NHS
Surrey Downs
Clinical Commissioning Group

Meeting: Governing Body

Date and time: 13th June 2014, 2.30pm, Epsom Racecourse

Voting members present

Dr Claire Fuller, Clinical Chair

Executive members
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer

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

External clinical members
Alison Pointu

Lay Members
Denise Crone
Gavin Cookman

Other non-voting members
Nick Wilson, Surrey County Council
Eileen Clark, Head of Clinical Quality

In attendance: Justin Dix, Governing Body Secretary (Minutes)

1. Welcome and introductions

Governing Body members introduced themselves to the public. GB130614/001

2. Apologies for absence

These had been received from Dr Kate Laws, Dr Robin Gupta, Dr Mark Hamilton, Peter Collis and Cliff Bush GB130614/002

3. Declaration of interests

It was noted that Nick Wilson was now a Director of Surrey Choices. It was also noted that all GP registers had also been updated recently and reported at the last Council of Members meeting. GB130614/003

4. Minutes of the last meeting

The following amendments to the minutes were agreed: GB130614/004

- Para 105 should read “you said, we did” GB130614/005
- Para 111 should read “It was confirmed” rather than “it was concerned” GB130614/006
- 064 Residential and nursing home closures –the number of homes / beds was confusing and Eileen Clark would discuss with Justin Dix outside the meeting. GB130614/007
- 069 – It was clarified that the reference to loss of quality premium was incorrect . GB130614/008

5. Matters arising and action logs

The Governing Body would be given a verbal update on the Referral Support Service at the next meeting following an all-day review that was planned for the near future. GB130614/009

Action Karen Parsons

Prescribing – Dr Wali updated. There was a lack of timely prescribing data and existing systems did not really provide the data that was required. Some software companies were trying to address this with real time information but the products were to yet available. They would work from the data in existing GP systems. The option of practice based data collection was not feasible. Dr Sharpe reported on a discussion with one supplier that said there might be a medium term solution but there was no timeline for this. An alternative might be available in about four months. Dr Loveless suggested practices could be tasked with doing monthly reports but again this was felt to be problematic without a technical solution. It was suggested that basic volume data would at least be useful and Dr Wali would review this option and report back at the next meeting. GB130614/010

Action Dr Wali

6. Chief Officer’s Report

Miles Freeman reported that there had been a lot of work with GP practices on the creation of primary care networks. All three health economies were supporting the development. The aim was to have networks up and running and providing the Community Medical Team model by October. GB130614/011

The Annual Report and accounts had been submitted with a clean bill of health from auditors. A surplus of £72,000 had been achieved. GB130614/012

The Q4 assurance meeting with the area team had taken place the previous day and had been very positive about leadership and lay member input, and the strength of the governing body. There was confidence in our ability to meet future challenges. GB130614/013

A Continuing Health Care (CHC) performance report was attached for the Governing Body's assurance. This showed how the CCG was attempting to deal with the inheritance of over 2,000 retrospective claims, which was being addressed as well as future assessments. Nearly all CCGs have agreed to fund the outsourcing of the backlog clearance but the work would go ahead anyway pending the decision of other CCGs who had not yet committed. Dr Evans said that improvements in the CHC team were in her view one of the most significant achievements of the CCG and would have a positive impact on patients. GB130614/014

It was noted that the Dorking X-Ray service was now running and GPs gave very positive reports of its operations. It was hoped that Molesey and Leatherhead would follow suit and also that Dorking X-Ray would be made available to in-patients, which it currently was not due to contractual issues. CSH and the new provider of X-Ray had been asked to resolve this through negotiation but this was currently with CSH. Dr Loveless would pursue this with them. Claire Fuller thanked Karen Parsons for her hard work in achieving this. GB130614/015

Gavin Cookman noted that primary care provider networks needed strong governance arrangements to avoid conflicts of interest and it was agreed this was essential, probably with a standing committee using external advice to agree appropriate contractual mechanisms. The CCG had developed a considerable body of experience in terms of dealing with conflicts of interest. This committee would also support primary care co-commissioning. GB130614/016

Gavin Cookman noted that South West London CCGs were drawing up commissioning plans which could potentially impact on Epsom Hospital. These needed to be developed with more detail particularly regard to clinical standards but would raise issues of Epsom's viability in a way similar to BSBV. A collaborative approach would be necessary but the financial and other challenges in South West London were similar to those in Surrey. This also overlapped with individual trusts' FT status aspirations. Commissioners might find it difficult to get providers to collaborate given their need to develop their own business cases for future sustainability. GB130614/017

Miles Freeman said that in his view the financial challenges were similar to Surrey but currently South West London was the only part of London with a reconfiguration plan. Dr Fuller said that she had been at a meeting that morning for Surrey and Sussex related to meeting Keogh recommendations and felt there was a considerable overlap around themes relating to clinical standards. GB130614/018

Eileen Clark noted that the travel issues in relation to this change were significant in terms of patient experience. GB130614/019

Denise Crone asked about co-commissioning and which areas the CCG was most interested in and what financial support was available. Miles Freeman noted that an expression of interested needed to be made by the 20th June and at this stage the CCG had opted to explore the majority of the areas as this was necessary to make the case for some resource. GB130614/020

7. Carers

Denise Crone gave a presentation on this issue. GB130614/021

It was particularly important to discuss this issue this week as this was national carers week with today focussing specifically on young carers. The slides had been provided by Debbie Hustings who provided support to a number of Surrey CCGs on carers issues. GB130614/022

Denise emphasised the need to understand carers in this context as people who provided care without pay. Every day 6,000 people became carers meaning there were around 100,000 in Surrey. A significant proportion provided full time (over fifty hours) of care each week. On average each secondary school class will have three young people in carers roles, many of them providing up to 2o hours of caring in addition to their school work. GB130614/023

1 in 8 of the Surrey workforce have a caring role and 1 in 5 of carers had had to give up work to be carers. 58 of carers were female and the peak age for caring was 45 – 65 years. GB130614/024

9% of carers were from black and ethnic minority groups. GB130614/025

The care provided by carers on a voluntary basis exceeded the total NHS budget but many individual carers suffered significant personal hardship. GB130614/026

£300,000 was spent in Surrey on carers breaks referred by GPs. Carer's health declined in line with their increasing responsibilities. GB130614/027

It was noted that adults do not have a legal duty to care and we need to be aware of this in our day to day work. Parents however did have a duty of care and this needed to be considered in relation to children with complex needs. For this group, getting some support could keep the focus on parenting rather than caring. GB130614/028

NHS England had recently stated a commitment to carers and invited carers to identify what they wanted to see from the NHS. A key expectation was for carers and their expert roles to be acknowledged and built in to care planning. In Surrey a care pathway for carers had been described as well as the services that support these. GB130614/029

There were a number of carers support organisations available in Surrey providing practical support as well as advice. There was a GP support worker, Ruth Martin. The Royal College of Practitioners had provided best practice guidance to GPs. There was scope to develop carer's CQUINS in Surrey Downs – this had already been done in Guildford and Waverley. GB130614/030

Denise said that support to carers could improve the CCG's performance in a number of areas including finance. GB130614/031

There were eLearning tools for NHS staff to access to improve their understanding. GB130614/032

Eileen Clark noted the position regarding legal duties of carers and said that many carers would want to be relieved of tasks that impacted on their own dignity and relationships. She also noted the position for parents with children with complex needs and Denise outlined a case study that illustrated the challengesd in this area. GB130614/033

Alison Pointu asked if we could map and identify carers in order to support them. It was noted that GP practice registration was low in SDCCG but getting better. The population was not static with more people becoming carers every day. Dr Fuller said that identifying young carers was a particular problem. Nick Wilson felt this was very important and there were a growing number of young carers. This varied a great deal and there was no easy answer to meeting their needs but schools had a key role. He particularly commended the "Guardian Angel" model of supporting young carers. GB130614/034

Dr Williams felt that many carers did not feel there would be any tangible support and did not come forward for this reason. Eileen Clark also noted the need for bereavement support for carers. GB130614/035

Dr Evans echoed the above themes and particularly the loss of support once a caring role ended. She noted that within virtual wards, assessing carers mental health needs had been part of the specification. GB130614/036

Alison Pointu also noted that cared for people sometimes became carers e.g. people with learning disabilities looking after their ageing parents. GB130614/037

Dr Moore asked if we could do work in GPs surgeries and Denise Crone felt it would be a good idea to use a GP education day for this. It was also noted that the GP breaks would continue and budgets would be broken down to practice level; the guidance had been circulated to practice managers and did involve some revised guidance which needed to be monitored . GB130614/038

Dr Fuller summarised by thanking Denise Crone for her presentation and saying this was an important issue that the Governing Body fully supported. GB130614/039

8. Quality and Performance Report

Eileen Clark highlighted a small number of issues within the report for the attention of the Governing Body as follows. GB130614/040

- Emergency admissions for children with lower respiratory conditions at Epsom St Helier – it was felt that the discrepancies highlighted in the report could be a coding issue in the ambulatory care unit and the children were attending A&E for 4 to 6 hours rather than actually being admitted. GB130614/041
- Infection control remained a prime area of concern. MRSA had been a red risk for over a year. Screening and investigation however was much improved and the statistics were demonstrating that the improvements in performance meant that we were now dealing more and more with the harder to resolve cases. GB130614/042
- Diagnostic test waits <6 weeks – there were still concerns around Kingston Hospital mainly attributable to staffing issues. GB130614/043
- Seasonal flu vaccination uptake – Surrey Downs had poor uptake figures and a lot of work was taking place this year with support from the public health team to improve this in 2014. The Area Team had set up a meeting to co-ordinate planning. GB130614/044

Gavin Cookman asked why we were behind on flu vaccinations? Surrey Downs was similar other CCGs and it was clarified that this was partly about patient choice but also that there had not been any national campaigns the previous year. There had also been vaccine supply issues. This year vaccine would be distributed earlier. Some people also went private for this service. Dr Williams also felt that patients were impervious to some of the campaigns and encouragement. GB130614/045

Alison Pointu asked if there were any key themes in the NHS funded care complaints. It was noted that delays and retrospectives were the main issues. She also asked about Serious Incidents Requiring Investigation and Grade 3 pressure ulcers and why the numbers varied so much? It was clarified that best practice was being shared across Surrey and there was a focus on pressure ulcers in the community. GB130614/046

Claire Fuller asked about child safeguarding on P13 and the “one action” we had committed to and it was clarified that for us it was better local information and assurance rather than just relying on host assurance. This principle would be cascaded to the 33 member practices. GB130614/047

It was noted we were completing a Section 11 Audit (national safeguarding children requirement) and this should be completed within the next two months. This would provide assurance on the robustness of CCG and provider processes. GB130614/048

Denise Crone asked about Improved Access to Psychological Therapies (IAPT). Measurement was improving but she wondered if waiting times were being monitored as soft intelligence said there were still some long waits. Dr Evans said that this was being reviewed and the aim was for all referrals to go through the RSS. At the moment patients lacked access to information and the RSS could offer them alternative treatments and different providers. This also meant that the CCG had more live information on referrals and waiting times. The key benefits were a better process for GPs and a better outcome for patients. GB130614/049

Dr Williams asked about patients who were declined treatment because they were being treated elsewhere. This could also be monitored through the RSS and refusal would be determined by triage doctors working to carefully developed guidance. GB130614/050

Dr Loveless said that we needed to measure outcomes for this for it to be really effective. Dr Evans said this was looked at as part of contract management although it was difficult to measure. GB130614/051

It was requested that this be highlighted in the next Quality and Performance Report. GB130614/052

9. Delivery of Key Programmes

Matthew Knight spoke to this. He began by noting an error in the report in relation to red milestones moving from 1.9 to 1.6 when in fact they had remained the same. GB130614/053

Risk levels were broadly comparable to previous months. Two significant areas of note were the opening of Dorking X-Ray and the re-opening of Dorking Hospital. The RSS continued to be a very positive development and was expanding to include additional practices and services with over 500 referrals a week being received. GB130614/054

Resource was being invested in the primary care strategy to support the creation of the new networks with a planned start date of October. GB130614/055

The hosted Medicines Management team was working well. This was a hosted service across several CCGs. GB130614/056

NEECH was subject to a temporary move to Epsom GB130614/057

Diabetes was out to tender and there was work in hand on care pathways. GB130614/058

121 projects had been in place at the end of the year which were either continuing in 2014/15 or were being incorporated into business as usual. GB130614/059

Gavin Cookman noted the balance or Red, Amber and Green and asked if the risk was back loaded. He was concerned about a lot of problems emerging late in the year. Matthew Knight said he had looked at this and acknowledged it was an issue but felt it was manageable. Some of this was due to projects starting late. The milestones should be more green by next Governing Body although it was acknowledged that there would be a different baseline for the new year. One concern was whether partner organisations could deliver their parts of individual programmes. Experience to date was that in some areas it would be necessary to assess key risks for wider dependencies. GB130614/060

Nick Wilson asked about the RSS and how we could assess the impact it was having, and whether there were targets for the work it did. He also wondered about the level of practice engagement. GB130614/061

Miles Freeman noted that not all practices were using it as the CCG had said it wanted to build up capacity over time. Eventually 90%+ of all practice referrals should go through the RSS. AS the RSS matures and becomes better at managing pathways ? GB130614/062

Nick Wilson asked about the Mental Health Strategy and the role of the RSS. He felt that many GPs did not understand the range of services available. It was noted that there was a key role for the RSS who could help to get people into the right mental health setting . GB130614/063

Dr Sharpe noted that this gave a good process for understanding GP referrals to cancer services and improving pathways. Miles Freeman agreed and said it would give a good audit trail if there were any problems. GB130614/064

Dr Fuller noted the New Epsom and Ewell Community Hospital (NEECH) project and the collaboration behind this which had been done to a tight timescale. She commended Epsom Hospital and Central Surrey health for their collaboration. Beds would be increased by 3 as a result of this work. GB130614/065

Dr Evans asked whether the acuity of the patients would be different and it was noted it would not, but this would need to be monitored as some changes might evolve. A weekly operational group was reviewing progress and investigating the blockages patients encountered on their journey. This would also support clinical learning and was a model that could be rolled out more widely. The project would be closely monitored for the types of patients involved. GB130614/066

It was noted that Simon Stevens, NHS Chief Executive, had signalled a policy shift around smaller hospitals. This was felt to be more about local than community hospitals. Would this require a review of Surrey Downs policies? Miles Freeman said that locally our ageing population meant we would need to increase hospital throughput to deal with the demographic shift and increase efficiency as hospitals were working below maximum effectiveness. GB130614/067

10. Finance update

Matthew Knight reiterated the successful outcome for 2013/14. He noted that the CCG was required to budget for a £3.3m surplus this year. It was expected to be a challenging year for the NHS nationally. It was very early in the financial cycle and there was little real data but what there was showed increased acute hospital activity. Miles Freeman noted this was not an unusual position to be in in Month 1 due to the lack of agreed contracts and metrics although it was still a cause for concern. GB130614/068

11. Assurance Framework and Risk Register

Miles Freeman noted this and said there would be a new Assurance Framework for the next Governing Body meeting. GB130614/069

The key risks were noted and there were no plans to remove any. CHC retrospectives were still unclear and should remain on the risk register due to the lack of clarity regarding national policy. GB130614/070

Miles Freeman noted that EDICS arbitration would probably not be known in time for the next meeting in July. GB130614/071

Gavin Cookman felt that there were a lot of reds and ambers and felt this was probably a fair reflection of where the CCG was. Miles Freeman felt this was not unusual in the NHS and the CCG was highly dependent on other agencies. Nick WIlson also noted that trends were static and could not easily be shifted. Some of those risks might materialise in a more challenging year ahead, which was what was expected. The Health and Wellbeing Board effectively challenged the NHS to pursue a challenging integration agenda. Miles Freeman said that more integration of health and social care was needed to take place to manage some of these risks as this would be the only way to reduce duplication and costs in the system. GB130614/072

Justin Dix said there had been some additional risks which would feature on the next iteration, none of which were high. There had also been a successful training event for Senior Managers and Heads of Service run by the CCG's internal auditors earlier in the week. This showed an appetite for managing risk more at team level. GB130614/073

12. Policy approval

Eileen Clark presented the Adult Safeguarding policy which confirmed our arrangements in this area. It was felt to be a very clear and positive policy. An equality Impact Analysis would be carried out shortly on this and other policies by the end of June. GB130614/074

Gavin Cookman asked if CCG staff would be trained through a rolling programme and Eileen Clark said they would and this would be adopted by other CCGs in Surrey. There would be an audit of this going forward. Miles Freeman noted that the individual GB130614/075

The Adult Safeguarding Policy was AGREED GB130614/076

Justin Dix spoke to the Risk Management strategy. This was a key part of the system of internal controls that the Chief Officer was responsible for assuring in the accountable officer role. The strategy had developed since the previous year and had received positive feedback from auditors who felt it was concise and showed a developmental approach. GB130614/077

The Risk Management Strategy was AGREED. GB130614/078

13. Audit Committee Minutes

CHC retrospective liabilities were particularly highlighted. GB130614/079

Matthew Knight noted that the auditors had given an unqualified opinion on both Value for Money and Use of Resources at the 4th June meeting where the annual report and accounts had been approved by the Audit committee. GB130614/080

It was noted that Alison Pointu would be replacing Dr Simon Williams as a member of the committee going forward. Dr Williams would continue to be in attendance. This was to meet best practice in avoiding conflict of interest. GB130614/081

The Audit Committee minutes for the 29th of April were NOTED. GB130614/082

14. Quality Committee minutes

The Quality Committee Minutes for March, April and May were noted. Dr Wali highlighted the Prescribing Clinical Network (PCN) work and recommendations. He specifically noted the Relvar issue and that the CCG was acting consistently with other CCGs in not recommending this. GB130614/083

Dr Suzanne Moor noted that there was a real drive by hospitals to meet performance targets and that extra consultant appointments were being made as a result. Alison Pointu also noted this but felt that there was a decline in nursing and GP numbers. Dr Evans felt that that increasing specialism had an adverse effect on mortality rates and we needed to increase GP numbers to promote earlier intervention and better holistic care. GB130614/084

Miles Freeman noted that there may be more consultants with an adjustment around middle grades. Alison Pointu noted that CCGs would have to sign off workforce plans in future. She had recently been to a presentation which emphasised the commissioner's role in workiforce planning. GB130614/085

Dr Williams noted that Doctors' training had changed significantly and that this now encouraged specialism rather than going into general practice. GB130614/086

The quality committee minutes for the 6th March, 11th April and 8th May 2014 were NOTED. GB130614/087

15. Remuneration, Nominations and HR Committee

Gavin Cookman gave a verbal update on the key points from the last meeting: GB130614/088

- CSU issues had been discussed particularly operational issues and there were some concerns about the levels of service being delivered.
- The Organisational Change Policy had been approved
- Staffing – an interim head of legal post had been approved. Some posts such as Head of Finance were proving difficult to recruit to.
- Workforce Key Performance Indicators were within normal ranges
- Appraisal and objective setting were underway

Dr Fuller noted that as an organisation we always sought to appoint the right person even if this meant delays. GB130614/089

16. Arrangements for the AGM

The AGM arrangements were noted with a Governing Body from 1.00 – 3.30 and the AGM at 4.15 after refreshments, both meetings to be held at Denbies. GB130614/090

17. Any other business

It was that Rosemary Najiim and Dr Williams were going to a house of commons all-party committee on atrial fibrillation. GB130614/091

18. Questions from the public GB130614/092

Rosemary Najim asked about GP appointments, both in terms of access and too many appointments for diagnostic tests and test results. Dr Sharpe agreed and said that there were modern methods of disseminating test results via mobile phone that saved patients time and was more effective for GPs. This did require explicit consent and needed to be checked at the time of the appointment and worked for the majority of patients. GB130614/093

Rosemary Najiim then asked about increasing activity trends which had also come up at and Epsom St Helier Board meeting at which cost increases were also noted due to using more agency staff. The other issue mentioned was that having more senior doctors in A&E were more effective due to getting better decisions to admit. Eileen Clark said this was the subject of a CQUIN with Epsom St Helier this year. GB130614/094

A member of Public asked a question about software tools for GP prescribing and whether information could be identified at the pharmacy point. Dr Wali said that pharmacies store data for a month then submit for payment so that also introduces delay. There was an issue that not all prescriptions are actually collected. It was agreed that Dr Wali would look at this. GB130614/095

Action Dr Wali

It was noted that the Prescription Pricing Authority (PPA) national systems needed to improve considerably to give better real-time information. GB130614/096

There was a further question on who commissions stroke care. It was noted that CCGs do this through their acute contracts. It was acknowledged that this was an area where services needed to improve and that 70% of strokes are preventable. The issue was about management of the acute care pathway as opposed to managing episodes of care. 46% of patients are not offered anticoagulants. Surrey Downs CCG performance needed to improve although it was better than many other parts of Surrey. GB130614/097

Dr Sharpe and Dr Moore noted that improvements in technology to support early intervention, and better GP education could both play a part. GB130614/098