice
Dr Sarah Chase	GP	Woodlands Surgery
Dr Sid Deshmukh	GP and representing	Sidcup Medical Centre Station Road Surgery, Sidcup
Dr Nelun Elphick	GP	Albion Surgery
Dr Holly Hutson	GP	Barnard Medical Group
Dr Nikita Kanani	Clinical Vice Chair and representing	NHS Bexley CCG Bellegrove Road Surgery and Lakeside Medical Practice
Dr Winnie Kwan	GP and representing	Crook Log Surgery Bursted Wood Surgery
Dr Kosta Manis	GP	Bexley Medical Group
Dr Daniela Mo	GP	Plas Meddyg Surgery
Dr Nisha Nair	GP	Bexley Group Practice

IN ATTENDANCE:

Simon Evans-Evans	Director of Governance and Quality	NHS Bexley CCG
Theresa Osborne	Chief Financial Officer	NHS Bexley CCG
Charles O'Hanlon	AD for Transformation and Redesign	NHS Bexley CCG
Jon Winter	AD of Communications and Corporate Services	NHS Bexley CCG
Julie Witherall	Head of Finance	South London CSU
Christine Taylor (notes)	Assistant Board Secretary	NHS Bexley CCG

APOLOGIES:

Sarah Blow	Chief Officer	NHS Bexley CCG
Sarah Valentine	Director of Commissioning	NHS Bexley CCG
Dr Sushanta Bhadra	GP	Good Health PMS
Dr Varun Bhalla	GP	Belvedere Medical Centre
Dr Bill Cotter	GP	Bellegrove Road Surgery
Dr Peter Fish	GP	Westwood Surgery
Dr Ethan Harris Faulkner	GP	Crayford Town Surgery

Item No	
STANDING ITEMS	
1/14	WELCOME AND APOLOGIES Dr Howard Stoate welcomed everyone to the meeting. Apologies for

	<p>absence were noted.</p> <p>In accordance with section 3.1.8.4 of the standing orders the chairman with the agreement of the meeting agreed to allow proxy votes to be cast as follows:</p> <p>Dr Nikita Kanani would vote on behalf of Lakeside Medical Practice and Bellegrove Road Surgery; Dr Winnie Kwan would vote on behalf of Crook Log Surgery and Bursted Wood Surgery and Dr Sid Deshmukh would vote on behalf of Sidcup Medical Centre and Station Road Surgery, Sidcup.</p> <p>The meeting was therefore quorate having 13 members present in accordance with section 3.1.7.1 of the standing orders (50% of the membership rounded down $[27 / 2 = 13.5 \text{ rounded down } = 13]$).</p>
2/14	<p>DECLARATIONS OF INTEREST There were no declarations of interest in respect of the agenda.</p>
3/14	<p>TO AGREE MINUTES OF 13 NOVEMBER 2013 The minutes of 13 November 2013 were agreed.</p>
ITEMS FOR DECISION	
4/14	<p>CHANGES TO THE CONSTITUTION Simon Evans-Evans said that a Task and Finish Group had been set up to review the constitution. The task and finish group had presented options to the Primary Care Advisory Group (PCAG) and options had been discussed.</p> <p>The Task and Finish Group had incorporated the Local Medical Committee's comments and the final version had been circulated to PCAG. The post of Clinical Vice Chair had been approved and Dr Nikita Kanani had been voted in to that post at a Governing Body meeting. Proposed changes had been made to standing orders regarding voting and elections and general tidying up had been conducted. Simon had not received any counter proposals to the changes made from any member. Any changes made to the Constitution needed to be approved by NHS England and the submission had to be made by 2 June 2014.</p> <p>Dr Daniela Mo asked about the appeals process (2.19.2.2) and the fact that notes from the panel would be destroyed. This was discussed and it was agreed that additional wording needed to be added to read: "The panel will decide whether or not a person's candidature will be put to the electorate, all notes from the panel and pertaining to the interview will be securely stored for 2 weeks before being destroyed unless an appeal had been lodged within 5 working days".</p> <p>It was agreed that if an appeal was received, information would not be</p>

	<p>destroyed.</p> <p>The membership agreed to the changes in the Constitution.</p>
5/14	<p>DRAFT ANNUAL ACCOUNTS AND MEMBERS' INTRODUCTION TO THE ANNUAL REPORT</p> <p>Julie Witherall gave a presentation on 2013-14 Draft Annual Accounts. She said that the accounts had been completed by her team based at the CCG and the Accounting, Reporting and Control team at South London CSU. The financial statements had been nationally mapped to provide consistency and aid the national consolidation process. The Audit and Integrated Assurance Committee (AIAC) had discussed the draft accounts and recommended them for submission, reporting a surplus of £126,000.</p> <p>Julie said that as this was the first year of operation for NHS Bexley CCG there were no comparative figures. An underspend on the running costs allocation had funded an overspend on programme costs. This was allowable. The BPPC target had been met overall. The CCG had managed within its maximum cash drawdown. The only transfer of balances from the Care Trust, via NHS England, was for fixed assets, which relate to IT items and are not material. No bad debt provision had been made. The negative balance sheet was due to the fact that the CCG has few fixed assets and the creditor balances exceed the asset value. The CCG finished the year with a negative cash balance. This was allowable and related to a timing issue regarding payments made at year end. Sickness and absence data was not available until later in the year and therefore Note 4.3 had not been completed. Julie said that there was one agreement of balances mismatch outstanding with NHS England, this would not impact the bottom line.</p> <p>Julie advised that there were a number of uncompleted forms mainly relating to fixed assets. Review of the presentation of these would take place before final submission. Sarah Blow and Theresa Osborne had signed a consistency statement regarding the accounts and ledger showing the same information. Julie said that there were some rounding errors and this would be corrected in the final version. The accounts were being audited by Grant Thornton.</p> <p>Julie asked the membership body (PCAG) to approve the draft annual accounts of the CCG and asked them to delegate authority to the AIAC to agree any amendments required, following audit, and approval of the final accounts for submission in early June (subject to there being no material changes). In addition each member must state that as far as he/she is aware there is no relevant audit information of which the CCG's auditors are unaware. Each member should have taken all the steps that he/she ought to have taken as a member of the membership body in order to make himself/herself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information (Companies Act 2006</p>

	<p>Section 418 requirement adopted by the Government Financial Reporting Manual.</p> <p>Simon Evans-Evans explained that this meant that members needed to state if they were aware of anything that had not been stated in the accounts and should make this known to the auditors.</p> <p>Dr Daniela Mo asked about membership of the AIAC. She was advised that the members comprised Keith Wood (Lay member Governance) who has a wealth of experience, Sandra Wakeford (Lay member, Patient and Public Engagement), Dr Graham Rehling (Secondary Care Doctor), Yemisi Osho (Nurse) and Dr Sushanta Bhadra. In addition Theresa Osborne and Simon Evans-Evans attend meetings, along with Internal and External Auditors and Counter Fraud. The auditors are always given an opportunity to meet with the committee in private, this had not been necessary to date.</p> <p>The membership approved the draft annual accounts. They delegated authority to the Audit and Integrated Assurance Committee to agree any amendments required, following audit, and approve the final accounts for submission in early June (subject to there being no material changes). In addition each member stated that as far as they were aware there was no relevant audit information of which the CCG's auditors were unaware.</p> <p>Simon Evans-Evans explained that the Annual Report required an introduction from Dr Howard Stoate as Chair of the CCG, Sandra Wakeford as Chair of the Bexley Patient Council and the Primary Care Advisory Group membership. The member practices' introduction had been drafted for comment. Theresa enquired as to whether the full Annual Report needed membership approval in line with the constitution. Simon Evans-Evans confirmed this and said that he would circulate the full Annual Report via email for approval.</p> <p>Dr Nikita Kanani suggested that mention should be made of the Primary Care Strategy in the member practices' introduction. It was suggested that the word 'intelligence' should be replaced with 'insight'.</p> <p>Actions: Simon Evans-Evans to make suggested amendments to member practices' introduction.</p> <p>Simon Evans-Evans to circulate the full Annual Report by email for comment.</p>
ITEMS FOR DISCUSSION	
6/14	<p>COMMISSIONING INTENTIONS</p> <p>Charles O'Hanlon gave a presentation on Commissioning intentions for 2014/15 and beyond. He referred to the plan on a page and the focus on QIPP schemes:</p>

	<p>Group 1 - The musculo-skeletal and cardiology contracts would embed during 2014/15. The UCC contract had just been let. Community Consultant clinics would mobilise during the next month. Referrals Management was going through an evaluation process and the contract would be let in June 2014.</p> <p>Group 2 – Transformational services for 14/15 were ophthalmology, palliative/end of life care/cancer services, general surgery, older people’s services and Treatment Access Policy. Transformational services for 15/16 were children’s services, mental health, community and pathology services.</p> <p>Charles emphasised the importance to ensure that services are safe and effective and provide value for money.</p> <p>Dr Elizabeth Cameron asked about the Out of Hours Contract. She was told that an email had been sent advising that this had been awarded to the Hurley Group. They would provide 24 hour UCC cover at Queen Mary’s Hospital and 8am-10pm cover at Erith Hospital 7 days per week. Diagnostics and paediatric assessment would be available on both sites. They would also provide out of hours GP cover and GP training. A standstill was in operation for 10 days and contracts would be signed on 19th May 2014. The Hurley Group have a good track record across London and are well established. They are hoping to contact every GP regarding provision of the OOH GP services. GPs would be available at the OOH base during opening hours and separate GPs would provide home visits. The mobilisation plan starts on Monday 12th May and any queries should be addressed to Jonathan Manuelpillai, who had replaced Alan Luke.</p>
7/14	<p>PRIMARY CARE STRATEGY</p> <p>Dr Nikita Kanani and Charles O’Hanlon gave a presentation on Bexley’s Primary Care Strategy. Charles O’Hanlon explained that the strategy had to be integrated between the CCG, NHS England and Local Authority requirements. A number of engagement events had taken place to develop the strategy, namely with GPs, London Borough of Bexley, NHS England, Practice Managers, Bexley Patient Council, Bexley Local Medical Committee, Bexley Healthwatch and NHS Bexley CCG Executive Management Committee. PCAG were being asked to give their views on the strategy which would then be presented to the CCG Governing Body on 29th May to approve. The strategy would then need to be endorsed by the Health and Wellbeing Executive and the Health and Wellbeing Board.</p> <p>Dr Kanani said that General Practice was undergoing a number of changes and the CCG would provide support with these changes. A bid had been made for the Challenge Fund which had been unsuccessful but the work started in relation to this would be built upon and discussions would take place with GP practices to discuss new ways of working, including organisational development, increased capacity and capability of primary care.</p>

	<p>The five priorities were outlined and discussed:</p> <p>Priority 1 – Charles advised that the risk stratification tool would go live in the near future. He said that work had taken place with the Joint Commissioning Unit and the CCG was starting to work with the voluntary sector.</p> <p>Priority 2 – Charles said that the CCG was moving to outcome based procurement. Work started in relation to the Challenge Fund would be built upon and more information/data would be provided to practices to enable them to understand activity.</p> <p>Priority 3 – Local sustainable models for providing seven day access were being discussed. These would involve online assistance and telephone triage. GPs would not have to work seven days a week. The UCC model supports seven day access.</p> <p>Priority 4 – Real progress had been made working with the Local Authority on integrated care. Good relationships had been formed and the Local Authority were keen to see social services support locality structures. Dr Gloria Yu had been working hard in relation to Step Up/Step Down (SUSD) and would develop community access. Prime Contractor models had been agreed for musculo-skeletal services and cardiology services.</p> <p>Priority 5 – Discussions were taking place with localities regarding facilitating organisational development and to date Clocktower had agreed to explore this further. Peter Fish was reviewing information exchange to see whether systems could communicate more effectively.</p> <p>Dr Sarah Chase asked about the reports that the Better Care Fund was being paused. It was confirmed that even though this was the case there was a commitment to work with the Local Authority and other partners on expanding integrated care which would continue.</p> <p>Dr Elizabeth Cameron said that it would be important to learn from the fact that Dr Gloria Yu had to spend time sorting out SUSD. Dr Kanani said that Dr Yu’s role comprised SUSD, lead for community team and education. Dr Kanani was meeting Dr Yu every two weeks to discuss SUSD issues and gap analysis and agreed that a retrospective review needed to be conducted with Oxleas NHS Foundation Trust. Learning would be taken into other projects. Simon Evans-Evans said that the issues were wider than SUSD, in that Queen Elizabeth Hospital were discharging patients who were still sick to SUSD. He advised that an audit was being conducted.</p>
ITEMS FOR INFORMATION	
8/14	<p>ANY OTHER BUSINESS</p> <p>Dr Nikita Kanani said that the Clinical Leads workshop held today went well and said it was a good opportunity for development.</p>
DATE OF NEXT MEETING	
9/14	<p>DATE OF NEXT MEETING</p> <p>Simon Evans-Evans suggested that the next PCAG meeting should take place in the middle of a GP Engagement event in order to ensure quoracy.</p>

The next GP Engagement event was due to take place on 19th June 2014.

DRAFT



Clinical Commissioning Group

BEXLEY PATIENT COUNCIL MEETING

23rd January 2014

Danson Room, 221 Erith Road, Bexleyheath

PRESENT:

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
Janet Fox	(JF)	Station Road, Sidcup - PPG
Paul Goulden	(PG)	Age UK Bexley
George Heitmann	(GH)	Bellegrove Road PPG Chair
Julie Bristow	(JB)	BVSC
Steve Davies	(SD)	Bexley Mencap
Terry Murphy	(TM)	Bexley Pensioner's Forum
Dawn Brooker	(DB)	South London Cancer Network
Sheila Burston	(SB)	Diabetes UK Bexley
Andrew Mitchell	(AM)	Haven
Denis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg PPG
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
Dave Baker	(TB)	Carers Support Bexley

1. Standing Items

1.1 Welcome, introductions and apologies

Apologies for absence were received from:

Healthwatch Bexley
Mark Bradley
Helene Brenchley-King
Chris Lee
Cindy Lowe
Carol McCall
Hilary Rowley

1.2 Declaration of interest

No new declarations noted.

Clinical Commissioning Group

1.3 Minutes of previous meeting

Minutes of the previous meeting, dated 12th December 2013, were accepted as a true account by all members present.

1.4 Matter's arising / Action notes

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

AG provided a pack to each Patient Council member with copies of "Don't go to A&E" leaflets and "Call to Action" summary booklets. TG asked if smaller cards were being produced (credit card size); AG advised the CCG had not received any but would distribute when received.

MW asked who owns the Erith District Hospital site. AG confirmed Oxleas NHS Foundation Trust have ownership of the building.

AG explained it had not been possible to invite London Ambulance Service to the January meeting, as the agenda was very full. However, 111 and LAS would be included as a future agenda item.

SEE gave a brief update on progress with MSK redesign. Members were advised that following procurement the contract had been awarded. However Lewisham & Greenwich NHS Trust and Dartford and Gravesham Trust had subsequently challenged this decision. SEE confirmed that the CCG are defending its decision and are looking at ways to reach resolution and avoid unnecessary legal costs. SEE confirmed that in line with prime contractor model one provider had been awarded the contract, Kings Health Partners, who are ultimately responsible for the new MSK service.

Members asked that MSK to remain an agenda item for future meetings.

1.5 Chairman & Patient Council Member Update/Feedback

SD thanked AG, and Bexley CCG, for the support given to Bexley Mencap at recent group meetings to discuss "Call to Action" and the CCG Commissioning priorities. He confirmed that members and representatives of their carers support group were delighted to be given an opportunity to learn about developments in health and be able to share their views.

TG raised concerns regarding the centralisation of District Nursing (DN) services. DR added that DN's were now based in Colyers Lane. SEE explained that Oxleas NHS Foundation Trust is commissioned by the CCG to provide this service. He acknowledged that with any change there can often be some initial concerns whilst new arrangements are bedding in but that the CCG is monitoring developments at quality assurance meetings. Patient Council members were reminded that if they have any intelligence regarding the impact of changes to the DN service they should notify AG.

SW suggested that the DN service be added to the work plan for discussions later in the summer.

Clinical Commissioning Group

TG highlighted concerns regarding Public Health funding and the amount per head, per population and no access to sexual health services at Erith School. SEE said that funding for Public Health had transferred to the London Authority. SEE added that concerns regarding Public Health are discussed at Health and Wellbeing Board meetings, but are not within the CCG gift to change.

DB advised that following a recent meeting at Guys & St Thomas Hospital the satellite Cancer Centre at QMH should be operational late 2015 – which is good news.

GH introduced himself to the Patient Council, explaining that he is the new Chair for Bellegrave Road PPG.

2. Presentations / Speakers

2.1 End of Life Care – Jane Price, Project Manager

JP explained the CCG have been working with Local Authority on the pathway for EOL over past 12 months. Historically local services have not always been joined up and together we are working through what this means for patients and where improvements can be made. JP said that a recent focus group had taken place with stakeholders and that future engagement was planned, which would include patient/service user representation.

Cardiology update – Jane Price, Project Manager

JP provided an update on the redesign and procurement. Guys and St Thomas Hospital is the preferred bidder and if successful will work with other contractors to deliver the new service. JP advised that a number of service users and carers had been part of a reference group but if anyone had an interest in joining to inform AG. JP added that although Guys and St Thomas Hospital will be the prime contractor patients will still be offered a choice about where they receive services.

Sue Todd Dunning - Head of Health Improvement - Public Health and JSNA

STD explained the Joint Strategic Needs Assessment (JSNA) looks at the health and well-being of the local population. This is a statutory responsibility shared jointly between the Local Authority and the CCG. It underpins the Health and Wellbeing strategy and each public sector commissioning plan.

The public health function sits within a range of organisations, eg NHS England responsible for immunisation and screening programme. The Local Authority is responsible for services, such as sexual health, Child Health programme, Health protection, (mandated duties). Health Protection sits with Public Health England looks at issues such as outbreak of flu, emergency responses, TB and development of the public health workforce

STD said that the JSNA in Bexley was being refreshed and that two members of staff had been engaged to draw this up. The final version should be ready for July 2014.

STD advised that the NHS health check programme received an increase of £277K to improve the programme. £160K was also invested in Obesity, adult and child weight management. STD also said public health is working closely with CCG, specifically focussing on the NHS Health check which will be further developed. STD confirmed the public health team are responsible for sexual health services, GUM services, contraception, (emergency and preventative).

TG advised that if Erith school lose their sexual health clinic student's would not go to their GP for contraception. STD advised that the Condom Card would continue next year and if the service wasn't available at the school the students could attend the Minor Injuries Unit which is available as a walk in Monday to Friday, 9am to 5pm. A new condom card scheme is running and they will review all young people's sexual health services in 2014/15.

Sarah Birch - Development Manager - Primary Care Strategy

SB referred to "London General Practice - a call to action. Data shows that pressure on GP's has grown and that people are living longer. The majority of income goes into hospital care although 90% of activity takes place in the GP surgery/community. SB said that in Bexley there are a number of smaller GP practices offering different services and there are workforce challenges. The London focus for call to action is centred on access (buildings, opening times, appointments, communications etc). SB added that patient satisfaction in Bexley was below the London and national average.

SB explained that £50k grants were being made available by NHS England for 9 pilot sites across the UK and that discussions were taking place with local GP's about this.

GH raised concerns about weekend cover and duplication of clinic's as not all practices join together.

SW reiterated that any feedback should be provided to AG who will liaise with SB. It was agreed that further updates would be provided at next meeting and development of Primary care strategy added to Patient Council workplan.

3. Items for discussion and work plan updates

3.1 Better information means better care - National Campaign

AG shared information about the campaign and advised that every household in UK should receive a leaflet. There were concerns raised about how this information was being delivered, as a number of people had not received the leaflet. SB added that a data protection issue had also been raised about this campaign which would likely hold up the process.

4. Items for information & Update

4.1 MSK redesign - (See section 1.4)

4.2 Cardiology redesign - (See section 2.1)

Clinical Commissioning Group

4.3 Community clinic's redesign

Neil Hales, Project Manager, confirmed as follows:

- 5 Community Clinic providers have passed the accreditation process and are expected to be approved by the Governing Body at its next meeting on 30th January.
- There are: 2 Dermatology providers, 2 Gynaecology providers and 1 Urology provider.
- New providers are intended to operate clinics sites in Bexleyheath, Erith, Sidcup, Thamesmead and Welling.
- First clinic is expected to open in late February
- Remaining clinics expected to open during March

4.4 Diabetes redesign - update Alan Rubin Project Manager

AR said that 24th January was the closing point for receipt of responses for invitations to tender for the Diabetic service. Once responses had been received bids would be evaluated and recommendations made to the CCG Governing Body. JF asked if there was an increase of patients attending the ophthalmic clinics for retinal screening. AR replied that up take was low and is a focus for Bexley CCG

4.5 Care Homes Update

AG advised the Patient Experience Team had been working with the Primary Care Development Manager and created a survey to gather intelligence on users experience in care homes. 10 homes in Bexley were contacted and 8 took part. Feedback was collected from residents, staff and relatives. Some of the highlighted statistics were:

- 44% happy with access to their GP
- 35% had to wait several days before they could see a GP
- 91% were confident in their GP service
- 76% satisfied with medical care

4.6 QMH Vision Events

AG encouraged members to attend the QMH vision event, taking place at Queen Mary's Hospital on 28th January, explaining this was an opportunity to listen to presentations about future development of the site and speak to service providers. AG shared some visuals, received from Keith Soper (Head of Operations at Queen Mary's site), these depicted development of the new café area, and redesign of outpatients and urgent care centre. AG confirmed that A block was to be demolished and that the monies raised from sale of surrounding land was being reinvested in the redevelopment in B block.

4.7 EDS - AG presented the EDS report and thanked members for their support

4.8 South East London Commissioning Strategy – draft

AG explained the purpose of the document and that this was the start of a more detailed piece of work. Members were asked for comments on the draft and advised that more information on development of the strategy would be shared at future meetings.

4.9 Urgent & unscheduled care update – brief summary shared to update on progress

5. Date of next meeting & Close

1st April 2014, Danson Room, 221 Erith Road, Bexleyheath

ENCLOSURE: R (ii)

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Clinical Commissioning Group

Lunch will be provided for those who confirm attendance.

Clinical Commissioning Group

BEXLEY PATIENT COUNCIL MEETING

1st April 2014

Danson Room, 221 Erith Road, Bexleyheath

Draft Minutes

PRESENT:

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
Janet Fox	(JF)	Station Road, Sidcup - PPG
Paul Goulden	(PG)	Age UK Bexley
George Heitmann	(GH)	Bellegrove Road PPG Chair
Steve Davies	(SD)	Bexley Mencap
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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	(TB)	Healthwatch Bexley - Chair
Cindy Lowe	(CL)	Bexley Moorings
Carol McCall	(CM)	SNAP
Hilary Rowley	(HR)	Albion Surgery - PPG

1. Standing Items

1.1 Welcome, introductions and apologies

Apologies for absence were noted from:

- Mark Bradley
- Helene Brenchley-King (Bexley Diabetes Group)
- Sheila Botwright (Complementary Cancer Care Trust)
- Chris Lee (Bexley Youth Council)
- Andrew Mitchell (Haven)

AG advised of the sad passing of Peter Coulter. Peter had been a member of the Patient Council (representing the Pensioners Forum) from 2011 - 2012

Clinical Commissioning Group

AG also introduced two new members to the Patient Council, Hilary Rowley, representing Albion Surgery PPG and Carol McCall from SNAP.

1.2 Declaration of interest

No new declarations noted.

1.3 Minutes of previous meeting

Minutes of the previous meeting, dated 23rd January 2014, were accepted as a true account by all members present.

1.4 Matter's arising / Action notes

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

AG will arrange for London Ambulance Service and District Nursing Services to be added on to the speakers list for future agendas.

1.5 Chairman & Patient Council Member Update/Feedback

Chairman feedback:

- Local Authority and CCG have come together to form an Integrated Commissioning Board. SW is a member of the committee, which meets on a monthly basis.
- MSK is forging ahead. SEE added that contract has been awarded to Kings Health Partnership and they have started implementation. The service goes live in April 2014.
- Reference was made to the CCG Organisational Development Plan (copies circulated). SW asked members to review the document and to consider how patient council could be more effective and influential in shaping the services that the CCG commission.
- SW suggested an extraordinary meeting should be considered to review how the patient council operates and how information is captured from all the organisations and groups members represented.

SD (Mencap)

- Concerns highlighted regarding difficulties experienced by users and parents (carers) when arranging blood tests as part of the annual health check for people with learning disabilities. SD advised a letter had been sent to L&G, who provide phlebotomy services at QMS/EDH, requesting a meeting with staff to discuss possibility of arranging a separate session for people with LD.

TG (PPG – North Bexley)

- Suggested that separate phlebotomy sessions for people with mental health issues would also be beneficial and should be considered.

Clinical Commissioning Group

PG (Age UK Bexley)

- Suggested using pop in parlous for blood tests, as venues are generally less scary than hospitals or clinic environments.

ACTION: AG to liaise with SD and L&G NHS Trust to support a meeting to discuss arrangements for blood tests.

2. Presentations / Speakers

2.1 Personal Health Budgets (PHB)

Julie Witherall (JW) Head of Finance & Business & Maggie Williams (MW) Lead Continuing Healthcare Nurse

JW explained that from April 2014 people receiving NHS Continuing Healthcare and families of children receiving continuing care will have the right to ask for a personal health budget. A project manager has been recruited and progress has been made with development of the resource allocation tool and associated assessment and care planning paperwork as well as the infrastructure for offering direct payments. The CCG policy was agreed at Governing Body meeting. JW confirmed that details of PHB can be found on the CCG website and staff are working with Voluntary Sector and clients to implement.

JW advised finances will be reviewed quarterly and MW confirmed there would be quarterly and annual clinical reviews. JW confirmed PHB funds are placed into a separate bank account. MW advised PHB do not cover adaptations to housing.

2.2 Clare Fernee (CF), Assistant Director Medicines Management Medicines Waste Campaign

CF distributed new leaflets to all present, and provided a brief summary of the medicines waste campaign. CF added that some members of the Patient Council were attending a small focus group meeting to discuss the campaign and that two further focus groups had been arranged with patient groups and community representatives on the 2nd and 15th April.

2.3 Lucy Huitson (LH), Communications Manager NHS Bexley CCG Annual Report

LH advised CCGs have a statutory obligation to produce an annual report. LH explained CCG aim to produce a patient friendly document which illustrated achievements as a result of service redesign, information explaining how money had been spent. Process is for report to be presented at the CCG AGM in September and for member practices to approve/adopt.

SW added that the annual report illustrates how the CCG is involving patients in decision making.

ACTION - AG to include CCG Annual Report for update on July agenda

Clinical Commissioning Group

3. Items for discussion and work plan updates

3.1 Jon Winter (JW), Assistant Director of Communications and Corporate services 360 Degree survey

JW explained that every CCG is required to go through an annual assurance process which is led by NHS England. The stakeholder survey forms a central part of this assurance process, allowing both NHS England and the CCG to assess how our relationships with stakeholders have developed since authorisation last year, informing the future development of the CCG. As part of this, we have been asked to identify key stakeholders to take part in the survey. JW added that the CCG had nominated a number of stakeholders to take part in the survey, being collated independently by Ipsos MORI on behalf of NHS England.

JW advised that feedback on results of the survey were expected around mid May and that outcome/headlines would be shared with the Patient Council.

3.2 QMS - Vision

JW highlighted a link on the Queen Mary's Hospital website to a video looking at the future of services on Queen Mary's Hospital site.

JW also referred to a number of communications that were being distributed locally to provide more information about developments to the Bexley community. This included a QMS vision leaflet and a 'wrap around' in a local paper the Newshopper (58,000 copies distributed across the borough). Members were advised that an article on Queen Mary's was featured in the Bexley magazine.

4. Items for information & Update

4.1 MSK redesign - update

Douline Schoeman (DS), Project Manager confirmed Kings Health Partners are the new provider from 28th April 2014. . The service went live with the triage service from 1st April 2014 and once fully implemented patients will see a reduction in waiting time for treatment.

MSK to remain on work plans/update for future meetings.

4.2 Cardiology redesign – emailed update from Jane Price, Project Manager

The CCG Governing Body has made a decision on contract award and we are now in final negotiation with preferred bidder to agree a five year prime contractor arrangement for the whole cardiac pathway.

Jane Price will attend the next PC meeting on 20th May 2014 to provide a verbal update

4.3 Community clinic's redesign –Neil Hales, Project Manager, emailed update

CCG do not have confirmed dates for the new Community Clinic service. However all providers, bar one, are expected to be operational by 1st May 2014.

Neil Hales will attend next PC meeting on 20th May 2014 to provide a verbal update.

Clinical Commissioning Group

4.4 Primary Care Strategy

Alison Taylor, Project Manager updated on behalf of Sarah Birch.

Since the last Patient Council meeting, all Bexley practices submitted a bid to the National Challenge Fund pilot. This bid set out plans to make general practice accessible during evening and weekends through having a range of locality based hubs across the borough. If the bid isn't successful it is still hoped that there will be other funds to support organisational transformation of primary care.

Bexley's Primary Care strategy is under development. The priorities are as follows with a set of plans under each of these:

- Taking a population health management approach to focus more on prevention of ill-health, wellbeing and supporting people to self-manage
- Ensuring high quality in all services by reducing variation in the quality of and outcomes from services
- Improving access
- Strengthening Integrated services, with better co-ordination of people's care
- Facilitating organisational development in general practice to move to new models of provision

A big part of delivering the strategy is about enablers such as IT, workforce development that will help facilitate change in general practice. Once our Executive Management Committee approve the draft for wider consultation it would be good to have a small working group of Patient council members to check this adequately addresses patient's views / priorities. The annual primary care patient survey has been used to help determine the priorities as Bexley is below average in terms of satisfaction and access. This is a key area we hope to address through implementation of the strategy

4.4 Paediatric Assessment Unit - update

As part of NHS Bexley CCG's plans to improve urgent and unscheduled care, the CCG is in the process of re-procuring an enhanced, comprehensive urgent care service at Queen Mary's Hospital (QMH) and Erith Hospital, with the main centre of care at QMH.

The plans are also taking into consideration the changes to children's services since the recommendations made by the Trust Special Administrator came into effect on 1 October 2013. With the absence of paediatric elective surgery taking place on-site at QMH, it is not clinically viable to continue a consultant-led paediatric urgent care service.

However, we are working to ensure that there will be a paediatrics service at the Urgent Care Centre (UCC) at QMH and, in time, at Erith Hospital, which will see and treat most children who are injured or unwell. Unwell children who need an ambulance will continue to be taken directly to accident and emergency departments.

Clinical Commissioning Group

Currently, the UCC at QMH operates separately from the PAU, although both services see and treat children depending on the complexity of their condition. However, the UCC is open 24-hours a day seven days a week, while the PAU is only open Monday to Sunday 9am to 8pm. When the new service is in place, the UCC will see and be able to treat most children who are injured or unwell 24 hours a day, seven days a week at QMH and 8am to 10pm, seven days a week at Erith Hospital.

Clinical leadership for the paediatric services at both sites will be led by a GP with a 'special interest' in paediatrics (a GP who is able to undertake advanced interventions not normally undertaken by other GPs), supported by specialist paediatric nurses. There has been a slight delay to NHS Bexley CCG's procurement process; however, interim arrangements are in place to ensure that unwell children can continue to be taken to QMH UCC 24 hours a day, seven days a week. Unwell children who need an ambulance will continue to be taken directly to accident and emergency departments.

NHS Bexley CCG's priority is to ensure that children and their families receive treatment in the most clinically appropriate setting and as close to home as possible.

AG added that no new information was available regarding procurement of urgent and unscheduled care. Members asked for item to remain on work plans and for updates to be shared as and when available.

4.5 Pulmonary Rehabilitation **Alison Taylor, Project Manager**

Invitations to tender had been sent to providers. It is expected that the contract will be approved in late May with the new service going live around middle of July. AT explained that the new service will be offered in at least 2 locations in separate parts of the borough. Training would also be offered to practices regarding Spirometry so GP's can diagnose COPD earlier as well as interpret results more accurately.

5. AOB & Date of next meeting & Close

- SE London Commissioning Strategy - Documents provided with more information for members to take away. AG advised Caroline Taylor leading on this area of work and has been invited to present at a future meeting.
- Mystery Shopper scheme – AG confirmed that the scheme would soon be launched and information available across the borough. Packs with more information to be available for members at May meeting.
- Bexley Moorings, CL advised their work with young carers was being expanded. CL to forward details to AG so it can be shared on the GP zone.
- SB asked when feedback would be made available on the CQC inspection of QEH. AG advised that as soon as papers were available they would be shared with members.
- SB asked if patients/stakeholders would be involved in the redesign of Ophthalmology services. AG confirmed that she had been in discussion with the Project Manager and noted SB's interest in taking part in the review work.
- For information - TM advised that from August 2014 London buses would be operating a 'cashless' system. This means that users will only be able to use a freedom pass or oyster card to travel.

ENCLOSURE: R (iii)

Agenda Item: 95 /14



Clinical Commissioning Group

Date of next meeting was confirmed as follows:

Tuesday 20th May 2014, Danson Boathouse Function Suite – 12.00 – 2.30pm
Lunch will be provided for those who confirm attendance.

Governing Body (public) meeting

31 July 2014

Audit and Integrated Assurance Committee - Executive Summary **2 June 2014**

The AIGC met on 2nd June 2014; present Keith Wood (Chair), Sandra Wakeford, Dr Sushanta Bhadra, Dr Graham Rehling.

The meeting noted with regret the technical issue which meant that Yemisi Osho could no longer be a member of the Governing Body and celebrated her contribution to the AIAC. At the meeting the AIAC:

1. **Approved** on behalf of the Governing Body the Annual Accounts, **noted** the log of changes, **considered** the Audit Findings Report and **endorsed** managements opinion that no adjustments were appropriate: **declared** that there was no relevant information of which the AIAC believed the auditors were unaware and **authorised** the Chair to countersign the Letter of Representation given by management.
2. **Approved** subject to minor amendments, the Annual Report and Governance Statement.
3. **Agreed** the AIAC Annual Report and Self-Assessment and noted that arrangements would be made to benefit from Internal and External Audit's quality assurance processes.
4. **Considered and noted assurance from** the Assurance Framework and Risk Register and **requested** that the heat map be replaced with a simple summary similar to that adopted by NHS England. Further assurance was received from the KPMG benchmarking report on the Risk Registers of 49 CCGs.
5. **Received and noted** the Local Security Management and Counter Fraud progress reports and the Annual Counter Fraud Report.
6. **Noted** the Internal Audit Annual Workplan.
7. **Noted** the Internal Audit Annual Report and Head of Internal Audit Opinion.
8. **Received Assurance** from a report on a national survey of budget holders and **welcomed** the planned actions arising therefrom.
9. **Noted** the Clinical Governance and Quality Strategy.
10. **Noted** an update from the CFO on Information Governance.
11. **Noted** an update on Organisational Development.
12. **Noted** four waivers of Standing Orders in relation to tenders and **emphasised** that such waivers must be by exception.
13. **Noted** the decision log from other fora.
14. **Received** an aged analysis of debts.



Clinical Commissioning Group

- 15. Noted** the Register of Governing Body Members' interests and contracts associated therewith.
- 16. Noted** the schedule of CCG contracts to be posted on the website.
- 17. Noted** summaries of proceedings at meetings of the Executive Management, Finance, Information Governance, Medicines Management and Quality and Safety Committees.
- 18. Reviewed** the proposed 2010/4/5 workplan for the AIAC.
- 19. Noted** an internal audit report on the financial systems of the South London CSU and **confirmed** that Martin Campbell – Smith of the CSU would be welcome at future meetings.
- 20. Noted** that Internal and External Audit did not wish to take up the Committee's invitation to meet with it in private.

Keith Wood
June 2014



Governing Body (public) meeting

DATE: 31 July 2014

Executive Management Committee – Executive Summaries

1 May 2014

No conflicts of interest raised.

STANDING ITEMS

Locality Development Offer

EMC continued the Governing Body Think Tank discussion on the draft Locality Development Offer and agreed that a draft document for consideration by the next three locality meetings would provide the basis for a locality based approach.

CSU Update

EMC considered the on-going progress on work regarding

- SLA review
- Prime Contractor Model
- Financial Management Planning

Urgent Care Update

EMC discussed the current position regarding Urgent Care and progress of the UCC procurement; ongoing work with the Lewisham & Greenwich Hospital to reduce the 4 hour A&E level of performance at Queen Elizabeth Hospital (QEH) to improve patient services and resolve short to medium issue with beds. Issues raised by the Care Quality Commission (CQC) following their visit to QEH was discussed and confirmation that there would be a QEH quality summit meeting to agree a workplan to improve services going forward.

Risk Management Report

A new process currently was under development by the Assistant Directors to be presented to EMC. Two new risks added to the risk register which was noted by the meeting.

Month 12 Annual Accounts

Verbal summary provided on the draft 2013/14 Financial Accounts which will be considered by the membership (Primary Care Advisory Group (PCAG)) for approval at their May meeting.

Workforce and Staff Survey Report

Summary provided on the workforce and training report supplied by the SLCSU and the 2014 Staff Survey with actions to be included in the Organisational Development with a full report to the July Governing Body.



Clinical Commissioning Group

12 June 2014

Dr Howard Storate, Dr Sid Deshmukh and Dr Nikita Kanani declared an interest in item 72/14 Co-Commissioning of Primary Care. No mitigating action was necessary.

MATTERS ARISING

- GPs were experiencing problems with Individual Funding Request (IFR) referrals being returned, due to incomplete information. The IFR form was not suitable for use by General Practice and action agreed for amendment to form to ensure fit for purpose.
- Further discussions regarding Oxleas district nurse structure on going.

STANDING ITEMS

- **CSU Update**
KPMG SLA review process and new proposals to be discussed with CCGs to agree revised specifications. Further clarification needed from the CSU on Business Intelligence to the CCG.

Work progressing on the Financial Management Plan (FMP).

- **Urgent Care Board Update**
Feedback provided on the QEH Summit Meeting where action plan had been agreed to address the issues discussed which would be monitored and the work presented to NHS England. The Urgent Care Board considering service redesign work Nursing Homes; capital business case; demand and capacity; length of stay issues.
- **Risk Management report**
The format new draft register had been approved by Audit & Integrated Assurance Committee and would be taken forward for implementation by the Assistant Directors. Internal Auditors, KPMG, had conducted a review of the CCG's risk management process and had given the CCG the highest award of adequate. NHS Bexley had four of the top ten most commonly occurring risks included within its Board Assurance Framework.

ITEMS FOR DISCUSSION

- **Co-Commissioning of Primary Care Strategy**
EMC held discussion on an expression of interest which would need to be submitted by 20 June 2014 following further discussion at the GP Engagement Event on 19 June.

Any Other Business

- Future Models Working Day to be held on 10 July.

Governing Body (public) meeting

DATE: 31 July 2014

Finance Sub-Committee Meeting Executive Summary 13 May 2014

- A budgetary control audit had taken place which had recommended that all financial procedures should be consolidated into one document. The procedures had been updated and amended where necessary, consolidated and budget setting guidance had been added. The Detailed Financial procedures and Operational Scheme of Delegation document was approved.
- An extension of 12 months was approved for the Any Qualified Providers for Adult Hearing Services to ensure service continuity whilst procurement takes place.
- An extension of up to 3 months was approved for the current RMBS contract, due to expire on 1st July 2014. This was due to the complexity of the evaluation of the procurement exercise. Dr Peter Fish declared an interest in this item and did not partake in decision making.
- Clare Fernee fed back to members on the work carried out by Keele University on developing a medicines management strategy for NHS Bexley CCG, benchmarking Bexley prescribing data and recommending the most appropriate comparator for benchmarking NHS Bexley prescribing performance. They recommended the continued use of the 'new and growing towns' ONS cluster for benchmarking, and identified areas of savings using the 17 national prescribing QIPP indicators. Clare Fernee was asked to produce a Medicines Management options appraisal for realising these savings for the next Finance Sub-Committee in June.
- Alison Rogers advised of the Children and Young People 2015/16 QIPP proposal which would include paediatrics, children and adolescent mental health services (CAMHS), specialised children's services and a range of other smaller budgets jointly commissioned with the London Borough of Bexley which include a children's element. Members agreed the direction of travel and that Alison Rogers should continue with discussions with Local Authority colleagues and preparation of a business case, with stakeholders involved.
- Members discussed the QIPP report for month 12. Final QIPP delivery for 2013/14 of £11.64m had been achieved. 2014/15 QIPP schemes of £14.4m has been identified to meet financial planning requirements of £13.6m.



Clinical Commissioning Group

- Members discussed the Consolidated Contracts Report for Month 12. All acute providers over-performed in Month 11, with the exception of Dartford and Gravesham. Community and Mental Health contracts also over-performed. District nurses were also discussed and GPs were asked to raise any issues via quality alerts. These would be raised at the CQRG meeting.
- The 2013/14 Annual Accounts were discussed. A surplus of £126,000 had been achieved for 2013/14. Draft Accounts had been approved for submission by the Audit and Integrated Assurance Committee (AIAC). The Primary Care Advisory Group (PCAG) had approved the Draft Accounts and delegated authority to the AIAC to agree any amendments required, following audit, and to approve the final accounts for submission in early June (subject to there being no material changes). All of the CCG's statutory financial targets had been met. PCAG members stated that as far as they were aware there was no relevant audit information of which the CCG's auditors were unaware.
- Members discussed the re-submitted 5-year financial plan showing £126k surplus for 2014/15, as opposed to 1% surplus. This was discussed with Governing Body members and NHSE prior to submission. The change will not affect the CCG's risk assurance or relationship with NHSE.
- The Quality Alert Management pilot was due to go live with 5 Bexley GP practices. The new process is paperless and alerts will go direct to Providers to resolve. Another update will be taken to the Finance Sub-Committee in August.

10 June 2014

- Medicines Management options were discussed. The Keele University report highlighted areas that could produce savings in both prescribing and admissions if further Medicines Management staff were employed to maximise the opportunities highlighted. Members discussed the costs of extending the Care Home Pharmacist contract and the savings made so far; how savings could be made from the highlighted areas; what investment would be necessary to realise the savings; investment of additional staff; and further practice support. Members approved the employment of three band 7 Pharmacists on a 1 year fixed term contract and to increase the Care Home Pharmacist to 1 whole time equivalent on a 1 year fixed term contract. Quarterly reports detailing savings made by additional staff investment are required for the Finance Sub-Committee. Members also approved a contribution to administrative costs for the Area Prescribing Committee.
- The Children and Young People (CYP) Prime Contractor Commissioning business case was presented to members and discussed. The business case details the proposals for CYP and proposes re-procurement of health and social care services for children and young people and involves both LBB and NHSE. The Finance Sub-Committee supported the business case being taken to the July Governing Body.



Clinical Commissioning Group

- Primary Care Training and Workforce Development plans for 2014/15 were discussed and approved.
- The QIPP Report Month 1 was presented and discussed by members.
- The Consolidated Report for Months 12 and 1 was presented and members noted its contents.

The Kitemark Scheme was discussed. The CCG had consulted with localities on the requirements of the scheme for 2014/15. However, little change had been seen. Members discussed the validity of the scheme in its present form and whether it supports national and local objectives and is diluted across too many schemes. Sarah Valentine agreed to draft a discussion paper for the June Governing Body Seminar to discuss further



Governing Body (public) Meeting

DATE: 31 July 2014

Medicines Management Sub-Committee - Executive Summaries

21 May 2014

- Methotrexate shared care guidelines in RA were agreed
- Revisions to the guidelines for the management of stable COPD were agreed
- Azathioprine Shared Care Guidelines for Inflammatory Rheumatic Disease in Adults were agreed
- Recommendations from the KCMO medicines management strategy report were discussed

18 June 2014

- Five recently published NICE Technology Appraisals were reviewed
- The committee **agreed** to adopt the APC SEL Red list, copy available at http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/Final%20SEL_RED_list_June_2014.pdf
- High use and high expenditure drugs that could be considered for a switch from branded drugs to generic drugs were discussed



Governing Body (public) meeting

DATE: 31 July 2014

Information Governance Sub-Committee (IGSC) - Executive Summary 6 May 2014

- Chaired by Nisha Wheeler (Vice Chair).
- No conflicts of interest were raised.
- The IG sub-committee approved the minutes of the meeting held on 4th March 2014 & noted the status of the actions.
- The risk register was reviewed. SEE recommended that a new risk be added to the register regarding the organisation backup tapes.
- The Data Protection and Caldicott end of year report was presented for information.
- A Business Continuity and Disaster Recovery test was reported to be carried out to test the offsite server in Erith. Findings to be reported back to IGSC and Governing Body.
- Registration Authority Audit report – IGSC requested that these audits be carried out more than quarterly due to the number of inactive users.
- It was reported that the Health and Social Care Information Centre (HSCIC) are releasing new software for NHS smartcards registration. Training and support will be provided from the HSCIC.
- All Bexley GP practices have now completed and submitted the IG Toolkit, all obtaining level 2.
- The quarter 4 FOI report shows improvement on the last quarter. Assistant Directors co-ordinating responses have made an improvement on response times.
- The IG induction guide has been revised. New starters are now requested to complete IG training within 7 days of starting work at the CCG rather than 30 days. A link to the HSCIC Data Protection and Confidentiality Guide has been incorporated as well as more information regarding the CCGs policy on patient confidential information (PCD). There are also more details relating to USB devices and policies.
- An Information Asset Administrator (IAA) Task group has been established within the CCG starting on 21st May. One of the tasks has been raising awareness of records management file path convention to staff via the IAAs.
- The IG communications plan was discussed.



Governing Body (public) meeting

DATE: 31 July 2014

Quality and Safety Sub-Committee Meeting - Executive Summary 22 May 2014

- Dr Nikita Kanani (Chair) - There were no conflicts of interest
- The minutes of the Q&SSC held on 13 February 2014 were agreed. The action log was updated.
- The Q&SSC agreed that Yvonne Sulola CCG Governance Pharmacist be appointed as the CCG Medicines Safety Officer and Medical Devices Safety Officer (MSO/MSDO) and become a member of Q&SSC. Terms of reference to be amended.
- The Q&SSC fed into and approved the outline quality element for an integrated procurement process for children and young people services. Progress to be reported to the July Q&SSC.
- The Quality and Safety Sub-Committee noted the Q4 Quality and Safety Report, the Integrated Quality, Safety and Performance Report and the Quality Dashboard, along with the Serious Incident and Never Event Report.
- The Patient Experience and Insight report Q4 highlighted that Queen Elizabeth Hospital (QEH) continues to provide poor quality responses which do not answer complaints properly within required timescales. A number of complaints continue in relation to Ward 4 (inpatient cardiology) and Ward 14 (trauma and orthopaedics) at QEH.
- The Mental Health Quality reported there were no red indicators and 4 amber quality indicators. The CQUIN target had been achieved. Oxleas had failed to reach the performance target in staff training to enable the team to give brief advice on smoking cessation and therefore payment was withheld pending the end of year report and achievement of the target by year end.
- The Care Homes Quality update was discussed.
- The Safeguarding commissioning standing committee minutes were shared with the group.
- Queen Elizabeth Hospital – QEH A&E audit, Healthwatch report and CQC inspection reports were reviewed and discussed in advance of a clinical summit on the 9 June 2014. It was agreed that more joined up working was needed so that commissioners were sighted on quality, urgent care, CQRG, contract management board, SEL groups and TDA.
- QEH stroke unit report – a recent audit showed improvement needed against agreed standards. An action plan was requested outlining how improvement would be achieved by 31 August 2014.
- The Q&SSC noted and agreed the NHS Bexley CCG Audit and Inspection Plan.
- The GP Quality alert management system was reported to be nearing pilot phase.
- A pressure ulcer mattress audit report was discussed. This was an audit on 12 Nursing/Care Homes to give an independent opinion as to whether the mattresses/chairs/beds in use were appropriate. The report to be shared with LA inspectors to monitor action plans
- The Cost Improvement Plans (CIPs) assurance process was explained the group. More information was requested from Oxleas.
- SUSD Challenges/Community District Nursing Levels were discussed which prompted the need for a team visit to SUSD. Update at July Q&SSC.
- Individual Funding request (6 months) and SEL NHS 111 clinical governance reports were noted.

