

Governing Body Public Meeting

DATE: 26 September 2013

Title	Bexley CCG Committee Minutes & Summary Sheets and Sub Committee Summary Sheets as detailed below	
Recommended action for the Governing Body	That the Governing Body: Note the work of the Governing Body's Committees and Sub-Committees.	
Executive Summary	Summary sheets for each Committee and Sub-Committee of the Governing Body are provided to assure the Governing Body of the work being undertaken in its name. The full minutes of each Committee/Sub-Committee are available to members on request, but not included in full as they may contain privileged or sensitive information.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	If decisions are not taken with due consideration, services could be affected which could have a clinical or financial impact.
	Equality and Diversity	All decisions should be taken with due consideration of any impact on of equality & diversity.
	Patient impact	All decisions should be taken with due consideration of any impact on patient services.
	Financial	All decisions should be taken with due

		consideration of the associated costs & savings and any impact on the financial position of the CCG.
	Legal Issues	Not applicable
	NHS constitution	All decisions should be taken with due consideration of the CCG's obligations under the NHS constitution.
Consultation (Public, member or other)	Not applicable	
Audit (Considered / Approved by Other Committees / Groups)	The Finance Working Group minutes are presented to the Executive Management Team.	
Communications Plan	Any scheme requiring a communication plan will have one specific to that scheme.	
Author	Simon Evans-Evans, Director of Governance & Quality	
	Clinical Lead Dr H Stoaite Chair	Executive Sponsor Simon Evans-Evans Director of Governance & Quality
Date	11 September 2013	

ENCLOSURE: N (iii)

Agenda Item: 104/13

Executive Management Team

15 August 2013

Operating Plan 2013/14

- Quality & Safety Report confirmed that Head of Quality and Clinical Risk Manager posts had now been filled. The QMS Quality Assurance and Patient Safety Group of the PMO had discussed due diligence of the SLHT transition.
- Finance Report Month 3 reported financial position CCG on course to meet finance and QIPP forecasts. However, overperformance continues a SLHT, Kings and Guy's. Dartford & Gravesham contract still unsigned.
- CCG awaiting response to complaint to the CSU regarding standard of reporting data.

The new Risk Management system had been implemented and managed via Safeguard Web portal by Assistant Directors, Executive Management Team and the Governing Body.

The Privacy Impact Assessment (PIA) training provided a sound foundation on information governance issues throughout the CCG. CCG data sharing issues were under review by the Information Governance Sub Committee with action plans agreed and implemented as appropriate. The CCG continues to work towards the Accredited Safe Haven (ASH) Status and is on course to complete 100% organisational mandatory training. The EMC discussed the information governance risk regarding inappropriate CCG staff access to PCD which was being taken forward to resolve.

Oxleas Proposal – Long Term Condition teams was discussed and Oxleas asked to provide alternative proposals in line with meeting discussions.

The EMC discussed the UCC Business Case to redesign and re-procure an integrated unscheduled care service (hub and spoke model) to consolidate onto two sites the existing unscheduled care services. Bexley Council Health and Overview Scrutiny Committee and the Governing Body would need to consider and approve the business case.

GP Election Process underway – two candidates had applied for Chairperson (one of whom successful at the interview stage) and three candidates had applied for the locality posts (one of whom had withdrawn).

Annual General Meeting on 26 September 2013 draft agenda approved.

Update on Assistant Directors Awayday and agreement for AD coaching sessions to be arranged.

Clinical Commissioning Group

Governing Body Borough Tour arranged for 31 October 2013.

16 July 2013

QIPP Schemes

- Palliative End of Life Care following approval of the joint business case with the Local Authority discussed. The role of the Community Geriatrician Service and how it would assist GPs in decision making regarding the individual patient care considered. Impact Assessment on GP engagement/hours to be processed and shared with GPs.
- Respiratory programme to include data on year one year analysis of high death rate from COPD against low review rates as part of the process to improve services. Engagement of district nurse input into business case to ensure housebound COPD patients care pathways are included in new redesigned services.
- Bexleyheath Limited (RMS) contract variation discussions on clinical and financial issues regarding the development and implementation of additional patient pathways.
- Adjustments to Ophthalmology QIPP savings following review of activity at SLHT.

Operating Plan 2013/14

- Quality & Safety issues considered with confirmation that five risks at SLHT will be identified for action within 10 weeks. Independent review to be undertaken regarding the operating theatre practice by one of SLHT obstetricians and gynaecologists.
- Finance Report update reported concerns on lack of available robust acute information, clarity needed on specialist commissioning and dental activity.
- Performance Report Month 1 highlighted a number of red rated targets where leads and actions needed to be identified to improve BCCG targets.
- Discussion on CSU/CCG local/national issued which need to be resolved.

TSA Business Case and Processes current position discussed.

Executive Management Team meetings to move to monthly meeting schedule.

Clinical Leads update provided detail on framework with GPs to formulise the clinical lead process with agreed objectives and accountability to the Governing Body to support the quality agenda.

E-Learning Finance Tool now available to Governing Body members and staff.

Assistant Directors had received training on the new risk management system.

Clinical Commissioning Group

Finance Working Sub Committee

9 July 2013

- Community clinics proposed for Dermatology, Minor Surgery, Gynaecology and Urology. Agreed to recommend the business case to the Quality and Safety Group and the Governing Body.
- A Legacy Group had been formed to meet weekly to target five specialties to see whether patients can be discharged back to primary care or to community care services for future follow ups on their conditions, rather than being seen within the acute sector. Patients would be clinically reviewed for appropriateness to transfer out of acute care.
- An update on pipeline schemes was given. Report to go to August Finance Working Group meeting.
- QIPP report presented. Information is being prepared in house as data from CSU is currently unreliable. A new look summary QIPP delivery report & project monitoring update sheets were also presented.
- A new style benchmarking report that could be used for practice/locality briefings was presented. This would be presented to locality meetings and rolled out in the near future.
- Members discussed the month two Finance Report which reported a surplus of £737k against a plan for £721k, with running costs within the £25 per head. The 1% surplus of £2,569k was also on track to be achieved. The CCG is underperforming against the 95% BPPC targets and steps are being taken to address this. The overall position is as expected at month two, however there are high risks to the forecast outturn position. The risks were detailed in the report presented. Project Managers feedback is that QIPP remains on target to be achieved. Acute contracts were included as break even within the financial position due to the uncertainties in the numbers reported by the CSU.

Quality and Safety Sub Committee

23 May 2013

- **Pan-BBG SI Policy Final** was noted.
- **Quality Impact Assessment Tool** was agreed.
- **MSK Business Case** the business case presented without a quality focus. Assurance was required on a number of issues, these and the final service specification needs to be represented for approval.
- **Cardiology Business Case** the business case presented without a quality focus. Quality aspects to be clarified and the paper and final service specification to be brought back for approval.
- **Quality and Safety Report** was presented in respect of Oxleas, Darent Valley Hospital, South London Healthcare Trust and the Serious Incidents report. Noted.
- **Oxleas Quality Accounts** noted and working on a collective BBG response.
- **SLHT Quality Accounts** noted and working on a collective BBG response.
- **Mental Health Oxleas Report** was noted.
- **Patient Experience Report** was presented by Annie Gardner.
- **Care Homes Update** was presented. Maggie Williams and Kudzi Mukandi to provide an overview of how the CCG manages quality in care homes at the next meeting.
- **Safeguarding Update**
 - **Serious Case Review – Health overview Child E** was noted.
 - **Serious Case Review – Baby F** was noted.

18 July 2013

- **Cardiology Business Case** was presented. Specification is still evolving as part of the procurement process.
- **Community Clinics Business Case** was presented. Comments noted and to be fed into the business case development.
- **Quality and Safety Report** was presented in respect of Oxleas, Darent Valley Hospital, South London Healthcare Trust and the Serious Incidents report. Noted.
- **Performance Report** was presented. There followed a request for a more detailed report to give a greater understanding of the impact on patients.
- **Patient Experience Report** was presented. Elections to be held to replace Ron Brewster who had resigned his position as Chair of the Patient Council.
- **Mental Health Update** was presented. Simon Evans-Evans to meet with Emma Gennard to discuss how the quality aspect of the Oxleas MH meetings can be improved.
- **Care Homes Update** Maggie Williams to ensure that embargos are lawful and to discuss with Alan Luke.
- **Safeguarding Children** an update was given including serious case reviews, Serious Incidents and how work was progressing to ensure the safe transition of safeguarding arrangements.
- **Safeguarding Adults including Winterbourne Update** a report was presented which covered 1 April 2013 to 1 July 2013.



Clinical Commissioning Group

- A workshop has been arranged for 31 July to look at safeguarding assurance throughout the transition period for SLHT.
- Following the Winterbourne View Report, NHS Bexley CCG and Bexley Council have started the process of ensuring correct procedures are followed for any Bexley residents that fall into this category.
- NHS Bexley CCG are fully involved in prevention and management of pressure ulcers. The BBG Pressure Ulcer Group is looking to develop a BBG pressure ulcer strategy.
- **Health of Looked After Children Annual Report** was presented.
- **NHS 111 Update** was presented.
- **Managing Governance in Transition (Lewisham and Greenwich)** was discussed. There are plans for two workshops to be held in July and August (*addendum - the 1st workshop took place in September*).



Medicines Management Sub Committee

8 May 2013

- Referral Management Pathways. Areas discussed:
 - Acne KS 13/14
 - Dizziness and Vertigo KS 13/14
 - Dysmenorrhoea KS 13/14
 - Menorrhagia KS 13/14
 - Psoriasis KS 13/14
 - Tonsils and Adenoids KS 13/14
- LPP Nutritional Information – document adopted and circulated to all practices for information via Newsflash.
- Methotrexate SCA – document approved for use in Bexley. Final version circulated to GP practices for information and added to GP Zone.
- Desmopressin Pathway – information circulated to GP practices via Newsflash.
- Colomycin SCA – document approved pending final amendments. Final version circulated to practices and added to GP Zone.
- Dry Eye Algorithm – document approved for use in Bexley. Final version circulated to practices and added to GP Zone.
- SLHT Updates
 - Apixaban (for AF) being considered by Area Prescribing Committee for South London.
 - Process being developed so that even if a new product has NICE approval, acute clinicians will need to make a formal application to the DUG at the hospital before starting to use the treatment to ensure consistency.
 - New requests received for some ophthalmology products:
 - Dry eye: Hylotear®, Hylocare® and Hyloforte®
 - Latanoprost preservative free
 - Martin Bradley working on an algorithm for the LAMA products available for COPD.
 - Consultants applying for drug approval to the APC will be applying for use for all acute trusts covered by the APC (South East London hospitals) which should streamline the process.
 - Updated Vitamin D (adult) guideline (for deficiency) to be discussed at next DUG.
- Any other business
 - NICE draft guidance for Patient Group Directions – to be added to future agenda.
 - Practice nurse immunisation and vaccination training at University of Greenwich.

5 June 2013

- GP Pathways. Areas discussed:
 - Acne

Clinical Commissioning Group

- Dizziness and Vertigo
- Dysmenorrhoea
- Menorrhagia
- Psoriasis
- Tonsillitis

Comments on these pathways to be fed back to authors and confirm the pathways have been approved in terms of clinical content by the Medicines Management Sub Committee.

- GP guide to reviewing formula used for infants – document circulated to Bexley prescribers.
- Rebate Scheme – Pradaxa® – Clare Fernee to work with the manufacturer to sign up to the scheme for dabigatran (Pradaxa®).
- Rebate Scheme – Prostag® - Clare Fernee to liaise with manufacturer to obtain discount for NHS Bexley CCG.
- Emollients and Soap Substitutes for Dry Skin Conditions – document approved for circulation to NHS Bexley CCG prescribers. Kim Causer to feedback to District Nursing Teams regarding Aquamax® being used as first line emollient choice in NHS Bexley CCG.
- SLHT Updates
 - New drugs included on formulary:
 - Perampanel (epilepsy) as second line adjunct for partial onset seizures.
 - Hylotear®, Hylocare® and Hyloforte® approved and to be used second line in the dry eye algorithm.
 - Ingeneol gel (Picato®) not approved for treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis in adults. More discussion needed.
 - Monoprost® latanoprost preservative free drops approved for patients with known preservative allergy where a prostaglandin drop is required.
 - Vitamin D guidance being updated and amended.
 - LAMA draft guidance now includes aclidinium, glycopyrronium and tiotropium inhalers. Guidance approved by SLHT sent to Bexley prescribers with Newsflash.
- Any Other Business
 - NICE TA for RAG rating – ratings accepted for TAs 274, 275, 276, 277, 278, 280, 281, 282.
 - PGDs – new guidance received from NHS England to clarify the responsibility for PGDS for nationally commissioned immunisation and vaccination programmes. New PGDs to be developed for rotavirus vaccination and shingles vaccination to be used by Bexley Practice based nursing staff.
- Newsflash
 - Rebate schemes for prescribing in NHS Bexley CCG (Prostag® and Pradaxa®)
 - Emollient and soap substitute guidance
 - SLHT LAMA guidance

3 July 2013

- GP Pathways – Lucy Huitson asked to update GP Zone pathways and forms and remove old versions.
- Rotavirus PGD – Discussed. Clare Fernee to report syringe presentation to MHRA and to ask manufacturer whether there was any guidance regarding nappy changing by people with compromised immune systems. Rotavirus PGD approved following changes discussed at the meeting.
- Vitamin D Guidance and Healthy Start Vitamins – Vitamin D Guidelines approved and to be added to CareNet and GP Zone. Clare Fernee to speak to Nada Lemic re Healthy Start Vitamin funding.
- SLHT Update
 - Metvix® in dermatology – is not a PBR excluded drug
 - Ulipristal acetate in family planning – emergency contraceptive
- APC Update
 - Lixisenatide and insulin degludec to be reviewed at next APC.
 - Dr Anggiansah or Dr Upton to deputise for Dr Money at APC if Dr Money not available to attend.
 - Biologics guidance for anti-TNF drugs used in RA considered sensible and would reduce individual funding requests and improve patient access to treatments via the agreed pathways.
- Any Other Business
 - Consideration being given to the use of Wockhardt branded tamsulosin tablets and add to scriptswitch if appropriate.
 - Discussion on costs of antibiotics used in line with local SLHT/BBG antimicrobial guidelines. Guidance to be updated.
 - Information about choices for nasal sprays in Hayfever to be added to Newsflash.
- Newsflash
 - Dressing project updates for localities – update via newsflash, giving Darzi pharmacist's details
 - Scriptswitch Annual Report – Clare Fernee to look at Greenwich Scriptswitch profiles, at areas repeatedly ignored and liaise with Bipin Patel re stock level issues.
- Dates for Medicines Management Sub-Committees set for remainder of year.

Information Governance Sub Committee**9 July 2013**

The following are the key points discussed at the July Information Governance Sub Committee:

Privacy Impact Assessment (PIA) training took place in July and was well attended by staff. This training was put in place to support staff in their understanding and application of the PIA process within the organisation. PIA's form one of the IG requirements of the IG Toolkit and therefore the organisation must demonstrate that it has embedded the process within its structures for ensuring that any programmes involving patient information have had the necessary checks and balances addressed prior to deployment.

Feedback from staff was very positive regarding the training and PIAs have already started to become part of the foundation work that Project Managers consider at the outset of their projects within the CCG.

Data Sharing for CCGs

Following on from the Health and Social Care Act 2012 (HCA) model for providing for CCG data sharing responsibilities, the CCG is continuing to work with colleagues to ensure that staff only access data which complies with the HCA 2012.

A recent review of the PCD activities within the Mental Health Team has been undertaken and a plan has been put together detailing the areas where a change in working practices has had to take place to comply with the new Act. See Appendix 1 for further details.

Accredited Safe Haven (ASH) Status - The CCG continues to liaise with the Health and Social Care Information Centre (HSCIC) in its bid to become an ASH so that the organisation can legitimately process some weakly pseudonymised data based on NHS number to support CCG commissioning decision making and invoice payments.

New guidance has recently been published on the requirements of becoming an ASH and this is currently being reviewed and progressed.

One requirement of the ASH process is to ensure that organisations demonstrate 100% IG training as part of their submission. Staff have therefore been asked to complete their annual IG training for 13/14 by the 9th August. Besides individuals on long term sick, the CCG position on this is on track for the baseline submission in September.

The NHS Clinical Commissioners organisation has taken an interest in supporting CCGs concerns with respect to the issue of PCD and is keen to work with CCGs on this matter.

Clinical Commissioning Group

Policies, Plans and Guidance documents approved at the July IG Working Group are as follows:

- Corporate Governance Policy incorporating the FOI policy
- Bexley CCG Publication Scheme
- Information Governance Development Plan
- Mobile Devices Policy
- IG Training Needs Assessment Guide

IG Risk Register

Key risks to note on the IG risk register are:

There is a risk that CCG staff access PID data that they are not legally entitled to, which may result in a breach against the IG guidelines and DMIC requirements.



Primary Care Advisory Group

Minutes of the Meeting

Held on Wednesday, 17 July 2013

19.00 – 21.00

Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ

Minutes

Present

Dr Nelun Elphick	Albion Surgery
Dr Howard Stoate	Albion Surgery
Dr Bill Cotter	Bellegrove Road Surgery
Dr Bob Gill	Ingleton Avenue Surgery
Dr Peter Oxford	Welling Medical Practice
Dr Pandu Balaji	Welling Medical Practice
Dr Nisha Nair	Bexley Group Practice
Dr Winnie Kwan	Crook Log Surgery
Dr Holly Hutson	The Barnard Medical Practice
Dr Danielle Mo	Plas Meddyg Surgery
Dr Richard Money	Station Road Surgery, Sidcup
Dr Sarah Chase	Woodlands Surgery
Dr Siddarth Deshmukh	Sidcup Medical Centre
Dr Prem Anand	Lakeside Medical Practice
Dr Sunila Dhaduvai	Parkside Surgery
Dr Elizabeth Cameron	Lyndhurst Medical Practice
Dr Varun Bhalla	Belvedere Medical Centre
Dr Sushanta Bhadra	Good Health

In attendance

Simon Evans-Evans

Sarah Valentine

Sarah Blow

Charles O'Hanlon

Nabil Jamshed

Mike Attwood

Apologies

Dr Harris-Faulkner – Crayford Town Surgery

Item No	Times	Description	Action By
1/0713		Welcome and apologies for absence	

Item No	Times	Description	Action By
		Apologies of absence were received Dr. Harris-Faulkner	
2/0713	2.1	Declaration of Interest No changes to declarations held on the register were reported at the meeting.	
3/0713	3.1 3.2	Terms of Reference Simon Evans-Evans (SEE) presented to the TOR of the Primary Care Advisory Group (PCAG) and it was agreed to approve the presented TOR. The Primary Care Advisory Group approved Terms of Reference	
4/0713	4.1 4.2 4.3 4.4	Constitution SEE outlined the changes in the constitution and presented the summary to the PCAG. It was noted that section 3.1.9 is to be deleted and section 3.9 has been revised to the effect of managing COI of the chairman and action to be signed by the Chief Officer in conjunction of the Lay members. It was agreed that text in section 3.9 will be revised to include word "in agreement of Lay members". The Primary Care Advisory Group: - Approved the deletion of section 3.1.9 and revising section 3.9 for presentation to NHS England - Agreed to have a formal review of the constitution in the Autumn	SEE Sept 2013
5/0713	5.1 5.2	Commissioning Plan and intentions Mike Attwood presented the first draft outline of the Commissioning Intentions for 2014/15. The proposals for changes in services and redesign were discussed, together with the title of the document. It was reported that defining the commissioning plan is not possible without the	

Item No	Times	Description	Action By
		engagement of the GPs and PCAG members.	
	5.3	It was suggested that major areas of work that require urgent attention needs to be highlighted. It was discussed and agreed that summaries will be provided alongside the details of the plans to help and support understanding of the identified areas of work.	SV Sept 2013
	5.4	GPs queried the impact to the social services pathway. Dr. Howard Stoate clarified that the model is being developed to centralise services. He said nationally £2b funding has been identified by the Government which will see a shift from GPs to the local councils. However, the detail of the model and the impact this may have on GPs was unknown as the model is being devised.	
	5.5	Sarah Valentine clarified that she has requested for the impact assessment of this model to be shared with the CCG and she confirmed that once received this will be shared with PCAG members.	SV
	5.6	Members sought clarity on the plans to re-procure Urgent Care in 2013. It was clarified that it includes Urgent Care Centre, Grabadoc, Minor Injuries Unit and Crayford Walk in Centre. The model is based upon creating a package of all services under one umbrella. It was confirmed that this procurement is scheduled for April 2014.	
	5.7	PCAG discussed the impact of follow-up appointments and it was noted that consideration into all factors has been given in modelling the new services, especially for patients who do not need to be seen on a regular basis. Sarah Valentine reported how many of these patients would actually need follow-up in the first instance is being analysed. This procurement includes MSK, Cardiology, Dentistry and all other aspects of follow up that may be required.	
	5.8	PCAG members noted the importance of the JSNA in defining our priorities. Mike Attwood clarified that for 13/14 focus has been on the needs of the population of Bexley and identifying demographics data to analyse global services model vs. a local model. It was agreed that to deliver against the priorities more engagement with GPs to identify service needs is needed.	MA Sept 2013
		The commissioning plan is a draft document with 7 areas, each area comprises 5 priorities. PCAG members agreed to provide feedback and comments on the plan, in order to focus the	ALL

Item No	Times	Description	Action By	
5.9		<p>priorities identified. It was confirmed that the aim was to publish the Draft Commissioning Plan in Sept 2013.</p>	<p>PCAG members August 2013</p>	
5.10		<p>The PCAG discussed the CCG's spend on transactional and management cost of the CCG. Members noted that with the introduction of the Health and Social Care Act 2012, by law the management cost of CCG is capped at £25 per head of population. It was also confirmed that the CCG's management budget is approximately 3% of the total budget. It was also discussed that in some areas i.e. Quality and Governance, Performance Monitoring etc, the management resources are expected to increase, in order to deliver an appropriate service.</p>		
5.11		<p>It was reported that the redesigning of services is done in conjunction with clinicians. PCAG members requested to engage more and provide their valuable input. It was requested to PCAG members to engage with staff at the CCG where issues have been identified and if the redesign is not working. Members were requested to engage and raise issues. Dr. Bob Gill raised that reporting of concerns and whistle blowing is not entertained in the NHS generally and usually cost the job to the person raising concerns. It was clarified that the change will have to come from us and as leaders of the NHS it is our responsibility to support people who wish to report concerns.</p>		
5.12		<p>members noted that the CCG is not responsible for the Primary Care contracts. However, the CCG is looking at where we can support areas of improvements for Primary Care for instance better use of Mede funding and supporting development where possible. Charles O'Hanlon has been appointed to support Primary Care and will provide help and active support to all GPs in Bexley.</p>		
5.13		<p>It was requested that the impacts of service change on Primary care and any required training are analysed and reported back to the next PCAG meeting. Sarah Valentine explained that with the redesign of services training needs are assessed and support forms part of the service modelling. Sarah Blow also explained that there are changes in the national framework with the Deanery and the issues are being looked at the national level.</p>		
5.14		<p>It was agreed that commissioning intentions revised plan and summary will include impact of the changes it may bring to GPs.</p> <p>The PCAG received and noted the contents of the presentation and noted actions as above.</p>		<p>SV Sept</p>

Item No	Times	Description	Action By
			2013
6/0713		Member/GP Engagement	
	6.1	SEE outlined the paper and explained the engagement activities that are already undertaken by the CCG.	
	6.2	It was discussed and agreed that with an aim to avoid duplication and to create more flexibility. A proposal will be devised outlining options and all PCAG members will be consulted on.	SEE August 2013
	6.3	PCAG agreed for Simon Evans-Evans to submit his proposal.	
7/0713		Voting System	
	7.1	Simon Evans-Evans explained to PCAG members that a member has requested to discuss the current voting system.	
	7.2	It was discussed that the voting system as current is more practical but there may be the need to review the weighting mechanism. It was agreed that a proposal is to be developed by SEE and included in the review of the constitution.	
	7.3	A member of PCAG questioned why pre-selecting is part of the elections process for posts on the Governing Body. It was clarified that being a public organisation there is a standard that needs to be maintained in line with the authorisation process and expectations from NHS England.	SEE Sept 2013
	7.4	Sarah Blow suggested that this may be proposed within the review of the constitution. Selection process to be reviewed for the next election in 2014 and membership to choose.	SEE Sept 2013
	7.5	Dr. Howard Stoaite also explained to PCAG members that anybody who may wish to apply for posts and may require any training, coaching or mentoring this will be provided and members will be fully supported and encouraged to come forward.	
	7.6	PCAG agreed for the voting system and selection process to be reviewed and proposal to be developed by SEE.	
8/0713	8.1	Any Other Business	

Item No	Times	Description	Action By
		In response to concerns raised by a member, Sarah Blow explained that blood pressure monitors were offered to provide a safer and better quality services for patients. She confirmed that this was totally unrelated to the election process	
9/0713		Time and date TBC in the Danson Room, 221 Erith Road.	

DRAFT