

Clinical Commissioning Group

BEXLEY PATIENT COUNCIL

Tuesday 15th July 2014 -
Hall Place, Bexley

Draft Minutes

Attended:

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
Paul Goulden	(PG)	Age UK Bexley
George Heitmann	(GH)	Bellegrove Road PPG Chair
Steve Davies	(SD)	Bexley Mencap
Terry Murphy	(TM)	Bexley Pensioner's Forum
Sheila Burston	(SB)	Diabetes UK Bexley
Dennis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg - PPG
Cindy Lowe	(CL)	Bexley Moorings
Carol Penny	(CP)	SNAP
Hilary Rowley	(HR)	Albion Surgery - PPG
Julie Bristow	(JB)	BVSC
Terry Bamford	(TB)	Healthwatch Bexley
Dawn Brooker	(DB)	South London Cancer Network
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group

Apologies:

Chris Lee	(CLE)	Bexley Youth Council
Janet Fox	(JF)	Station Road, Sidcup PPG
Dave Baker	(DBA)	Carers Support - Bexley

Absent:

Mark Bradley	(MB)	Oxleas NHS Foundation Trust
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Present:

Annie Gardner	(AG)	Head of Patient Experience, Bexley CCG
Diane Hannaford	(DH)	Stakeholder Insight Officer, Bexley CCG
Simon Evans-Evans	(SEE)	Director of Governance & Quality

Presenters:

Simon Cook	(SC)	QMS Programme Manager
Charles O'Hanlon	(CO)	AD for transformation and redesign
Douline Schoeman	(DS)	MSK - Project Manager
Jacqui Skinner	(JS)	Head of children, young people and maternity commissioning

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1. Standing Items

1.1 Welcome, introductions and apologies

Apologies for absence were noted. AG advised the representative from Haven had resigned due to work commitments. A letter has been sent to the representative thanking him for his commitment over the past months and for his contribution to the Patient Council (PC). AG will work with Haven to recruit new representative to sit on PC.

1.2 Declarations of Interest

No new Declarations of Interest

1.3 Notes of CCG celebration event - 20th May 2014

Summary notes of the CCG celebration event dated 20th May 2014 were accepted as a true account by all members present.

1.4 Matters Arising/Action Notes

1.5 Chairman & Patient Council Member update/feedback

SW asked members for comments on feedback template that had been circulated during May PC meeting and for any information updates. SW explained that it would be helpful for all members to complete feedback template and return to AG prior to meetings. This would help to circulate information and feedback between members and would save time during PC meetings, SW added that the information presented would also help offer an insight into public opinion and concerns.

TM advised that Pensioners Forum have a monthly committee meeting where information is shared with steering group, there are also quarterly meetings for all members at Civic Offices. TG added that information gained through PC meetings was shared with the PPG she represents.

SW reiterated that information from groups needs to come back to PC meetings so that insights can be fed back to the CCG. SD suggested that a summary of key messages from PC meetings is circulated to members as an 'aide memoir'.

Action – AG to circulate example of completed feedback template.

2. Presentations / Speakers

2.1 Better information means better care - Robin Burgess, (RB) Regional Head of Intelligence, London Region, NHS England (Enc B)

Better Care – care data started January 2014 but rapidly stopped after leaflet was sent to every household in England. The system is intended to be a set of linked data from all NHS and social care settings to enable better commissioning, research, public health, clinical audit and performance and system management. Not the same as Summary Care Record (SCR), which is used for emergency care but both have ability for patient to 'opt out'.

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RB explained the current position particularly that some parts of the programme are being reviewed and that extraction of data is currently halted. NHS England will spend time gaining views and communicating more clearly about the programme with patients, the public and NHS. RB then discussed the benefits the programme could offer, for example research into the effectiveness of treatment and how effective services are, a more detailed data set, improving the quality of services and outcomes through determining better treatment and identification of links between prescribing.

PG asked if information would be sold to insurance companies as it was given out freely in the past. RB reminded PC members that data flows around all the time in the NHS, adding currently give out data and don't sell it at the present time. HR said that following an operation she received calls from non NHS organisations and questioned how they had known about her procedure and contact details. RB said it is not acceptable to pass information to commercial companies but noted value of sharing information with for example researches to help improve quality of care.

SW asked if data relating to children and adults with Alzheimers would be included in this programme. RB replied that unless they opt out everyone's data would be included. At the end of the presentation RB advised members to email him directly if they had any additional questions.

2.2 Queen Mary's Hospital update - Simon Cook (SC) - Programme Manager (Enc C)

SC confirmed the programme for transformation at QMH is well underway, adding that a new café had recently opened in the entrance to B block. The development of a Children's Centre in F block will commence in December 2014 followed by the new Kidney Centre in spring 2015. In May 2015 B block will undergo a major transformation when the Urgent Care Centre will move from its current location to B block. Diagnostic tests such as X-rays, ultrasound and MRI will also be moved to B block, along with adult outpatient department. In summer 2015 a new reception area in B block will be created, this will be followed by the opening of the new Cancer Centre and the Day Care Unit in early 2016.

Hydrotherapy

SC explained that a pool is currently situation in A block, which will be demolished. Work is in hand to review the future provision of hydrotherapy services and where this should/could be provided. It was noted that service at QMH is currently underutilised with patients using a variety of other locations including Shenstone School, Darent Valley Hospital and Goldie Leigh. SC advised a review with staff and service users would commence during July to look at options etc. The process will conclude in October 2014. PC members were invited to participate in the focus group supporting this area of redesign and to advise AG if they wanted to be included.

AG added that she is currently working with service providers to identify users/carers who will be invited to attend the 1st focus group meeting on 24th July 2014 at QMH. Representatives from MSK focus group had also been invited to attend this meeting. CP, TM and JF both expressed an interest in attending.

Phlebotomy services

SC confirmed that diagnostic services will continue on the QMH site.

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2.3 Integrated commissioning of Children and Young People services (ICYPS) - Jacqui Skinner, (JS) Head of children, young people and maternity commissioning (Enc D)

JS explained she has a joint post funded by Bexley Council and Bexley CCG, managing a range of contracts, e.g. substance misuse, specialist children's services, mental health and EOL care. JS is leading on ICYPS and looking to tender a prime contractor model. This redesign is being undertaken to improve the use of resources and so that an improved integrated pathway can be developed, ultimately improving the referral pathway for families in Bexley. JS advised that a stakeholder event had been held, this included representation from Hospital providers and private voluntary and independent sector organisations, and this offered an opportunity to share a list of high level outcomes and pathways. .

Consultation will include a range of service users, JS is working with CCG colleagues to ensure communications and to establish a patient/service user focus group to support this work. JS confirmed timeframe for procurement process and that a bidder's event was planned to take place on the 20th August 2014.

TB said that he wanted to understand more of what is included in the contract. There is no reference to children with disabilities, looked after children (LAC) or child protection. JS confirmed child protection and LAC are included in a range of these services. TB enquired if this had been completed anywhere else? Has it produced cost savings and what is the evidence base for doing this? SEE advised that by putting in a single system inefficiencies could be removed, patient experience improved and money saved. SEE added that the system was currently complex and the new pathway will make things simpler. JS advised a single prime contractor model is being delivered in Devon on a much bigger scale.

TB was concerned at scale of cost involved in procurement process and sought assurance that all profit providers would be excluded. SEE said CCG are not allowed to restrict by law. TB replied Secretary of State has given assurance that child protection will be excluded for all profit contractors and that he would like to see this clearly referenced in documentation.

JB asked if timescales can be influenced and if outcomes are now definite. JS confirmed that outcomes had been revised following the stakeholder event.

3. Items for discussion and information

3.1 Introducing the quality dashboard

SEE introduced the Quality dashboard and asked PC members if the document was useful and if it should be included as a regular item on the agenda. All agreed it was useful but felt more context was needed to understand the meaning of indicators.

3.2 Diabetic foot care - Sheila Burston (SB)

SW apologised that due to time constraints PC would not be able to proceed with this agenda item. However, it would be added to the agenda for the next meeting. TG expressed concerns that the last two meetings had been full with several presentations and that time should be allowed to discuss the PC's work plans and own work, i.e. Mental Health promotion, (CCG priority), EDS.

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4. Items for information & update - Procurement updates - Charles O'Hanlon, (CO) AD for transformation and redesign and Douline Schoeman (DS) MSK - Project Manager

4.1 MSK redesign - update

DS confirmed new MSK service went live on 1st April 2014. Backlog has been cleared; there is now a four week wait for legacy appointments and 10 day wait for a new referral. All outreach clinics have been re-opened and a new clinic is scheduled in the Frognal locality. By September/October physiotherapy will be available on Erith Hospital site, with extended sessions available on Saturday mornings. DS confirmed that Bexley do not currently have a self-referral scheme and that access to the service is via referral from GP.

4.2 Cardiology redesign - update

CO advised prime contractor is Guys and St Thomas's (GSST). The commissioned schemes have gone live and are working well; from 1st April 2014 there has been increased investment in rehabilitation (provided through Oxleas and GSST). CO added this is the first step of a five year journey. Aim to come back with GSST to talk to PC about changes in more detail.

4.3 Urgent and unscheduled care

Hurley Group went live on 1st July 2014 providing services from the Urgent Care Centre on QMH site. A second UCC hub will open at Erith District Hospital in September 2014, which will include access to diagnostics. Hurley Group is also the new provider for out of hours services for Bexley. AG advised that the Patient Experience Team had visited the service at QMH last week and asked patients for feedback on their experience – which was predominantly positive.

Pulmonary Rehab

CO advised new provider was 'In Form' and that additional monies have been invested to clear backlog. When new service procured CCG requested a wider range of services, this means courses will be available to patients offering exercise and education.

4.4 End of Life care (E)

CCG currently working with Oxleas and Marie Curie, we are also looking to establish a 'dying matters focus group'. A meeting had been attended by several representatives from the Patient Council to discuss end of life care. The focus is to identify people earlier in their journey. AG will be working with new member of staff Mariette Mason to recruit patient representatives to the dying matters group.

4.5 Mystery shopper feedback & engagement

Due to time constraints and overrun this item was not discussed in detail. However, it was noted that the CCG had officially launched their Mystery Shopper scheme, which was being well received and utilised by members of the public. Insights obtained through this scheme will be feed into quarterly reports (shared with the Governing Body) and available to members of the public via the CCG website.

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4.6 Ophthalmology

DS confirmed services will continue to be provided by Kings College Hospital and that CCG is currently looking at the pathway with a view to re model services closer to home and in the community.

5. AOB

SB asked for update on developments with diabetes services. CO advised this was an area being developed and recognised the need to establish a service user focus group. MW thought CCG should not be looking at prevalence of diabetes/obesity but should be focussing efforts on prevention. CO replied that this has been picked up and that the CCG were looking at social prescribing.

DR raised a question regarding District Nursing services, enquiring if they visit the same patient – continuity of care. CO explained that DN's have a case load but that patient could be seen by another DN (especially as they do not work 24/7).

6. Date of next meeting & Close

Tuesday 9th September 2014, 9:30 - 12:00, Danson Room, Bexley CCG Headquarters

Governing Body (public) meeting

Date: 27 November 2014

Audit and Integrated Assurance Committee - Executive Summary

Meeting held on 2 September 2014

The AIGC met on 2nd September 2014; present Keith Wood (Chair), Kate King, Dr Sushanta Bhadra, Dr Graham Rehling.

At the meeting the AIAC:

1. **Considered** the aged debt analysis as at 31 July 2014 and the actions taken to manage outstanding items and **approved** the write off of a debt of £223 and a de minimus limit of £1,000 below which the Chief Financial Officer is authorised to write off doubtful debts.
2. **Noted** that the Committee's terms of reference would be reviewed once NHSE had approved the new Constitution.
3. **Considered and noted assurance from** the Assurance Framework and Risk Register and **stressed** that the Committee required the heat map to be replaced with a simple summary similar to that adopted by NHS England.
4. **Noted** the risks reported in the Corporate Risk Register report.
5. **Received and noted** the Local Security Management and Counter Fraud progress reports and **thanked** the London Audit Consortium staff for their work in the past **noting** that a new provider had been appointed with effect from 1 October 2014.
6. **Noted** that no gifts or hospitality had been recorded in the register since 1 April 2014.
7. **Noted** the Internal Audit progress report.
8. **Noted** the External Audit Annual Letter 2013/4, proposed audit fee for 2014/5 and Value Statement for 2013/4.
9. **Noted** one waiver of Standing Orders in relation to tenders.
10. **Noted** the decision log from other fora.
11. **Received** the 2013/4 QIPP report.
12. **Noted** with satisfaction the Integrated Commissioning Unit Annual Report 2013/14.
13. **Noted** a report on the commissioning arrangements for the legacy Local Enhanced Services schemes.
14. **Noted and ratified** the appointment of TIAA Ltd to provide local counter fraud and local security management services.
15. **Agreed** the Committee's annual workplan.



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- 16. Noted** summaries of proceedings at meetings of the Executive Management, Finance, Information Governance, Medicines Management and Quality and Safety Committees.
- 17. Reviewed** the proposed 2014/5 workplan for the AIAC.
- 18. Noted** that Internal and External Audit did not wish to take up the Committee's invitation to meet with it in private.

Keith Wood
September 2014

DRAFT



Governing Body (public) meeting

DATE: 27 November 2014

Executive Management Committee – Executive Summary

Meeting held on 4 September 2014

DECLARATIONS OF INTEREST - No conflicts of interest raised.

STANDING ITEMS

CSU Update

A SE London process set up to monitor CSU performance across the 6 CCGs with monthly meetings scheduled to provide a customer focus

Risk Management Report

The Executive Management Team noted the risks as laid out in the Risk Register Report 10+ and noted the summary provided.

ITEMS FOR DECISION

CCG Awards Scheme

The Executive Management Committee noted the final proposal for the CCG Awards Scheme which had been **approved** virtually by the EMC on 6 August 2014.

Business Continuity Plan

The Executive Management Committee **approved** the CCG's Business Continuity Plan.

Approval of Organisational Policies following Staff Consultation

The Executive Management Committee **approved** the following policies and procedures:

- Bullying and Harassment Policy
- Capability Procedure
- Disciplinary Procedure
- Individual Grievance and Disputes Procedure
- Re-banding Policy
- Security Policy
- Sickness Absence Policy
- Whistleblowing and Public Interest Policy

CCG 2015/16 Corporate Calendar – approved

ITEMS FOR DISCUSSION

Human Resources – Workforce Report NHS Bexley Clinical Commissioning Group

The Workforce report prepared by the CSU needed to be benchmarked against the 6 SEL CCGs in order to make a comparison of future data collected. The Statutory and Mandatory Training Report needed to include Governing Body members.



ITEMS FOR INFORMATION

Notes of Meetings:

Finance Sub-Committee 10 June 2014

Medicines Management Sub-Committee 18 June & 16 July 2014

Quality & Safety Sub-Committee 22 May & 24 July 2014 (Draft)

Information Governance Sub-Committee 1 July 2014 (Draft)

Meeting held on 2 October 2014

DECLARATIONS OF INTEREST

Drs Bhalla, Deshmukh, Fish and Kanani declared an interest in item 113/14 Primary Care Development Support Proposal. No mitigating action was necessary.

STANDING ITEMS

CSU Update – noted

Risk Management Report

Discussion took place on the length of the Cardiology PML waiting lists with actions agreed to review and improve the situation. GPs needed to use the GP Alert System to enable problems to be rectified as soon as possible with complaints forwarded directly to providers and reported to Provider Boards. Concerns raised regarding local A&E delivery and discussion on joint tripartite actions being taken forward to address issues.

ITEMS FOR DECISION

Primary Care Development Support Proposal

The Executive Management Committee **approved** the implementation of a dedicated Primary Care Development Team. The Governing Body Seminar in October to discuss Primary Care Development Interaction with Localities.

ITEMS FOR DISCUSSION

Contracting Deep Dive Report

It was confirmed the deep dive had shown that the CCG needed visibility of SLAM data alongside SUS data and learning had been gained by the CCG and CSU which had led to greater understanding of Bexley CCG issues and improved working relationships. The Executive Management Committee **noted** the Deep Dive 1 Update on Work (including re-admissions).

ITEMS FOR INFORMATION

Finance Sub-Committee 8 July & 12 August 2014

Medicines Management Sub-Committee 16 July & 20 August 2014

The Executive Management Committee noted the notes of the meetings.

ANY OTHER BUSINESS

The Urgent Care Centre at Erith Hospital opened on 1 October. Dr Varun Bhalla and Dr Sonia Khanna-Deshmukh were thanked for their involvement in the programme. Fifty four patients had been seen on the first day, the majority of whom were children.



Governing Body (public) meeting

DATE: 27 November 2014

Finance Sub-Committee Executive Summaries Meeting held on 9 September 2014

- Members discussed Queen Mary's and Erith Hospital clinical services re-procurement. The business case looked at the potential to procure the residual service (not previously re-procured) in three lots: Outpatients and Day Cases; Phlebotomy and Pathology; Provision of XRay, Ultrasound, CT scanning, MRIs etc. Consideration would need to be taken of local developments such as the development of new homes at Ebbsfleet and the planned theme park which would have an impact upon local NHS services. The Finance Sub-Committee approved the business case to go to the Governing Body.
- Members considered and approved a business case which set out the need for increased therapy provision in Bexley's three special schools. This would facilitate increased places to account for the raising of school leaving age, increasing population needs and prevent children from needing out of borough placements. This is a joint proposal with the Local Authority. The increased need will cost £268k per annum, for 68 places, phased in until 2016/17 split 50:50. However, the cost of an out of borough placement to Bexley is £3k per child therefore representing a cost saving.
- Members discussed the proposal that three contracts dealing with a range of equipment should have their expiry date aligned so that they can be procured simultaneously in early summer 2015 jointly with the Local Authority. Members approved the alignment as a sensible way forward.
- Members discussed the Better Care Fund (BCF) and the submission due on 19th September, following approval by the Health & Wellbeing Board on 17th September. Explanations were provided on the division of the notional resource between the Local Authority and the CCG and what percentage reduction in total unplanned non-elective admissions the CCG and Local Authority had agreed to aim for. The planned scheme to achieve these reductions is end of life care.
- Members discussed and noted the month 4 Finance Report. The forecast outturn position of £126k, matching plan, was reported. The adverse acute position of £8m overspend remained in line with previous months and remained a risk to breakeven. NHS England are aware of the CCG's high risk financial position. Month 5 position was similar, however prescribing had worsened. Discussions would be taking place across South East London CCGs in respect of access to risk share.

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- Members discussed and noted the month 4 QIPP Report. The month 4 assessment of QIPP suggests that delivery will be £14.12m (98%) against gross values and £13.06 (net of QIPP reserve £106.m) (96%) against the RAG rated value for 2014/15. The deterioration from plan is primarily as a result of the reassessment of urgent care savings following award of the contract and the slippage in the start of the Cardiology Community Clinic and EOLC schemes. The CCG was still RAG rated green by NHS England for QIPP delivery. However, the month 5 submission forecast under-delivery of £1.5m, half of which relates to prescribing. It was agreed that the AD of Medicines Management would arrange a Pan Bexley meeting with a number of practices so that prescribing could be discussed and good practice shared.
- Members discussed and noted the months 3 & 4 Consolidated Contracts Report. Spend in Community is in line with budget. Mental Health spending is in line with plan and performance and KPIs are on track. The 2014/15 target for referral to Improved Access to Psychological Therapies (IAPT) is 15%. MIND in Bexley continue to develop and provide new therapy groups that GPs can refer patients to. 111 figures are improving month on month. The London Ambulance Service shows good performance on Category A incidents. The first Urgent Care and Out of Hours performance contract meeting would take place during September.
- Members discussed continued issues with the Oxleas District nursing service. It was proposed that a summit should take place with Oxleas to look at a cohesive group of Key Performance Indicators and how hospital admissions could be avoided.
- Members discussed the outcome of the deep dive 1 report on acute activity. A number of issues had been resolved although some were on going. The CSU are now providing more open and transparent information and are working with CCG teams to raise challenges and work on the prime contractor models.
- Members discussed activity driving acute over-performance. Further work will be undertaken to provide information to practices. It was agreed that information would be pulled together on IFR, GP referrals, prescribing and Urgent Care referrals to understand individual practice performance.
- Members discussed and noted the annual IFR report for 2013/14 and quarter 1 2014/15.
- Members discussed in more detail the prescribing forecast outturn for 2014/15. Additional cost pressures are partly responsible for this increase. Projects had been put in place to mitigate overspending and the forecast is expected to reduce.
- Members discussed the Care Home Medication Review Pilot Project Evaluation October 2013 to June 2014. The report contained recommendations for the Care Homes Pharmacist who would work full time on Care Homes.

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Meeting held on 14 October 2014

- The draft 2013-14 Programme Budget Return for Bexley CCG was presented for information. It had been submitted on time in accordance with the national timetable. The final return was due by 17 October 2014.
- The Quality Alert Management System had been piloted at 5 GP Practices and had worked well. The Chief Financial Officer had approved the purchase of the QAMS software (5 year option) under her powers in the Schedule of Matters and the software will be rolled out across Bexley on 20th October.
- The End of Life Care Business Case was proving to be a very complicated piece of work. The Business Case was not ready for the 14 October meeting and would be distributed electronically as soon as possible for decision.
- The Month 5 Finance Report was discussed. The Chief Financial Officer updated members on the month 6 position which had deteriorated. However, the CCG were continuing to report breakeven for the time being until risk sharing had been discussed by Chief Financial Officers across South East London. Running costs remained below budget. The Better Payment Practice Code was performing well.
- The Month 5 QIPP Report was discussed. The overall forecast showed a net under-achievement of £1.54m, which results in the CCG being RAG rated Amber by NHS England for QIPP delivery. The under achievement was primarily as a result of slippage in the start of, or underperformance of, various schemes. The PMO process pack had been updated and the updates were approved by members for circulation to members of staff.
- The Consolidated Contracts Report for months 4 and 5 was discussed. Acute over performance continued. The four main trusts were being chased to finalise the Q1 position. The CSU had successfully challenged £1.26m of activity, which is 39% of all claims raised. A Commissioning Summit with Oxleas would be held to discuss a more streamlined approach to Oxleas commissioning. The MSK contract had resulted in waiting times being reduced significantly; currently patients were only waiting 2-4 weeks. The Ophthalmology contract was yet to be finalised and the Cardiology contract was still awaiting signature. The Urgent Care Centre had opened at Erith and was averaging 50-75 attendances per day.
- A full time Care Home Pharmacist had been recruited, with a provisional start date of 17 November. Three Practice Based Pharmacists had been recruited, two had commenced employment and the third would start in January 2015. Clare Fernie would attend the next three Finance Sub-Committee meetings to give an update on prescribing costs as this presented a large risk to the financial position.

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- Michael Boyce had produced a Comparative Activity Report to include prescribing spend, GP referrals, A&E attendances and Individual Funding Requests. This would be shared with Localities and would become a regular Finance Sub-Committee agenda item.
- The Better Care Fund Submission had been made on 19 September. An improved End of Life Care scheme had been put forward to secure a further 1% or a reduction of 199 in non-elective admissions. Approval was awaited.
- Sarah Valentine advised that the CCG had gone to procurement for the re-procurement of the Referral Management Booking Service, currently provided by Bexley Health Limited. The bids received were not within budget or delivering what was required. She therefore wanted to cancel the procurement and extend the BHL contract until the procurement could be remodelled and re-procured. Drs Bhalla and Fish declared an interest as both own shares in BHL; they therefore did not participate in the decision to extend the BHL contract.
- Theresa Osborne advised that a capital plan had been included in the CCG's 2014/15 financial planning submission to NHS England. Of those schemes listed bids had been submitted for two schemes: Headquarters CAT 6 infrastructure and re-cabling and Headquarters telephone upgrade to VOIP. The telephone upgrade included touch screens in the 3 main meeting rooms which would be useful for video conferencing and would save time in travelling to London for many meetings and other admin costs. Both bids had been approved by NHS England and finances were awaited. Depreciation costs would amount to c£21,000 per annum.
- Jonathan Manuelpillai advised that commissioning in some specialities would be returned to CCGs from Specialised Commissioning in 2015/16 such as Bariatric Surgery and Renal. A collaborative approach would be needed.

Governing Body (public) meeting

DATE: 27 November 2014

Medicines Management Sub-Committee - Executive Summaries

Meeting held on 17 September 2014

- The Medicines Management Sub-Committee discussed and agreed the introduction of a new report based on the national QIPP KPIs for prescribing in primary care, and the proposed NHS England medicines optimisation dashboard.
- The Medicines Management Sub-Committee approved the Policy for Managing Rebates Schemes for Prescribed Products in Primary Care.
- The Medicines Management Sub-Committee approved the Standard Operating Procedure for medication changes to be carried out in GP Practices by the practice based pharmacists who have been employed on a fixed term 12 month contract.
- Prescribing Budget performance in the current financial year was discussed at length, to highlight cost pressures arising from new NICE guidelines and new therapeutic agents, and other clinical areas such as vitamin D supplementation, and Diabetes which are both growing fields, and what is being done by the medicines management team to manage this.
- The Shared Care guideline for treatment of children and adolescents with ADHD was approved.

Meeting held on 15 October 2014

- Dressings Pilot was discussed and will be extended to 31 March 2015 to continue in North Bexley, and then include Frognaal and Clocktower practices.
- The Medicines Management Sub-Committee approved, with the some final amendments, the NHS Bexley CCG COPD diagnostic and pathway tool written by Dr Nav Paul.
- Kitemark 9.6 Target (methotrexate) was amended to remove the need for repeat monitoring of ESR (erythrocyte sedimentation rate) and CRP (C-reactive protein) which in routine practice only recorded at initial diagnosis.
- 9 Bexley GP Practices had gone live on TQUEST (pathology result service from Lewisham and Greenwich Hospital Trust) and forms were awaited from other GPs to be set up. A reminder was added to the October Prescribing Newsflash to remind the remaining GP practices that the forms needed to be completed in order to start accessing this system.
- The group discussed changes to the immunisation schedule made by NHS England, and details were included on the October prescribing newsflash.
- 9 sets of guidelines from the SE London Area Prescribing Committee were discussed and formally adopted for use in NHS Bexley CCG.



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- An issue related to the abuse potential of the drug, pregabalin, was raised following a death in Lewisham, and this was highlighted in the October prescribing Newsflash to NHS Bexley GPs and Nurse prescribers.



Governing Body (public) meeting

DATE: 27 November 2014

Information Governance Sub-Committee (IGSC) - Executive Summary

Meeting held on 23rd September 2014

- Chaired by David Parkins (Caldicott Guardian).
- No conflicts of interest were raised.
- The IG sub-committee approved the minutes of the meeting held on 1st July 2014. All actions from the previous meeting were closed and points agreed
- The IG development plan which aims to increase many of the CCG IG toolkit scores to level 3 was approved
- The revised IG training needs assessment and training update was approved.
- Three risk areas were reviewed – starters and leavers process, WiFi routers and primary care use of personal email accounts. A revised risk management plan was presented.
- IG compliance in contracted healthcare providers was reviewed.
- The ICT and IG security report was presented which provides details of the organisations audits and reviews relating to registration authority, network security, anti-virus, encryption, spot checks and cyber security.
- Incident management report highlighted 6 IG incidents during the period of 1st October 2013 – 31st August 2014, none of which attributed to Bexley CCG breaches.
- FOI Q1 report: the number of FOI requests increased this quarter, with all deadlines being met.
- IAA task group update: work is on-going into the development and review of the central records index
- PIA update: three new PIAs have been presented since the last report, which included QMH, Social prescribing, and Early Years.
- NHS mail migration: there was an update and actions taken to raise awareness of rollout plan of NHS mail across the CCG by the 31st Oct 2014.
- Data flow mapping –a review of information asset registers is taking place.
- Accredited safe haven: the CCG has received requests from the Health and Social Care Information Centre for two submissions relating to the ASH status around Fair Processing and Information Asset Registers
- NHS number project: the annual NHS numbers project audit is now taking place in four departments of the CCG. Details are being finalised and will be reported to the next IGSC.
- Next meeting: Tuesday 2nd December 2014, 9.30am – 11am Danson Room.



Governing Body (public) meeting

DATE: 27 November 2014

Quality & Safety Sub-Committee Meeting - Executive Summary

Meeting held on 4 September 2014

- Chaired by Simon Evans-Evans
- No conflicts of interest were raised.
- The Q&S sub-committee approved the minutes of the meeting held on 24th July 2014. The action log was updated.
- QMS and Erith Hospital clinical services re-procurement plans were reviewed. Q&SSC requested a rewrite of service specifications to cover outcome based commissioning, along with a set of key performance indicators (KPIs), centred around patient needs and GP requirements. To include the need to follow the Bexley Formulary, a full Quality Impact Assessment for each service, and involvement of Healthwatch and a range of stakeholders.
- The Health of Looked After Children Report 2103/14 and Safeguarding Children Annual Report 2013/14 were reviewed with minor amendment prior to Scrutiny committee and CCG GB.
- Q&SSC noted the Quality and Safety Report. Highlighted were breaches that had occurred in patients waiting 52+ weeks, cancer waiting times, diagnostic waiting times, A&E 4 hour wait.
- Q&SSC noted the Patient Experience and Insight update summary. An increase in complaints had been seen during July and August, particularly in respect of late responses to complaints by Lewisham and Greenwich NHS Trust.
- The Oxleas Mental Health Quality report was noted. The Quality team has taken over the Mental Health Quality meeting and a formal Clinical Quality Review Group had been set up across Bexley, Bromley and Greenwich which would be held at NHS Bexley CCG, with formal minutes being taken. In future, minutes of those meetings would be provided to Q&SSC.
- Care Homes Quality – it was noted that joint meetings with the Local Authority were taking place to develop a Clinical Quality Review Group with Nursing Homes. Membership was being considered and Healthwatch and the Patient Council would be invited to attend.
- Q&SSC noted the Bexley Individual Funding Request (IFR) Trend Analysis Q1 2014/15 Report. Of the 32 applications for Individual Funding in Q1 2014/15, 15 had been approved, 11 declined and 6 were awaiting further information before a decision could be made. The majority of those that were not approved related to cosmetic procedures. The IFR annual report 2013/14 was noted.
- The Stroke Unit (QEH) action plan to deliver better outcomes was reviewed.
- Cancer waits: Bexley CCG did not achieve the cancer two week waits target for Q1. The main breaches were at Lewisham and Greenwich NHS Trust. Progress against targets is being monitored through the Clinical Quality Review Groups.
- Healthwatch's local maternity departments report was noted; On the whole women were pleased with their maternity experiences.
- Q&SC noted the Individual Funding Request (IFR) annual report 2013-14.
- Next meeting: 13 November 2014, 9am-12 noon, Danson Room, 221 Erith Road.

