NHS
Surrey Downs
Clinical Commissioning Group

Governing Body Meeting 27th February 2015

MINUTES

Present
Dr Claire Fuller, Chair
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
James Blythe, Director of Commissioning and Strategy
Dr Suzanne Moore
Dr Andrew Sharpe
Dr Robin Gupta
Dr Ibrahim Wali
Dr Jill Evans
Dr Steve Loveless
Dr Kate Laws
Dr Hazim Taki
Dr Russell Hills
Alison Pointu, External Nurse Member
Dr Mark Hamilton, Secondary Care Clinician
Peter Collis, Lay Member for Governance
Gavin Cookman, Lay Member for Governance
Jacky Oliver, Lay Member for Patient and Public Engagement
Eileen Clark, Head of Quality (non-voting)

In attendance
Cliff Bush, Independent Lay Observer
Justin Dix (Minutes)
Dr Louise Keene (Shadowing Dr Loveless)
Mable Wu
Jade Brelsford

1. Welcome and introductions

The Governing Body welcomed Dr Russell Hills, new member for Epsom. This was because Dr Fuller had stood down from her locality role to devote more time to the Chair role. Dr Louise Keene was in attendance, shadowing Doctor Loveless for whom this was his last Governing Body meeting in public. GB2070215/001

Dr Loveless was thanked for his huge contribution to the CCG's development in the last two years and members wished him well for the future. GB2070215/002

Daniel Elkeles, Chief Executive of Epsom St Helier, and Tricia McGregor, joint Managing Director for CSH Surrey, were welcomed to the meeting. They were attending in respect of Agenda Item 8 (the Five Year Forward View). GB2070215/003

Dr Fuller noted that Tricia McGregor was standing down from the CSH Surrey Board and gave a brief history of her role and the success of CSH Surrey. She thanked her for her work on behalf of the local community. GB2070215/004

Tricia McGregor thanked Dr Fuller and said that she and Jo Pritchard had given a lot of thought to talent management and this was the right time for change and a good time for one of the founding partners to move on. She had a number of personal interests that she would be pursuing and assured the Governing Body that Jo Pritchard and CSH Surrey were fully behind the work on collaboration. GB2070215/005

Members of the Governing Body introduced themselves. GB2070215/006

2. Apologies for absence

These had been received from Nick Wilson, Dr Simon Williams and Karen Parsons GB2070215/007

3. Members' interests

The register of interests and the changes from the last meeting were noted. GB2070215/008

Dr Evans asked the Governing Body to note that her practice provided services to Dorking Hospital. GB2070215/009

4. Minutes of the meeting held on the 19th December 2014

These were agreed as an accurate record other than Dr Wali was present and the meeting was December 2014 not December 2015. GB2070215/010

5. Matters arising

Patient Transport GB2070215/011

Cliff Bush raised the issue of Patient Transport Services (PTS) and the continued difficulties causing delays with appointments and impact on late running clinics. This meant some patients got home very late.

Miles Freeman said that the CCG was not happy with the situation and was seeking to resolve it. The service was due to be retendered.

Co-ordinate My Care (CMC) GB2070215/012

Dr Laws said that the CCG did need to review the situation with CMC as the service was not improving. It was agreed that Karen Parsons should review this with Julian Wilmshurst-Smith.

Action Karen Parsons

6. Outcome of circular resolution on Surrey Better Care Fund Section 75 Agreement

It was noted that this has now been signed off following agreement by Governing Body members. GB2070215/013

7. Chief Officer's Report

Miles Freeman invited comment or questions on any aspect of his report but specifically highlighted the following issues: GB2070215/014

- There was a need for the NHS to improve whistleblowing as a result of recent recommendations from the Frances report. The CCG's policy was being revised to ensure it was compliant. GB2070215/015
- A vote with member practices had taken place on co-commissioning and the CCG's request to co-commission has been agreed in principle but delayed until quarter 2 because of the need to review Financial Recovery Planning (FRP) processes and ensure the CCG had the capacity to take this on. GB2070215/016
- The need for a proper FRP process also meant that the CCG would be reviewing its committee and governance structures to ensure more visibility of finance and performance. Changes would be put in place in respect of this, and the accompanying programme management, led by the lay members for governance. GB2070215/017
- The Vanguard process (now known as The Forerunner Programme) was noted within the five year forward view. The CCG's bid with its partners had passed the first stage and the CCG would present to NHS England on Monday. GB2070215/018
- Specific thanks were given to Gavin Cookman and Dr Stuart Tomlinson for their hard work in making the new diabetes service a success. GB2070215/019

Gavin Cookman asked about provider whistleblowing policies. Miles Freeman said that there was a clause in the NHS Standard contract requiring this to be in place. GB2070215/020

Dr Evans reiterated the excellent success of the new diabetes service and the benefits for patients. GB2070215/021

8. Making the five year forward view a reality

Dr Fuller said that she would introduce this item by going through the proposed presentation to NHS England. There was a time limit of seven minutes for this. GB2070215/022

Surrey Downs had a wealthy population and high life expectancy and the experience of local GPs over the last 15 years was of serial reviews of local health provision and repeated financial deficits. Patients and clinicians had a shared view of the need for change. The two key components were: GB2070215/023

- Individual care plans and integrated care with rapid access to diagnostics would avoid the need for inappropriate admissions. GB2070215/024
- A new provider – Epsom Health and Care – would bring all the main organisations together to deliver care. A team of lay partners would be trained to hold this arrangement to account. Training for practitioners would be supported by national and local bodies on an industrial scale. GB2070215/025

Dr Fuller then gave a personal case study that illustrated the main shortcomings in the system and the level of duplication of clinical activity. GB2070215/026

It was noted that the local MP supported this process. GB2070215/027

Following the presentation the Governing Body discussed the proposals. GB2070215/028

Dr Evans supported the approach asked about Dorking and East Elmbridge Patients. Miles Freeman said the capacity and new models of care that came with the Vanguard Bid would benefit the whole CCG area and no part of the patch would be left behind. GB2070215/029

Cliff Bush said that ancillary staff such as GP receptionists needed to be trained as well and this was acknowledged. The delays in getting GP appointments was also noted as a current issue. Miles Freeman said that there would be a trade-off between rapid access and seeing a named GP and this needed to be worked through, with an understanding of who needed named care the most, such as individuals with complex health care needs. GB2070215/030

Dr Laws noted the focus on End Of Life Care in the CCG and important quality issues associated with this. She asked that this be incorporated into the programme; it was also noted that this was part of the work associated with Community Multidisciplinary Teams. GB2070215/031

Cliff Bush said he supported Vanguard but asked about elective care and patient choice and whether this would result in Epsom being a monopoly provider of elective care. It was clarified that no such agreement with Epsom had been proposed and Daniel Elkeles said that patient choice had to be respected. GB2070215/032

Gavin Cookman supported the Vanguard proposal but noted the need for both a strategic and a Surrey wide fit. Financial viability would be essential although do nothing was not an option. He would like more on the detail of what would be done and a focus on the risks that could undermine the approach. Central support would be essential. GB2070215/033

Jacky Oliver asked that the language should use words such as “involve” not “use” patients. GB2070215/034

Dr Sharpe said that GPs needed to be communicated with about the new approach and resourced to deliver it. Cliff Bush said he recognised this and felt that the public also needed to be communicated with. He also felt that any presentation should include patients and carers. GB2070215/035

Dr Wali said that shared records were the key and this was also acknowledged, and was in fact one of the key enablers – for instance using EMIS to facilitate the single patient journey. Daniel Elkeles agreed and said the end point was a single provider for patients not a collection of different NHS agencies working in an uncoordinated way. GB2070215/036

Alison Pointu said this was an exciting opportunity but asked how local authority and voluntary sector perspectives could be incorporated. It was noted they were included in the Vanguard Bid. GB2070215/037

Eileen Clark asked whether we would go ahead with the approach if Vanguard was unsuccessful and it was confirmed it would but might take longer. GB2070215/038

Dr Hamilton said he supported this but the CCG’s deficit position and Epsom St Helier’s Foundation Trust application would be closely scrutinised. Any presentation needed to focus closely on the benefits for patients, the governance, and the accountability of staff who would make this work. Miles Freeman said this was some of the detail than needed to be worked through.

Miles Freeman said that collaboration was not optional for the future and everybody’s success depended on it. Daniel Elkeles agreed and said that Epsom St Helier could not grow its way out of trouble through generating additional activity but needed a shared sustainable solution. His experience of collaboration was that new care models made the best use of resources and worked for patients. Individual organisations had to sign up to a collective way forward under a single leadership. GB2070215/039

Peter Collis agreed and said that provider deficits needed to be managed collectively. GB2070215/040

Cliff Bush said that the biggest risk to the success of this proposal was staffing and the cost of living for staff. We needed to ensure that home care staff in particular were supported and there was investment in keeping people in the community. Tricia McGregor agreed and said that none of this could be achieved without a workforce strategy. GB2070215/041

Andrew Sharpe highlighted the Kingston Health Passport approach which was a piece of software that gave access across a range of health records, which could be used. GB2070215/042

Dr Taki asked if this had been piloted successfully elsewhere and what would happen if it failed to deliver? Miles Freeman said that failure would mean significant deficits; the extent of the liability for general practices would depend on the model that was used but no-one wanted failures of primary care providers. The model favoured locally was one of those in the five year forward view, but the totality of the model was not yet agreed and would depend on discussion between the stakeholders. GB2070215/043

Dr Moore felt there needed to be more community presence in the presentation but it was expected this would come out in the questions. She also felt that children's services needed to be clearly highlighted and this was acknowledged. Tricia McGregor noted that there was a lot of work ahead on this. GB2070215/044

Following a question on why Social Care were not part of the presenting team it was clarified that it was only possible for four stakeholder representatives to attend on Monday so the team would have to represent the views of social care. GB2070215/045

9. Community Hospital Review and petition on the closure of Leach Ward.

The petition on the closure of Leach ward was noted; this had been received two weeks earlier at a public meeting. GB2070215/046

James Blythe outlined the purpose of the paper and the scope of the terms of reference. A number of proposed changes in other areas (such as integration of care) impacted on community hospitals and it was essential to ensure that service models and capacity in future were fit for purpose. There were also operational issues such as historical models of provision and workforce shortages that needed to be addressed. GB2070215/047

It was acknowledged that the local community and leagues of friends were very supportive of local hospitals. GB2070215/048

The review was structured to try and determine the required bed base for the next five to ten years, focusing on an analysis of activity and outcomes. This would include clinical perspectives and patient perspectives. GB2070215/049

NHS Property Services as a stakeholder would also be included. GB2070215/050

The review group would report to the Executive Committee and would be clinically led with staff and patient and public engagement at its heart. Public launch events would start from next week. GB2070215/051

James Blythe said that the interdependencies of services would be worked through in an open and transparent way, led by the clinical evidence. GB2070215/052

Dr Evans said she welcomed the review but noted that there had been many such reviews in the past. Cobham hospital was not included but was a factor and should be included. She was concerned to keep the review flexible in the light of other developments particularly CMTs. The level of capacity was not clear and did not just involve beds but other services. Individual locality needs needed to be taken into account. GB2070215/053

James Blythe said that Cobham would be included along with other potential estate and this was in the terms of reference. He also endorsed the need for flexibility and said there was a good fit with CMT model development. The size of the CCG's area meant that there was a need for the locality focus to come through. GB2070215/054

Cliff Bush agreed the review was necessary but felt that patient representatives needed to be included early on. This was acknowledged and it was noted that Jacky Oliver would be involved. He asked that an initial equality impact assessment be carried out but Miles Freeman felt that this should happen once plans emerged. Cliff Bush asked that his views on this be noted in the minutes. GB2070215/055

Eileen Clark asked that patient safety be made more explicit and that the quality team be involved in the review and this was also agreed. GB2070215/056

Alison Pointu said that events started next week and asked if there would be any issues with purdah. It was clarified that the outcomes of the review would be after the election. GB2070215/057

Gavin Cookman said he felt that a July deadline was optimistic but the CCG should try and meet these timescales. He also asked that the Better Services Better Value experience be revisited, using the "lenses" in that process for review of any proposals. GB2070215/058

James Blythe said that they had met with the Health Scrutiny Committee who had been challenging and helpful and would be involved in the review. GB2070215/059

10. Operating Plan

James Blythe said that the CCG was now working to the commissioning intentions and the comprehensive operating plan was in development. There were issues with finance and recovery but in broad terms the themes of service transformation were the right ones, allowing the CCG to maintain access and resilience of services whilst making changes. GB2070215/060

Gavin Cookman asked about areas where the CCG was meeting and exceeding targets and whether some of this resource could be dedicated to areas where targets were not being met. James Blythe said that there was a capacity planning process as part of contract agreement and managers would be seeking to meet not exceed targets where a balance was required, and this would be the basis of discussions with providers. GB2070215/061

Peter Collis noted the aspirations in the Better Care Fund plan and asked if these were realistic. James Blythe said that benchmarking showed there was considerable scope for higher levels of achievement in some areas, although this was not without risk particularly around unscheduled care. GB2070215/062

11. Operating plan

It was noted that the CCG had not had feedback from NHSE on our FRP and a contract with the acute trust had not yet been concluded. These were both significant risks. Miles Freeman acknowledged this. GB2070215/063

It was queried whether we were waiting for the outcome of vanguard before developing the programmes and it was noted that this was the approach the CCG was taking, and work would be continuing irrespective of progress on vanguard. GB2070215/064

12. Quality and Performance report

Eileen Clark highlighted some specific areas. GB2070215/065

- Health Care Acquired Infections (HCAIs) – these were increasing generally including Epsom, St George's and Royal Marsden. Epsom St Helier was a key focus regarding MRSAs which, with four, was a local outlier. Improvement plans had been requested. GB2070215/066
- CSH Surrey Speech and Language Therapy vacancies had been raised with the provider particularly with regard to stroke recovery and a plan was requested, although it was noted this was a national problem. GB2070215/067
- A&E attendance had been unprecedented in January but local performance was comparatively good and local providers had been supported across the system. GB2070215/068

- One Never Event in an AQP provider (Ramsey Ashtead) had been notified but the provider had acted swiftly and provided assurance there would be no re-occurrence. GB2070215/069
- The emergency closure of a Barnstead nursing home was still under joint process and a report would come to the next committee. GB2070215/070

Dr Fuller asked for assurance about stroke given the drop in performance locally. Eileen Clark said that an action plan was due next week from the local trust. GB2070215/071

Dr Loveless asked if we could get a breakdown of A&E pressures to improve our commissioning, and it was confirmed we could. James Blythe said an audit was planned of Epsom A&E attenders but this had been delayed due to staff sickness. GB2070215/072

Dr Wali asked about inappropriate referral by 111 to A&E and whether these would be looked at. It was confirmed that this was taking place, focusing on eventual outcomes and tracking this back to the algorithms 111 were using. GB2070215/073

Dr Loveless noted that 60% of 111 referrals were to GPs and only a small number to A&E. GB2070215/074

Dr Moore highlighted the acuity of elderly A&E patients and noted that A&Es around the country had different clinical models which could be learnt from. GB2070215/075

Cliff Bush highlighted the work by Red Cross with young carers and said they did not report a good experience of 111. GP support was very helpful for this group. GB2070215/076

Cliff Bush asked about the never event. He asked if lessons were followed up and Eileen Clark confirmed that they were, based on an RCA and an action plan. There was more assurance that changes were being embedded. GB2070215/077

Alison Pointu noted the issues regarding children's services and concerns about changes in Surrey County Council. Eileen Clark said that the situation was being monitored although not on a formal contractual level (?) GB2070215/078

Dr Evans suggested reviewing A&E across the three acute trusts the CCG worked with. GB2070215/079

Dr Laws said that there was confusion in the general public about where to access services appropriately. James Blythe said there had been work with Care UK and Epsom St Helier to screen A&E minors from the 2nd March. GB2070215/080

Dr Gupta noted the need to address this issue across all three localities. He also felt that the lack of understanding did disadvantage some patients. James Blythe said that the CCG worked with all three SRGs and this was where the CCG's contribution sat. GB2070215/081

Eileen Clark concluded by saying that relationships with the council and the Care Quality Commission had improved greatly following recent joint work. GB2070215/082

13. Delivery Plan and key programmes

Miles Freeman spoke to this and said that it was close to a year-end report with good progress on many projects but not all. Going ahead, fewer projects and better prioritisation would be necessary, with some projects being shut down if not viable. GB2070215/083

Gavin Cookman and Peter Collis said this was clearly the right approach and there needed to be a real drive from programme managers in future. GB2070215/084

Dr Moore said that although the paper gave a generic overview it did not give a flavour of individual projects or their significance. This was acknowledged and it was agreed that the approach to reporting needed to change. GB2070215/085

14. Finance report

The current forecast was just under an £11m deficit, a £14m swing from control total. The downsides were: GB2070215/086

- Acute activity (£13m of which £4m was QIPP shortfall) GB2070215/087
- Specialist commissioning (£5m, two thirds being a carry over from the previous year which was thought to be on-recurring)
- NHSPS
- Other QIPP (£4m)

GB2070215/088

The opening forecast had been adjusted quite quickly as the position with QIPP became apparent, and again in December as the acceleration in adverse acute performance became clear.

EDICs would not conclude in this financial year, and the CCG was also in dispute with NHSPS. GB2070215/089

The 2015-16 plan was now being worked on. The year on year effect of BCF was around £7m for Surrey Downs and this would be factored into the three year recovery plan. GB2070215/090

Dr Hamilton asked what the impact of curtailed investment would have been. It was noted this was not easy to quantify. Miles Freeman said that lead times for projects had been the issue rather than projects being stopped. CMTs were an example of this, where provider development had taken much longer than expected. Dr Hamilton asked what the risk in future of non-investment would be and it was noted there were investment plans in the FRP as part of overall prioritisation. GB2070215/091

Dr Hills asked about IAPT underspends and it was noted that the budget was probably over-ambitious and based on national expectations of need that were not present locally. GB2070215/092

Dr Evans said that we were expected to meet national targets even though they were unrealistic and there were therapy workforce issues. Cliff Bush noted that this service was having a real and beneficial impact for patients.

Gavin Cookman said that the repeated highlighting of this emerging year end position at successive Governing Bodies was and always had been made clear. The issue now was to manage the risk for next year as soon as possible. GB2070215/093

Cliff Bush expressed concern about potential additional consultancy costs that historically had been part of this process. Miles Freeman said there was no plan to use consultants on a widespread basis going forward. GB2070215/094

15. Financial recovery

Matthew Knight introduced this item. A more detailed plan linked to delivery was now being produced with the aim of breakeven in 2017/18. There remained a number of gaps that needed to be addressed. GB2070215/095

There was some assurance from the Deloitte work which was of a high standard but did not indicate significant large savings opportunities. GB2070215/096

The deficit for 2015/16 was expected to be significant and depended on national tariff outcomes and concluding discussions with NHS England. GB2070215/097

Dr Hamilton asked about predicted growth in acute activity and whether there was a case for an increased allocation. Matthew Knight said that increased growth had been about 5% and there was no plan to predict less than this going forward. The CCG's allocation had gone down slightly due to national formulae being used when the five year plan was agreed. GB2070215/098

Dr Hamilton said that this would be disabling going forward and how could we address this? Miles Freeman said that we could only do this through processes such as Vanguard and through maximising the efficiency of local services. Our discussions with NHS England had been realistic in this respect and did not ask us to achieve anything more than achieve balance, nor did they offer any hope of an increased allocation. GB2070215/099

Peter Collis said that the audit committee chairs national meeting reinforced this, particularly bringing CCGs closer to capitation allocations. The CCG had to demonstrate its ability to lead and take difficult decisions. GB2070215/100

Dr Hamilton asked about the QIPP gap and whether the detail was available. Matthew Knight said that we were close to having this available. All practices were aware of the deficit and Dr Fuller had gone through this at the GP members update and other events. GB2070215/101

Cliff Bush asked about the potential for the deficit to grow. Miles Freeman said that this was a risk particularly around the BCF requirement. The risk could only be reduced through addressing factors that were within or could be bought within the CCG's control. GB2070215/102

Dr Evans said that there was some good news in that the Surrey Mental Health collaborative had received a substantial allocation to reduce mental health admissions via A&E. GB2070215/103

16. Annual Report and Accounts

Dr Fuller asked the Governing Body to delegate sign off of the Annual Report and Accounts to a special meeting of the Audit Committee as in the previous year. This was because of the critical timescales involved. This was AGREED. GB2070215/104

17. Revisions to thresholds

CF noted that there would be a number of updates such as this going forward. An online solution was being developed for GPs to access these thresholds so that they could be accessed during a patient consultation. GB2070215/105

Dr Moore asked how decisions would be made on NHS procedures following a private procedure and it was confirmed the proposed policy was consistent with other CCGs around the country. GB2070215/106

Dr Fuller left the meeting at this point for a prior appointment and, and as previously agreed, asked Peter Collis as Vice-Chair to take the Chair. GB2070215/107

18. Equality and Diversity Annual Report

Dr Hazim Taki spoke to this. GB2070215/108

- Surrey Downs CCG has statutory duties under the 2010 Equality Act as a public sector body GB2070215/109
- In the last twelve months it has made significant GB2070215/110
- improvements in its approach to Equality and Diversity. GB2070215/111
- The public health profile has been updated to show the main equality and diversity issues in the local population
- A number of staff have been trained to undertake an equality analysis for any policy, project or issue that is significant to the CCG's population. GB2070215/112
- All CCG policies have now been assessed for equality impact GB2070215/113

- A new appointment has been made for patient engagement to the communications team with a specific remit for promoting E&D with our patient representatives and the providers we commission from, and this is a key role in terms of developing future E&D strategies. GB2070215/114
- The CCG has been represented on the Kent Surrey and Sussex equality and diversity forum and is now networking with other organisations on E&D GB2070215/115
- A new staff online training module has been introduced to make staff aware of their duties under the act, giving practical support to applying this in the workplace and in commissioning services. GB2070215/116
- The CCG has a clear profile of its workforce which has been reviewed by the Remuneration and Nominations Committee GB2070215/117
- The CCG has agreed a number of actions for improvement including working with stakeholders and partner agencies in 2015 GB2070215/118

Alison Pointu welcomed the report. She felt that a lot had been done on the foundations of equality and diversity but in the next year there needed to be some significant engagement with groups. She asked how confident we were that the new appointment would take this forward. It was noted that a single post did not address all the issues but there was now significant collaboration to support this. GB2070215/119

Cliff Bush reiterated his view that impact assessments should be done at the start of any review. Miles Freeman said that an impact assessment on process was different to an impact assessment on the outcomes and both would be considered with the community hospitals review. GB2070215/120

Dr Hills highlighted the need to look at the Lesbian, Gay, Bisexual and Transgender community. It was agreed this would be reviewed as the work progressed. GB2070215/121

Dr M said she had had problems getting a login to do the training. Miles Freeman said that it might be more appropriate to run a briefing session for Governing Body members rather than doing online training. GB2070215/122

19. Assurance Framework and Risk Register

Miles Freeman spoke to this. He specifically highlighted the new risks and how they linked into today's agenda. He said that here was now more assurance around child safeguarding. Committee effectiveness, he noted, was only deteriorating because of the new issues identified in relation to co-commissioning and financial recovery where it would be necessary to identify developments to the governance structure. GB2070215/123

The report was NOTED. GB2070215/124

20. Audit Committee Minutes

Peter Collis highlighted three key issues from this meeting : GB2070215/125

- Improving CHC payment
- Hospitality and the wider GP community
- Strengthening committee arrangements as previously discussed

21. Quality Committee minutes

Alison Pointu noted these issues were moistly covered in the Q&P report. At the February meeting there had been more discussion on stroke outcomes, therapies at CSH Surrey, HCAIs, and cancer waiting times. Miles Freeman noted that the Cancer action plan had been responded to and more assurance on clinical leadership was being sought. GB2070215/126

Jacky Oliver noted that a very positive seminar on care homes and CQC registration had taken place. GB2070215/127

Dr Laws asked that Kingston processes for HCAI be shared. GB2070215/128

22. Remuneration and nominations committee GB2070215/129

Gavin Cookman gave a verbal update from this morning's meeting. Key points were GB2070215/130

- Former CSU HR processes were still under review but most issues had been resolved. GB2070215/131
- Governing Body and Committee evaluation was taking place to ensure proper governance and corporate behaviours in place going forward GB2070215/132
- Active vs passive investment arrangements and the need to declare these as appropriate had been discussed Pharmaceutical shares were an example of where a conflict might exist. Advice will be taken and shared. GB2070215/133
- HR policies were reviewed – the HR team would be prioritising internet usage and social media, whistleblowing and lone worker policies GB2070215/134
- HR risks were reviewed and talent management was highlighted as a significant issue. GB2070215/135
- Staff forum was now active and meeting regularly GB2070215/136

23. Shadow Primary Care Committee

Peter Collis noted this was work in progress and related to continuing discussions at NHS England level. This committee aimed to address the conflict of interest that existed but a joint committee would be necessary when co-commissioning commenced. GB2070215/137

Andrew Sharpe said that member practices were keen to be kept informed on this. GB2070215/138

Alison Pointu noted the issue of primary care standards and asked how this would be co-ordinated with the quality committee. It was agreed this would need to be part of the committee's work plan. GB2070215/139

Eileen Clark asked when the practice nurse appointment would be made and it was noted that this had been discussed and would come back to the next meeting. GB2070215/140

24. Questions

Justin Dix read out a summary of the questions that had been received from the public. There had been a significant number of these, all received in the last few days, and there had not been an opportunity to agree responses. They would be responded to individually over the next few days. GB2070215/141

Some concern was expressed about the process. Following discussion it was agreed that the questions should be circulated to governing body members with draft answers so that Governing Body members could contribute to the responses. GB2070215/142

It was also agreed that the process for future handling of questions should set out, with a deadline for questions and answers. These should relate to the agenda items, with other items being treated as Freedom of Information requests GB2070215/143

Action Miles Freeman

GB2070215/144

Bob Mackinson said that he had been speaking to Justin Dix about the CCG's constitution and access to it via libraries and other sources. He felt it was important that the public could access this easily as not everyone had access to the internet. Miles Freeman said that this would be difficult as the constitution could easily get out of date but this would be looked at.

He also said he was unaware of the patient groups in GP practices which he understood had been in existence for some years but had not been aware of. It was agreed to ask the CCG's engagement manager to pick this up and make sure they were advertised. GB2070215/145

Bob Mackison also noted that he had asked for copies of the GP vote details. GB2070215/146

He also noted that the volume of reading in the Governing Body papers was significant and that the CCG should do everything it could to make material more accessible to the public. GB2070215/147