

**Minutes of the Governing Body meeting
held in public**
Thursday, 21 July 2016, 1.30pm – 3.30 pm
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Dr Nikita Kanani	Chair
Sarah Blow	Chief Officer
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal
Dr Jhumur Moir	GP Locality Lead, Clocktower
Dr Sonia Khanna-Deshmukh	Locality Representative, Frognal
Tina Khanna	Locality Representative, North Bexley
Theresa Osborne	Chief Financial Officer
Lisa Wilson	Locality Representative, Clocktower
Keith Wood	Lay Member Governance
Mary Currie	Nurse Member
Sarah Valentine	Director of Commissioning
Anne Douse	Director of Quality, Performance and Business Services (Interim)

IN ATTENDANCE:

Mary Stoneham	Board Secretary
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APOLOGIES:

Apologies received from Dr Koteshwara Muralidhara, Secondary Care Specialist and Dr Nada Lemic, Director of Public Health and Lionel Eastmon, Vice Chair of Bexley Patient Council.

Item No	
STANDING ITEMS	
81/16 82.16.1	WELCOME AND APOLOGIES FOR ABSENCE Dr Nikita Kanani welcomed everyone to the first Governing Body meeting in public. Apologies noted.
82/16 82.16.1	DECLARATIONS OF INTEREST GPs may be potentially conflicted for Enclosure E Permission to commence the re-procurement of the Referral Management and Booking Service - Keith Wood would Chair this item.
83/16 83.16.1	MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 26 MAY 2016 Minutes of the Governing Body meeting (held in public) dated 26 May

83.16.2	2016 were agreed with the following inclusion of question 2 under item 79/16 Public Forum. Question 2 – Received 24 May 2016 Bromley CCG have allocated a substantial sum of money to Oxleas NHS Trust for a CQUIN on supporting carers. In view of the co-commissioning arrangements are Bexley CCG going to do the same? There is currently some confusion over whether this covers only carers living in Bromley, or carers of patients living in Bromley, or carers of patients receiving treatment in Bromley.
83.16.3	Response from Sarah Valentine Bromley Healthcare – as an associate to the main contract (led by Bromley CCG) we too are investing CQUIN monies in carers (adults and children). Oxleas – we are also offering the same CQUIN to Oxleas within their contract with the CCG.
84/16	MATTERS ARISING/ACTION NOTES
84.16.1	None.
85/16	CHAIR'S UPDATE REPORT
85.16.1	Dr Kanani welcomed everyone to the meeting and thanked them for attending the meeting and announced that Governing Body member Katie Perrior had been appointed as Director of Communications at 10 Downing Street by Theresa May and had tendered her resignation with immediate effect. Dr Kanani formally thanked Katie for her support in the past months as she worked with the Patient Council and supported the CCG Primary Care Development Group. Work is currently now taking place to appoint to this post as quickly as possible.
85.16.2	Two new members were welcomed to the Governing Body, Dr Jhumur Moir as the Clocktower Locality Lead who is a GP at Westwood surgery and has specialist interests in women's health and Dr Koteshwara Muralidhara the Secondary Care Specialist who is a consultant physician in endocrinology and diabetes.
86.16.3	Positive feedback had been received from NHS England regarding the outcome of its annual assurance assessment on CCG key areas e.g. leadership, performance, financial management, planning and delegated functions. Level two assurance 'good' for delegated functions and for leadership was received recognising the CCG's work on the orthopaedic developments across south-east London and representation at the NHS Healthier London Partnership. The CCG's overall rating received was 'requires improvement' with the two key areas needing focus being planning and financial management and performance. Work will continue with the CCG's providers to meet key targets e.g. 62-day cancer standard, 4 hour A&E, IAPT service recovery rate and the diagnostic standard. NHS England recognised the progress that the CCG had made over the past year and that the

<p>85.16.4</p> <p>85.16.5</p> <p>85.16.6</p> <p>85.16.7</p> <p>85.16.8</p>	<p>CCG is part of the south-east London Sustainability Transformation Plan which will address some of the issues raised for improvement.</p> <p>Dr Kanani explained that the CCG had introduced a new IT programme 'Boardpad' to manage corporate meetings electronically which will help the CCG move towards the NHS target to become paperless. Governing Body papers will no longer be sent out to the public or members. There will be a printed copy available at the meeting for members of the public to refer to. Governing Body public meeting papers are available on the CCG website which are uploaded a week in advance of the meeting - anyone without a computer or access to the internet can visit their local library. If a member of the public requires a specific paper they can contact the CCG.</p> <p>The winner of the CCG's mystery shopper scheme this year was the musculoskeletal (MSK) team from King's College Hospital NHS Foundation trust for the services they provide to patients; and the runner up was awarded to the Hurley Group for the positive feedback received from the Urgent Care Centres at Queen Mary's and Erith Hospitals. Other services which received significant positive feedback were the Ophthalmology services (provided by King's College Hospital NHS Foundation Trust), Phlebotomy services (provided by Lewisham and Greenwich NHS Trust) and radiology services (provided by Dartford and Gravesham NHS Trust).</p> <p>Dr Kanani and Sarah Blow presented the Sustainability Transformation Plan (STP) to the Health and Wellbeing Board at their meeting on 27 June 2016.</p> <p>Bexley is working to implement Connect Care which will allow existing patient information to be shared and securely viewed, with permission, by staff directly involved in patient care such as GPs, hospital staff, district nurses and occupational therapists. Dr Sid Deshmukh is clinical lead for this programme and is working with GP practices to raise awareness of the scheme. The Patient Council are regularly updated about Connect Care in Bexley and Bexley Council included information in the summer edition of the Bexley Magazine.</p> <p>Dr Kanani reminded the meeting that the CCG is supporting the summer campaign to remind residents about keeping safe in the sun, to use local pharmacists who can provide expert clinical advice on managing illnesses and guidance on best treatment and to attend A&E for serious emergencies only.</p>
<p>85.16.9</p>	<p>DECISION FROM OTHER FORA The Governing Body Noted decisions made since the Governing Body (public) meeting held on 26 May 2016.</p>

85.16.10	PROCUREMENT OF INTEGRATED PHYSICAL DISABILITY SERVICES IN BEXLEY CONTRACT AWARD Members Approved the proposed award of the Integrated Physical Disability Services contract to Inspire Community Trust by the London Borough of Bexley for an initial period of 3 years (commencing September 2016) with an option to extend for a further 2 years (subject to satisfactory performance).
86/16 86.16.1	UPDATE FROM PATIENT COUNCIL Lionel Eastmond stated that the recent Patient Council meeting was well attended and had included useful discussion on information technology and data.
ITEMS FOR DECISION	
87/16 87.16.1	PERMISSION TO COMMENCE THE RE-PROCUREMENT OF THE REFERRAL MANAGEMENT AND BOOKING SERVICES <i>DUE TO GOVERNING BODY GPS BEING POTENTIALLY CONFLICTED – KEITH WOOD CHAIRED THIS ITEM</i>
87.16.2	Keith Wood asked for a summary outcome of the Conflict of Interest Panel (COIP) on 7 July 2016; this was necessary as all GP members except Dr Nikita Kanani (see below) of the Governing Body were conflicted on this issue.
87.16.2	Keith Wood confirmed that Dr Nikita Kanani could take part in the discussion and decision as she did not have a pecuniary interest in this agenda item.
87.16.3	The COIP consisted of five non conflicted members Sarah Blow (Chair), Dr Koteshwara Muralidhara, Theresa Osborne, Anne Douse and Jon Winter (in accordance with the Constitution Sarah Blow appointed Anne Douse and Jon Winter as voting members for this item). Evidence was considered from the Director of Commissioning (Sarah Valentine) and Dr Sid Deshmukh (GP).
87.16.4	The COIP were all un-conflicted and confirmed their support for the extension and re-procurement of the Referral Management and Booking Services. The doctor named in the paper is conflicted due to the fact that this GP receives payment from Bexley practices. It was therefore agreed that the recommendation of the panel would be that either an external clinical lead should be found, or if an external individual could not be found it was agreed that the clinical lead should only see the clinical quality information and that their work would be overseen by the lay secondary care Doctor (Dr Muralidhara Koteshwara).
87.16.5	Keith Wood stated that a lay or other independent member of the Governing Body should be included on the procurement panel and Dr Muralidhara Koteshwara was recommended.

87.16.6	Non conflicted members of the Governing Body: Approved the commencement of the re-procurement of the Referral Management and Booking Service.
87.16.7	Approved the recommendation for Clinical Leadership for the Project
88/16 88.16.1	FALLS PREVENTION PROGRAMME 'MOVEMENT' Dr Kanani stated that the Falls Prevention Programme 'Movement' paper had been withdrawn so that additional information on the development of the programme could be included in the paper and discussed at a future CCG meeting.
89/16 89.16.1	QUESTIONS FROM THE PUBLIC (PLEASE SEE NOTES UNDER SECTION 4) None.
ITEMS FOR DISCUSSION	
90/16 90.16(i).1	INTEGRATED QUALITY, SAFETY AND PERFORMANCE REPORT July 2016 Anne Douse explained that the report had been reformatted to make it more user friendly and include sufficient information to update the meeting on the integrated quality and safety work that was taking place. The patient experience feedback on engagement was a very important part of the process and would feed into the priorities for this year. The front page of the report details the concerns and challenges for CCG targets e.g. cancer and 62 day wait, CQUINs and performance issues, changes to safeguarding and future work proposals, medicines management support to learning disability homes, Local Authority infection control data and an update on GP quality alerts, all of which provide a rounded view of the integrated quality position.
90.16.(i).2	Dr Kanani stated that she found the new format very accessible and easy to read.
90.16.(i).3	Mary Currie stated the data outcome showed that some areas were just missing the targets agreed and felt that if the provider invested a little time and money in these areas the delivery of patient care would be significantly improved. She highlighted that it was vital that patients get the appropriate antibiotics to treat the dangerous effects of sepsis. Sarah Blow confirmed that new NICE guidance should be followed at all times and that that the NHS needed to work together to achieve improvements in patient services. Some capacity issues are Bexley level whilst others are across south-east London and nationally. Sarah Valentine confirmed that some targets are not achievable as there is not the capacity in the current system e.g. it has been recognised that King's do not have the capacity to achieve all targets and this would

<p>90.16.(i).4</p> <p>90.16.(i).5</p>	<p>impact on the CCG's performance. Members acknowledged that sometimes money was not the answer to finding capacity and the CCG needed to work with NHS providers to consolidate services and find different pathways.</p> <p>Action: Keith Wood requested that the future front sheet reports have bullet point actions on the current position, improvements made and details of the actions taken to address the issues - Anne Douse.</p> <p>The Governing Body Noted the Integrated Quality, Safety and Performance Report.</p>
<p>90.16/(ii) 90.16.(ii)1</p> <p>90.16.(ii)2</p> <p>90.16.(ii)3</p> <p>90.16.(ii)4</p> <p>90.16.(ii)5</p>	<p>MONTH 2 (MAY) 2016 FINANCE REPORT</p> <p>Theresa Osborne confirmed that the CCG was forecasting an outturn position of £169k surplus with agreement from NHS England that the CCG would not achieve the required 1% surplus. At present there were no changes to the Month 3 forecast outturn position. However the month 3 position is supplemented with non-recurrent funding and the reported acute overspends, if accurate, especially at Dartford, Guy's and King's has an impact on the 2017/18 financial position. This increase in acute activity is unusual at this time of the financial year and the CCG and CSU are currently validating data. The risk in relation to the Cardiology Prime Contractor is still being discussed. At this point in time the CCG believes that the emerging cost pressures can be managed in 2016/17. Increased QIPP will be required in 2017/18 to account for the underlying position and achieve a breakeven position. QIPP needed could be as much as £13m, which is of concern to the CCG.</p> <p>The unidentified QIPP gap has been closed at Month 3.</p> <p>There are currently no concerns regarding BPPC, Aged Debtors or the Primary Care budgets.</p> <p>During discussion Theresa Osborne confirmed that the outturn position of £169k surplus was achieved using CCG reserves for month 2 and that additional non-recurrent measures had been required at month 3. Sarah Blow stated even though it was early in the year, risks do need to be highlighted and would be considered and managed throughout the financial year.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> 1) DISCUSSED & NOTED that the Month 2 (May) and forecast outturn financial position are in line with the plan submitted to NHS England; 2) NOTED the details of the 2016/17 allocations (programme and running costs) received and expenditure to date;

	<p>3) NOTED the returns made to NHS England reporting the Month 2 financial position, QIPP delivery, confirmation of the uncommitted nature of the 1% transformation fund, the underlying position, capital, Continuing Healthcare Retrospective claim cases and the CCG's risks and mitigations (Appendix 1);</p> <p>4) DISCUSSED & NOTED the key risks identified in achieving the breakeven position in 2016/17 and the management actions being taken to address and mitigate these additional potential risks where possible;</p> <p>5) NOTED the potential underlying position for 2016/17;</p> <p>6) NOTED the month 2 actual performance against the key national finance targets.</p>
<p>90/16 (iii) 90.16(iii).1</p> <p>90.16.(iii).2</p> <p>90.16.(iii).3</p> <p>90.16.(iii).4</p> <p>90.16.(iii).5</p> <p>90.16.(iii).6</p> <p>90.16.(iii).7</p>	<p>CONSOLIDATED CONTRACTS REPORT MONTHS 1 AND 2</p> <p>Sarah Valentine summarised the highlights from the meeting paper and confirmed that contracts had been agreed for all CCG contracts with a value greater than £1million. The report included indicative values for some smaller value contracts yet to be agreed. As the financial year progresses the performance forecasting will be further clarified and problems will be resolved. Lewisham and Greenwich Trust (LGT) were unable to report in Month 1 due to the delay in agreeing the contract plan and will report Month 1 in Month 2.</p> <p>Work is ongoing to develop a new pain support group for MSK patients with King's to enhance quality of care, patient experience and patient outcomes with patient representatives part of the design and development group. It is expected to be operational later this year.</p> <p>King's have a range of 18 weeks issues in specialties, of key note is orthopaedics. Kings have agreed with NHSE/NHSI and their lead commissioner that they will not achieve the 18 weeks standard in 2016/17.</p> <p>Cardiology discussions with GSTT continue and the Governing Body will be kept updated on the progress and outcomes as appropriate.</p> <p>A mental health stocktake is taking place with Bexley/Bromley/ Greenwich and Oxleas. Oxleas are the main providers for this service across the three boroughs and models are being reviewed to ensure appropriate care is provided.</p> <p>Action: Mary Currie suggested that a note should be put against the acute contracting report to remind the reader that the scale of the graphs varies. (Sarah Valentine).</p> <p>Dr Kanani noted that the Meadowview step up step down unit was working to full capacity whilst reducing the average length of stay.</p>

90.16.(iii).8	The Governing Body Noted the performance of the Acute, Community & Mental Health contracts shown in the meeting report.
91/16	DIABETES UPDATE REPORT
91.16.1	Sarah Valentine apologised for the late Diabetes Update Report and stated that the report was presented on behalf of Diabetes UK, Oxleas and the CCG. The report resulted from questions raised at the CCG Governing Body meeting in public in May suggesting that there were very high amputation rates in Bexley as a result of poor treatment outcomes. The meeting paper includes information from a report by Diabetes UK on CCGs, which shows that Bexley is actually below the national average for minor and major amputations.
91.16.2	The CCG commissions podiatry services from Oxleas community and they currently have 3.25 whole time equivalent (wte) budgeted clinical staff. This service provides domiciliary and clinic based intervention to patients at high risk of developing critical foot problems if not seen regularly by a podiatrist. In addition to the above, the CCG (with the London Borough of Bexley) also commissions a home toe nail clipping service from Age UK. The current waiting time for the Oxleas service for the majority of patients (94%) is less than 12 weeks. In March 2016, the CCG Governing Body approved the redesign proposal for diabetes patients (appendix 1 of meeting paper) with the intention to expand the podiatry services, as funds are released from acute care provision.
91.16.3	Oxleas have been asked to provide a proposal to the CCG to reduce the average waiting time to 6 weeks, this is currently awaited.
91.16.4	Sarah Valentine confirmed that the CCG would continue to work with all stakeholders on the implementation of the proposals in the March Governing Body report which is attached to the meeting paper. Dr Kotesawara Muralidhara had joined the Governing Body as the Secondary Care Specialist and he is a diabetes specialist who would work on the specification for Local Enhanced Services together with Diabetes UK and other stakeholders.
91.16.5	Sarah Blow confirmed that more money would be available for podiatry when monies were released from acute providers, as new models of care were implemented to provide appropriate care in the right environment.
91.16.6	The Governing Body Noted the contents of the report that provides an update on amputation rates for Bexley residents, and also access to podiatry services, which was presented on behalf of Diabetes UK, Oxleas and the CCG.
92/16	360 SURVEY REPORT & ANALYSIS

92.16.1	Anne Douse stated that the fourth annual 360 Ipsos-Mori stakeholder survey had been fed into the NHS England assurance process. Bexley had achieved a high response rate of 70% from GP practices which was 11% higher than the national average and above local/London/national rates. Overall, the results for the CCG are very positive, and reflect significant improvement across all components (previously domains) when compared to previous years and very favourably with other comparator groups.
92.16.2	The report summarises the verbatim comments, which reflect on the positive engagement by the CCG and its work to involve members and other stakeholders more and also highlights some areas for learning for next year that will build upon this year's very positive results.
92.16.3	Local issues raised in the survey related to the development/changes at the Queen Mary Hospital site, engaging patients in local healthcare, improvements to the Urgent Care Centre, improvements to the local NHS and collaborative working with our partners.
92.16.4	The Governing Body Noted the contents of the 360° survey report and analysis.
93/16	ACCESSIBLE INFORMATION STANDARD
92.16.1	Anne Douse explained that the Accessible Information Standard (AIS) is a mandatory requirement for all providers of NHS and publicly funded adult social care services to be implemented by 31 July 2016. The AIS details how these organisations are required to meet the information needs of people who have a disability, impairment or sensory loss so that they receive information in formats that they can access and receive appropriate support to help them to communicate.
92.16.2	The standard sets out how commissioners of NHS and publicly-funded adult social care need to have regard to this standard and ensure that 'contracts and performance-management arrangements with providers promote the standard's requirements'. The report details how, through its contract monitoring, the CCG will monitor providers' implementation of the AIS.
92.16.3	During discussion Anne Douse confirmed that the CCG had provided comprehensive information to support GP practices in Bexley to assist them in understanding and complying with the AIS. The CCG has raised with NHS England how Continuing Healthcare (CHC) papers will be implemented through AIS as some documents consist of more than 50 pages which might need to be in braille format and a response is awaited. Dr Bhalla stated that at times it is very difficult to arrange interpreters for patient appointments at GPs or hospitals. Theresa Osborne reported that the Primary Care Development Working Group had received a presentation from the Bexley Deaf Centre and that deaf

92.16.4	<p>awareness training can be provided to train practice staff at a cost of £15.00 per staff member and this information had been communicated to practices. Training would also be arranged for CCG staff.</p> <p>The Governing Body Noted the contents of the report outlining the impact of the Accessible Information Standard</p>
<p>94/16 94.16.1</p> <p>94.16.2</p> <p>94.16.3</p> <p>94.16.4</p> <p>94.16.5</p> <p>94.16.6</p> <p>94.16.7</p>	<p>PRIMARY CARE DEVELOPMENT UPDATE</p> <p>Theresa Osborne stated that the work of the Primary Care Development Working Group (PCDWG) feeds into the ‘Our Healthier South East London’ community based care work stream. To improve patient care services a pilot for an online self-help and e-consultation system is currently being used by six Bexley GP practices, which covers a third of the population. <i>WebGP – econsult</i> is a website that includes self-help content, sign posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with the patients’ own GP.</p> <p>The London Borough of Bexley’s Care Hub is the new online portal for accessing adult social care services: https://carehub.bexley.gov.uk which allows patients to complete a self-assessment online to identify what their needs are. This would lead onto a social care assessment if required. There is also a comprehensive database of local services specifically aimed at carers and those in care.</p> <p>The Health Champion pilot has placed volunteers in seven practices’ waiting areas to identify patients whose needs may be better met by voluntary/charitable organisations rather than a GP.</p> <p>There have been eight Bexley and two south east London bids submitted for the estate and technology transformation fund (ETTF). The CCG will be notified of the outcome in October / November.</p> <p>The Community Education Provider Network (CEPN) is taking on increasing responsibility for addressing workforce challenges in the borough and practices are being encouraged to contact the CEPN when they have staffing vacancies as the CEPN may be able to offer solutions.</p> <p>A GP Fellow scheme has been started in Bexley to encourage GPs to stay within the area. The Fellows rotate between practices, Oxleas, the CCG and Greenwich & Bexley Hospice.</p> <p>The NHS Bexley CCG’s linked care scheme is now expanding the data sharing arrangement to cover local acute hospitals and community care settings (Connect Care). This will allow e.g. A&E departments to access a part of Bexley patients’ GP records providing consent is</p>

	given, and for GPs to see the hospital records. The quality and continuity of care will be improved for patients as clinicians will have access to their medical history, avoiding the need for patients to repeat this multiple times. Any patient can opt out of these data sharing arrangements and will be made aware of the process for doing this.
94.16.8	The Primary Care Activity Reporting Tool (PCART) tool has been further developed to include electronic prescription activity, text message appointment reminder and health promotion activity (iplato), and mortality data, making this information available for practices to review.
94.16.9	Dr Kanani noted that currently Bexley CCG is at level 2 primary care co-commissioning. Applications for level 3, full delegation, will need to be submitted by the first week in November, and discussion will take place with the CCG's membership over the coming weeks.
94.16.9	The Governing Body Noted the work of the Primary Care Development Working Group (PCDWG) outlined within this report.
95/16	BOARD ASSURANCE FRAMEWORK
95.16.1	Anne Douse stated that the Board Assurance Framework (BAF) consists of risks on the corporate risk register with a residual risk rating of 15 and above. Five risks on the register for 2016/17 meet the criteria and are reported. Risks 271 (CCG may not achieve the 18 week referral treatment waiting time) and 278 (CCG will fail to meet the 4 hour performance of A&E waiting time) have the highest residual risk rating of 20. The remaining three risks 256 (CCG will fail to achieve the 62 day cancer waiting target), 262 (financial element of QIPP will not deliver agreed targets) and 264 (CCG failure to breakeven) have a rating of 16.
95.16.2	The BAF report is made up of two parts. The front sheet (Part 1) is a summary of the risks and Part 2 (pages 2, 3 and 4) is the full risk register. During discussion Anne Douse stated that the BAF does reflect acute risks and mitigating actions in place which are being monitored.
95.16.3	Sarah Blow confirmed that the BAF is a true reflection of the CCG's risks at a given point in time and does continually change.
95.16.4	The Governing Body Noted risks on the corporate risk register with a residual risk rating of 15 and above on the Board Assurance Framework.
ITEMS FOR INFORMATION	
96/16	2015/16 ANNUAL ACCOUNTS
96.16.1	The Governing Body Noted the Annual Accounts for 2015/16 which

	have been subject to audit and were submitted in accordance with the NHS National timetable. The 2015/16 Annual Accounts can be found from page 82 in the Annual Report (Enc O of meeting papers).
97/16 97.16.1	2015/16 ANNUAL REPORT AND ACCOUNTS The Governing Body Noted the 2015/16 annual report and accounts.
98/16 98.16.1	OUR HEALTHIER SOUTH EAST LONDON PROGRAMME UPDATES NEWSLETTERS ISSUE MAY 2016 & ISSUE JUNE 2016 The Governing Body Noted the contents of the May and June editions of the new <i>Our Healthier South East London</i> programme update for stakeholders, entitled <i>Healthier</i> .
99/16 99.16.1 99.16.2 99.16.3 99.16.4	Minutes/Summary Notes Minutes of Primary Care Joint Committees (PCJC) 28 April 2016 Patient Council Minutes 22 March 2016 Committees Executive Summaries for the Governing Body to Note: <ul style="list-style-type: none"> • Audit and Integrated Assurance Committee 3 December 2015 • Executive Management Committee 3 March & 7 June 2016 • Financial Recovery Group 10 May 2016 • Finance Sub-Committee 10 May 2016 • Medicines Management Sub-Committee 18 May 2016 • Quality and Safety Sub-Committee 12 May 2016 The Governing Body Noted the above minutes and summaries.
100/16 100.16.1	ANY OTHER BUSINESS Dr Kanani stated that the CCG would be relocating offices to the Bexley Civic Offices. This would likely be in February 2017.
101/16 101.16.1 101.16.2 101.16.3	PUBLIC FORUM <ol style="list-style-type: none"> 1. Clarity was sought on whether all patients with type 1 diabetes would be offered choice of where to receive treatment – GP or hospital? Sarah Valentine confirmed that where appropriate for patients to receive elective care they will be offered the choice of where they wish to receive their treatment. Dr Moir stated that many patients with type 2 diabetes are managed by their GPs and referred to secondary care if necessary. Patients meet with their GP on a regular basis and build a shared understanding of their condition and treatment through this system. Some patients find this more helpful than attending a hospital for a couple of appointments a year and discussing their concerns with a doctor who does not have the same level of understanding of their personal issues.

101.16.4	2. Confirmation was sought that at all Bexley practices' GPs are aware of the extra workload and training has been provided.
101.16.5	Dr Kanani confirmed that the Local Medical Council (LMC) had agreed in principle to the diabetes proposals and would share the information through communicated plans with all Bexley practices.
101.16.6	3. Concerns were raised that some GP practices would be unable to deliver the additional services due to workload and at times phones remain unanswered for long intervals of time.
101.16.7	Sarah Valentine stated that all GPs were aware of the proposals and the additional monies that they would receive for the additional work. If there were problems with a practice answering phones patients should in the first instance complain to the practice manager. If the issue remained unresolved patients should then contact the Patient Experience Team at the CCG.
101.16.8	4. Concerns were raised that insufficient training would be provided to GPs and practice staff and that there would not be the capacity to treat patients in line with the proposals.
101.16.9	Dr Moir confirmed that all practices will have the necessary expertise as they would have had to demonstrate that they have the necessary skills, expertise and capacity to undertake the work. There are 'virtual clinics' where GPs can email a consultant and receive a response to questions and this is part of the Diabetes Local Enhanced Service.
101.16.10	Sarah Valentine explained that the modification to the new Diabetes Local Enhanced Service was based on the actual delivery of diabetes services to patients.
101.16.11	Dr Kanani stated that the meeting report which had been agreed by NHS Bexley CCG/Diabetes UK/Oxleas NHS Foundation Trust would be shared with the Patient Council following its approval at the meeting today.
101.16.12	5. Clarification was sought on where the additional monies would come from to deliver appropriate diabetes services in the community (additional podiatry services).
101.16.13	Sarah Valentine confirmed that the existing scheme monies were to continue, and additional funds for podiatry would be available based on the release of services from acute

	(secondary care) hospitals to community services as agreed in the proposals detailed in the Governing Body March report. These proposals had been agreed with secondary and community care services and Diabetes UK. Following the implementation of the diabetic services, patients whose treatment will be delivered differently would be contacted by their GPs.
101.16.14	6. Confirmation that the diabetes services at Queen Mary's Hospital were not being withdrawn was well received and a diabetic patient acknowledged that the services in Bexley were improving, so was glad to live in Bexley.
101.16.15	Lionel Eastmond asked members of the public not to listen to rumours and stated that the Bexley Patient Council would continue to discuss the improvement of diabetic services.
101.16.16	7. Notification was given that the CCG had referred to the Desmond programme and not the "X-Pert" programme and this was causing some confusion.
101.16.17	Dr Kanani noted this and explained that the new proposals for the diabetes service continued to focus on more services delivered locally to help patients stay healthier longer. She stated that some patients at her surgery preferred to see the practice nurse as they felt this was the most effective method to keep their condition under constant review safely.
101.16.18	8. RNIB collection boxes had been placed at all Bexley GP practices and following collection of monies the Governing Body would be updated.
101.16.19	9. Dr Kanani thanked the members of the public for attending the Governing Body meetings and for continuing to raise these very important issues to help improve patient services in Bexley.
DATE OF NEXT MEETING	
80/16 80.16.1	Governing Body meeting (held in public) Thursday, 29 September 2016 from 1.30pm – 3.30 pm in the Public Gallery West, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT.
CLOSURE OF THE PUBLIC MEETING	