Surrey Downs
Clinical Commissioning Group

Governing Body

10th October 2014

Present
Dr Claire Fuller, Chair
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
Dr Suzanne Moore
Dr Andrew Sharpe
Dr Robin Gupta
Dr Simon Williams
Dr Jill Evans
Dr Steve Loveless
Dr Kate Laws
Alison Pointu, External Nurse Member
Dr Mark Hamilton, Secondary Care Clinician
Peter Collis, Lay Member for Governance
Gavin Cookman, Lay Member for Governance
Denise Crone, Lay Member for Patient and Public Engagement
Eileen Clark, Head of Quality (non-voting)
Nick Wilson, Surrey County Council (non-voting)

In attendance
Cliff Bush, Independent Lay Observer
Justin Dix (Minutes)
Mable Wu
Jade Brelsford
Sarah Parker (Guildford and Waverley CCG)
Diane McCormack (Guildford and Waverley CCG)
Diane Woods (North East Hants and Farnham CCG)

1. Apologies for absence

These had been received from Karen Parsons, Dr Hazim Taki and Dr Ibrahim Wali

GBP1101014/001

2. Register of interests

This was noted. Since the last meeting additional interests had been notified by Dr Taki and Dr Hamilton. GBP1101014/002

3. Minutes of the last meeting

These were agreed as an accurate record GBP1101014/003

4. Matters arising

Surrey Newsletter – this had not been actioned but the communications team would pick this up. GBP1101014/004

Mixed Sex breaches at St George's Hospital – Eileen Clark updated the Governing Body that St George's Hospital had now put mitigating actions in place. GBP1101014/005

Cliff Bush asked if anything had been done about Serious Incidents Requiring Investigation (SIRIs) that had taken a very long time to resolve (P6). Eileen Clark said that a lot of work had been done on this including a recent learning event. She also noted that SIRIs were being audited a year after they had occurred to make sure actions had been carried out. GBP1101014/006

Cliff Bush asked about prescriptions P7 and said he had undertaken further investigations. Pharmacists were paid under contract for this work and this included counselling individual patients who had difficulties. He would be the guidance on going to the pharmacy patient safety collaborative and wanted to ensure that pharmacists were not paid twice for work. Dr Evans said she had also been looking into this and the guidelines on 7 day and 28 day scripts and making sure the decision was safe for the individual. She acknowledged that there was a lack of clarity about whether this was being evenly implemented and there was some confusion. GBP1101014/007

Cliff Bush said there were also issues with patients being discharged from hospital and the lockable boxes they were given. Follow up appointments with GPs were often delayed and patients were running out of medicines in some cases. It was agreed that Cliff Bush would take this up with Eileen Clark outside the meeting. GBP1101014/008

Action Eileen Clark

Dr Williams said the issues of 7 and 28 day had been investigated before and best practice needed to be reiterated. This was acknowledged, and Miles Freeman said this was the responsibility of the Area Team. GBP1101014/009

Dr Laws outlined the best practice undertaken in her practice and said there was clear guidance. GBP1101014/010

5. Chief Officer's report

Miles Freeman highlighted a number of issues in his written report. GBP1101014/011

- It was noted that Surrey Downs CCG had been nominated in the Board / Governing Body of the Year Award in the Kent, Surrey and Sussex leadership awards. Surrey and Sussex Hospital (SASH) and Surrey and Borders Partnership (SABP) both had individual representatives nominated in other categories. GBP1101014/012
- The adult mental health and wellbeing strategy was highlighted – It was noted that Surrey Downs CCG had done a lot to engage with this process and had actively sought the views of clinicians. GBP1101014/013
- Commissioning Support Services (CSS) had now transitioned to South East CSU as set out in the report. Nearly all financial services, HR and community contracting were now in house. IT support and GP IT would not transition until next April. GBP1101014/014
- The changes at NHS England were highlighted, with mergers of Area Teams taking place to meet the significant cost reductions that were required. The new Area Team for SDCCG would be across Kent, Surrey and Sussex. GBP1101014/015
- Personal Health Budget (PHB) processes were noted; there had been changes in April of this year with a “right to ask” being replaced with “right to have”. It was felt that people in control of their budgets did commission services more effectively. GBP1101014/016

Denise Crone asked about PHBs. She was concerned that there were only four locally and would like to see this promoted. Miles Freeman said that it was a slow start but this was what was expected in the first year of the national programme. However he acknowledged the need to increase the numbers. Eileen Clark said there was a lot of work needed to improve this and cautioned that individual cases were very complex and needed to be managed carefully. GBP1101014/017

Cliff Bush asked about prison health services coming to local CCGs as a result of changes to specialised commissioning. He asked what the CCG would be doing about this. GBP1101014/018

Miles Freeman said these changes were being signalled but were not taking place yet; at the moment the CCG was waiting for firm proposals from NHS England since there were only indications of changes and no detail as yet. There would be implications for CCG resources as this would need intense commissioning support. GBP1101014/019

Cliff Bush asked about Patient Transport Services (PTS) and the future contractual arrangements. He noted that South East Coast Ambulance (SECAmb) were not delivering against targets. Miles Freeman said every effort was being made to improve performance but that a proper procurement was planned jointly with other CCGs once the current contract ended. Each could make its own arrangements at the end of this process.

GBP1101014/020

Cliff Bush asked if the Service Level Agreement (SLA) with Epsom St Helier was signed and whether a clause could be included about people who had been paralysed, had dementia or late stage Parkinson's disease and needed special care. He gave an example of how patients were currently disadvantaged because of poor practice in acute trusts. Miles Freeman said the contract had not been signed but felt these would not be contractual terms as they were too detailed and would be covered by general quality standards. Eileen Clark would meet with Cliff Bush outside the meeting to discuss this.

GBP1101014/021

Action Eileen Clark

Cliff Bush noted the ongoing work young carers. Surrey Police and Surrey Public Health had provided some resource and he would contact Dr Fuller and Dr Moore to put them in contact with the leads for these two organisations.

GBP1101014/022

6. 2015/16 Commissioning Intentions

Miles Freeman introduced this item. It was noted these were draft Commissioning Intentions. There had been substantial clinical engagement on these. Dr Williams highlighted recent discussions in the new integrated Epsom locality on these proposals.

GBP1101014/023

Miles Freeman said the commissioning intentions were part of a continuous process with priorities changing over time. He outlined the wide range of services that the CCG was highlighting for improvement. This had to be seen in the context of the financial position which would be discussed later under the finance report.

GBP1101014/024

At the moment the CCG was required to achieve a £3.3m surplus which was unlikely to be achieved. For next year the bigger change was the Better Care Fun (BCF) which amounted to around £7.5m and which would be a very big challenge. The CCG would therefore be looking at planned care and high volume specialties, where the tariff system favoured the provider. By understanding and managing these services more effectively in primary care, referrals would be more appropriate and therefore costs could be reduced. This would involve both redesigning services and managing referrals through the CCG's Referral Support Service (RSS).

GBP1101014/025

Dr Fuller said that she was looking at stroke on a Surrey wide basis as one example of service redesign. Wider work across other specialties was however needed to make sure Surrey hospitals worked in an integrated way.

GBP1101014/026

Miles Freeman said that the current model was heavily reliant on hospital care which was not sustainable going forward. On demographic grounds alone change would be required, for instance using community medical teams to support people at home and improve continuity of care. GBP1101014/027

The big drive for the BCF was integration - not just health and social care but also across different parts of the health sector. This was the rationale for GP practices working in groups to deliver and direct services as appropriate, with the GP at the centre of co-ordinated care. Clinical engagement and innovation would be at the heart of this. GBP1101014/028

It was noted that the process would continue with firm commissioning intentions being available in November. GBP1101014/029

Gavin Cookman said he felt these were comprehensive ambitions but asked that the resources to deliver them be made clearer. The BCF plus QIPP made this an ambitious set of plans and deliverability was the key. Priorities needed to be clear. He noted that where the CCG was reliant on partners and therefore did not have complete control, objectives were not always achieved. GBP1101014/030

Miles Freeman agreed but said that some partners would be leading in certain areas and would be relied on to lead delivery. He acknowledged that QIPP experience had shown that priorities were not always based on what would have the most impact or what was deliverable. GBP1101014/031

Alison Pointu said that the draft commissioning intentions were very helpful but also expressed concern about priorities and deliverability. We needed to be explicit regarding vulnerable groups. Miles Freeman agreed with this. GBP1101014/032

Denise Crone expressed concern about fragmentation of care and lack of choice in primary care. If GPs did not sign up to improving care there would be problems for patients. This was acknowledged but Miles Freeman said that there was a principle of universal access and standardised levels of care. GBP1101014/033

Denise Crone asked about future in-patient bed capacity and whether this would include children and young people to avoid them being admitted to adult wards or transferred a long way away. Miles Freeman said this was not part of the current review and would need to be looked at. This would be a concern for NHS England. GBP1101014/034

Cliff Bush asked about Continuing Health Care (CHC) on Page 15. There was insufficient support to enable young people to move on and he suggested setting up a robust scheme for monitoring quality of care. Miles Freeman agreed and said that although there was a backlog, this had been outsourced and new referrals were being dealt with. He was concerned about the lack of reviews, and said the CHC team would welcome any feedback from individual service users. GBP1101014/035

Cliff Bush asked about SECAmb and asked if the process referred to earlier would be an open procurement. Miles Freeman said it would because this was a legal requirement. GBP1101014/036

Dr Williams referred to Primary Care Networks. He said that the 3 level network proposals for primary care would support practices and provide equity of provision. Dr Evans echoed this and said that some practices could not provide services due to their size. She felt this would not be an issue going forward as they would be able to work with other practices. GBP1101014/037

Dr Fuller thanked everyone for their comments and said there would be a clear list of priorities at the December Governing Body meeting. GBP1101014/038

7. Better Care Fund (BCF)

Miles Freeman introduced this. The BCF had been difficult to develop in Surrey. It was based on existing resources with no new money and was intended to compensate for the loss of social care funding. There needed to be a plan as to how the shift in resources would improve delivery. This had been the cause of some tension between agencies which had been very time consuming to resolve. As a result of this the CCGs in Surrey had agreed with the local authority that the changes had to be based on projects that would change the system and not be a straight transfer of funding. GBP1101014/039

Matthew Knight outlined the process for identifying the services that needed to change, with a focus on avoiding people entering these system and avoiding care needs from escalating. The current system was not efficient. More appropriate systems were needed to avoid fragmentation, re-ablement being an example. £29m of recurrent savings had been identified but more detailed work was needed to realise the savings. GBP1101014/040

Miles Freeman said this was ambitious but in most cases was not new and did reflect areas that had been under discussion for some years. GBP1101014/041

Eileen Clark said that she felt integration was very important but this did concern our most vulnerable patients. She was pleased with the focus on community nursing and that skills were needed in the community. She asked that we maintain a focus on quality. Miles Freeman agreed and said that the CCG was committed to maintaining the quality of services. GBP1101014/042

Dr Evans said that community services in the widest sense were very important, not just District Nurses. Miles Freeman agreed and said this was predicated on reducing the number of hospital beds but plans did need to be realistic. GBP1101014/043

Dr Gupta asked if the providers were sighted on this work. It was noted that the providers had commented in the full documented although not all programmes had been signed off. GBP1101014/044

Dr Laws made a plea for more social care engagement in practice planning and multi-disciplinary teams. There had been funded posts in this area in the past. Miles Freeman agreed and said there were re-organisations taking place in social care to help co-ordinate care more effectively. GBP1101014/045

Dr Williams said this needed to link to primary care standards and if successful there would be much more integrated care. Community nursing was key. GBP1101014/046

Gavin Cookman asked what intervention we would get from NHS England if the BCF caused the CCG to move into deficit. Miles Freeman said that this would be a difficult position but the contribution to the BCF was a central requirement. He did not feel that this was achievable in-year and that rebasing costs was a complex process. The plan might need to be delivered over more than one year. GBP1101014/047

Cliff Bush asked about older people who were admitted via A&E and whose admission was avoidable. What was being done to address this? Dr Fuller said that this was an area of aspiration for all Surrey CCGs and was being worked on as part of urgent care work. GBP1101014/048

Dr Moore echoed Dr Laws' points about GP involvement in Multi-Disciplinary Team meetings at practice level. It was dependent on social care input but GPs were also very stretched. Miles Freeman noted that there were some under-utilised services that should be promoted. GBP1101014/049

Nick Wilson felt that CCGs had caught up rapidly with issues that had been neglected for some years in Surrey. The Care Act however also presented challenges. The future would require health and social care to work together and do a lot of intensive work. GBP1101014/050

8. Willow Ward, Woking Hospital

Diane Woods spoke to the paper on this issue. She gave the background to the unit and the necessity for the changes. The aim was for individual care packages to be put in place and the team had worked with each individual's next of kin to determine preferences. Relatives had supported the move to the new model provided it was done appropriately. Any concerns were around having individual assessments and also about supporting staff. GBP1101014/051

It had not been difficult to identify appropriate individual care and staff formerly working on Willow Ward had all been redeployed. There were stranded facilities costs which were being looked at by Surrey and Borders Partnership Trust and NHS Property Services. The ward was now empty and formal approval for closure was being sought. GBP1101014/052

Dr Fuller thanked Diane Woods for the transparent process that had been followed. GBP1101014/053

Cliff Bush asked for assurance that service users with capacity had been consulted. DW said that capacity assessments had been undertaken and that the members of the team responsible for Deprivation of Liberty Safeguards (DOLS) had been engaged and consulted on this work and assured that none of the individuals had the capacity to comment. GBP1101014/054

Alison Pointu said that she felt that all the issues identified in the past had been addressed and asked about future monitoring. Diane Woods said that existing staff had supported transition to the new arrangements. The services to which the individuals had been transferred had commended the very strong handover processes. Going forward the local Community Mental Health Team (CMHT) would be following them up, as would the CHC team. GBP1101014/055

Gavin Cookman asked if there had been any lessons learned. Diane Woods said that the process should have been started earlier before individuals became too frail and this was a lesson for future change programmes GBP1101014/056

Dr Gupta asked about consultation with GPs. Diane Woods said that she could not answer that question but GPs supporting Willow were involved. She would be happy to follow this up if required. GBP1101014/057

Denise Crone asked a further question about follow up and whether the CHC team had capacity to do this. Miles Freeman said that he felt this would be done. Dr Moore said these were always difficult processes and there was a lot to be learnt from them. Having good information on the patient's needs was key. GBP1101014/058

Dr Evans supported this comment and said that GPs often saw frail elderly patients moved without proper attention paid to their care needs. GBP1101014/059

The Governing Body AGREED the closure of Willow Ward. GBP1101014/060

9. The Beeches

Sarah Parker and Diane McCormack attended from Guildford and Waverley CCG and spoke to the paper. The process had been very comprehensive and this was reflected in the comprehensive paperwork. The aim had been to correct a historical anomaly in the commissioning process. It was noted that Surrey Downs CCG contributed £120,000 to a Surrey wide budget of £554,000. GBP1101014/061

The services in question were underutilised but the consultation had still yielded nearly 300 responses. The aim was to maintain access to services with more efficient funding models. The best way to do this was through individual care packages rather than a block contracted service. This was the recommendation in front of the Governing Body. Continued access to The Beeches did depend on Surrey and Borders maintaining it under this new model. GBP1101014/062

The Governing body was therefore being asked to support terminating the existing contract and a move to the new funding arrangement. This would potentially allow a wider group of children to access the funding. GBP1101014/063

Dr Moore said she had been involved closely in this. There had been a robust process that had been externally assured. She felt the Governing Body should support the proposal as it linked to Personal Health Budgets and personalised care, but she hoped The Beeches could stay open in what would be a new market arrangement. GBP1101014/064

Nick Wilson said this move was supported by Surrey County Council and the legislation had changed to support the proposal for individual care packages. GBP1101014/065

Cliff Bush said he still had unanswered questions following the consultation. He was concerned that choice of the Beeches, unlike Applewood, was not guaranteed. He also said he was concerned about services for under tens. However ,Diane McCormack said this had now been agreed and was covered in the proposals. GBP1101014/066

It was queried whether there was any possibility of a judicial review. Sarah Parker said that this was not impossible but was unlikely on the basis of the advice given. GBP1101014/067

The Governing Body AGREED the following recommendations: GBP1101014/068

GBP1101014/069

- The responsibility for funding short break services for children and young people currently accessing Beeches will transfer from Surrey Clinical Commissioning Groups (NHS) to Surrey County Council.
- Surrey County Council continues to run Applewoood as a short break service.
- Beeches remain as an option for families through individual purchasing rather than the current block arrangements.

- Surrey County Council and NHS Guildford and Waverley CCG work with Surrey and Borders Partnership NHS Foundation Trust (who provide short break provision at The Beeches) to transition commissioning arrangements and support a new commissioning arrangement that enables individual rather than block contracting.
- Surrey County Council continues to develop options for the use of personal budgets with families.

10. Quality and Performance Report

Eileen Clark noted that the report was being presented slightly differently to separate quality and performance data and with more focus on individual providers. This was supported by the NHS Choices dashboard and links to CQC reports. GBP1101014/070

Eileen Clark highlighted the following: GBP1101014/071

- Ongoing issues with diagnostic test waits with large numbers of breaches at Kingston. These had been addressed but there were underlying workforce issues. Alternative provision was being sought.
- Breast cancer two week referrals and breaches at the Jarvis centre. Capacity had been reviewed.
- Ambulance response times remained an issue. Close work was in place with the host CCG and more information was becoming available. A quality seminar would take place in the autumn with the provider.
- ESH had been highlighted as a very poor performer in terms of incident recording and resolution. The trust had now implemented a new software system to improve this.
- CSH Surrey had recognised an issue with high levels of vacancies at Dorking Hospital. This was not causing any major quality problems.

Alison Pointu supported the new approach to improving assurance on quality. The last meeting had been very positive and she felt this would give better assurance. She did have some concerns about Surrey and Borders and the backlog of Serious Incidents which were being addressed with the trust. Eileen Clark said the host commissioner was meeting with them and the recent process was much improved. GBP1101014/072

Nick Wilson asked for more discussion on SECAmb. There were national issues with skills shortages and he felt that PTS was key to future care integration. GBP1101014/073

Peter Collis commended the provider dashboard; however he would like to see more providers included. It was confirmed that this would be done. GBP1101014/074

Dr Williams said he was still not aware about whether GPs could refer to the Jarvis and whether this was clinically safe to do. He also expressed concern about the recurring issues with Dorking. Mable Wu said the Jarvis position was still not resolved. GBP1101014/075

Denise Crone said there had been a long discussion at the Quality Committee about SECAmb and she remained very concerned and embarrassed that the CCG had not been able to improve performance. She did not feel that the risk would be mitigated in the near future as indicated in the risk register. Eileen Clark said there should be more information by the time of the December meeting. Mable Wu said she acknowledged the concerns and felt that the key was to improve the management and governance of the contract.

GBP1101014/076

Cliff Bush supported Denise Crone's comments and said SECAmb was failing in a number of areas. She doubted their capacity to manage three major contracts. He was also concerned about their bureaucratic approach to complaints. Miles Freeman said the CCG was working to improve PTS on a number of levels with the local authority but the standards set nationally were difficult to meet locally without significant investment. He said he was also embarrassed by the lack of progress with getting improvements at SECAmb and the CCG was working with the local commissioner to resolve the issues.

GBP1101014/077

It was agreed that Miles Freeman would seek a better process on complaints, given the one year extension to the contract.

GBP1101014/078

Action Miles Freeman

Dr Evans referred to the concerns about staffing at Dorking Hospital. She acknowledged that there were issues such as transport, workforce, and the lack of London weighting for staff. but the quality of care was in her view as good as anywhere else.

GBP1101014/079

11. 2014/14 Delivery Plan and Key Programmes Report

Matthew Knight spoke to this. Key points were:

GBP1101014/080

- Establishment of primary care networks
- Links to commissioning intentions
- Continued progress on CHC review outcomes
- Working with G&W CCG on CAMHS procurement
- Agreement on spending or resilience monies

Overall, the focus was on the correct areas but the main risk was not achieving financial benefits in-year.

Peter Collis asked about structure and where benefits realisation was identified. Matthew Knight said that the Project Management Office (PMO) required project leads to report and rate projects and this was how benefits were tracked. Gavin Cookman felt that the benefits needed to be highlighted at the outset of the project if this approach was to be successful.

GBP1101014/081

12. Finance Report

Matthew Knight spoke to the report. There was a slight lag in reporting but at the end of August there was a breakeven forecast position which was still the case but with an £800k gap on budgets. He outlined the current pattern of spend and slippage including increased activity. GBP1101014/082

Forecast was now down to a small surplus of £200,000. The principal risks remained the same: GBP1101014/083

- Specialised commissioning transfers
- Retrospective CHC claims (part of a national issue)
- Potential loss of quality premia
- Epsom contract

There were concerns that QIPP will not deliver sufficient savings which is why the forecast outturn has been reduced to £200k. GBP1101014/084

Matthew Knight said that the CSU changes would give the CCG more capacity to manage some of the above issues. GBP1101014/085

Dr Hamilton asked about specialist commissioning liability. Matthew Knight said this was quite complex and had been extensively by CCGs in Surrey and with London where most of the issues sat. The collective view of Surrey CCGs that the liability was exaggerated. It was however an ongoing risk and there was pressure to accept the liability. GBP1101014/086

Peter Collis asked whether the combined pressures of QIPP, specialised commissioning, and BCF could be raised with NHS England and challenged. There was a risk of the CCG being in a forecast deficit position by the time of the next Governing Body. Miles Freeman accepted this and said that there were a whole series of interlocking pressures which in his view had not been considered as a whole at the centre. In general the risks in the NHS were increasingly falling on CCGs across the country although the specialised commissioning issue was more local to Surrey and Sussex. GBP1101014/087

13. Annual Audit Letter

Matthew Knight spoke to this. The letter gave a positive picture of the assurance that was contained in the annual report in more detail. Peter Collis said that this had been commented on by Grant Thornton (external auditors) in the Audit Committee who had commended our annual report. GBP1101014/088

14. Assurance Framework and Risk Register

Dr Fuller commented that the key risks in the Assurance Framework and Risk Register had been picked up during discussions of the main agenda and felt these had been comprehensively reviewed. GBP1101014/089

The assurance framework and risk register were NOTED by the Governing Body. GBP1101014/090

15. Audit Committee Minutes June 2014

Peter Collis said there had been an audit committee the previous week and highlighted the following:

GBP1101014/091

- There would be a need to manage conflicts of interest in primary care as this developed. A recommendation would need to come to the Governing Body.
- The internal audit plan had been approved late due to re-procurement of the function but this was now in place and Peter Collis assured the Governing Body that audit reports and audit actions were carefully tracked and the Executive challenged appropriately.
- Counter fraud had been reviewed in detail.
- Policies were reviewed, and this included whether they were fit for purpose and the numbers of policies in place.
- The legal challenges to a CCG in Bristol on a lack of engagement over Commisioning were noted and was felt to be a reminder of the need to do engagement properly.

16. Quality Committee Minutes

Alison Pointu noted that there had been a further meeting of the last Quality Committee and she said that SECAmb and Jarvis Centre had been discussed. There has also been the first quality seminar (with Epsom St Helier) in September. There would be an action plan coming out of this.

GBP1101014/092

17. Remuneration, Nominations and HR Committee

Gavin Cookman reported on the following from the morning's meeting:

GBP1101014/093

Proposed changes to the Terms of Reference had been discussed and agreed to reflect organisational development, focusing on four key areas, namely

- Remuneration of the senior members of the organisation, e.g. all members of the Governing Body and all direct reports to the Chief Officer
- Governing Body effectiveness in terms of skills, diversity, composition and succession planning
- HR policy framework but only for assurance, with the Executive taking the lead role
- Compliance around the law relating HR but again with the HR function working with the Executive to address the majority of the issues.

There were two key risks, namely CSU and Disclosure and Barring information, both of which are being mitigated.

The staff survey had been generally positive particularly considering all the issues addressed in the first year of the CCG.

18. Any other business

It was announced that Denise Crone would be leaving the CCG at the end of October. Denise was thanked for her hard work and it was noted that she had been instrumental in establishing a strong patient voice in the organisation. GBP1101014/094

19. Questions from the public

Dr Fuller said that Roger Main had submitted three questions as follows. GBP1101014/095

"At the start of this year 2014, The CCG engaged with patients on an out of hours survey, via your own web page, and from the local Patient Representatives, on what their Requirements would be in their areas. There was a clear requirement from The Dorking response for Patient's to receive appointments quickly and on time, Doctors who were local to the Area, who clearly understood the case history of the Patient they were dealing with, who spoke English. The access for the Patient would be in their locality (not in another Area). Can the Board give an assurance to the patients of Dorking that their views have been listened to, and Give At this meeting Examples of how the Board has implemented these views?" GBP1101014/096

Dr Gupta said that the CCG had received an excellent response to the survey, with over 500 individuals providing feedback across Surrey Downs. The views of these patients have been explicitly built into the service specification and the contract for the new out of hours (OOH) service. The provider organisation is contractually required to report to the CCG on a quarterly basis to show what they have done to meet the needs of our patients. A number of specific measures have been included in the service specification to address common concerns raised by patients, a number of examples include: GBP1101014/097

- Patients are now able to book specific times to see OOH clinicians through the NHS 111 service and the provider organisation is required to report the number of patients who wait beyond 30 minutes of their specified appointment time. A financial penalty will result from poor performance.
- The service specification sets out the need for the provider to utilise the local GP workforce and ensure a base function is available within each of the CCG's locality areas at times of peak demand.
- The service specification sets out the need for OOH clinicians to possess appropriate communication skills and the level of training and assessment of clinicians working in the service was explicitly tested during the procurement process.

- The Key Performance Indicators within the new contract require the OOH service to audit a sample of patients at an individual clinician level to ensure that each doctor and nurse within the service has the right level of local knowledge and skills necessary to meet the needs of patients.

GBP1101014/098

“As the Past representative For Dorking Patients I spent a great deal of time in ensuring that Dorking X ray was reinstated , which after numerous delays it has been. Recently an elderly Patient who was at Dorking Hospital, had a fall and need to go for an X RAY, he was sent to East Surrey after numerous delays to him and family and also a long delay for a doctor to visit. And at great expense. Can a radiographer be on call at weekends (better use of a local service) to deal with these types of situations, to save time and expense in sending Patients to various hospitals. Also speed up the response time of on call Doctors at this hospital.”

GBP1101014/099

Dr Loveless said that the Dorking x-ray facility was commissioned by Surrey Downs CCG to enable GPs to refer out-patients to an extended hours assessment service at a more convenient location.

- Suspected fractures require a clinical assessment by a medical team and if an urgent x-ray is deemed to be necessary, this must be performed where there is necessary expertise to interpret and treat the injury – a fully staffed A & E with on-site orthopaedic services.
- Because the service specification for Dorking x-ray excludes suspected fractures, an on-call service would add little value and would not be a good use of limited resources.
- Surrey Downs CCG looked into concerns regarding the specific case mentioned as soon as we were made aware of these, and whilst it was correct to transfer this individual for in-patient treatment, the delays that were experienced were unacceptable. We have been assured that a better process is now in place to ensure that patients will not experience such poor service in the future.

GBP1101014/100

“Can the Board confirm that all salaries and allowances as in the remuneration report page 78 are in line with other CCGs? as when reading total bands the SDCCG has three Executives who with benefits earn more than the Prime Minister, and can the Board confirm what bonus if any they will be paying.”

GBP1101014/101

As Chair of the Remuneration, Nominations and HR Committee Gavin Cookman responded as follows.

- We do not hold benchmarking information on all positions listed. However, a recent audit of Surrey chairpersons’ pay shows Surrey Downs CCG to be in line with other CCGs.

- CCGs operate within a competitive recruitment environment and are free to set their own rates of executive pay.
- The reported pension amounts are an actuarial calculation of the complete capital value of an individual's pension scheme at that point in time. This is a capital value to the individual (which cannot ordinarily be accessed until the individual retires) and not a cost to the CCG.
- The CCG pays a flat-rate pension contribution of 14% of salary, as do CCGs nationwide.
- Surrey Downs CCG has not paid any bonuses.

With respect to Dorking X-Ray, Dr Evans Noted that in-patients can now be sent for routine x rays during working hours. GBP1101014/102

A member of the public asked about the Quality and Performance report P19 and about Epsom as opposed to St Helier performance. Eileen Clark clarified that the new reporting system meant these dashboards would see improvements and that it would be easier to reflect the individual performance at Epsom hospital and St Helier Hospital sites around quality and safety issues. GBP1101014/103

A member of the public asked if the quality of private hospitals treating NHS patients was reviewed. She gave an example of poor care in a private hospital. Eileen Clark said that quality data was available and issues of infection would be investigated as with other hospitals. It was also noted that they would be CQC registered. GBP1101014/104

A member of the public asked about Leatherhead x-ray and what the implementation plans were. Dr Williams said that new equipment has been agreed but the delay was due to difficulties in agreeing a way forward with NHS Property Services. He expected that the facilities should be available towards the early or middle part of next year. Dr Fuller noted that Molesey X-ray was similarly being reviewed with a view to improving the service available. GBP1101014/105

A member of the public asked about a single point of access for non-urgent mental health services and the role of A&E. Dr Fuller clarified that A&E would be for urgent cases only. GBP1101014/106

The same member of the public said that he had been assured about a new software system being introduced by SECAmb to manage PTS allocations. He cited a case of someone being left in a wheelchair for 17 hours. It was agreed this would be picked up by Eileen Clark outside the meeting. GBP1101014/107

Action Eileen Clark