

Agenda Item: 03/15

## Minutes of the Governing Body meeting held in public

**THURSDAY, 27 November 2014, 1.30 – 3.30 PM**  
**Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ**

**PRESENT:**

Dr Howard Stoate	GP, Chair
Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Peter Fish	GP Locality Lead Clocktower
Dr Sonia Khanna-Deshmukh	GP Locality Representative Frognal
Tina Khanna	Locality Representative North Bexley
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Keith Wood	Lay Member
Dr Graham Rehling	Secondary Care Specialist
Kate King	Nurse Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning

**IN ATTENDANCE:**

Mary Stoneham (notes)	Board Secretary
Niamh Wilson	South London CSU (item 124/14)

**APOLOGIES:**

Sandra Wakeford	Lay Member
Dr Nada Lemic	Director of Public Health
Lionel Eastmond	Bexley Patient Council Vice-Chair

STANDING ITEMS		
118/14	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
118.14.1	Dr Howard Stoate welcomed members of the Governing Body and members of the public to the meeting.	
118.14.2	Apologies were noted.	
119/14	<b>DECLARATIONS OF INTEREST</b>	
119.14.1	There were no declarations of interest in respect of the agenda.	
119.14.2	Dr Sid Deshmukh stated he would update his Declaration of Interest form and confirmed that he held a 15% interest in Blossoms Care Home Ltd.	

119.14.3	<b>Action:</b> <b>Mary Stoneham to send out new Declaration of Interest forms to all Dr Deshmukh to update as above.</b>	
<b>120/14</b>	<b>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 25 SEPTEMBER 2014</b>	
120.14.1	The meeting <b>AGREED</b> the Governing Body (Public) Meeting minutes dated 25 September July 2014 with the following amendments:	
120.14.2	<b>Consolidated Contracts Report – Month 3&amp;4</b> 105.14.10 GPs are working with Bexley Health Limited to analyse GP referrals to understand what is happening and agree actions to bring activity down in line with agreed targets.	
120.14.3	<b>Consolidated Contracts Report – Month 3&amp;4</b> 105.14.12 2. Community contracts report for Month 4 – the integrated care targets are currently achieved through the admission avoidance and rapid response strategy.	
120.14.4	<b>Safeguarding Children Annual Report 2013/14</b> <b>Female Genital Mutilation Update</b> 016.14.2 Jill May and Simon Evans-Evans are the CCG members on the Local Safeguarding Children’s Board.	
<b>121/14</b>	<b>MATTERS ARISING/ACTION NOTES</b>	
121.14.1	The action log updated and the meeting noted that there was one outstanding action: 106.14.3 The CCG to appoint a Safeguarding Champion on the Governing Body – Dr Stoate.	
<b>122/14</b>	<b>CHAIRMAN’S UPDATE REPORT</b>	
122.14.1	Dr Stoate (Chair) welcomed members of the public to the meeting and provided an update on plans to transform Queen Mary’s Hospital into a centre of excellence for local people. A ceremony to mark the “ground-breaking” for the new cancer centre took place on 21 November 2014 which is due to open in 2016. Guy’s and St Thomas’ NHS Foundation Trust will be the provider of the cancer services that will include two new radiotherapy treatment linear accelerator machines; chemotherapy treatment facilities and support services for patients and their families.	
122.14.2	A senior delegation from the Brazilian army visited Bexley to find out how practices serve the local patients to understand and learn how the NHS serves both military personnel and civilians at primary care level and link into the social care systems.	
122.14.3	The annual Bexley Big Health Check Day took place on 7	

<p>122.14.4</p> <p>122.14.5</p> <p>122.14.6</p> <p>122.14.7</p> <p>122.14.8</p>	<p>November with over 170 residents with learning disabilities, carers and health and social care professionals involved in the discussions on tackling health inequalities.</p> <p>On 20 November members of the Governing Body, Patient Council together with the CCG patient engagement team handed out over 3,000 leaflets in Bexleyheath Shopping Centre in one day. The campaign was designed to promote NHS 111, self-care, pharmacies, GPs, out-of-hours GP services and urgent care centres to help the ease the pressure on the NHS services during the busy winter period.</p> <p>On 4 December 2014 Margaret Mountford formally opened the Urgent Care Centre at Erith Hospital in the presence of Theresa O'Neill leader of the Council and Theresa Pearce MP</p> <p><b>DECISION LOG FROM OTHER FORA</b> The Governing Body <b>NOTED</b> the decisions that had not been made in public and the reasons for that since the Governing Body (public) meeting held on 25 September 2014, namely;</p> <p><b>AGREED to support NHS England in:</b></p> <ul style="list-style-type: none"> <li>· Recognising the importance of transforming primary care</li> <li>· The importance that primary care has in developing our five year strategies</li> <li>· Jointly develop a strategic framework to support local primary care transformation</li> <li>· At the end of November initiating the next phase of local engagement to further refine the development of the Strategic Commissioning Framework</li> </ul> <p><b>AGREED</b> the award of the Enteral Feeds contract to Abbott Nutrition as laid out in the meeting report.</p>	
<p><b>123/14</b> 123.14.1</p>	<p><b>2014/15</b> <b>QUALITY AND SAFETY REPORT</b></p> <p>Simon Evans-Evans confirmed that Dr Sonia Khanna-Deshmukh was now a member of the Quality &amp; Safety Sub Committee and had already contributed to the work of the team. The team had developed a focus report covering 8 areas of concern including:</p> <ul style="list-style-type: none"> <li>• National outcomes framework</li> <li>• the quality framework and local quality domains</li> <li>• clinical effectiveness,</li> <li>• patient safety and experience</li> <li>• safeguarding children and adults and care homes.</li> </ul> <p>It is expected that future reports would detail the progress of improvements in these areas with actions agreed so that any currently red targets progress to amber and green rag ratings. For</p>	

	<p>example under clinical effectiveness in 6 months up to September the cancer 2 week wait target improved from 80.7% to 90.1% (target 93%). There is a lower rate of recovery in the 18 week referral to treatment and the 4 hour A&amp;E targets, the CCG and providers are working together on an agreed action plans to improve patient care in these areas.</p>	
123.14.2	<p>Across south east London the range of green indicators per CCG is between 8-15 and Bexley have 12 green indicators.</p>	
123.14.3	<p>There have been some improvements to the Queen Elizabeth Hospital response rates to patient complaints, GP alerts and serious incidents investigations. Discussions with Oxleas continue to explore communication issues between the district nurse service and GPs and how to ensure better outcomes for the patients.</p>	
123.14.4	<p>In response to questions Simon Evans-Evans confirmed that following CQC reports there are actions plans agreed with providers to ensure improvements to patient care are made where the need has been identified. The CQC has confirmed that their recent reports regarding data on GP practices would be used to prioritise CQC visits to GP practices and has not been produced as a performance monitoring audit.</p>	
123.14.5	<p>The Governing Body <b>NOTED</b> the Q2 Quality, Safety and Performance Reports (including mental health).</p>	
123.14.6	<p><b>FINANCIAL PERFORMANCE UPDATE AS AT MONTH 6 (SEPTEMBER) 2014/15</b>  Theresa Osborne stated that the CCG had reported breakeven at Month 6 and FOT. This was in line with the planned position and included a £2.5m market force factor payment agreed following the dissolution of the South London Healthcare Trust (£2.5m also to be received by the CCG in 2015/16). The breakeven position has been achieved through the utilisation of all available reserves and 2013/14 creditor payments. There continues to be a significant acute trust over performance of between £6-11m.</p>	
123.14.7	<p>A review is taking place on the CSU claims and challenge process which together with the implementation of robust acute information will enable accurate acute reports on activity and costs. Page 16 of the meeting report details the risks at Month 6. The Continuing Healthcare spend has increased following a number of high costs patients which have been approved recently.</p>	
123.14.7	<p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED &amp; NOTED</b> the Month 6 (September) and</li> </ul>	

	<p>forecast outturn financial position in line with the plan submitted to NHS England;</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the details of the 2014/15 allocations (programme and running costs) received and expenditure to date;</li> <li>• <b>NOTED</b> the returns made to NHS England reporting the Month 6 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the CCG's risks and mitigations plus the underlying position information and the continuing healthcare return (Appendix 1);</li> <li>• <b>DISCUSSED &amp; NOTED</b> the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2014/15 and the management actions being taken to address and mitigate these potential risks;</li> <li>• <b>NOTED</b> the month 6 actual performance against the key national finance targets.</li> </ul>	
123.14.8	<p><b>CONSOLIDATED CONTRACTS REPORT – MONTH 5 &amp; 6</b></p> <p>Sarah Valentine stated that NHS England had commended NHS Bexley CCG for the reduction in MSK service waits for routine appointments from 24 weeks to 4 weeks. The MSK services at Erith opened during December and January and are integrated with multidisciplinary services.</p> <p>Through discussions with Oxleas and member practices regarding Oxleas Community Contracts there was focus on how services can be better integrated, how the GP and nursing service communication interface can be improved and where particular changes could be made to improve and meet the needs of patient care services.</p>	
123.14.9	<p>Concerns regarding neuro-rehab referrals were being investigated. There continues to be high level of performance at both Urgent Care Centre's with an average waiting time of 1 hour and 10 minutes and 35% of the activity at Erith relate to pediatrics attendances.</p>	
123.14.10	<p>The finance and activity reports details considerable over performance around elective and referrals services some of which has been affected by the late implementation of some QIPP schemes. Referrals and primary care will be discussed later on the meeting agenda.</p>	
123.14.11	<p>During discussion Sarah Blow confirmed that stroke services for Bexley patients had now transferred from Queen Elizabeth Hospital to Lewisham Hospital and had improved patient care services and performance. Dr Stoate asked about clarity and detail on consultant to consultant referrals on Page 8 of the report and a review on whether they were appropriate.</p>	

123.14.12	<b>Action:</b> <b>SV agreed to include this information in the January Governing Body report following clarity from the CSU.</b>	
123.14.13	Dr Deshmukh asked if there were actions in place to address patient's attendance at the UCCs within GP opening times. Sarah Valentine confirmed that as part of the UCC contract the Hurley Group would monitor this information and provide information to practices.	
123.14.14	The Governing Body <b>NOTED</b> the performance of the Community & Mental Health contracts detailed in the meeting paper.	
<b>124/14</b>	<b>SOUTH EAST LONDON 111 PROCUREMENT STRATEGY</b>	
124.14.1	Niamh Wilson (South London CSU) presented the report and explained that the south east London commissioners have developed plans for urgent and unscheduled care through NHS 111. The London Ambulance Service (LAS) took over the NHS 111 pilot from NHS Direct for south east London in November 2013 and the service is due to be re-procured in 2015.	
124.14.2	There has been in depth discussion with key stakeholders and patient representatives on the re-procurement of this service and it is now ready to be included in the national re-procurement strategy aligned to the SEL five year commissioning strategy. Subject to approval from the SEL CCG's Governing Bodies a high level plan will be agreed in January for final sign off in November 2015 aligned to national plans.	
124.14.3	Sarah Blow stated that the meeting paper was built on excellent collaborative work across SEL and confirmed that the Hurley Group provide the out of hours' service in Bexley as part of the Urgent Care developments recently undertaken in Bexley.	
124.13.4	Governing Body members felt that there needed to be more clinical input at point of entry to 111 services; more engagement with nurse prescribers and acute directors in the next stages of the programme to ensure a holistic clinical approach. Concerns were raised regarding funding analysis to date and Sarah Blow confirmed that a cost benefit analysis would be completed to show that more money spent initially could provide long term savings in future spending.	
124.13.5	Niamh Wilson confirmed that there had been patient involvement through Healthwatch to date. The programme board would agree patient engagement in the programme moving forward and that a Family & Friends Survey would be part of the process.	

124.13.6	The Governing Body <b>DISCUSSED</b> and <b>AGREED</b> that South East London CCG 111 Programme Board will oversee the re-commissioning of NHS 111 within the timescales outlined. The SEL CCG 111 Programme Board will be accountable for overseeing the projects/work streams to deliver SEL procurement for 111. The recommendations in section 5 that will shape patient outcomes will form the basis for commissioning a new 111 service. These recommendations will provide the market with an opportunity to propose service models that will improve patient outcomes in line with SEL's five-year commissioning strategy. The new specification will include the recommendations in section 6 to improve access and capacity in 111 receiver services for unscheduled care (Directory of Services capacity).	
<p><b>125/14</b></p> <p>125.14.1</p> <p>125.14.2</p> <p>125.14.3</p> <p>125.14.4</p>	<p><b>ANNUAL ENGAGEMENT REPORT: INVOLVING PEOPLE 2013-14</b></p> <p>Simon Evans-Evans stated the Annual Engagement Report: Involving People 2013-14 provided the Governing Body with assurance that the CCG had discharged its duty in relation to involving patients and the public in planning, development and consideration of proposals for the commissioning of services.</p> <p>Simon Evans-Evans acknowledged the high level of work with the traveller groups and out-reach engagement events that take place regularly at ASDA, Queen Mary's Hospital and other locations in the borough. Patients have been heavily involved in new procurements and the decision making process e.g. MSK and the review of nursing homes.</p> <p>The Governing Body acknowledged the work of Sandra Wakeford and the Patient Council on the implementation of the integrated care services programme and the Mystery Shopper. Sarah Blow referred to the Healthwatch statement and confirmed Healthwatch have a member on the CCG Quality and Safety Group whose work feeds into the quarterly Quality &amp; Safety report.</p> <p>The Governing Body <b>APPROVED</b> the Annual Engagement Report: Involving People 2013-14.</p>	
<p><b>126/14</b></p> <p>126.14.1</p>	<p><b>COMPLAINTS ANNUAL REPORT 2013/14</b></p> <p>Simon Evans-Evans stated that it was a statutory responsibility for the CCG to report on formal complaints annually. The report detailed the number of complaints received and the breakdown on organisation and service involved. The majority of complaints received by the CCG related to providers of services whose services had not meet the required level of patient care. Approximately one third of the complaints had been upheld where it was demonstrated that the service provided had fallen below an acceptable standard. The report noted that the providers did not</p>	

126.14.2	<p>respond within the statutory timescales which impacted on the CCG's ability to respond within agreed timescales. In these cases new timescales are agreed with the complainant.</p> <p>The Governing Body <b>APPROVED</b> the Complaints Annual Report 2013/14.</p>	
127/14 127.14.1	<p><b>END OF LIFE CARE SERVICE DEVELOPMENT</b></p> <p>Sarah Valentine stated that the End of Life (EOLC) Service Development was based on the improvement of existing services through patient centred, integrated services delivered by a compassionate, skilled and competent workforce during the last year of someone's life. District nurses are already involved in the community in the provision of palliative care and the business case aims to provide a greater skill mix to respond to patients needs in their own homes. At the last Public Governing Body meeting it had been agreed that part of the Primary Care Initiative Funds would be used to 'co-ordinate my care' to improve patient care services and Better Care Fund Plan aimed to reduce emergency admissions for people over +65. Both these schemes are linked to QIPP savings in the last year of life through a whole systems approach. Stakeholder involvement in investment and service redesign is paramount to the success of improved patient care in these services.</p>	
127.14.2	<p>During discussion Sarah Valentine confirmed that currently only 40% of data was available from the acute providers regarding death occurring in hospital. Work was on going to achieve a marked improvement in this area and included in the process. It was acknowledged that there was also coding issues on acute data with some patients were included more than once. District Nurse and ambulatory care training would need to be incorporated into the process to enable the Better Care Funding to be implemented and monitored appropriately. Sarah Valentine confirmed that it had been agreed that the McMillan Nurses would support and train district nurses as required to launch the new services. Dr Kanani confirmed that there was a meeting arranged next month with the inclusion of clinicians to discuss the provision of integrated services.</p>	
127.14.3	<p>The Governing Body <b>APPROVED</b> the EOLC business case for the development of services for our patients during their last year of life and at their death to enable more patients to be treated in their own home (normal place of residence) and to plan for their own death.</p>	
128/14 128.14.1	<p><b>NORTH HOUSE MENTAL HEALTH REHABILITATION SERVICE</b></p> <p>Sarah Valentine explained that the service provided at the 14</p>	

<p>128.14.2</p> <p>128.14.3</p> <p>128.14.4</p> <p>128.14.5</p>	<p>inpatient beds at North House was no longer an appropriate model of care. Oxleas had requested that the CCG consider the closure of North House to enable a restructure of inpatient rehabilitation provision to a cross borough model of working developed in line with best practice used nationally.</p> <p>Sarah Blow stated that as a commissioning organisation the CCG needed to ensure appropriate services are provided to patients. Oxleas had requested that the outdated model in operation at North House be updated in line with the proposals in the meeting paper. Following approval Bexley Council's Peoples Overview and Scrutiny Committee would clarify the consultation process.</p> <p>The Governing Body: <b>AGREED</b> in principle, the Oxleas NHS FT proposal for the closure of North House as laid out in the attached business case which will be operationally managed in partnership with the Integrated Commissioning Team of the CCG and London Borough of Bexley.</p> <p><b>NOTED</b> that the options presented by Oxleas NHS FT for the future of the building are at present limited and that further options should closure be approved, need to be explored to reduce or remove any risk of cost pressure to the CCG or London Borough Bexley.</p> <p><b>APPROVED</b> the request for the CCG Integrated Commissioning Team to work in partnership with Oxleas NHS FT to achieve closure of the service within this financial year and give oversight to ensure due diligence on the part of the Trust.</p>	
<p><b>129/14</b></p> <p>129.14.1</p> <p>129.14.2</p> <p>129.14.3</p>	<p><b>QUESTIONS FROM THE PUBLIC relating to meeting discussions above</b></p> <p>1. A member of the public asked if the Crayford Centre had been sold yet.</p> <p>Sarah Valentine explained that this was a Bexley Council issue and a response would need to be sought from them. Post meeting - Bexley Council have confirmed that the Crayford Centre was sold in October. Details of the Bexley Council contact have been provided to the requestor to contact should further information be required.</p> <p>2. A member of the public informed the Governing Body that the Newshopper paper was not delivered to flats in Bexley and felt it was an unsuitable vehicle to use for communication with Bexley residents (over 17,000 flats in Bexley).</p>	

129.14.4	Sarah Blow explained that this was one means of communication with the public in addition to the CCG website, twitter, Bexley Council magazine, Queen Mary's Hospital handouts, the Yellow man campaign on buses, GPs and Libraries.	
129.14.5	3. A question was raised regarding the length of time ambulances had to wait to transfer at Queen Elizabeth Hospital to transfer patients– sometimes over 4 hours.	
129.14.6	Sarah Blow stated that this issue would be discussed under agenda item 135/14 – Update on Systems Resilience in Bexley, Greenwich and Lewisham.	
<b>ITEMS FOR DISCUSSION</b>		
<b>130/14</b>	<b>UPDATE ON REFERRALS AND PRIMARY CARE</b>	
130.14.1	Sarah Valentine stated that following the recent review of Bexley GP referral activity further work was being undertaken to agree an action plan across localities to address any issues identified. Localities would receive data to review collectively and discuss areas of concern e.g. prescribing/A&E patient attendance/high and low performers. There are significant differences between activity in each locality and further deep dives will be undertaken with practices by the primary care development team. Bexley Health Limited and the CCG would continue to work together on this area of work and the Governing Body would be updated on outcomes produced. Dr Fish stated that he used a new software system 'Therapy Messages' which was a very clever tool and would assist GPs in prescribing.	
130.14.2	Keith Wood stated that the work to date had produced excellent outcomes.	
130.14.3	The Governing Body <b>NOTED</b> the approach for a locality based strategy to reduce variation in referral levels and to understand the reported increase in referral numbers and arrive at an appropriate course of action with localities.	
<b>131/14</b>	<b>SEL STRATEGY PROGRAMME</b>	
131.14.1	Sarah Blow advised the meeting at the January Governing Body meeting there would be a formal paper. She would share a presentation on the SEL Strategy with the Governing Body and asked Simon Evans-Evans to a link is on our website to share the information with GPs and the public.	
131.14.2	<b>Action:</b> <b>SB to email Governing Body presentation on the SEL Strategy and Simon Evans-Evans to ensure a link to the SEL strategy is on our website to share the information with GPs</b>	

	<b>and the public.</b>	
<b>132/14</b> 132.14.1	<b>BOARD ASSURANCE</b> Simon Evans-Evans presented the Board Assurance Framework (BAF) reports on the strategic risks and those escalated organisation/operational risks that have had an effect on the CCG's strategic objectives. The report details 9 risks rated 15 and above with mitigating actions which provide assurance. Two new risks have been identified since the last Governing Body meeting and members are asked to note these and the actions in place to reduce Risk 167 (4 hour A&E wait) at QEH. The BAF was a continuing rolling process regarding the key issues of the CCG which would be reviewed by the Assistant Directors, Directors and reported to the CCG's governance committees.	
132.14.2	The Governing Body <b>CONSIDERED, NOTED AND DISCUSSED</b> the Board Assurance Framework.	
<b>133/14</b> 133.14.1	<b>BETTER CARE FUND</b> Sarah Valentine confirmed that following submission the Better Care Fund (BCF) plan had been recommended for approval with support. The plan includes links to several integrated care strategies which include end of life discussed earlier in the meeting.	
133.14.2	The Governing Body <b>NOTED</b> the verbal update on the Better Care Fund.	
<b>134/14</b> 134.14.1	<b>ORGANISATIONAL DEVELOPMENT ACTION PLAN UPDATE</b> Simon Evans-Evans explained that the organisation development plan had been approved by the March Governing Body meeting. The meeting paper updates the Governing Body on the development of the action plans delegated to the executive management committee. The update reports highlights progress from March – September 2014 including internal organisational staff development embedded and progressing a clinical leadership programme and development of senior managers.	
134.14.2	Sarah Blow commended the successful moving forward approach and outcomes achieved to date on this very important work.	
134.14.3	The Governing Body <b>NOTED</b> the progress made with organisational development in the action plan detailed in the meeting paper.	
<b>135/14</b> 135.14.1	<b>UPDATE ON SYSTEM RESILIENCE IN BEXLEY, GREENWICH AND LEWISHAM</b> Sarah Blow summarised the on-going work of the System	

135.14.2	<p>Resilience Group in Bexley, Greenwich and Lewisham as detailed in appendix A of the meeting paper. Focus has been targeted on reducing the 4 hour A&amp;E targets at Lewisham and Queen Elizabeth Hospitals and expanded use of the Urgent Care Centres. A number of actions have been completed and include a discharge lounge at QEH and moving the stroke unit from QEH to Lewisham. The recent changes have seen significant improvement in achievement of targets noticeably the A&amp;E target and the London Ambulance Service turnaround at QEH. Dr Kanani has been appointed as the Interim Governing Body member to support this work.</p> <p>The Governing Body <b>NOTED</b> the update on system resilience planning from the Bexley, Greenwich and Lewisham System Resilience Group.</p>	
<p><b>136/14</b> 136.14.1</p> <p>136.14.2</p> <p>136.14.3</p> <p>136.14.4</p>	<p><b>HYDROTHERAPY REVIEW</b></p> <p>Sarah Blow provided an update on the recommendation from ‘The Future of QMH’ (January 2013) by the Trust Special Administrator that the hydrotherapy service at QMH should be reviewed to ensure clinical and financial sustainability. The hydrotherapy service is not currently fit for purpose and has had to be closed pending a decision by Oxleas NHS FT on suitability of future investment.</p> <p>The QMH Programme Board has recommended that the hydrotherapy facility should not be re-opened as there are already a range of high quality hydrotherapy facilities in the locality providing a choice of locations and times for patients as well as ample capacity. The impact on Bexley patients was considered minimal and there was an increased choice of locations and times, providing more convenience for the majority patients. Staff, patient and public engagement have already taken place through canvassing views about what is important and how the service can be improved and this has been considered when generating and evaluating options.</p> <p>The Health sub group of the Peoples Overview and Scrutiny Committee have reviewed the proposal and confirmed their support and that no further consultation is required.</p> <p>The Governing Body <b>NOTED</b> the outcome of the review and the confirmation of support from Health Scrutiny.</p>	
<b>ITEMS FOR INFORMATION</b>		
<p><b>137/14</b> 137.14.1</p>	<p><b>EBOLA BRIEFING</b></p> <p>Simon Evans-Evans explained that whilst the overall national risk to Ebola is very low the CCG and Local Authority Public Health and Emergency Planning teams are co-ordinating a review of local preparedness. Assurance of preparedness is being</p>	

	requested by Public Health England.	
137.14.2	The Governing Body <b>NOTED</b> the Ebola Briefing meeting report.	
<b>138.14</b> 138.14.1	<p>The Governing Body <b>NOTED:</b> Minutes for Committees/Sub-Committees of Governing Body Patient Council 15 July 2014 Executive Summaries for Committees/Sub-Committees for the Governing Body to note:</p> <ul style="list-style-type: none"> <li>• Audit and Integrated Assurance Committee 9 September 2014</li> <li>• Executive Management Committee 4 September and 2 October 2014</li> <li>• Finance Sub-Committee 9 September and 14 October 2014</li> <li>• Medicines Management Sub-Committee 17 September and 15 October 2014</li> <li>• Information Governance Sub-Committee 23 September 2014</li> <li>• Quality and Safety Sub-Committee 4 September 2014</li> </ul>	
<b>139.14</b> 139.14.1	<p><b>UPDATE FROM THE PATIENT COUNCIL</b> Simon Evans-Evans commended the work of the Patient Council which was an integral part of the CCG agenda. Areas of involvement included the development of the Mystery Shopper, participation on the development of MSK and the on-going performance management of the services, work with Kings/QMH/Orpington hospitals, End of Life Business case and re-procurement of 111 services.</p>	
<b>140/14</b> 140.14.1	<p><b>ANY OTHER BUSINESS</b> None.</p>	
<b>141/14</b> 141.14.1	<p><b>PUBLIC FORUM</b> 4. A question from a member of the public was received in advance response at the Governing Body Public Meeting: 1. Despite not being advertised on the website, are the minutes for the AGM going to be published on the website soon?</p>	
141.14.2	Simon Evans-Evans confirmed that AGM had been advertised on the CCG website and in the local authority's publications. The notes of the AGM would be placed on the CCG's website shortly.	
141.14.3	2. I was at the Bexleyheath Ambulance Station when a blue light ambulance returned from the Queen Elizabeth Hospital They had to treat an emergency case in the ambulance for 3.5 hours outside A & E, before they were able to get the patient into the hospital. Can you give us details of how the situation is being improved, particularly	

	<p>in view of the CQC report on QEH. I was told that long waits were a regular occurrence and prevented ambulances being available to deal with emergency calls.</p>	
141.14.4	<p>Sarah Blow had responded to this question under agenda item 135/4 Update on System Resilience in Bexley – actions had been implemented to enable the LAS to process emergencies more speedily which included faster handover of patients to the hospital.</p>	
141.14.5	<p>5. The following two questions submitted in advance of the meeting</p> <p><u>HEALTH , WELL BEING &amp; AIR QUALITY</u></p> <p>As Bexley Council has declared the whole borough as an 'Air Quality Management Area' for both nitrogen dioxide &amp; fine particles, the council has also previously designated heavy industrial land use in Bexley's riparian wards i.e. Belvedere, Erith, Thamesmead East. Consequently pollution from increasing HGV traffic; inefficient dies usage &amp; from increasing numbers, and from heavier usage of existing combustion and new processes, also adding other pollutants to these, -VOCs,NO2, and TOMPS etc.</p>	
141.14.6	<p>1. In the light of the above is it possible to have an assessment, (now, or in due course), of a quantitate number of folk living in these riparian wards of Belvedere, Erith, Thamesmead etc. presently suffering from such serious illnesses as cancer, respiratory, asthma diseases arising from poor air quality from these combined sources?</p>	
141.14.7	<p>2. Are there any comments on the possible exponential increase of these figures with the construction and use of a major new river crossing to Thamesmead or to Belvedere in a few years' time?</p>	
141.14.8	<p>Sarah Valentine confirmed that this question should be addressed to the Local Authority. Mary Stoneham would provide the relevant email contact so that the question could be answered.</p> <p>Post meeting – Mary Stoneham provided the following contact detail to the requestor  <u><a href="mailto:david.bryce-smith@bexley.gov.uk">david.bryce-smith@bexley.gov.uk</a></u></p>	
141.14.9	<p>6. A question relating to the QMH Ophthalmology waiting room was raised by a member of the public regarding whether there were any plans to expand the waiting area,</p>	

<p>141.14.10</p>	<p>as they had noticed when they had cause to visit the service that at points during their wait there were not enough seats for the patients and many had to stand.</p> <p>Sarah Valentine stated that she would discuss this issue with the provider at Queen Mary's and share their response.</p> <p>Post meeting a response It is correct that the waiting area in ophthalmology can be cramped at times. Ophthalmology is the busiest clinical specialty at Queen Mary's and during peak times it can be very busy. We do have some short term plans to improve the waiting area. However, within the next three years the area will be completely refurbished, and likely move, as part of redevelopment plans for the whole site.</p>	
<p>141.14.11</p>	<p>7. A question from a former member of the Diabetes Network Group (which had now closed) enquired whether there were any plans to include some patient with diabetes in the formal procurement process as all patient involvement in the diabetes work seemed to have stopped.</p>	
<p>141.14.12</p>	<p>Dr Kanani confirmed that there had been messages on Twitter regarding this subject, the Practice Development Team were setting up a new Diabetes Team and that there was 3 diabetes specialist nurses in Bexley.</p>	
<p>141.14.13</p>	<p>8. A member of the public was advised to contact Annie Gardiner regarding a Bexley patient's experience of chest pains and advice by 111 services to go to QEH by bus for tests.</p>	
<p>141.14.14</p>	<p>9. A member of the public requested advice on whether to use an internet pharmacy or not following several email approaches from internet companies.</p>	
<p>141.14.15</p>	<p>Dr Fish stated that this advice needed to be sought from a pharmacy – GPs were unable to answer this question.</p>	
<b>DATE OF NEXT MEETING</b>		
<p><b>142/14</b></p>	<p>Governing Body Public Meeting</p>	
<p>142.14.1</p>	<p>Thursday 29 January 2015 from 1.30pm–3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ</p>	