

## Governing Body (public) meeting

**DATE: 28<sup>th</sup> November 2013**

### **Audit and Integrated Assurance Committee (AIAC)**

**24<sup>th</sup> September 2013**

The AIGC met on 24<sup>th</sup> September 2013; present Keith Wood (Chair), Sandra Wakeford, Graham Rehling.

At the meeting the AIAC:

1. **Noted** the Local Security Management & Counter Fraud progress reports and noted the progress made in meeting the anti – bribery assessment.
2. **Considered & noted assurance from** the high level Risk Register and Assurance Framework with particular regard to Clinical Risks and noted that the Executive Committee would conduct a peer review to achieve greater consistency in risk rating.
3. **Discussed** the proposed dates for Committee meetings in 2014.
4. **Noted** the Internal Audit Report on the Scheme of Delegation which gave the CCG the highest possible rating.
5. **Noted** progress in clearing outstanding audit recommendations for both the CCG & CSU
6. **Received** confirmation from the Head of Internal Audit (“HOIA”) that the planned CSU internal audit plan, together with local CCG work would provide adequate assurance for the annual HOIA opinion.
7. **Noted** the progress report from the external auditors and **requested** clarification of the treatment of gains or losses arising from balances transferred from Bexley Care Trust.
8. **Noted** the progress made to achieve compliance with HMRC regulations for Agency & temporary staff.
9. **Requested** that a Report on Acute Performance Management be presented to the December Committee meeting and that the March 2014 meeting receives a similar report on Mental Health and other performance management.

## ***Clinical Commissioning Group***

10. **Noted** the summaries of proceedings at recent Executive Management, Finance, Quality & Safety, Medicines Management & Information Governance Committee meetings.
11. **Expressed satisfaction** with the waivers of standing orders & the log of Chair/Chief Officer's actions since the previous meeting together with the log of decisions from other fora.
12. **Noted** the Registers of Declarations of Interest by members of the Governing Body, Permanent and Contracted staff.
13. **Received** an update on Internal Audit procurement being undertaken by the CSU on behalf of Bexley CCG & **requested** greater clarity on the process.



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### Executive Management Committee (EMC)

**19 September 2013**

#### **Matters Arising**

Following Oxleas Proposal – Long Term Conditions Team consultation a blended approach had been agreed and the potential implementation plan to be shared and discussed with GPs at Locality meetings.

#### **Operating Plan 2013/14**

- Quality & Safety Report Q2 discussed with confirmation that new providers working in shadow form at QMS. Review of agreed transitional arrangements to take place as to ensure correct handover of patients take place.
- Finance Report Month 4 reported financial position CCG on course to meet finance and QIPP forecasts. Risks regarding acute over performance considered. Dartford & Gravesham contract still unsigned.
- Concerns discussed with CSU regarding staff vacancies in Bexley and lack of cross borough cover and noted improved performance data this month. Challenges still on going regarding coding issues on behalf of Bexley. Over performance at acute trusts with ophthalmology and increased GP referrals discussed and agreed actions to be agreed to reduce activity.

**Risk Management report** discussed and agreed that Directors would review directorate risk register to ensure up to date.

#### **Statutory and Mandatory Training for all staff**

The Executive Management Committee **Approved**:

1. The statutory and mandatory training guide with the removal of lunch & learn.
2. The Training & Development Policy in principle subject to a further discussion at the next director's meeting.
3. The Appraisal policy and associated guides in principle subject to a further discussion at the next director's meeting.
4. The staff handbook including director's comments.

#### **Primary Care Workforce Development**

The Executive Management Team: **Approved** the outline primary care workforce training and development plan set out in section 4.0 of the meeting report (subject to any feedback and comments received from the LMC on 12<sup>th</sup> September 2013).

#### **Clinical Leadership Programme**

## **Clinical Commissioning Group**

The Executive Management Committee:

**Approved** the proposals as set out in the meeting paper thereby agreeing to the following:

- Identification of clinical lead roles will be delegated to the Assistant Director of Transformation & Redesign providing this is within the clinical lead resource plan authorised by the EMC.
- The introduction of the principal clinical lead role.
- The recruitment, resignation and termination processes for clinical leads detailed in section 5, 6 and 7 subject to any comments/amendments required following feedback at the clinical leads evening on 23<sup>rd</sup> September.
- Introducing the buddying system and corporate/governance initiatives set out in section 9 that would help clinical leads feel part of the organisation.

**GP Election update** – Dr Varun Bhalla re-elected Locality Representative North Bexley and Dr Sid Deshmukh re-elected Locality Representative Frognal. No candidate stood for election for Locality Representative Clocktower. Closing date for voting for Chair soon

**AOB** - EMC members asked to email comments regarding NHS 111 Directory of Services (DoS) ranking strategy revision.

**17 October 2013**

### **Operating Plan 2013/14**

- Quality & Safety issues discussed included the implementation of a new provider performance monitoring system; CQC report confirmed four minor Bexley primary care issues to be taken forward by NHS England; Oxleas under taking internal investigations on two patient care issues raised by the CQC; development of the quality management process with Lewisham & Greenwich Clinical Quality Review Group and initial feedback from Verita on the SLHT Gynaecology (Dr RI) indicated no further action by NHS Bexley CCG required.
- Finance Report update reported the CCG reported breakeven in line with full utilisation of all available reserves including 2% non-recurrent headroom, contingency and delivery of planned QIPP savings. CCG would continue work with the CSU to gain confidence in the reported acute numbers and a review of the forecast outturn financial position would be made at month 7.
- Consolidated Contracts Report had omitted a number of Bexley GP practice data, descriptive commentary was missing from the report and no LAS data had been included. Sarah Valentine to work with CSU on new 111 reporting process. Review of care home prescription process to be undertaken to improve efficiency and costs. Work underway to improve integrated care for adults and older people contractual performance lead by Sarah Valentine/ Dr Varun Bhalla with Bexley Council and Oxleas. Discussion ongoing on how to ensure safe transfer of anticoagulation patients from acute to primary care services. Review of high cost patients to address the potential overspend in mental health. Discussion on incorrect rating in the report and confirmation that a 'deep dive' investigation into had been requested



## **Clinical Commissioning Group**

from the CSU to provide information the CCG required. Agreed alignment of triage process for MSK patients at the Patient Management Centre.

### **Risk Management Report**

Consistent reporting on quality and financial issues agreed.

**Business Continuity Plan** was discussed and would be signed off by Sarah Blow.

**Corporate Meeting 2014 dates** agreed.

**GP Election update** was discussed with various options for the vacant Locality Lead Clocktower post considered which needed further discussion by the Localities.

### **Prime Contractor Contracts – MSK and Cardiac Current Positions**

Drs Ombarish Banerjee and Sushanta Bhadra thanked for their contribution to the MSK project and Drs Howard Stoate and Kosta Manis thanked for their contribution to the Cardiology Project. Following two rounds of competitive dialogue the MSK Prime Contractor Contracts the tender and approval process would need to take place by 15 November 2013. An Extraordinary meeting of the Governing Body to be arranged in line with agreed timescales.

**Primary Care Transformational** discussion on the current joint working and how NHS England would link with outliers and the CCG on the transformational work going forward. Full discussion to take place at the next Primary Care Advisory Group on 13 November 2013.



## Governing Body (public) meeting

**DATE: 28<sup>th</sup> November 2013**

### **Finance Sub Committee Executive Summary**

**10<sup>th</sup> September 2013**

- Members approved The Care Home Pharmacist business case with conditions that the pilot shall include inappropriate prescribing audit, which is to be completed at a surgery without a care home and the waste audit is to be presented to the next FSC.
- Members considered the mental health acute liaison team business case but asked for further details before approval.
- Members received an update on the diabetes business case and procurement and approved continuation subject to clarification of costs.
- Members approved the development of an ophthalmology business case following work undertaken on the legacy schemes.
- The month 4 QIPP report was presented. Members agreed that full implementation & monitoring forms are not required as a summary is in the report.
- Members approved the closure of the IAPT scheme.
- Members discussed the Month 4 financial position which reported that the CCG is on plan for both year to date and forecast outturn. Members recognised the risks to the position reported.
- Members noted the virtual approval of the unscheduled care business case.
- Members noted the virtual approval of the community cardiology clinic extension.
- Members received and discussed a presentation on 2014/15 Commissioning Intentions.



## Governing Body (public) meeting

**DATE: 28<sup>th</sup> November 2013**

### Quality and Safety Sub-Committee (Q&SSC)

**19<sup>th</sup> September 2013**

The Q&SSC meeting was held on 19th September 2013 to review Quality and Safety agenda items ; Chair and GP lead for Quality Dr Sarah Chase (SC).

At the meeting the Q&SSC:

1. SC declared an interest in respect of a complaint on behalf of a family member being handled by NHS Bexley CCG.
2. Approved the minutes of the meeting held on 18th July 2013 & noted the status of the Action Log.
3. The Unscheduled and urgent care business case was approved subject to amendments
4. The Q&SSC approved the proposal for a web-based GP alert management system subject to Finance Sub-Committee approval.
5. The Q&SSC approved the enteral feeds specification.
6. The Q&SSC agreed to the creation of a Safeguarding Sub Group
7. Initial review of the Diabetes Service Specification took place but the paper had been received very late and therefore the committee members had insufficient time to review. It was noted that the service specification would evolve, with changes and would come back to the Q&SSC. Quality Impact Assessments would need to be conducted.
8. The Quality and Safety report was received - SLHT issues - endoscopy, cardiology and discharge summaries. Final CQRG meeting had taken place - new arrangements are being put in place for Lewisham and Greenwich NHS Trust.
9. An interim patient experience report for July/ August was received - poor attitude of staff at Darent Valley Hospital (DVH) was an issue.
10. Mental Health - The Quality and Safety Improvement Plan Dashboard Overview had arrived late and therefore the committee had not had time to review appropriately. It was expressed that the BBG Mental Health Quality Minutes need to be brought to the Q&SSC..
11. The Care Home Quality report was received. It was noted that Bexley CHC team only recommend homes to patients that had the appropriate services for that particular patients. A nursing AQP quality dashboard had just been released.
12. Safeguarding Children at the London Borough of Bexley had received a peer review by Bromley. Oxleas training was up to date, but SLHT had fallen behind with training. The Paediatric Ambulatory Unit at Queen Mary's Hospital was being supported by Oxleas and will be run by Lewisham and Greenwich Trust from 01/10/2013.
13. Safeguarding Adults report was received - EMC agreed that SG training should be mandatory across the CCG.
14. Cardiology - a subgroup was agreed to sign off the service specification
15. MSK - a subgroup was agreed to sign off the service specification
16. A Quality & Safeguarding Assurance meeting plan was presented
17. Although a good report, the performance report arrived too late for it to be approved appropriately.



## ***Clinical Commissioning Group***

18. The SEL NHS 111 Clinical Governance report was received for information - No SI's during the period.
19. NHS 111 Directory of Services - the committee agreed with the proposal to move MIU and Sexual Health up (i.e. increase the likelihood of them being referred to).





## Governing Body (public) meeting

**DATE: 28<sup>th</sup> November 2013**

### **Medicines Management Sub Committee**

**21 August 2013**

**NB This meeting was not quorate so the chair took the decision to continue, and ask for virtual input from members unable to attend where a decision was necessary.**

- **New Clinical Pathways**
  - Eczema
  - Dyspepsia
  - Gallstones
  - Lower Urinary Tract Symptoms (LUTS) (in men)

A number of comments and slight amendments to these documents were noted, and were passed to the authors by the assistant director of Medicines Management.

- **NICE TAs for RAG rating.**

This document was discussed by the group, agreement was not taken at the meeting and input from the GP members not present was sought via email subsequent to the meeting before the decisions were agreed.

- **Royal Pharmaceutical Society (RPS) guidance on multi-compartment compliance aids**

This document was circulated and discussed by the group, and group discussed the issues raised by carer administration of medicines from compliance aids. It was decided that this document should be circulated to local practices for their information.

- **Area Prescribing Committee (APC)**

This new group (which covers CCGs & Acute Hospitals in South East London) was discussed, and information regarding 2 new drug applications to the APC was shared with the group. (Lixisenatide & Insulin Degludec)

Next meeting of the New Drug APC will be September 2013

- **SLHT Updates**

From the Drug Usage Group:



## **Clinical Commissioning Group**

- Botox for Migraine. Approved for use only at specialist clinic at the PRUH site
- Omalizumab (currently used at tertiary centres only) may be continued for patients repatriated to QE/PRUH on the therapy
- Metvix® was approved clinically but a business case is required before it can be used within the hospital sites.
- Dapaglifozin was approved for use in Diabetes (NB not for patients already taking a sulphonylurea)
- Mirabegron (approved. Already included on Kings/Guys Formularies)

It was noted that due to the changes in place regarding SLHT that there will be future changes with regard to meetings arrangements (Drug Usage Group/SLHT Medicines management committee)

- Any other business
  - Oxleas NHS Foundation Trust draft pathway regarding the BCG vaccination for babies and children born to mothers with known HIV infection, or those under 6 who have recently moved into Bexley CCG was presented for any GP Comments.
- Newsflash to include
  - RPS multi-compartment aid advice
  - NICE TA document (once finalised)
  - APC new drug information

### **September 2013**

*No Meeting scheduled*

### **2 October 2013**

- **Inhaler Patient information leaflet**

This leaflet had been developed by a project manager working at the CCG developing respiratory services, and is aimed at helping patients understand the types of therapies that are available, and the different inhaler devices that can be prescribed

The content and style of the leaflet was discussed by the group, and it was passed as suitable for printing. It will be used at patient “facing” events with Bexley CCG and will be available for Practices/Community pharmacies to provide for patients.

- **NICE TAs for RAG rating**

This document was discussed by the group, and the RAG ratings agreed.

## **Clinical Commissioning Group**

- **London Antipsychotic Audit Results**

Clare Fernee presented the feedback on the audit that had been carried out by all Bexley GP practices; the group decided it would be appropriate to share this information at the next available medicine management slot at locality meetings.

- **Pharmacist Darzi Fellow Project Evaluation**

Bemi Odunlami had recently completed his 12 month project in Bexley, looking at the prescribing of wound dressings. Documents reviewing the project were presented and discussed.

A further project has been commissioned for the next 12 months, in which the pharmacist will now focus on supporting local Care Homes with medicines management and reducing waste.

- **Draft updated Antimicrobial guidelines for BBG/SLHT.**

The document was discussed by the group, issues/amendments were discussed at length, and would be provided to the author (Dr Honor Roberts, Microbiologist) by Clare Fernee.

- **UPDATES FROM SLHT (DUG)**

Clare Fernee informed members following the dissolution of SLHT and new organisations/partners working on the QMS Site that a suggestion that the various MMC/Equivalent committees share Agenda's and thus decide if representation is needed going forward. As this situation develops the Area Prescribing Committee will likely lead on decisions for new drugs use, and many protocols/pathways to reduce duplication/workload for organisations.

- **Local Pharmaceutical Committee (LPC) update**

Bipin Patel told the group that the LPC is looking for feedback on ordering repeat prescriptions on behalf of patients through pharmacies, Is a protocol required to formalise this process. He also updated the group that some Bexley pharmacies now offer Flu vaccination.

- **Newsflash**

- Repeat dispensing – possible pilot
- 28/56 repeat issue of prescriptions
- Ordering repeat prescriptions through pharmacy feedback
- Flu jab available at local pharmacies

## Primary Care Advisory Group

### Minutes of the Meeting

Held on Wednesday, 13 November 2013

19.00 – 21.00

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

#### Present

<b>Surgery</b>	<b>Name</b>
Chair	Dr Howard Stoate
Albion Surgery	Dr Mukund Mehta
Welling Medical Practice	Dr Peter Oxford
Bexley Group Practice	Dr Nisha Nair
The Barnard Medical Practice	Dr Holly Hutson
Plas Meddyg Surgery	Dr Daniela Mo
Station Road Surgery - Sidcup	Dr Richard Money
Woodlands Surgery	Dr Sarah Chase
Sidcup Medical Centre	Dr Siddarth Deshmukh
Lakeside Medical Practice	Dr Prem Anand
Belvedere Medical Centre	Dr Varun Bhalla
Bexley Medical Group	Dr Kosta Manis
Lyndhurst Medical Practice	Dr Mehal Patel

#### In attendance

Sarah Blow  
Simon Evans-Evans  
Nabil Jamshed  
Charles O'Hanlon

#### Apologies

Dr Harris-Faulkner – Crayford Town Surgery  
Dr Elizabeth Cameron – Lyndhurst Medical Practice

Item No	Description	Action By
1/1113 1.1	<b>Welcome and apologies for absence</b>  The Chairman welcomed all the G.Ps in attendance. Apologies for absence were recorded for Dr Harris-Faulkner and Dr Elizabeth Cameron	
2/1113 2.1	<b>Declaration of Interest</b>  No changes were received for the presented declarations of interest register	
3/1113 3.1	<b>Minutes of the meeting held on 17 July 2013</b>  <b>The minutes of the meeting held on 17 July 2013 were recorded as an accurate record of the discussions held, subject to change of name for practice representative from Plas Meddy Surgery. Typo correction “Dr Daniela Mo” also noted that Dr Sarah Chase did not attend the meeting and Woodlands Surgery was represented by Lourdes Noronha.</b>	
4/1113 4.1  4.2	<b>Constitution Review Group TOR</b>  Simon Evans-Evans explained to the members of the Primary Care Advisory Group that the task and finish group will focus on the review of the constitution, work on detailed changes required and present its finding to the Governing Body, which will subsequently recommend the final changes to the Primary Care Advisory Group (PCAG).  <b>The Committee agreed to for formation of the Task and Finish Group and approved its Terms of Reference.</b>	
5/1113 5.1  5.2  5.3	<b>Changes to the Constitution</b>  Simon Evans-Evans outlined the report to the PCAG members and explained the suggested changes. Summary of key discussions held was as follows.  Voting System (section 1.1 of the report)  The members discussed and agreed: <ul style="list-style-type: none"> <li>• not to change the voting system to an “electoral college of</li> </ul>	

Item No	Description	Action By
5.4	<p>GPs or other practice members, but to retain the principle of corporate membership exercise through practice representation</p> <ul style="list-style-type: none"> <li>• Change the weighing thresholds of votes from 5000 patients to 2000 patients</li> <li>• Allow split voting within the practice</li> </ul>	
5.5	<p>Elections to Governing Body(1.2)</p> <p>1.2.1 Election Stage – The members agreed that the appointment process should include all three stages; nomination, selection and election.</p>	
5.6	<p>The members discussed and agreed:</p> <ol style="list-style-type: none"> <li>1. Where there is only one candidate <ul style="list-style-type: none"> <li>• Need for a mandate</li> <li>• Introduce a threshold of the votes cast (50% suggested)</li> <li>• The elections questions to include yes/no/abstain options</li> <li>• All candidates to go through the elections process</li> </ul> </li> <li>2. Where there are two candidates <ul style="list-style-type: none"> <li>• The elections questions to include yes/no/abstain options</li> <li>• All candidates to go through the elections process</li> <li>• Decision based on a simple majority</li> </ul> </li> <li>3. Where there are three or more candidates <ul style="list-style-type: none"> <li>• The elections questions to include yes/no/abstain options</li> <li>• All candidates to go through the elections process</li> <li>• Maintain the current Single Transferable Voting system (STV) weighted based upon the revised practice list size i.e. 2000 patients each vote</li> </ul> </li> </ol>	<b>SEE</b>
5.7	<p>1.2.2 Appeals Process - The members discussed and agreed that the CCG would need to develop a process which will allow interested candidates to develop key skills leading up to the elections process. This may include shadowing or attendance at various meetings of the CCG and actively leading in their areas of interest</p>	
5.8	<p>1.3.1 Term of the elected members - The members discussed and agreed that the term of each appointment would be changed to 3 years with a maximum of 9 years' service</p>	

Item No	Description	Action By
5.9  5.10 5.11  5.12	<p>1.3.2 Co-opting (Governing Body posts) – the members discussed and agreed that co-option should be allowed in some circumstances (and a formalised process should be agreed</p> <p>1.4 Link to Localities for Locality Posts - the members discussed and agreed that following election, if the post remains vacant the position will be offered to the wider member practice community in Bexley. This may mean the elected candidate may not be from the locality</p> <p>1.5 Absence of the chair – The members agreed that that Governing Body would appoint to the role of Clinical Vice Chair from the elected clinical membership of the governing body</p> <p>In relation to the non-significant and only minor adjustments, it was agreed that the Quoracy of the Governing Body and its sub-committee would be revised to 50% or the nearest rounded up.</p> <p><b>It was agreed that the Task and Finnish Group would work on the detailed structure of the above changes and would present a revised constitution. The revised version will be presented to the Governing Body and to Primary Care Advisory Group in March 2014.</b></p>	NJ
6/1113  6.1  6.2  6.3	<p><b>Primary Care Development 8-8, 7 days pilot</b></p> <p>Sarah Blow presented to the PCAG summary of the new development and the pilot launched by NHS England</p> <p>It was clarified that the project is led by NHS England and CCG are not involved directly. However, it was noted that the CCG was willing to support and practices who may be interested in taking part in the pilot</p> <p>It was reported that further information regarding the pilot will become available in December 2013 and will be shared with all practices.</p> <p>Members expressed an interest in the scheme</p>	SB
7/1113  7.1	<p><b>Member/GP Engagement</b></p> <p>Simon Evans-Evans presented the PCAG a report outlining some possible options. Summary of key points of the discussion are summarised below.</p>	

Item No	Description	Action By
7.2	It was agreed that option 1 was not favoured by any members.	
7.3	<p>The members discussed and agreed:</p> <ul style="list-style-type: none"> <li>To have expand the scope of the engagement events to be a wider health economy events, inviting other providers and considering service redesign which may ease the agendas in locality meetings</li> </ul>	
<b>8/1113</b>	<b>CCG Values</b>	
8.1	Simon Evans-Evans presented revised CCG values to the members. It was noted that CCG staff had been involved and consulted with in writing these values. The revised values reflect the focus on the principles of the CCG's vision.	
8.2	<b>The members agreed for the revised values to be adopted and recommended to Governing Body to approve.</b>	
<b>9/1113</b>	<b>Any Other Business</b>	
	No other business was discussed.	
<b>10/1113</b>	Time and date TBC in the Danson Room, 221 Erith Road.	