NHS
Surrey Downs
Clinical Commissioning Group

Governing Body Meeting

18th July 2014, Denbies, Dorking

Voting members present

Dr Claire Fuller, Clinical Chair

Executive members
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
Karen Parsons, Chief Operating Officer

Clinical GP Members
Dr Ibrahim Wali
Dr Simon Williams
Dr Jill Evans
Dr Andy Sharp
Dr Suzanne Moore
Dr Steve Loveless
Dr Hazim Taki
Dr Robin Gupta

External clinical members
Alison Pointu
Dr Mark Hamilton

Lay Members
Peter Collis
Gavin Cookman

Other non-voting members
Eileen Clark, Head of Clinical Quality

In attendance:

Cliff Bush, Independent Observer
Justin Dix, Governing Body Secretary (Minutes)

1. Welcome and introductions

Dr Williams daughters Isabel and Stephanie were given a warm welcome to the CCG at the end of their week's work experience.

Dr Fuller welcomed Cliff Bush to the meeting in his new role as an independent observer on the Governing Body, and noted that in this role his range of national and local contacts would be fully at the CCG's disposal.

Governing body members then introduced themselves.

2. Apologies for absence

These had been received from Dr Kate Laws, Denise Crone, and Nick Wilson. GB18072014/001

3. Declaration of interests

The register of interests was NOTED as correct; there were no interests particular to the agenda. GB18072014/002

4. Minutes of the last meeting (13th June 2014)

These were agreed as an accurate record. GB18072014/003

5. Matters arising

Karen Parsons gave an update on the Referral Support Service (RSS). A proposal had been received by the executive to strengthen and widen the RSS role and she would keep the Governing Body informed of developments. GB18072014/004

Dr Wali spoke to the request to improve real time reporting for prescribing. He outlined the way the Prescription Pricing Authority (PPA) system worked in terms of producing monthly reports via the Shared Business Service. He noted that it was not possible to speed up data flows in this area because of the way the system worked. Using data from local pharmacies would also be very difficult as it would involve manual collection but there were some new software solutions in the pipeline that might become available at an additional cost. At the moment it was difficult to move this forward. GB18072014/005

6. Chief Officer's Report

Operational Resilience and Capacity GB18072014/006

Miles Freeman spoke to the issue of Operational Resilience and Capacity, and noted the focus on maintaining access times particularly A&E targets and waiting lists. He welcomed the fact that this was being done much earlier this year rather than waiting for winter to commence. There were additional resources being made available, totalling £1.7m for A&E and £0.9m for eighteen weeks, but with caveats about maintaining both performance and quality without compromising finance. 2014-15 would be a difficult year for CCGs and providers in achieving this, with some organisations slipping into deficit.

The CCG's approach to investment would be biased towards developing sustainable community services rather than additional hospital beds; however hospital trusts would be bidding for the monies as part of the process. GB18072014/007

As part of the local approach the existing transformation groups would come together with Urgent Care working group to create new System Resilience Groups (SRGs), which was a change of focus. Part of the work involved an analysis of the previous year's experiences. GB18072014/008

Primary Care Networks GB18072014/009

Primary Care Networks (PCNs) were being developed in Surrey Downs. In all three network areas GP practices were working to develop their local approaches. The most complex area to address was community medical teams and it would take time for individual networks to develop to be able to respond. This had been a useful process and it was hoped to have firmer proposals by September, but they would be unlikely to be in place for October as originally hoped. Miles Freeman said it had been a valuable process that had raised a lot of interest but a lot of issues had also come up as a result.

Co-commissioning of primary care GB18072014/010

Expressions of interest had been put in regarding co-commissioning of primary care in order to give as much local autonomy as possible. The CCGs were concerned that primary care would become remote if the CCG did not step up. Some member practices and the Local Medical Committee (LMC) were concerned about this. The offer from Surrey Downs had included the possibility of hosting primary care for the whole of Surrey, subject to wider agreement by the CCG's membership and Governing Body.

Website and intranet GB18072014/011

The development of the CCG's new intranet and website should mean that this can go live in October. A lot of people had been involved in the design work to develop this.

Outcome of Area Team assurance GB18072014/012

The CCG assurance letter from the Area Team was noted. This was very positive regarding leadership and the strength of the governing body and the locality approach. To build on this the CCG was taking part in the Framework of Excellence programme run by NHS England which came with free external support. Governing Body members had until Sunday to complete the initial questionnaire.

Questions

GB18072014/013

Dr Evans asked why the LMC had not been in favour of co-commissioning. Miles Freeman said that their concerns were mainly about conflict of interest and relationships with member practices, which was understandable.

GB18072014/014

Cliff Bush asked about Epsom hospital and recent media coverage of a particular case. This concerned one patient who had had a very poor experience on Buckley Ward and issues relating to patient experience and dignity. Miles Freeman said he was felt that it was difficult to comment given that the investigation had not been completed. Eileen Clark agreed and said she had spoken to the Director of Nursing and an investigation was being undertaken. She had made a visit to Buckley Ward and a further visit was planned.

GB18072014/015

Cliff Bush said that he had been told that feeding was a major concern on the ward with some visitors feeling the need to intervene to support patients, and that this was something that really needed to be looked at. Miles Freeman agreed and said that patients should be able to feed themselves or given support by staff, without assistance from visitors and this would be looked at. Eileen Clark agreed and said this should be part of the person's individual care. Visitors who were not aware of the individual's needs would not be appropriate.

GB18072014/016

Cliff Bush also asked about national Continuing Health Care (CHC) initiatives and the clearance of retrospective backlogs, and whether this would distort local priorities. Miles Freeman said deliverability was an issue and that the real problem was the capacity to do the work. Considerable progress had been made locally. However he was not aware of and had not received any information on any national directives.

GB18072014/017

Karen Parsons noted that there had been new staff appointed to the team to help with this and urgent cases had been dealt with. There was a programme to clear backlogs over the next eighteen months.

GB18072014/018

Matthew Knight noted that many cases concerned financial settlement with the estates or relatives of individuals who had passed away whilst receiving appropriate levels of continuing healthcare. In these instances, the clearance rate was a function of how quickly individual cases were agreed and not related to any assessment activity performed by the CHC team at the CCG.

GB18072014/019

Peter Collis noted the co-commissioning debate. The conflict of interest issue could be managed by agreeing principles at governing body level with the detailed work done in a managed way elsewhere through an appropriate committee. Miles Freeman agreed and said a primary care committee was being considered.

Gavin Cookman said this needed a lot of work to get it right as this was not just about governance but also about the change of emphasis this would bring to the organisation. He also congratulated the CCG on its feedback from the Area Team. GB18072014/020

Miles Freeman noted that there had been a big response to co-commissioning, and the message from the centre would that it would be several months before this would commence. In the meantime there would be a move to push aspects of specialised commissioning out to CCGs which would also be very significant. GB18072014/021

7. Quality and Performance Report

Eileen Clark spoke to this. She noted that there were still issues with breaches of two week cancer referrals and there needed to be a process with Virgin to understand why this was happening as the data was unclear. It may be to do with coding rather than a serious clinical issue. The host commissioner (NW Surrey CCG) was investigating the 14 apparent breaches. GB18072014/022

MRSA bacterium was an issue particularly in the community and Eileen Clark said these did seem to be genuinely unavoidable with no failings of care involved. Local GP practices had worked very closely with the CCG quality team to conduct root cause analyses to help address this. The plan going forward was to develop an action plan for any improvements where possible and a quarterly report for GP practices to support them. GB18072014/023

Eileen Clark noted the issues on page 23 of the report with monthly activity which was over in most areas, and said this was being reviewed by the Quality Committee. GB18072014/024

It was clarified that FFCE stood for Finished First Consultant Episode. GB18072014/025

The Safeguarding Adults report had now been published on the CCG website following approval at the Quality Committee. GB18072014/026

Work on people with a learning disability based out of area had been overseen by the Learning Disability Partnership Board and improvements were being factored into the work on the enquiry into Winterbourne View. GB18072014/027

Finally, Eileen Clark noted the naming of 28 hospitals in relation to concerns arising from the Saville enquiry but said but there were no concerns about the local hospitals named. GB18072014/028

Alison Pointu noted the cancer issues and said that even taking into account patient choice and transfers there was a need for assurance about the service as some individual patient's access to diagnostics had been delayed. Eileen Clark said they were relatively small numbers and there was an attempt to spread the risk across other providers in order to manage the situation. GB18072014/029

Dr Moore noted that discussions at Epsom's quality committee had suggested this would become an issue of greater concern in future. GB18072014/030

Dr Gupta noted the clinical capacity issues in relation to cancer two week referrals and asked if there had been any feedback on this. He asked what the view of the clinical leadership in the trust was and whether they had the capacity to add more patients to clinics? It was noted this would be reported at the next quality committee as there had not been any feedback as yet. GB18072014/031

It was noted that the quality strategy had been discussed in detail at the last Quality Committee meeting and this would be covered at the Annual General Meeting (AGM). GB18072014/032

Cliff Bush asked about mixed sex accommodation and what procedures had been put in place to address breaches. Eileen Clark agreed these needed to be taken seriously; she noted there had been ten in the previous year and one in the year to date, some out of which were out of area and were being dealt with by lead commissioners. They were being followed up at Clinical Quality Review Meetings (CQRMs). Miles Freeman said that there had been thousands of breaches in the past and the small numbers that occurred now tended to be for clinical reasons such as the need for an Intensive Care Bed, although it was right to investigate each one thoroughly. GB18072014/033

Cliff Bush asked about people with Learning Disability placed out of area and the process for bringing them back to local services. Eileen Clark said that 14 people had been scheduled to move by the end of June of which 2 were for Surrey Downs but had since moved; there was now no-one outstanding for Surrey Downs. The main issue was suitability of placements which had been looked at thoroughly. GB18072014/034

Cliff Bush asked about Serious Incidents Requiring Investigation (SIRIs) and noted that they seemed to persist despite promises to improve. He said there was a lack of transparency about how providers had responded to SIRIs, and what was needed was more reporting at public meetings. GB18072014/035

Eileen Clark said that there had been a lot of work in this area and the CCG now had a SIRI committee looking at all serious incidents and tracking actions. She gave the example of a child safeguarding case that the CCG was pursing for updates on actions going back up to two years. She did however have concerns about making public any information that identifies individuals even indirectly and there was a need to manage this. She also said that the CCG was working on trends and there was a surrey wide learning event in Surrey. GB18072014/036

Dr Williams asked about the Jarvis Centre no longer taking Two Week Referrals and whether the moratorium was ongoing after it had been introduced at the beginning of the year. It was agreed that Mable Wu would check this with North West Surrey CCG. GB18072014/037

Action Mable Wu

Dr Williams then asked about Clostridium difficile and how the issues could be managed for named practises that were identified in relation to infections Eileen Clark said she understood this and said that the concerns were acknowledged but the Root Cause Analysis was designed to help individual practices to improve. Dr Williams said that the main issue was that GP practices were small and the clinicians easily identified, unlike a large acute hospital. GB18072014/038

Dr Loveless said that the statistics gave assurance on cancer globally but not when you drilled down into specialties. Dr Fuller said that Dr Monaco was looking at this and the only major concern locally was malignant melanoma. Early detection was needed to improve performance in this area. GB18072014/039

Alison Pointu spoke about the new committee for SIRIs and said that the minutes would come to the quality committee and possibly Part 2 of the Governing Body, if required. GB18072014/040

Dr Sharpe also spoke on the issue of Clostridium difficile in GP practices and said they did need to be reviewed at practice level. Alison Pointu said that one of the reasons for this was the need to move beyond seeing acute hospitals as the focus for infection control and replicate the processes and learning in primary care. GB18072014/041

Dr Moore noted that there were audits of antibiotic use in primary care which needed to be progressed and that this would need to be owned collaboratively. GB18072014/042

Dr Moore said she was pleased about the improvement in ambulance performance but asked if we felt assured that the collaborative arrangements would deliver long term change. Miles Freeman said that work was ongoing but we should not assume that this was sustainable and there needed to be a local focus. At the moment poor performance in Surrey was masked sometimes by reporting across Kent Surrey and Sussex. The contract would therefore be split to ensure a Surrey focus. He also noted there was a separate process to look at collaborative arrangements like this across all contracts. GB18072014/043

Cliff Bush said that concern had been expressed at a Surrey Coalition meeting about prescriptions where the medication was in bottles that were hard to open. Pharmacies did not resolve this as they were not paid to do so. Dr Gupta said that pharmacies did get paid for doing this work and the chemist needed to liaise with the patient about how they could open the packaging of the drugs being supplied. There were issues around seven and twenty-eight day supply as this did have financial implications, but when it was discussed with them pharmacies did agree to abide by the contractual arrangements that were in place. GB18072014/044

Dr Wali agreed and said that pharmacies should be able to work with patients to resolve the issues but there was a general concern about loss of income relating to 28 day prescribing. He recommended that the patients should talk this through with their pharmacist. GB18072014/045

Dr Evans asked if there could be a communication to all pharmacies and practices to remind them of best practice and that this was in line with what they were commissioned to do. It was noted there had been some communication but more was being explored. It could also be raised with the Local Pharmaceutical Committee. GB18072014/046

Cliff Bush asked if something could be written by the CCG that he could circulate to Surrey Association of Disabled People through its newsletter. It was agreed this would be followed up by Dr Wali and Jade Brelsford in the CCG communications team. GB18072014/047

Action Dr Wali / Jade Brelsford

It was noted that this could also go in “Surrey Matters”. GB18072014/048

Dr Gupta asked about unplanned admissions for under nineteens. Eileen Clark said that this was mainly about children going through the Ambulatory Care Unit (ACU) and was really a coding issue. GB18072014/049

Dr Gupta asked about the breach at St George’s Hospital and whether this had been concluded or satisfactorily explained. It was agreed it had not and Eileen Clark would report back to the quality committee accordingly. GB18072014/050

Action Eileen Clark

8. Delivery report

Karen Parsons spoke to this. 40 milestones had been assessed in Quarter 1; 25 were green, 10 were amber and 5 red. A key achievement was the RSS and its continuing growth and focus on safe referral. GB18072014/051

CHC delivery was also improving as a result of the implementation phase arising out of the review now being underway. All CCGs had signed off the operating policy which meant it was much clearer what the levels of timeliness and quality of assessment were. Engagement with patients and the public would be enhanced with the appointment of a new leadership post. GB18072014/052

It was noted that the development of Primary Care Networks had already been discussed in the Chief Officer’s Report GB18072014/053

Individual Funding Requests (IFRs) had been the subject of a very useful workshop with the regional lead in attendance. A new chair of the surrey priorities committee was also being appointed. GB18072014/054

Mental Health had been taken forward by Dr Evans and one of the service redesign managers, Peter Wade. There was now close working with the host commissioner and internally the CCG was appointing a number of clinical leads. GB18072014/055

Dr Fuller talked about the New Epsom and Ewell Cottage Hospital (NEECH) project and how the Epsom beds were being moved and service improved with medical cover and social care visits. This had reduced length of stay substantially from twenty one to ten days and this was being audited as part of the process. GB18072014/056

Gavin Cookman congratulated the CCG on the project milestones but asked about the benefits from the projects. He noted the £3.3m gap in QIPP and the capacity to set up projects to address this. KP agreed this was an issue and there was a monthly review of projects to see where benefits were and were not being delivered, and what longer term benefits might be. There may be a need to re-align projects to ensure delivery in-year but there was a good process in terms of project management. GB18072014/057

Miles Freeman said capacity was sometimes an issue. He also noted that benefits were sometimes not realised because of a related action outside the project by a provider. As an example ambulatory care was working but A&E was not and it was important to look across at the reasons, and if necessary contract differently if the gains were to be sustained. GB18072014/058

Cliff Bush said he had received a lot of compliments about the RSS and the quality of the staff and their communication skills. Text messaging would be useful for some people with hearing problems, and interpreting services were also needed for people from minority groups. Visitors to the office also needed car parking arrangements and he suggested meeting with these people off site. It was noted that IT systems did not always make this possible but it could be looked at. GB18072014/059

Dr Evans said that she had also found the RSS staff very helpful regarding putting IAPT (Integrated Access to Psychological Therapies) on the system. Staff are perceived as quicker and better communicators than many of the IAPT providers. She also noted that IAPT referral forms asked if the patient had any special needs which should be good practice for all referrals. GB18072014/060

Dr Gupta expressed concern about the impact on GPs relating to the unplanned admission Directed Enhanced Service (DES) contract. Karen Parsons said this is why it was necessary for GPs to come together in networks as it was difficult to address this kind of issue in individual practices. GB18072014/061

Cliff Bush asked about Patient Transport. He was concerned that the issues were not being resolved and SECAMB were still not providing the necessary information. Miles Freeman noted that there had been significant staff turnover which was now being resolved. GB18072014/062

Alison Pointu asked about Mental Health users and how they and their families were being involved. Dr Evans said that clinical leads would be identifying service users and family members in each practice to support their work and give feedback. This was a very positive development. GB18072014/063

9. Finance Report

MK noted that the CCG had met a small surplus in its first year but this year would be more challenging due to year on year pressures, including this year the requirements of the Better Care Fund and the expectation of a larger surplus. GB18072014/064

He noted that acute trusts continued to over perform although not quite as significantly as first expected. Contract challenges were being raised more effectively than in the past although the potential yield was not clear. The overall forecast was for breakeven in line with budget but there were more financial risks later in the year related to QIPP delivery. GB18072014/065

The forecast position was still a very early one with ten months of the year to go. A key issue was a potential increase in specialised commissioning costs from London based providers and NHS Property services. The forecast might need to be adjusted because of these factors. GB18072014/066

Dr Moore noted that there was a comment about Kingston hospital being on budget for their plan and asked whether there were issues for activity with Epsom St Helier. Matthew Knight noted that the monthly figures were still volatile and several months data would be needed to see if there was a real trend. Dr Evans thought that the Kingston approach to emergency care might be a reason for this and noted that it was being evaluated by Kingston Hospital in conjunction with Kingston CCG. GB18072014/067

Ailison Pointu asked about the £3.3m unidentified QIPP and how much progress had been made with this. Matthew Knight said the main focus was on bolstering the £9m of projects in place to make sure they deliver. Miles Freeman said that it was important to look at both activity and charges. With regard to the financial risks the specialised commissioning risk could push the CCG into deficit. GB18072014/068

Cliff Bush asked when the Epsom Downs Integrated Care Services (EDICS) case might be concluded as this would then potentially release a significant sum. Miles Freeman said the adjudication process was now set for September and the risks would become clearer by then either via arbitration or through negotiation. GB18072014/069

Gavin Cookman felt that by October we would be much clearer about the financial position and that as a Governing body we should set time aside to think about this, how it was presented and how it might be addressed. Miles Freeman said that it was necessary to ensure that we had robust systems in place address all the risks which was not the case at the moment. GB18072014/070

Peter Collis said that the autumn was a good time to take stock, not just regarding the impact for this year but the impact and opportunities in the second year. GB18072014/071

10. Governing Body Assurance Framework

Miles Freeman noted this was now a high level document and that the risk register with the detail would be presented at the next meeting. Risks would link back to these assurance framework headings. GB18072014/072

Miles Freeman noted the individual headings and how they linked to the CCG's delivery programmes. GB18072014/073

Gavin Cookman asked about the date of delivery and it was agreed that these needed to be customised rather than all at year end. GB18072014/074

Dr loveless said that the End Of Life Care score could be lower and that there were services such as night nursing in place that mitigated the risks. It was noted that this was one of the issues with high level reporting in relation to risk and the comments box could be used to make these points. GB18072014/075

Dr Moore asked about the number of projects relating to priority 2. Karen Parsons noted that many of these projects overlapped but acknowledged there was a significant number. GB18072014/076

11. Policy Approval – Child Safeguarding

Eileen Clark introduced this. She noted that although Guildford and Waverley were the host CCG, Surrey Downs and other CCGs still needed to take ownership of the agenda through this policy. GB18072014/077

Doctor Fuller requested that the list of local GP practices be included. GB18072014/078

Section 7.23 – Training strategy. Dr Moore asked if this was correct regarding level 3 training requirements and forensic procedures. Eileen Clark confirmed this was correct. There was a discussion about whether this was or was not a specialist role. The outcome would be that all GPs would have to be trained at level 3. GB18072014/079

Gavin Cookman said it was a very good policy but asked how would it be embedded? Eileen Clark said there would be challenge events to see how this would be embedded and for GP practices there would be audits led by the clinical lead. This would also be checked via CQC inspections. GB18072014/080

Cliff Bush said that there was a particular issue in his experience of young carers and prescribed drugs. A review of this was being led by the Director of Public Health and the police. It was noted that Dr Moore would be involved in this in her lead role. GB18072014/081

Alison Pointu noted the responsibility of the governing body under 7.3.2 and felt this was slightly vague. She felt this needed clarification. GB18072014/082

Doctor Fuller said that there were still some queries on the policy about the specific issues noted above. The policy was AGREED on the basis of the above caveats. GB18072014/083

12. Audit Committee Minutes

Peter Collis noted the positive response from auditors and commended the CCG for its end of year position and the way the annual report and accounts had been put together. He noted that the auditors had also commented to this end. GB18072014/084

The internal audit plan had been delayed due to the re-procurement of the audit function, but this had now been resolved and the existing auditors confirmed in the role. An audit plan had been agreed at the meeting on the 27th June. GB18072014/085

Doctor Fuller also commended the annual report and accounts and gave her thanks to everyone involved in this work. GB18072014/086

13. Quality Committee Minutes

Alison Pointu commented that the committee had changed its approach to mirror the governing body with a seminar every other month that focused on a particular provider. This would commence from August. GB18072014/087

14. Any other Business

There was no other business from members of the Governing Body GB18072014/088

15. Questions from the public

There were no questions from the public. GB18072014/089