

Clinical Commissioning Group

BEXLEY PATIENT COUNCIL

Tuesday 31st March 2015 -
12:30 - 15:30 (lunch provided)
Applegarth Suite, Marriott Hotel, Bexleyheath

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
George Heitmann	(GH)	Bellegrove Road PPG Chair
Terry Murphy	(TM)	Bexley Pensioner's Forum
Dennis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg - PPG
Hilary Rowley	(HR)	Albion Surgery - PPG
Anne Hinds-Murray	(AHM)	Healthwatch Bexley
Dawn Brooker	(DB)	South London Cancer Network
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group
Janet Fox	(JF)	Station Road, Sidcup PPG
Sheila Burston	(SB)	Diabetes UK Bexley
Andy Mitchell	(AM)	Haven
Cindy Lowe	(CL)	Bexley Moorings
Julie Bristow	(JB)	BVSC
Mark Bradley	(MB)	Oxleas NHS Foundation Trust

Apologies:

Paul Goulden	(PG)	Age UK Bexley
Carol Penny	(CP)	SNAP
Terry Bamford	(TB)	Healthwatch Bexley
Steve Davies	(SD)	Bexley Mencap

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
Dee Mayston	(DM)	Engagement Officer
Barbara Beddison	(BB)	Westwood Surgery PPG
Linda Bellingham	(LB)	Crayford Town Surgery PPG
Saby Ghosh	(SG)	Plas Meddyg PPG
Chrissy Lipscombe	(CL)	Bursted Woods PPG
John Dawson	(JD)	Bursted Wood PPG
Vinod Kumar	(VK)	Inspire Community Trust
Roy Penny	(RP)	Bexley Group Practice PPG
Joyce Sutherland	(JS)	Safer Neighbourhood Board
Sylvia Jones	(SJ)	Station Road, Sidcup PPG
Ilkay Chirali	(IC)	Bexley Turkish Association
Sandra Slater	(SS)	Parkinson's UK Bexley & Dartford
Pamela Childs	(PC)	Parkinson's UK Bexley & Dartford

Clinical Commissioning Group

Presenters:

Jon Winter	(JW)	AD Comms & Corporate Services, Bexley CCG
Douline Schoeman	(DS)	Project Manager (MSK, UCC & Ophthalmology)
Lucy Huitson	(LH)	Communications Manager
Jane Wells	(JW)	Director of Nursing, Oxleas NHS Foundation Trust
Jenny		Our Healthier South East London, Innovation Unit

1. Standing Items		
1.1	Welcome and apologies for absence	ACTION
	PC Members were welcomed and apologies for absence noted. SW also welcomed PPG members and representatives from several local voluntary organisations present.	
1.2	Declarations of interest	ACTION
	No new Declarations of Interest	
1.3	Notes of meeting – 17 February 2015	ACTION
	Minutes were accepted as true account by all present. Questions raised as a result of the minutes. Page 3 - SW advised Healthwatch are looking at work for home care services.	SW suggested we ask a Director from the Local Authority to attend a future PC meeting.
	<p>Page 5 - Outcome of visit to MSK suite. AG advised JF & TM had visited junction 8a. There is still some work to be done. However, the area is furnished and functional. AG & DM revisited and canvassed 6 patients, all feedback was positive and patients said they received a good service.. However,. JF was unhappy with signage for the unit. AG to feedback to commissioners/programme board.</p> <p>Page 7 - AM confirmed he had attended a Cardiology programme board meeting.</p> <p>SB was concerned about patient representation on the Ophthalmology focus group, which she had also mentioned at CCG meetings. AG advised to raise questions with Douline, presenting later on the agenda.</p> <p>AG confirmed PC minutes are uploaded to the CCG website, for public access. AG also advised that papers from board meetings could also be found on the CCG website.</p>	

Clinical Commissioning Group

1.4	Matters Arising	ACTION
	SW advised there are currently 3 vacancies on Patient Council. Please speak to Annie Gardner if interested and complete the necessary forms.	
1.5	Chairman and Patient Council Member update/feedback, including work plan for 2015	ACTION
	<ul style="list-style-type: none"> • SW advised CCG working on a number of issues: <ul style="list-style-type: none"> - Cancer waits which is a challenge. Important for patients, we still have a long way to go. - Access to GP services. PC needs to think about solutions. - 	
	<ul style="list-style-type: none"> • Home care - 15 minute visits - Would like to have Director of Older Peoples Services at future meeting 	AG to invite DOPS, LA to future PC meeting
	<ul style="list-style-type: none"> • Mystery Shopping –SW encouraged members to complete feedback forms and raise awareness of scheme within their groups/communities. SW reminded everyone that scheme recognises good practice as well as noting bad. • 360° survey on CCG being undertaken by NHS England. • Social prescribing - Moving forward, service expected to go live after Easter 	SW suggested Presentation regarding Social Prescribing at future meeting
2	Presentations / Speakers	
2.1	Our Healthier South East London - Innovation Unit Facilitated discussion/ activity.	ACTION
	<p>Members were advised the purpose of the session was to deliver an interactive workshop on the future of health and care services in South East London.</p> <p>Aims of session include:</p> <ul style="list-style-type: none"> • Make people aware of the key messages in the Our Healthier South East London Strategy • Get insights about people’s current experiences of services, what they find good and bad about these experiences and ideas of how they could be improved. <p>It was explained that views shared would be taken back and used to inform the work of Our Healthier South East London, helping commissioners and health and care providers to better organise services around the needs of residents and communities.</p>	

Clinical Commissioning Group

	More information on the case for change and strategy can be found on the OHSEL website at www.ourhealthiersel.nhs.uk	
2.2	Adult Community Services/District Nursing Jane Wells (JW), Oxleas NHS Foundation Trust	ACTION
	<p>Jane Wells, Director of Nursing was introduced and a video played to illustrate services and how they are inter related. JW added that DN's are split into 6 areas connected to GP practices and specialist services.</p> <p>The DN team is led by a Forum lead, a Community Nursing Sister, Staff Nurses, HCA's and Admin staff. They also work with Podiatrists and draw on skills of specialist teams for wound care, continence, etc. Recent developments bring them all together in a neighbourhood team. This helps with quick access to Rapid Response Team and can help prevent hospital admissions.</p> <p>Jane explained that continence clinics/Catheter Angels were in operation during the winter period, helping people to ensure they did not contract a UTI – which made a big difference. Jane added that Oxleas also have a well-established respiratory and cardiology service.</p> <p>It was acknowledged that there had been some challenges, both locally and nationally with recruitment and retention, in addition to accessing training. This is now being addressed through career pathways, clinical leadership forums and up-skilling clinical competences.</p> <p>JF asked if DN's have time off for retraining. JW confirmed they do and an individual analysis of current training for Bands 2 – 7 nurses had been undertaken to ensure staff are competent and all training requirements are up to date.</p> <p>RP made reference to end of life care and patients preferred place of death. JW said Bexley is investing in improving this area. Non cancer is an area where people are not dying in their most preferred place of death and we want to improve that.</p> <p>SW reminded members that if you don't die in your preferred place this does not necessarily mean the service or the individual failed.</p> <p>AM was concerned that elderly people often get a UTI and are missed diagnosed with dementia. JW said that was very common issue but that a Geriatric Consultant can be contacted by the community team for advice/support.</p>	<p>1. JW to share preferred place of death figures with Roy Penn</p>

Clinical Commissioning Group

3	Items for discussion	
3.1	Queen Mary's Hospital - update Jon Winter, AD Comms & Corporate Services	ACTION
	<p>Kidney treatment centre - external works nearly complete, internal space subject to redesign, should be completed in autumn 2015.</p> <p>Cancer centre - starting to progress, going well, should be complete January 2016.</p> <p>B Block - Phase 1 continues, (ground, 1st and 4th floor). Extension to front of B Block planned to facilitate UCC moves from A block, work expected to commence Oct 2015.</p> <p>Soft facilities management - OCS start 1st April 2015, taking over switchboard and reception.</p> <p>Concerns recently highlighted that the diabetes unit is not going to be on the QMH site in future. JW reassured members that the unit will be moving into B block during Phase 2 of redevelopments.</p> <p>Communications update -. CCG stakeholder newsletter will be circulated after elections.</p> <p>SW said that signage and letter headings (Kings/Oxleas) remain on the Action log for QMH. JW explained still haven't received agreement on branding process as there are various providers on site. Oxleas lead in the development of this issue - will discuss at next communications meeting. Hope to get agreement to take to the Programme Board. Will report back. TG enquired will the Chapel remain in the same place and what will happen to the Archives at QMH.</p>	
4	Items for information & update	
4.1	MSK & Ophthalmology update Douline Schoeman (DS)	ACTION
	<p>MSK - went live 1/4/2014. Physiotherapy, Extended Scope Physician and Consultancy services now available at both QMH & EDH sites, between 8am - 7pm Monday to Friday and 8am to 12 noon Saturday.</p> <p>New Fracture clinic is also operational. Instead of going to DVH or QEH you will be able to attend a clinic at QMH on Wednesday and Friday am. Service provider aware of the signage problem which they hope to resolve ASAP. Waiting times continue to be short.</p>	

Clinical Commissioning Group

	<p>Ophthalmology - Patient focus group will be organised shortly. JS expressed concerns over 4 month waiting times. DS advised looking at alternative solutions, sometimes a patient doesn't need to wait to see a consultant, sometimes they could see an Optometrist and then the waiting times will come down.</p> <p>SEE advised it was DS last day and reminded PC members that she was responsible for 2 major projects that were now live and running successfully, MSK and UCC. Thanks were given by all in attendance.</p>	
4.2	<p>Cardiology update Annie Gardner, Head of Patient Experience</p>	ACTION
	<p>The contract between CCG & GSTT is signed and operational. Major GP event held showing new pathway and referral forms. AM is a patient Representative. Will review complaints and MS feedback. AM advised that every GP can do an ECG.</p>	
4.3	<p>Urgent and unscheduled care - Douline Schoeman (DS)</p>	ACTION
	<p>EDH has been incredibly successful. Originally they saw 57 patients a day and now it is up to 130 daily. Fridays and Mondays average 167/168 patients of which 40% are children. Patients are not just from Bexley but also out of area. 50/50 split. Waiting times are impressive. EDH UCC averaging 63 minutes from triage to discharge and QMH 93 minutes.</p> <p>From April 2015, X-Rays at EDH will be available from 8am - 8pm Monday to Friday and 8am - 2pm on Saturday. Originally CCG commissioned for 60 patients a day as we didn't for see the number of patients that would use the service. Have engaged with the Hurley Group to assess the number of inappropriate attendances. Some practices 60/80% could have gone to their GP instead of the UCC, there are a number of reasons why they chose the UCC. People can make their own decisions however the CCG is working with the top 5 practices to look at changing patients' behaviour so they go back to their GP. JS expressed concerns regarding the delay in receiving radiology results. DS advise it was being looked into and PC will be updated. LS also expressed concerns over delays that the images go back to DVH before being sent back to UCC and GP. SEE agreed service should be better.</p>	
4.4	<p>Blood Tests at Erith Hospital Douline Schoeman (DS)</p>	ACTION
	<p>Service can book appointments daily for 180 patients. They still have a floating Phlebotomist who attends to walk in patients. L&G Trust have produced new leaflets with the direct line number into the service. Working with GP's to enable patients to book appointments directly through Choose & Book whilst in the surgery.</p>	

Clinical Commissioning Group

4.5	Diabetes Annie Gardner, Head of Patient Experience	ACTION
	AG advised OM was invited so he could update PC but was not available to attend. However, he did provide a brief written update which AG shared. Update advised discussions on-going between CCG and L&G Trust. Patient Representative will be identified/ contacted.	
4.6	360 degree Survey - Simon Evans-Evans, Director of Governance & Quality	ACTION
	Survey is completed by CCG membership, Healthwatch, Patient Groups, Local Authorities and CCG's. SW reminded those approached to complete. So far 80% have completed the survey. The return date has now been extended to 7/4.	
4.7	Challenge Fund Simon Evans-Evans, Director of Governance & Quality	ACTION
	3 bids were made. Supporting access and opening hours to GP services was not successful. However, the CCG is looking at supporting in access. Vanguard Bids - CCG bid re QMH as a small local hospital and again were unsuccessful.	Advise PPG's and PC members when information available
4.8	Co-commissioning Simon Evans-Evans, Director of Governance & Quality	ACTION
	The CCG's expression of interest for level 2 was accepted and from 01/04 the CCG is responsible for co-commissioning GP's and will make decisions with NHS E. Nothing changes for you/ service user. When NHS E makes decisions we will be around the table and can influence decisions. The CCG will be more involved in GP's commissioning services. Primary Care Joint Commissioning Contracts will be in public and we will invite Healthwatch, LMC & the Health and Well Being Board and we will tell you about them. 2015/16 will be a trial year before full delegation 2016/17.	
4.9	111 Annie Gardner, Head of Patient Experience	ACTION
	AG meeting with programme lead, they are aware of AM and will be in touch. Work locally for people to give feedback re procurement of the service. Will recruit onto Bexley Programme Board. Patient Representatives will be part of developing service specification and contract award.	

Clinical Commissioning Group

4.10	Children's Audiology services Annie Gardner, Head of Patient Experience	ACTION
	<p>The service at the clinic in Bexley is currently provided by St Georges Trust. However, they cannot continue due to capacity and recruitment issues. There has been a meeting and a survey with service users to discuss the options for the future.</p> <p>88% chose Option 2. This means that from 1/5/15 new patients and from 1/7/15 existing patients will go to St Thomas's Hospital for their service. Some services will remain local along with Kaleidoscope at Lewisham.</p>	
4.11	Annual Report 2014/15 Lucy Huitson, Head of Communications and Organisational Development	ACTION
	<p>Guidance from NHS E hasn't changed so essentially same report template as last year. Want to produce a patient friendly version which will be presented to PC in June.</p> <p>LH asked if anyone was interested to helping to let AG know. Engaging members and GP forums at each practice then CCG submits draft report by 24/4. Then we submit final to NHS E by 29/5 and present patient friendly version in June. CCG's AGM is 10/9. Last year's copy is on CCG website.</p>	
5	Date of next meeting, AOB & Close	ACTION
	<p>AOB:</p> <ul style="list-style-type: none"> • JF asked where to find dates of CCG public meetings. AG advised on website. • LE raised concern that Healthwatch visited Crayford Town Surgery but didn't report back their findings. Unfortunately AHM could not respond on behalf of Healthwatch as she had already left the meeting. • TG asked for an update on Building Health Partnership <p>Date of next meeting: Tuesday 19th May 2015, 12pm - 14:30, Danson Room, Bexley CCG, 221 Erith Road, Bexleyheath. Apologies given by SW.</p>	<p>SG & CL requested copies of Patient Council minutes to be emailed</p> <p>SW asked for Public Health and Preventative Agenda to be added to future agenda items.</p>

Clinical Commissioning Group

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Tuesday 19th May 2015

12:30 - 14:30

Bexley CCG, 221 Erith Road, Bexleyheath

Draft Minutes

Attended:

Lionel Eastmond	(LE)	Vice Chair & Crayford Forum
Tia Giles	(TG)	PPG Chair - Lyndhurst Road surgery
Terry Murphy	(TM)	Bexley Pensioner's Forum
Dennis Roberts	(DR)	Erith Town Forum
Professor Singh	(PS)	Bexley Multi Faith Forum
Liz Shires	(LS)	Plas Meddyg - PPG
Dawn Brooker	(DB)	South London Cancer Network
Mei Wells	(MW)	NHS retirement fellowship & Bexley Diabetes Group
Janet Fox	(JF)	Station Road, Sidcup PPG
Sheila Burston	(SB)	Diabetes UK Bexley
Cindy Lowe	(CL)	Bexley Moorings - (left at 2pm)
Paul Goulden	(PG)	Age UK Bexley
Terry Bamford	(TB)	Healthwatch Bexley
Steve Davies	(SD)	Bexley Mencap
Vinod Kumar	(VK)	Inspire Community Trust
Linda Bellingham	(LB)	Crayford Town Surgery PPG

Apologies:

Sandra Wakeford	(SW)	Chair & CCG PPI Lay member
Hilary Rowley	(HR)	Albion Surgery - PPG
Andy Mitchell	(AM)	Haven
Carol Penny	(CP)	SNAP
Chris Lee	(CLE)	Bexley Youth Council
Sakthi		
Suriyaprakasam	(SS)	BVSC
George Heitmann	(GH)	Bellegrove Road PPG Chair

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:

Jon Winter	(JW)	AD Comms & Corporate Services, Bexley CCG
Omari McKoy	(OK)	Project Manager (Diabetes)

Clinical Commissioning Group

2. Standing Items		
1.1	Welcome and apologies for absence	ACTION
	<p>LE welcomed all and noted apologies received in advance. PG also gave apologies on behalf of DB.</p> <p>Members were introduced to Linda Bellingham (LB) PPG representative from North Bexley Locality – who hopes to join the Patient Council.</p>	
1.2	Declarations of interest	ACTION
	<p>TG chair of BVSC VK provider of physical disability services, SD Trustee at BVSC.</p>	
1.3	Notes of meeting – 31st March 2015	ACTION
	<p>Members reviewed minutes which were accepted as a true reflection of discussion (approved by JF and seconded by TM).</p> <p>Actions to note from minutes.</p> <p>TM request more information relating to home care services and asked if a representative from the Local Authority could attend a future meeting. AG advised July agenda already full but will look at September agenda.</p>	<p>SW - bring research into care services to future meeting.</p> <p>AG to ask Local Authority rep to attend future meeting.</p>
1.4	Matters Arising	ACTION
	<p>Action log:</p> <p>TB referred to a report produced in January 2015. When asked how this report could be accessed TB was not sure if information on Healthwatch website. MW and LB advised they had taken part in this work with Healthwatch but had not received any feedback. TB said there was a public meeting to launch the report and that he would arrange for a copy of the report to be forwarded to AG for circulation to council members.</p> <p>SW suggested presentation regarding Social Prescribing at future meeting</p> <p>AG to talk about outputs from the MS scheme at celebration event on 1/7</p> <p>AG to circulate LG leaflets re Phlebotomy at EDH.</p>	<p>TB to forward copy of Healthwatch report to AG.</p> <p>AG to forward to PC members</p> <p>AG – request and circulate leaflets</p>

Clinical Commissioning Group

	<p>AG to arrange update on Building Health Partnership at future meeting.</p> <p>EOL care - Dying Matters Road show CCG have been supporting national campaign and working with Age UK to promote and raise public awareness.</p>	<p>PG - Feedback to PC after June BHP meeting.</p>
1.5	Chairman and Patient Council Member update/feedback, including work plan for 2015	ACTION
	<p>AG disseminated 'aide memoire's 'amongst members and encouraged all to use the template to capture feedback back from their respective groups/communities – to be shared at next council meeting.</p> <p>AG advised CCG are developing a Stakeholder Newsletter. Information shared with members regarding services for pregnant teenagers, dementia support and carer's needs assessments. Papers were also available regarding LAS – CQC inspection, consultant led outpatient services and enhanced 12 week scan for pregnant women. Members were encouraged to contact AG with any questions or clarification.</p> <p>LE said concerns had been raised at Crayford Town Surgery regarding availability of appointments.</p> <p>SB asked what GP members do to promote patients joining clinical trials – SB will share electronic link with AG to circulate to members</p> <p>PG – Age UK Bexley has been working with CCG to promote Dying Matters Awareness. CCG produced packs with information and survey to raise awareness amongst public. CRUISE are working in collaboration with CCG/Age UK to offer support to residents where needed. AG added that work will be undertaken to evaluate the project/survey and that a 'celebration of life' event is being planned for later in the year.PG also discussed interaction with CCG Social Prescribing Pilot – working with MIND and Voluntary Forum.</p> <p>TG said she had attended Bexley Voluntary Service Council forum meeting, discussing voluntary sector strategy with local authority and CCG. This will inform the work of voluntary sector for the future.</p> <p>At this point AG advised members that Julie Bristow who had previously represented BVSC at Council meetings had left. Following a conversation with the Chief Executive Officer she advised she would try and attend future council meetings to represent the voluntary sector.</p>	<p>SB to send electronic link.</p> <p>PG & AG to feedback update outputs at future meeting</p>

Clinical Commissioning Group

<p>TG also advised that BVSC were proposing to hold their AGM in October 2015 – she will update members when date confirmed.</p> <p>TM said that Kent County Council put a block on the 96 bus route to Darent Valley Hospital. TM has corresponded with Transport Managers and David Evennett MP on the issue of extending route to serve the hospital. TM said around 1,600 Bexley residents per month are referred to Darent Hospital for treatment – therefore justified that Bexley residents are served with a direct bus route connecting them to the hospital site.</p> <p>LS is a representative on the Maternity Liaison Committee (with AG), its purpose is to raise awareness of services, offer support and gain feedback on users experiences to help shape services going forward. The Maternity Committee are currently developing a survey to canvas views – as this develops and more information is gained highlights will be fed back to the Patient Council.</p> <p>LS then explained that in future patients booked to deliver at the PRUH will be offered scan at either Harris Birthright Centre (Denmark Hill) or will be able to book at the PRUH. Members were concerned that lack of knowledge may influence women’s choice and felt that a presentation on Maternity Services should be added to the workplan.</p> <p>HS explained that he was supporting the CCG in organising a BAME health event – taking place on Wednesday 10th June at the Civic Offices. He encouraged members to attend. HS is also working with Age Uk Bexley to host a conference on 14th October – focus is spirituality supporting health and wellbeing in the elderly.</p> <p>SD added that week including 10th June was National Carers week and that Oxleas NHS Trust was also holding an event on the Queen Mary’s site the same day.</p> <p>TG said a Learning Disability Awareness event was being arranged for the 18th June. AG confirmed she was aware of this event and that the CCG would be attending/ supporting.</p> <p>VK acknowledged he had not attended meetings for some time. He then gave an update of services provided for disabled users by Inspire Community Trust.</p> <p>CL advised that from 1st April local authority have a duty to provide assessments for young carer. CL attending safeguarding training for vulnerable children.</p>	<p>AG - What % of people attending DVH come from Bexley?</p>
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Clinical Commissioning Group

<p>SD explained that he recently attended CCG quality and assurance committee to discuss what changes could be made for people with learning disabilities. SD then thanked AG and staff at Kings and Oxleas NHS Trust who successfully worked together to support a family whose son needed surgery. Feedback from University of Greenwich regarding self advocacy is encouraging.</p> <p>DB – Radiotherapy satellite at QMH is on track for April 2016. Service looking to have a Patient rep on the interview board.</p> <p>LB, PPG representative said Crayford Town Surgery had now moved into their new building – which was very nice. The PPG are having a monthly stall for local services to display information. She has been proactive in highlighting CCG Mystery Shopper scheme.</p> <p>MW discussed difficulties in accessing GP and said that social prescribing was very important. There was also a discussion around dementia services and support. AG this will be focus of a future agenda item and reflected on CCG work that is in development. Annie reflected on a recent meeting with Gill Winter, who is working with Alzheimer’s Society – who is keen to engage with GP’s, PPGs and community.</p> <p>TB highlighted concern around transition for children with mental health or disability to adult services. He explained there have been a number of focus groups and a report was being finalised – this should be available by end of June 2015.</p> <p>JF- PPG chair said Station Road Surgery are encouraging people to book appointments online. In trial at present and has not heard of any issues or problems.</p> <p>DR said that he had been made aware of concerns regarding Health Visiting – specifically that they are no longer attached to GP surgeries as previously. TG (who also represents PPG) asked if there were any examples of PPG newsletters that people would be willing to share. TG also added that surgery had agreed to fund PPG affiliation to NAPP</p> <p>Discussion then ensued around national framework linking with PPG’s. AG said she was looking into this and was looking to develop training and support opportunities for PPG’s.</p> <p>A general discussion then took place around changes to PPGs across Bexley and challenges faced. Some members reported that PPGs changed significantly and that some had folded.</p>	<p>AG to enquire if HV’s leaving practices.</p> <p>PPG’s that have newsletter online send to TG.</p>
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Clinical Commissioning Group

2	Presentations / Speakers	
2.1	Cardiology Services - Jane Price, Project Manager	ACTION
	<p>The main areas of progress since last attended a Council meeting are:</p> <p>In addition to the signature of the contract between the CCG and Guys, Guys are on the point of reaching agreements with their acute hospital sub-contractors which will enable the "due diligence" process including review of policies and procedures to go ahead; and will open the way for clinical discussion and detailed agreement on the new care pathways.</p> <p>We will be meeting with Guys to discuss each of these pathways, and the first meeting, which is to discuss atrial fibrillation and anticoagulation, takes place this week.</p> <p>A further successful and well attended GP education session took place last month and the next event is planned for July. This GP group endorsed changes to the referral form to help ensure that referrals go to the right service and that triaging Consultants have all the information they need. The revised form will be in use as from 22 May 2015.</p> <p>Practices are being encouraged and supported to provide more ECGs and blood pressure monitoring in-house prior to referral, which will be more convenient for patients and reduce waiting times.</p> <p>The Programme Board continues to meet regularly with Andy Mitchell and Rob Weaver as patient and community representatives.</p> <p>The Board will regularly review complaints, compliments and informal feedback received to identify any trends or areas of concern.</p> <p>CCG have agreed a programme of patient and public engagement activities around the new service, which includes face to face engagement by the Patient Experience Team, the mystery shopper scheme, identification of priority groups and attendance at relevant events as well as written communications.</p> <p>We are also working on a leaflet for patients about the new service, which will be distributed via GP surgeries.</p>	

Clinical Commissioning Group

	<p>Last but not least, Guys have been asked to review patient contact numbers, telephone answering arrangements and the identity/branding of the service across all organisations involved to ensure that contacting the service and getting a quick response is as easy as possible for patients.</p>	
2.2	Diabetes - Omari McKoy	ACTION
	<p>Since last meeting has engaged with L&G and Oxleas to redesign.</p> <p>Currently engaging with stakeholders outside of L&G and Oxleas. Looking at previous engagement, moving forward, trying to reenergize previous discussions with LA and representatives on Diabetes board.</p> <p>Foot care pilot ended early. However, increase in uptake not as high as expected. Working with Oxleas on Foot care pilot to take forward. GP's working with consultants in secondary care and diabetes nurse specialist. Also engaging with SB and other representatives from Diabetes UK Bexley. CCG are looking to engage as many patients as possible.</p> <p>CCG are focussing on clinical care for diabetes and any service redesign will take into consideration changes in local health.</p> <p>SB added that negotiations are still on-going with partners to form a business case – but still early stages. Local groups can talk about diabetes and what it implies. AG will keep diabetes on work plan so members are regularly updated.</p>	
2.3	Queen Mary's Hospital – site update by Jon Winter, AD Comms & Corporate Services	ACTION
	<p>Kidney Treatment Centre – Work progressing well. 16 stations with capacity to increase if needed. Planning to open April/May 2016.</p> <p>Cancer Centre – Another project that is progressing very well. 1st floor nearly completed, building expected to be opening mid-2016.</p> <p>Main site – work currently underway to review B block (4 storey building). Discussions on-going regarding move of UCC, Imaging Services, Outpatients, Cardiology and Antenatal and Phlebotomy to this area.</p> <p>UCC is expected to be sited in a building in front of B Block.</p> <p>SB was concerned that Diabetic services would not be delivered at QMH in the future.</p>	<p>JW to update re UCC</p>

Clinical Commissioning Group

	<p>JW attends site services group and explained that recruitment would be considered for a patient representative to sit on this group in the future.</p> <p>Kent Women's Wing – Acknowledged that building is an eyesore. However site owned by Anchor homes, currently there is no timescale for redevelopment of site. However, CCG working with Oxleas to ask Anchor to erect hoardings around the area and use this to advertise on-going developments of the site.</p> <p>DR asked for a summary of JW notes. TM asked if there consideration had been given to the 229 bus route running down to the bottom of the site (near B block). JW will review and update.</p> <p>SB said the lighting in Frogmal Lane was appalling and needed action. JW said this is local authority land and that he would check.</p> <p>JF raised concerns about records – specifically asked where they are stored and how being used/ accessing. JF reflected on a recent visit to Ophthalmology at Queen Mary's Hospital where she was given a new file – yet her previous records on the site held over 20 years medical history. AG explained that when changes took place and services transferred to new providers only part of the medical record was transferred with the patient.</p> <p>MW asked why the Diabetic Centre at Queen Mary's was being moved from A block to B block. JW said he would check and feedback to members.</p> <p>AG muted concerns with provision of wheelchairs on the site following a recent mystery shopper visit. – Specifically a number of wheelchairs have been taken out of services (awaiting repair). This in turn means there are a very limited number of chairs available for patients use. JW agreed to explore with Oxleas and find out plans to replace/repair.</p>	<p>JW - provide summary of notes & info re 229 bus route etc.</p> <p>JW – Establish dimensions for diabetic unit in B block.</p> <p>Feedback issues re parking and lack of wheelchairs and plans to replace them at next site services meeting.</p>
3	Items for discussion	
3.1	New Members applications	ACTION
	<p>AG confirmed 4 new applications had been received to join Patient Council. Groups include Turkish Community Elders, Chair of Safer Neighbourhood Team, Parkinson's Group and PPG Chair at Crayford Town Surgery. Members welcomed and approved all four applications.</p> <p>AG reminded members of commitment to attend meetings when joining the Patient Council – noting concerns that some representatives had not attended several meetings now. AG said CCG review attendance and that she will be meeting with SW, LE</p>	

Clinical Commissioning Group

	<p>and SEE later in the year to review on-going work plans and meeting arrangements for the patient council.</p> <p>AG advised Carol Penny from SNAP would soon be leaving. However, the incoming Chief Executive had expressed an interest in joining the patient council. Members were therefore asked to agree to keep seat open for new CEO – which was approved.</p>	
	<p>Work Plans/Engagement plans:</p> <p>Patient Transport - NEPTS provides transport for patients either being discharged /transferred between hospitals or those travelling to/from outpatient appointments. Patients must meet eligibility criteria to access. Responsibility for commissioning NEPTS sit's with the CCG. AT moment we have a number of NEPTS contracts accessed through acute providers.</p> <p>Current providers are: G4S – supporting Lewisham and Greenwich NHS Trust services, NSL – supporting services via West Kent and Savoy Transport – supporting services via Kings College Hospital/ PUH.LAS provide urgent/emergency and transfer for palliative patients.</p> <p>Issues - KPI control - difficult to obtain data relevant to Bexley. Complaints are mainly community based, delays in access and pick up. Missed appointments and condition of vehicles.</p> <p>To gain greater understanding of patient's experience CCG is developing a survey and will be inviting providers to a meeting to discuss patient experience/overview of their services.</p> <p>In view of recommendations made in transport report by Commissioning Team we will be working with Contracting Team and also looking to recruit two patient reps/volunteers to support this work. TB and DB volunteered.</p> <p>TM added if patient misses an appointment due to transport delay or not arriving it costs NHS around £127. No one currently quality checks transportation vehicles. No monitoring of the service at all. AG acknowledged and said that limited feedback currently received is not reassuring. CCG will be looking to develop a transport focus group and gain more intelligence to capture patient experience.</p> <p>Ophthalmology - CCG received a number of comments, mainly via Mystery Shopper scheme. Information gathered indicates: quality of care and treatment is excellent. However negative feedback includes:</p> <ul style="list-style-type: none"> • Access/appointment system unable to book appointments at desk - limited /no patient choice • Patients being DNA'd & discharged but not received appointment letter. 	

Clinical Commissioning Group

	<ul style="list-style-type: none"> • Condition of waiting area/environment, not very welcoming. Never enough chairs, people experiencing long waits in clinics. <p>CCG is looking for 2 representatives to support AG in meeting ophthalmology service lead and commissioners. SB and JF offered to join. AG emphasised that feedback is mainly around poor environments and administration delays.</p> <p>Diagnostics (Phlebotomy) DR shared flier containing new contact number for Phlebotomy at EDH. CCG aware of a few niggles re access to new phone line but understood these were now resolved. Members were encouraged to complete mystery shopper feedback forms to share any concerns or issues raised via their contacts/groups.</p> <p>AG said that when engagement undertaken on the EDH site will aim to canvas views of services users – including those using phlebotomy.</p> <p>(X-Rays/Scan) - AG advised received a number of concerns about the attitude of staff recently, particularly maternity scanning and x-ray at EDH site. Concerns also raised about delays in receiving diagnostic reports. JF advised still taking up to 4 weeks to feedback on X-ray results. Intelligence being shared with quality and contracts team.</p> <p>Acute providers - AG asked members if they would be interested to receive an update from local acute and community provider services at future meetings. This will be an opportunity for four main providers to address council and for members to raise questions/concerns directly. This will include Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Darent Valley Hospital and Kings College Hospital/ PRUH.</p>	
4	Items for information & update	
4.1	<p>MSK & Ophthalmology update -</p> <p>Feedback from Mystery Shopper has been mainly positive.</p> <p>Particularly around excellence in clinical care for Ophthalmology and quick access to MSK services and positive patient experience.</p> <p>AG attends contract monitoring meeting for MSK – along with TM and JF and has shared recent mystery shopper feedback.</p>	ACTION
4.2	Urgent and unscheduled care -	ACTION
	<p>PET currently undertaking mystery shopper audit of UCC @ QMH & EDH. From the Mystery Shopper feedback received so it is evident users are in the main happy with the service and quality of treatment received.</p>	<p>AG - Circulated information from BATS re Mediride. (not funded or endorsed by CCG)</p>

Clinical Commissioning Group

	<p>However, some areas where concerns have been noted include:</p> <ul style="list-style-type: none"> • quality of care/diagnosis following x-ray report. <ul style="list-style-type: none"> • Quality of care/diagnosis following x-ray report • Delayed response to complaint/communication • Waiting area at EDS cramped • Access to x-ray diagnostics OOH and at EDH <p>AG arranging visits to service for Patient Council, 1 at UCC at QMH and 1 at UCC at EDH,. Request maximum 3 volunteers to accompany at each visit. DR at EDH, JF at QMH and MW and LS.</p>	For Info only!
4.3	360 degree Survey - Jon Winter, AD Comms & Corporate Services	ACTION
	<p>360% survey undertaken by NHS E as part of CCG assurance process. Results recently received and are being reviewed. Once completed a report will be prepared focussing on identified improvements. JW said he had skimmed through report and top lines were indicative that CCG have improved in almost all areas from 2014. However, recognised there are a number of areas that need to be reviewed in more detail. Again JW advised he would provide a detailed report of findings which would be shared with members.</p> <p>SEE advised seismic shift from 2012, moving in the right direction. Key number 2 in London and 17th in country.</p>	JW to provide detailed report.
4.4	Co-commissioning	ACTION
	<p>SEE – CCG are now joint commissioners with NHS.E – this means we are in the room when decisions made.</p> <p>Joint commissioning decisions will be made in public, with Healthwatch, Local Medical Committee and Health & Well Being Board in attendance. First meeting coming up with all 6 south east London boroughs.</p> <p>JF enquired as to the names of the GP practices that were successful in the PC Infrastructure fund. SEE did not have the information but will be shared at future meeting</p>	AG - names of GP's successful in PCIF
4.5	OHSEL - Jon Winter, AD Comms & Corporate Services	ACTION
	<p>The issues paper recently published setting out case for change. Background to south east London health landscape, population needs etc.</p> <p>Taking this work forward there will be engagement meetings in each borough. JW will update members at next meeting on 1st July.</p>	JW - Update at next PC meeting 1/7

Clinical Commissioning Group

	AG advised a summary and easy read version of document is available. SEE added that engagement is important element of this work to see what can be done to reduce health inequalities going forward. Governing Body will be involved in making decisions and are in process of creating a committee with all 6 south east london CCG's.	
4.6	Physical Disability Procurement - Service User Engagement	ACTION
	<p>Inspire currently provides services for people with Physical/Sensory impairment for LBB, Community equipment for LBB & CCG and Wheelchair service for Bexley CCG.</p> <p>As contracts ending plans are being made to bring contracts together and re-commission under one provider. Local Authority moving and handling service will also be part of the procurement.</p> <p>Before commissioning process takes place Local Authority and CCG working together with service users to canvas views and input on what new service would offer. Range of ways to engage were highlighted included taking part in event on 24th June, completing a patient survey (online and paper copy) or taking part in focus group meeting.</p>	
4.7	Mystery Shopper update	ACTION
	<p>AG confirmed the scheme is doing exceptionally well and that between 250 – 300 feedback forms are being recorded per quarter. There are lots of positive comments received we also note negative feedback which has helped to drive up quality and service improvement. However, we also act on negative feedback and ensure this is shared with quality team/commissioners – again to drive change and improve quality.</p> <p>AG advised of celebration event taking place on 1st July and encouraged member to attend and help to celebrate successes in changes and improvements as a result of feedback.</p>	
5	Date of next meeting, AOB & Close	ACTION
	<p>AG reiterated change of date from 30th June to 1st July for next PC meeting.</p> <p>DR gave apologies for 1st July as will be on holiday.</p> <p>Meeting came to a close at 14:40pm</p>	

Governing Body meeting (held in public)

DATE: 30 July 2015

Audit and Integrated Assurance Committee – Executive Summaries Meeting held on 19 March 2015

The AIAC met on 19th March 2015; present Keith Wood (Chair), Dr Nikita Kanani, Dr Graham Rehling.

At the meeting the AIAC:

1. **Considered and approved** the accounting policies to be adopted in the annual accounts and **noted** the timetable for their finalisation.
2. **Noted** that the Primary Care Advisory Group had authorised the AIAC to finalise the Annual Report and Accounts, subject to the necessary amendments to the Constitution being approved by NHS England and **noted** the proposed content & timetable.
3. **Considered & was assured by** the high level Risk Register and Assurance Framework, **requested** that mitigating action timelines be refreshed and **suggested** areas where further assurance could be identified.
4. **Approved** the response to the Statutory Obligations Report submitted to the December meeting, **confirmed** that it was assured and **suggested** that Governing Body assurance would be enhanced by formal feedback from HWBB meetings, an annual Employee Satisfaction Survey and illustration of the tangible benefits of initiatives such as the Mystery Shopper.
5. **Received** an update on the progress of the Local Audit and Accountability Act and **noted** that the AIAC, as presently constituted would be able to act as an Auditor Panel.
6. **Approved** the response to Grant Thornton's enquiries of those charged with governance.
7. **Noted** the Counter Fraud progress report and associated documentation and **approved** the budget allocation in the annual work plan.
8. **Noted** the report by the internal auditor of South East CSU which noted 23 shortcomings in internal control and the explanation provided by the SECSU Head of ARC service. The SECSU formal response was also noted; Internal & External audit each confirmed that the issues raised did not detract from the level of assurance required but that a final report was expected; **concern** was expressed at the status of the SECSU disaster recovery plan and unprotected data and further internal assurance will be obtained on this issue.
9. **Noted with satisfaction** internal audit reports on Risk Management, Information Governance, Collaborative working and QIPP implementation. The progress report and draft Head of Internal Audit Report were also **noted with satisfaction**.

Clinical Commissioning Group

10. **Noted with satisfaction** the in house quality assurance arrangements of Internal and External audit respectively.
11. **Received** an update from External audit on the status of their 2014/15 plan.
12. **Noted and was assured by** the Financial Systems Report for 2014/15.
13. **Agreed** to defer the report on mental health performance management until the September meeting.
14. **Noted** a report on the status of the finalisation of acute service level agreements.
15. **Noted** the four tender waivers since the last meeting and **required** a paper for the Governing Body why it was considered inappropriate for the GP led diabetes LES scheme, which had now been extended twice, to be tendered.
16. **Noted** the decision log from other fora.
17. **Received** an aged debtor analysis as at 31 January and was **assured** by the processes and actions taken.
18. **Noted** the entries in the CCG register of gifts & hospitality and agreed that the routine provision of de minimis refreshments for locality meetings did not require disclosure.
19. **Noted** that there had been no use of the seal since the previous meeting.
20. **Noted** the minutes of recent Finance Sub Committee meetings and summaries of proceedings at recent Executive Management, Quality & Safety, Medicines Management & Information Governance Sub Committee meetings.
21. **Agreed** the AIAC Annual Workplan for 2015/16
22. **Noted** that Internal & External audit did not wish to take up the offer of a meeting in private.

Meeting held on 21 April 2015

The AIAC held a special meeting on 21st April 2015 to consider the draft Annual Accounts & associated matters; present Keith Wood (Chair), Tina Khanna, Graham Rehling.

At the meeting the AIAC:

1. **Considered**, page by page, the draft accounts with explanations by South East CSU and Bexley CCG Finance leads.
2. **The following particular matters arose:**
 - Note 4.2 average number of employees was being reviewed and may be changed before submission.
 - Note 4.3 sickness and absence information would not be supplied by NHS England until mid-May; the comparative figure re staff years looked odd. The figure may be different from that provided in the Annual Report.
 - Note 8.1 only payments made in year could be shown, as the CCG has not yet signed the lease for the use of 221 Erith Road with NHS Property Services.
 - Note 10 the level of debt has significantly reduced this year and no bad debt provision was required.
 - Note 10.1 the value of debt subsequently recovered would be completed close to final submission.

Clinical Commissioning Group

- Note 12 level of creditors had reduced.
 - Note 13 the provision for the TSA work which was included in the accounts last year has been paid, and the only provision in this year's accounts relates to the post legacy CHC retrospective review claims.
 - Note 20 the related party transaction note is based upon those having a value of shareholding over 20%. The CCG had reported on the main public sector organisations with which they have transactions.
 - Note 23 £151k surplus compared to plan of £126k.
 - Page 1 – Employee benefits increased by 11%, admin decreased. It was confirmed that this increase related to the number of interims in place to deliver QIPP.
 - Page 6 – It was confirmed that the fourth main acute provider (Guy's) value had not yet been fixed at year end. However a figure had been agreed upon for inclusion in the year end accounts.
 - Page 14, 4.4 – It was confirmed no exit packages had been agreed during the financial year.
 - Page 17 – Services from non-NHS bodies related to the Local Authority, Specsavers, Greenwich and Bexley Community Hospice etc.
 - Page 17 – Governing Body pay had increased. This was as a result of pay continuing for a GB member on long term sick and another on maternity leave.
 - Page 18 – BPPC target to be included.
 - Page 24 – Non NHS accruals. Mainly relates to MSK drugs outside of Prime Contractor.
 - Page 29 – It was agreed that a note to explain that the related party transaction note is based upon those having a value of shareholding over 20% and to tidy up the note in respect of exiting GB members.
3. **Confirmed** that it was content for the draft accounts to be submitted by the Chief Financial Officer on behalf of the Chief Officer, subject to the resolution of matters arising from the meeting.
 4. **Received** confirmation from the Chief Financial Officer and Director of Governance and Quality that there was no actual or threatened litigation.
 5. **Considered and agreed** subject to matters arising, the Annual Report and self-assessments by the AIAC to the Governing Body
 6. **Reviewed** the content of the latest draft of the Annual Report and Governance Statement and noted proposed changes. It was **agreed** that the Director of Governance and Quality would write to Member practices' asking them to advise that so far as the member is aware, that there is no relevant audit information of which the clinical commissioning group's external auditor is unaware and that the member has taken all the steps that they ought to have taken as a member in order to make them self-aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information.

Governing Body meeting (held in public)

DATE: 30 July 2015

Executive Management Committee – Executive Summaries
Meeting held on 9 April 2015

APOLOGIES FOR ABSENCE

Simon Evans-Evans, Dr Howard Stoaite, Dr Peter Fish and Dr Varun Bhalla.

DECLARATIONS OF INTEREST

There were no declarations of interest in respect of the agenda.

STANDING ITEMS

CSU Update

The SEL Delivery Board set up working group to process Workforce Development systems. The SECSU are working on specification and pricing to provide Collaborative Payments and Enhanced Services Payments.

Corporate Risk Register Report

EMC reviewed and noted the Corporate Risk Report.

ITEMS FOR DECISION

CCG STAFF NETWORK TERMS OF REFERENCE

The Executive Management Committee **noted** and **approved** the Staff Network Terms of Reference, subject to amendments as noted above. The committee recognised the positive work of the committee and asked for their thanks to be passed on.

WELL BEING WORKPLAN REPORT

The Executive Management Committee **supported** the wellbeing in the workplace programme concept however the paper was withdrawn pending a meeting for further discussions.

STAKEHOLDER NEWSLETTER

The Executive Management Committee **approved** the proposal to implement a CCG stakeholder newsletter.

ITEMS FOR DISCUSSION

Primary Care Joint Commissioning Update

Confirmation that the CCG had been approved for level 2 primary care joint commissioning and a committee was being set up.

Developing Commissioning Intentions for 2016-18

EMC discussed the process for a new plan on a page for CCG Commissioning Intentions 2016-18 (Sarah Valentine to lead) and CCG stakeholder events (Jon Winter to lead).

District Nursing Issues and Actions Report

EMC discussed on progress of the on going work to improve the District Nurses Service.

6 MONTH OD UPDATE

EMC discussion to be included in the OD action plan and update and revised documents submitted to 2 June EMC meeting.

The Executive Management Committee **noted** the notes of the meetings

- Finance Sub-Committee dated 10 February 2015



Clinical Commissioning Group

- Medicines Management Sub-Committee dated 18 February 2015

Meeting held on 2 June 2015

APOLOGIES FOR ABSENCE

Sarah Blow, Simon Evans-Evans, Dr Sid Deshmukh and Dr Howard Stoaate.

DECLARATIONS OF INTEREST

There were no declarations of interest in respect of the agenda.

STANDING ITEMS

Risk Management Report

The Executive Management Team noted and reviewed the risks as laid out in the Risk Register Report 10+ and noted the summary provided which had been amended following discussions with the Assistant Directors. It was **agreed** that the next EMC meeting would review all the CCG's risk and agree process going forward.

ITEMS FOR DECISION

The Executive Management Committee **supported** the wellbeing in the workplace programme and the actions identified in the plan at appendix one, with minor amendments, including the recommendation that the CCG supports the intentions of the national Workplace Wellbeing Charter.

EMC **agreed** that the Post Project Implementation Reviews for Major Projects report should be used as a learning tool and focus on:

- key lessons learnt through the project
- key outcomes achieved with comparisons to targets set (review whether realistic level of savings was set and reasons why some targets may not have been achieved)
- lessons to be learnt for consideration when further projects are being planned
- clinical input from clinical leads to be included in the process
- training issues identified and needed to be implemented

ITEMS FOR DISCUSSION

Primary Care Joint Commissioning Update

The first Joint Committee for Co-Commissioning meeting scheduled for 11 June 2015.

The Primary Care Development working group had been set up and proposed agenda included:

- Iplato Friends and family module
- Bexley linked care (interoperability)
- Local Care Networks
- Future models workshop
- Bexley Strategy workshop
- London 5-year Strategy
- Expansion of Social Prescribing



Clinical Commissioning Group

- Hurley Web GP

EMC **agreed** Dr Gondhia would lead the appraisal review process for all clinical leads, with support from Dr Stoate, and comments from lead managers on the lead's input to the project with any lessons learned (possibly via a standard template). Feedback on any comments / concerns from the lead to the manager would be provided.

Developing Commissioning Intentions for 2016-18

Sarah Valentine explained 'plan on a page' provided a pivotal focus for the CCG in capturing the overall Commissioning Intentions for stakeholders and members. GPs would discuss 'what are the critical developments needed for areas of healthcare e.g. planned care at GP Engagement Day on 11 June 2015 and further clinical engagement to take place regarding these at the Clinical Leads meeting on 24 June 2015.

ITEMS FOR INFORMATION

Notes of Meetings:

- Finance Sub-Committee 10 March 2015 & 14 April 2015
- Medicines Management Sub-Committee 18 March 2015
- Information Governance Sub-Committee 10 March 2015
- Quality & Safety Sub-Committee 12 February 2015 & 26 March 2015

Governing Body meeting (held in public)

DATE: 30 July 2015

Finance Sub-Committee Executive Summaries Meeting held on 10 March 2015

- Drs Stoate, Fish, Bhalla and Deshmukh declared an interest in GP Prescribing Budget Methodology 2015-16 – no mitigating action was necessary. Drs Stoate and Fish also declared an interest in Clocktower Delegated Prescribing Scheme 2015-16 – no mitigating action was necessary.
- An update on the 2015/16 planning and budget process was discussed. A balanced plan had been submitted although there were a significant number of risks. A return had been made to NHS England on 27 February 2015 and another return would need to be made in April, by which time all NHS SLAs should have been signed.
- The Medicines Management Sub-Committee had met on 18 February and had recommended the use of a new GP prescribing budget methodology for 2015-16, based on the Somerset model. Medicines Management Sub-Committee members had not been provided with practice or locality level detail so that they were not conflicted in their decision making process. The Finance Sub-Committee agreed the GP prescribing budget methodology for 2015-16.
- Discussion had taken place during the last few months with Clocktower locality on a delegated prescribing scheme which would allow practices within the locality to hold their prescribing budget, whilst the quality of prescribing would be monitored by the CCG Medicines Management Team. The Finance Sub-Committee approved the Clocktower locality delegated prescribing proposal and agreed that Froggnal and North Bexley localities could participate on the same basis if requested. Options for the Primary Care Incentive Fund relating to Medicines Management for Clocktower practices were discussed and the preferred option was for Clocktower to continue to participate in prescribing PCIF, with savings adjusted against the delegated prescribing scheme; however, any relating to quality aspects would still be payable.
- The Schedule of Matters Delegated to Officers is reviewed annually to ensure it is fit for purpose. The Finance Sub-Committee recommended approval of the amendments, for 2015/16, to the Governing Body.
- The month 10 Financial Performance Update was discussed. The month 10 surplus submitted was in line with plan and the CCG continued to forecast an outturn position of £126k surplus also in line with the original plan.
- The month 10 QIPP report showed a net underachievement of £(2.46)m for QIPP delivery, as a result of delays in schemes commencing or underperformance. Prescribing continued to overspend and no savings for this had been realised in year.

Clinical Commissioning Group

- The Consolidated Contracts report for month 9 and 10 was discussed, using a new reporting format – reporting by exception on various contracts.
- The Practice Based Pharmacist Quarter 2 report was discussed. Since mid-August 2014 to mid- February 2015 the Practice Based Pharmacists had delivered actual annualised savings of £286,837.
- Michael Boyce advised that the Practice Based Performance Report had been developed over the last few months. He did not intend to develop the report further as the Primary Care Development Team were working on a new computerised tool for practice that gave more detailed, user friendly information.
- A lot of work had been conducted on benchmarking since October 2014. It was agreed that in the future the peer groups to be used by the CCG would be the Right Care CCG peer group and the Right Care Local Authority peer group, and not the ONS “New and Growing Towns” peer group.
- Oxleas had requested additional funding to cover the Specialist Children’s Contract as there had been an increase in the level of service input required. Various options were discussed and it was agreed to offer Oxleas an additional one off payment for £27k, for 2014/15, without prejudice on the basis that the CCG had already incurred additional costs in this area in 2014/15; and in recognition of the significant costs of one child.

The CSU provided SE London maternity pathways data to see whether NHS Bexley CCG was an outlier in respect of the overall number of antenatal and post natal pathways versus the number of births. It was confirmed that NHS Bexley CCG was not an outlier.

Meeting held on 14 April 2015

- Drs Fish, Stoate and Deshmukh declared an interest in Contract Extension for Clinical Services, however no mitigating action was necessary. The contracts for extension were:
GPwSI – these contracts provide a range of surgical and diagnostic services to Bexley GP practices. They are of small value, provided by GPs on a sessional basis.
OPwSI/Optomety Community Enhanced Schemes – to be extended to 31 July 2015. The CCG is in final negotiations with King’s College Hospital NHS Foundation Trust to migrate the current community scheme, in order to better integrate with the acute services.
Age UK Toe Nail Clipping Service – jointly commissioned by Bexley Local Authority and Bexley CCG, to be extended to 31 March 2016.
Community Hospice (Greenwich and Bexley Community Hospice) – One year extension to 31 March 2016, to provide end of life care to Bexley residents.

The Finance Sub-Committee supported the extension of these contracts and tender waivers to be produced.

- The Month 11 Finance Report had been circulated. The month 12 position was almost complete and the CCG would be reporting a £151k surplus and that all statutory duties had been met. The

Clinical Commissioning Group

draft annual accounts would be discussed at the Audit and Integrated Assurance Committee on 21 April 2015 and submitted to NHS England on 23 April 2015. Activity and Finance for 2015/16 had been agreed and signed off with NHS England, with a surplus of £126k. Further work to be undertaken on activity to inform 2016/17 planning.

- Bexley's QIPP Plan had delivered almost £12m savings (82%) against gross values. Under achievement of £2.5m resulted in the CCG being RAG rated Amber by NHS England, for QIPP delivery, but delivery was still amongst the highest in London. Internal Auditors had reviewed QIPP delivery and had rated it as "significant assurance with minor improvement opportunities". The CCG had agreed to the two recommendations made.
- The Consolidated Contracts Report Month 10 and 11 was discussed. Acute activity had stabilised during the last three months. However, although activity had decreased, expenditure had increased and this was being reviewed. Acute plans were being set in line with planning guidance. As less QIPP was being planned, and growth added to contracts, the CCG plans were considered realistic for 2015/16. Areas of risk would relate to QIPP not coming on line on time and non-elective activity at Lewisham and Greenwich. The Patient Experience Report for MSK was excellent and GPs confirmed that the service was very good.
- Practice Based Performance Data Month 10 was discussed and the new practice based performance tool which is under development and provides more granular detail was demonstrated to GPs.
- At the request of the Audit and Integrated Assurance Committee a budget holder survey had been conducted. The majority of those who responded said they were happy with the information provided, their involvement and signing off of budgets. An action plan was being put in place to address any issues.
- The Finance Sub-Committee Terms of Reference which had been approved by the Governing Body on 26 March 2015 were discussed.

Meeting held on 12 May 2015

- The Finance Sub-Committee (FSC) approved the three Practice Based Pharmacists posts and the Care Homes Pharmacist post to be added to establishment as permanent posts, on the basis that all posts would be reviewed for need at the time they become vacant.
- The meeting noted that the draft 2014/15 Annual Accounts were approved by the Audit and Integrated Assurance Committee and submitted on 23 April 2015, in line with the national timetable. The Audit and Integrated Assurance Committee would approve the final accounts before submission on 29 May. The final accounts would be presented to the June FSC and the July Governing Body meetings.

Clinical Commissioning Group

- The 2015-16 Planning had been updated in line with NHS England requirements, and budgets had been signed off by directors and budget holders, based on the previous submission approved by the Governing Body.
- Members discussed the final QIPP performance of the CCG, which was one of the highest in London. Benchmarking work for 2015/16 was progressing well.
- The Consolidated Contracts Report for months 11 & 12 was discussed. Positive feedback had been received from the GPs regarding the Oxleas e-referral form. 2015/16 acute contract negotiations had taken place during month 11, with the main contract values now agreed.
- Practice Based Performance Data month 11 was discussed. A new GP reporting tool had been selected and was being developed with the Primary Care Development Team before dissemination to practices.

Governing Body meeting (held in public)

DATE: 30 July 2015

Medicines Management Sub-Committee - Executive Summaries Meeting held on 18 March 2015

- Medicines Management Committee reviewed a progress report of the dressings pilot being carried out with Oxleas district nurses. The committee agreed the pilot should be extended for a further 6 months to obtain further evaluation data.
- The Medicines Management Sub-Committee approved the respiratory switches for CCG practice pharmacists to carry out if a Bexley GP Practices agreed.
- The Medicines Management Sub-Committee noted the Practice Pharmacists 6 months report that showed from mid-August 2014 to mid-February 2015, the practice pharmacists have delivered actual annualised savings of just over £286k.
- The Medicines Management Sub-Committee noted the new Sativex and NOACs guidance from the Area Prescribing Committee.

Meeting held on 6 May 2015

- Grazax Shared Care Agreement with Lewisham and Greenwich Trust and GP letter approved
- NHS Bexley CCG Ingrown Toenail Pathway approved
- Denosumab Shared Care Prescribing Guideline approved
- Comments received on a South East London APC wide overactive bladder pathway
- Comments received on a South East London APC wide DMARD shared care agreement letter
- Comments received on a South East London APC wide interface prescribing policy

Governing Body meeting (held in public)

DATE: 30 July 2015

Quality and Safety Sub-Committee (Q&SSC) - Executive Summary Meeting held on 26 March 2015

Chair: Dr Nikita Kanani

1. No conflicts of interest were raised.
2. There were no items for decision.
3. There was a mental health update on Learning Disability issues. A further update was requested for Q&SSC in May.
4. Integrated Quality, Safety and Performance report. Improvement in national targets. Highlight: Cancer 2 week wait target now achieved for Bexley patients but 62 week wait performance continues below target.
5. Patient Insight & Experience Summary Report: Mystery Shopper scheme achieving good feedback.
6. Care Homes monitoring update: more joint working with LBB, report from care home quality initiative meeting to raise quality of care and dietetics. All Care Homes now have nhs.net email address.
7. General Practice – Patient Safety Incident Reporting: There is a new directive from NHSE for GPs to report low grade incidents. Pilot of incident reporting forms is on-going.
8. An updated Cardiology report was noted by the sub-committee.
9. Safeguarding commissioning standing committee minutes were noted. Local Safeguarding Children's Board have had their inadequate rating lifted following a peer review.
10. The Risk Register was reviewed: potential areas were discussed.
11. UCC - Quality incentives and KPI's were reviewed.
12. Date of next meeting: Thursday 14th May 2015 (9.00am – 12.00am).

Governing Body meeting (held in public)

DATE: 30 July 2015

Information Governance Sub-Committee (IGSC) - Executive Summary Meeting held on 10th March 2015

Chair: Nisha Wheeler

1. No conflicts of interest were raised.
2. The ICT Security Policy, Network Security Policy, Records Management and Lifecycle Policy were approved.
3. The IG framework with minor revisions was approved.
4. The IG development plan was discussed. It was envisaged that the CCG will achieve 15 Level 3, and 13 Level 2 scores in requirements.
5. The internal audit on the IG Toolkit has now been finalised. The overall reporting rating was "Significant Assurance with minor improvement opportunities"
6. The 3 IG Risk were discussed. WiFi (Risk 197) and Data Flow Mapping (Risk 188) are to remain on the risk register at a low residual rating. The IG SC discussed and agreed that remove risk 184 relating to the starters and leavers process should be removed. The IGSC agreed to close risk 184.
7. Accredited Safe Haven - Following agreement with the Chief Officer, Chief Finance Officer and the Director of Commissioning a decision was made not to pursue the ASH status any longer and NHS England were formally advised on 29th January 2015.
8. FOI report - Q3. The report highlighted good performance. All FOI targets were met. 29 more FOI requests received compared to the same time last year. 95% of FOI were acknowledged within 2 days
9. IG Training Report: The CCG achieved the 100% target for IG Mandatory training. Records Management training mandatory in September 2014 by the CCG currently stands at 83%.
10. IG Staff Survey: an online IG survey was sent out for staff to complete.
11. CHC Department review: to determine if efficiencies could be made using different processes and technology. The team are currently piloting the use of digital pens, funded by NHS England.
12. The Information Asset Register/Data Flow Mapping plan was approved.
13. Date of next meeting: Tuesday 5th May 2015 (9.30am – 11.00am).