

## **Minutes: Annual General Meeting**

**Friday 18<sup>th</sup> July 2014, 4.15pm**

### **Member Practices represented**

Dr Robin Gupta	Brockwood Medical Practice
Dr Hazim Taki	Thorkhill Surgery
Dr John Flower	Nork Clinic
Dr Andy Sharpe	Ashley Centre Surgery
Dr Jill Evans	Esher Green Surgery
Dr Claire Fuller	Longcroft Clinic
Dr Simon Williams	Molebridge Practice
Dr Steve Loveless	Dorking Medical Practice
Dr James Stenhardt	Ashlea Medical Practice
Dr Ibrahim Wali	Fairfield Medical Centre
Dr Suzanne Moor	Tattenham Health Centre
Dr Nigel McKee	Derby Medical Centre
Nicki Goulter	Shadbolt Health Centre

### **Practices unable to attend**

Ashley Centre; Auriol; Capelfield; Derby; Eastwick Park; Fountain; Giggs Hill; Glenlyn; Heathcote; Integrated Care Partnership; Lantern; Leith Hill; Littleton; Medwyn; Oxshott; Riverbank; St Stevens; Spring Green; Stoneleigh; Tadworth; Vine

### **Governing Body Members in attendance**

Karen Parsons	Chief Operating Officer
Gavin Cookman	Lay Member for Governance
Nick Wilson	Surrey County Council (non voting)
Matthew Knight	Chief Finance Officer
Miles Freeman	Chief Officer
Alison Pointu	Registered Nurse
Dr Mark Hamilton	Secondary Care Doctor
Peter Collis	Lay Member for Governance
Eileen Clark	Head of Quality (non voting)

## Others in attendance

Cliff Bush	Independent Observer
Justin Dix	Governing Body Secretary (minutes)

### 1. Welcome and Introductions

Dr Fuller welcomed everyone to the first Annual General Meeting of the Surrey Downs Clinical Commissioning Group and noted that this was a meeting of the member practices in the group.

AGM180714/001

### 2. Apologies for absence

Member practice apologies were noted as above. In addition, Denise Crone, Governing Body lay member, was unable to be in attendance.

AGM180714/002

### 3. Declaration of interests

The Register of member practices interests was NOTED. Dr Fuller asked that any updates be notified to the Governing Body Secretary.

AGM180714/003

### 4. Quorum

The meeting was quorate with more than one third of member practices represented.

AGM180714/004

### 5. Annual Report

The Annual Report and Accounts were NOTED by those attending the Annual General Meeting of the Group.

AGM180714/005

Dr Fuller commended the work of the team that produced these, particularly given the very late requirement to produce a member's statement.

AGM180714/006

The locality structure and the diverse nature of the communities within the CCG was noted. There had been some significant events in the first year including a meeting attended by 800 people regarding the proposed Better Services Better Value programme.

AGM180714/007

The vision of the CCG was restated although it was noted that during the first year it was evident that change was evolutionary rather than revolutionary as stated in the vision.

AGM180714/008

The population, budget and services commissioned were all noted as set out in the Annual Report. A key feature of Surrey Downs as a CCG was its extensive hosting responsibilities. The population was very healthy with high life expectancy levels, yet within this there were very real health inequalities and a lot of people with long term conditions and consequently a lot of carers. There were significant populations of people with learning disabilities and traveller communities.

AGM180714/009

Key achievements in the first year were:

AGM180714/010

- The Dementia screening initiative
- A New x-ray service for Dorking that opened in the summer
- Investing in the latest technology to improve care – around 300 patients benefiting from telehealth services
- Improved access to counselling and psychological support which had improved access
- Better end of life care – work with member practices helping to ensure people get the care they need at the end of their life
- Community Assessment Unit at Epsom - patients referred by GP have access to wide range of diagnostics in one place
- A new Referral Support Service – identifies services and treatments that best meet patient need, improves patient choice and simplifies referral process

Challenges included:

AGM180714/011

- Better Services Better Value – this had been a SW London led programme that engaged the CCG's clinicians and which ultimately led the CCG to conclude that it was not in the interest of local people with a consequent decision (involving an online vote of all local GPs) to come out of the programme.
- Epsom Downs Integrated Care Services – when this contract ceased it has been necessary to transfer all the patients to other providers within 2 weeks, which had been achieved successfully.

Dr Fuller noted that there had been a lot of learning in these processes and the CCG had developed confidence in its governance capability as a result.

AGM180714/012

Dr Fuller then went on to what made the CCG different. She noted that Surrey Downs:

AGM180714/013

- Had been tested in its first year as noted above
- Had the strongest clinical representation on a governing body of any CCG in England
- Had excellent financial standing
- Hosted a large number of Surrey-wide services including Continuing Health Care which had made great strides in the first year
- Was a strong and robust organisation

Dr Fuller then went on to talk about the future. For the year ahead the CCG had six clinical priorities:

AGM180714/014

- 1: Maximise integration of community and primary care based services with a focus on frail older people and those with long term conditions (supported by new clinical networks)
- 2: Provide elective and non-urgent care, and care closer to home and improve patient choice (supported by the RSS)

- 3: Urgent Care: Ensure access to a wider range of urgent care services
- 4: Enhanced Support for End of Life Care Patients
- 5: Improve patient experience for people using children's and maternity services
- 6: Improving patient experience and parity of esteem for people with Mental Health and Learning Disabilities (including Dementia)

Dr Fuller noted this was just a flavour of the work that would be taking place and that there were many individual projects underneath these priority headings.

AGM180714/015

## 6. Annual Accounts

Matthew Knight then spoke to the Annual Accounts. He set out the use the CCG had made of its funding allocation and the governance processes that underpinned the annual reporting process.

AGM180714/016

In its first year the CCG

AGM180714/017

- Had an allocation of £322.4m and a planned surplus of £1.6m.
- Spent £1,065 per head of population on care
- Had underspent its management cost allocation of £25 per head, with management costs at £19.50, which meant that the balance of this was applied to projects supporting patient care
- Spent 61% of its funding on acute hospitals, principally Epsom but also Kingston and East Surrey
- Spent 14% of its funding on primary care
- Spent 8% on community services, mainly Central Surrey Health
- Spent 7% on Mental Health Services
- Spent 7% on Continuing Health Care, which the CCG hosted on behalf of all other CCGs in Surrey

There were a number of areas of overspend totalling around £6m:

AGM180714/018

- Prescribing (a national problem although Surrey Downs compares well to other CCGs)
- Increased acute hospital costs
- London wide specialised commissioning costs

These increased costs were offset by savings in other areas such as Continuing Health Care and by underspending on management costs.

AGM180714/019

Matthew Knight then moved on to the governance processes within the CCG. He noted that the CCG used a Commissioning Support Unit (South CSU) to support a range of activities and the CSU in turn used Shared Business Services (SBS) to support financial functions within the CCG. This gave a lot of assurance around financial controls.

AGM180714/020

There was an annual audit plan overseen by the Audit Committee, and a risk register to manage key risks. The CCG's External Auditors (Grant Thornton) and Internal Auditors (TIAA) had both given the CCG a clean bill of health on its first year of activities. AGM180714/021

The approval process had been characterised by a late requirement to put in place a member practice introduction. There had only been a three week period to do this to meet the submission deadline. AGM180714/022

The Constitution had required that the member practices sign off the Annual Report and Accounts prior to submission. Due to the timescales involved it was not practical to do this and at a meeting of the practices in May, agreement had been received to delegate this to the Audit Committee on behalf of the member practices and the Governing Body which was a common practice in other CCGs. This had been done at the Audit Committee meeting on the 4<sup>th</sup> June. AGM180714/023

For next year it was proposed to seek member practice input earlier in the process (in January) to get the member practice introduction drafted and to get advice from member practices on the content of the Annual Report. AGM180714/024

Dr Fuller asked if any representatives of the member practices or members of the Governing Body had any questions about either the Annual Report or the Annual Accounts. There were no questions. AGM180714/025

## **7. Quality Improvement Strategy**

Dr Fuller introduced Eileen Clark, Head of Quality, and noted the roles of a number of individuals around the table who contributed to the work of the Quality Committee Chaired by Alison Pointu. This committee had overseen the production of the Quality Improvement Strategy to date. AGM180714/026

Eileen Clark noted that the proposal was to adopt the common statement from the work led nationally by Lord Darzi namely care which is "clinically effective, personal and safe". AGM180714/027

Over the last year a number of things had been done to ensure that patients received care in line with this definition, including AGM180714/028

- Undertaking quality Audits and talking to patients and staff about their experiences of receiving and providing care, often getting intelligence from families and friends.
- Monitoring a range of Quality and Safety Indicators including complaints and compliments but also data around infections and incidents and other indicators.
- Actively engaging with a number of local, regional and national clinical and patient networks to identify wider information across Surrey, Sussex, Kent, London and nationally. There was a key commissioning quality forum for Surrey and Sussex that included Monitor and the Care Quality Commission. There was also a Surrey forum that included the local authority.

- Meeting with colleagues in hospital, community, GP and other services, and meeting with representatives of the voluntary sector, to discuss quality issues and assurance on actions being taken.
- Capturing and presenting Patient stories to capture experience and share any learning of care provided.

Eileen Clark then talked through an example of where care had not gone well to illustrate what the CCG wanted to avoid. This concerned a patient who was not able to be discharged home with a consequent difficulty agreeing a care package with the family. This resulted in a sudden deterioration and a poor end of life care experience, with the patient dying in an acute hospital setting.

AGM180714/029

The learning from this important as it centred on taking patients' and families' needs into account and ensuring there is timely assessment and early discharge planning. It was important not to make assumptions about what people wanted. Out of hospital provision (a key strategy for the CCG) was important to provide patient choice.

AGM180714/030

Eileen Clarke then talked about Continuing Health Care and the CCG's approach to improving quality which had involved:

AGM180714/031

- An independent review of the service which was completed in October 2013
- working more closely with patients, carers and families to involve them in their care (an example of this was given)
- simplifying systems and processes to streamline assessment and placement processes to improve the quality of the patient pathway. It was particularly important to avoid people waiting in acute hospitals for long periods.
- working more closely with partners to ensure greater quality assurance around the placements that we make
- Investing in the service in collaboration with other CCGs

For the future the CCG needed to use its 2 and 5 year Commissioning Strategies to look at:

AGM180714/032

- Clinical Benefit – ensuring clinical effectiveness, and patient Safety. The CCG did not want to commission care that produce little benefit or caused harm.
- Achieving positive outcomes for patients and improving patient experience
- Ensuring services were cost effective and affordable
- Delivering quality improvements

Eileen Clark then highlighted the key elements of the quality strategy:

AGM180714/033

- Supporting the Out of Hospital Strategy
- Developing the Community Medical Model as part of developing Primary Care Networks
- Improving access to Services
- Continuing the development of NHS Continuing Health Care

- Looking at quality and safety in local care homes
- Developing quality standards at Epsom Hospital
- Maintaining a focus on Safeguarding Adults and Children
- Maintaining a focus on Infection Prevention and Control – particularly Healthcare Associated Infections
- Improving urgent Care

The next step would be to sign off the Quality Strategy in August and then develop the individual projects in conjunction with patients and the general public.

AGM180714/034

Dr Fuller thanked Eileen Clark for her presentation and invited questions.

AGM180714/035

Alison Pointu said that it was important for the strategy to work in action and to be based on everyone working together to deliver improvement.

AGM180714/036

Gavin Cookman said that the CCG had been seeking to improve quality in the absence of a formal strategy but agreed that it needed to be delivered in practice and had to be monitored to this effect. Eileen Clark agreed and said that plans for monitoring would be part of the implementation.

AGM180714/037

## 8. Membership

The Governing Body membership statement circulated as part of the papers for the Annual General Meeting was NOTED.

AGM180714/038

Dr Fuller reiterated the built-in GP clinical majority; the extended lay membership which was now enhanced by Cliff Bush's independent role as an observer to the Governing Body; the role of the secondary care Doctor and the two Nurses on the Governing Body; and the role of Nick Wilson from Surrey County Council.

AGM180714/039

In the autumn a paper would go to the Remuneration, Nominations and HR Committee as the CCG would be eighteen months old by that time and would need to undertake succession planning whilst seeking to retain experience.

AGM180714/040

Dr Fuller said she was immensely proud of the Governing Body and the learning that its members had undertaken together. Members now talked beyond their individual areas of expertise and acted as corporate members, which was highly commendable.

AGM180714/041

## 9. Any other business

There was no other business

AGM180714/042

## 10. Questions from the public

Rosemary Najim thanked the CCG for all its hard work in its first year. She said she had some concerns about whether the detail of patients' concerns were being addressed. She had particular concerns about bringing care into the community. Eileen Clark acknowledged this and said that the quality strategy was a high level document but there was a huge amount of detailed work taking place on learning from individual patients experiences.

AGM180714/043

Miles Freeman said that up until now the CCG had been forced to be reactive and tended to respond and prioritise accordingly; the need now was to use the model from the CHC review, which was to look systematically at the issues and see what needs addressing.

AGM180714/044

Tim Hall, Surrey County Councillor and member of the Health Scrutiny Committee commended the CCG for its transparency and for the amount of information that was readily available. He asked when there would be a functioning X-Ray service at Leatherhead, given the success of Dorking X-Ray. Dr Loveless said that the plan was for leatherhead to go live in the new year. It was noted that there was also a project to update X-Ray services at Molesey Hospital.

AGM180714/045

Miles Freeman said that not all parts of the new NHS system were working well and that NHS property services in particular was still working through a number of issues and this had been one of the factors in the delay in getting X-Ray services replaced.

AGM180714/046

Paul Beresford MP thanked the CCG for the invite to its AGM and reiterated his long term interest in health matters. He mentioned a number of areas such as safeguard and immunisation that he was interested in and urged the CCG to contact him with any issues it might be encountering. He also congratulated the CCG – regarding the number of complaints about the NHS which he received in his constituency which had gone down considerably since the CCG had taken over.

AGM180714/047

James Marsh, Epsom St Helier Medical Director, acknowledged the importance of the quality strategy and said that Epsom were very keen to work with the CCG to improve quality.

AGM180714/048

Jamie McClean, Regional Business Development Manager for the Red Cross, said that the CCG had funded a project to teach first aid to young carers which enabled it to hire venues and book transport – 50 young people had been trained in six months and the Red Cross was still only halfway through the funding. The scheme had received very good feedback from the young carers involved and he thanked the CCG for its support and funding.

AGM180714/049

Councillor Lynn Hack asked about GP out of hours provision in the future. She noted that East Surrey hospital have a 24 hour GP in A&E and asked if Surrey Downs were looking at this? Dr Loveless said that the CCG had re-procured an Out Of Hours service with two other CCGs. It wouldn't have a GP in the Epsom A&E as it as the model was different; the aim would be to integrate with what is already in place.

AGM180714/050

Stan Miles from the Bookham residents association asked if the group had any role in planning for population increases, new developments, and increasing the supply of primary care. Dr Wali said he was aware of possible expansion and had had meetings with local residents associations. There was capacity in primary care for meeting the proposals but also a need for additional services in other areas such as community pharmacy and schools.

AGM180714/051

There was a need to put the infrastructure in place prior to the new developments. However NHS England have the responsibility for commissioning additional primary care but would consult with the CCG about what was needed. Peter Collis said there had been a consultation across Mole Valley and we will know the results in the autumn.

AGM180714/052

Paul Beresford also asked the CCG to note the proposed second runway at Gatwick. This would increase the size of the local population across much of Surrey with a consequent need for more housing and infrastructure.

AGM180714/053

Councillor Peter Hepburn asked if the CCG engaged with HealthWatch on quality matters and Eileen Clark said that it did.

AGM180714/054

There were no further questions and Dr Fuller thanked everyone for attending and closed the meeting.

AGM180714/055

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