

Surrey Downs Clinical Commissioning Group

Meeting: Governing Body

Date and time: 10th July 2015, 1pm

MINUTES

Present

Dr Claire Fuller, Chair
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
Karen Parsons, Chief Operating Officer
James Blythe, Director of Commissioning and Strategy
Peter Collis, Lay member for Governance
Jacky Oliver, Lay Member for Patient and Public Engagement
Alison Pointu, Governing Body Nurse
Dr Jill Evans, East Elmbridge Locality Chair (part)
Dr Robin Gupta, Dorking Locality Chair
Dr Suzanne Moore
Dr Hazim Taki
Dr Louise Keene
Dr Andrew Sharpe
Dr Russell Hills
Dr Ibrahim Wali
Dr Mark Hamilton (part)

In attendance

Cliff Bush, independent observer
Justin Dix, Governing Body Secretary (minutes)

1. Welcome and introductions

Dr Fuller welcomed everyone to the meeting. Governing Body members introduced themselves to the public.

2. Apologies for absence

Apologies had been received from Dr Kate Laws, Dr Simon Williams, Eileen Clark, Gill Edelman, Jonathan Perkins, and Yvonne Rees.

GB100715/001

3. Register of Members' Interests and potential conflicts of interest

The paper from the Governing Body Secretary giving the changes to member's interests was recieved.

GB100715/002

The appointment of the new lay members was noted – Gill Edelman for Patient and Public Engagement and Jonathan Perkins for Governance. The appointment process had been via open advert which had attracted a large number of very good calibre candidates.

The creation of GP practice networks was specifically highlighted. All GP practices were now members of one of three networks and the interests of GP members on the Governing Body in these new legal entities was therefore noted.

GB100715/003

4. Minutes of the last meeting

These were agreed as an accurate record other than the following:

GB100715/004

- There were a small number of typographical errors which had been identified and which would be corrected.
- Cliff Bush was at the meeting

5. Matters arising

The updating of the register of interests had been completed as noted above.

GB100715/005

Kingston Car Parking – Cliff Bush confirmed that he was in discussion with Eileen Clark on this matter and it should be concluded in time for the September meeting.

GB100715/006

Alison Pointu noted that safeguarding changes at St George's Hospital were being prioritised by the trust and there was every expectation of rapid progress on the issue.

GB100715/007

6. Chief Officer's report

Miles Freeman specifically highlighted the following points in his report.

GB100715/008

- Community Medical Teams had gone live in all three localities which was very positive news for patients.

GB100715/009

- The NHS confederation had highlighted national messages from Simon Stevens, NHS England Chief Executive, in their recent conference. Specifically

GB100715/010

- Financial instability would require closer working between providers and commissioners and a search for greater efficiencies, for instance in procurement.

GB100715/011

- Personalised care remained an important theme as did health prevention, without which we continue to generate more costs.

GB100715/012

- Success regimes would be used where there were significant issues with finance and whole systems working. It was hoped Surrey Downs could avoid this.

GB100715/013

- The CCG was working with Epsom St Helier on its poor quality estate (much of which was pre-war) and the need for longer term planning. A similar number of beds was expected to be needed but these would have to be configured in very different ways to meet the needs of patients in future. GB100715/014
- SW London commissioners were continuing to look at St Helier and other hospitals and seeking a public debate on standards and quality for patients. These were key issues in terms of workforce capacity and the longer term financial gap, which had been highlighted in earlier consultations. GB100715/015
- The ongoing work around Beeches was noted and the process of change was being managed between Surrey and Borders Trust and Surrey County Council. GB100715/016
- The concerns around Surrey's Children's services following the Ofsted report were noted. GB100715/017

Cliff Bush noted that choice of respite was a key issue in the Ofsted report and this also related to the services for children with disabilities mentioned in the Beeches report. He was very concerned at the way the local authority had managed the situation and allowed the resource to dwindle. He felt there should be a joint commissioning approach with Surrey County Council to ensure that Beeches was viable. GB100715/018

Cliff Bush's concerns were noted and these echoed some of the concerns of parents. However, it was also reiterated that the service was commissioned by Surrey County Council. This was not therefore a decision for the Governing Body, but the CCG was fully supportive of the families involved and would support continued dialogue to ensure the needs of their children were met. GB100715/019

Diane McCormack from Guildford and Waverley CCG was in attendance and commented on this. She confirmed that the local authority was the commissioner but said that that Guildford and Waverley CCG as the lead CCG for children's service in Surrey was also supporting families to make sure they could get the services they required. GB100715/020

7. Establishment of a Committee in Common for the Stroke Change Project

Dr Fuller introduced this as the clinical lead for stroke. There had not been a review of stroke services in Surrey for some seven years and the focus then was on telehealth solutions. There were now higher clinical standards which meant that the existing arrangements were not adequate. A whole pathway approach across Surrey, including health promotion, was being looked at. The learning from the changes in London also indicated the critical mass of services that were needed. GB100715/021

<p>The Surrey model did not support best practice and national experts had been advising local clinicians, concluding that there needed to be a smaller number of better equipped and better staffed units. This was the only way to ensure that patients had the best chance of survival and recovery.</p>	<p>GB100715/022</p>
<p>A committee in common was therefore proposed between the six Surrey CCGs, with three governing body members being delegated from each CCG (one lay member, one clinician and one Executive member). It was proposed that Dr Fuller, Miles Freeman and Peter Collis attend on behalf of Surrey Downs.</p>	<p>GB100715/023</p>
<p>It was noted that there had been a full discussion on this at a recent Governing Body seminar. The Governing Body AGREED, subject to approval of the finalised terms of reference, to the establishment of a committee in common for the stroke change project as set out in the paper.</p>	<p>GB100715/024</p>
<p>8. TNRF and IFR Policies</p>	
<p>Claire Fuller gave the background to this and set out the background to the Surrey Priorities Committee which oversaw policy changes. There were three recommendations:</p>	<p>GB100715/025</p>
<ul style="list-style-type: none"> • TNRF2 040; Hyperhidrosis, treatment of – criteria added • TNRF2 039; Male Breast Reduction for Gynaecomastia criteria added • TNRF2 033; Open MRI addition to criteria 	
<p>Dr Taki asked if the policies were on the CCG web site and it was confirmed that they were.</p>	<p>GB100715/026</p>
<p>Dr Hills asked about the MRI process. It was noted there were issues with this for providers rather than GPs and that there were no difficulties with approving them from a commissioner perspective.</p>	<p>GB100715/027</p>
<p>Cliff Bush noted the importance of male breast reduction and expressed concern that the treatment should not become limited. It was noted this was a complex issue and Dr Fuller said that the committee had considered factors such as age restrictions at great length.</p>	<p>GB100715/028</p>
<p>Dr Sharpe expressed concern about how consultants in A&E sometimes referred back to GPs inappropriately. James Blythe said that it was hoped that new systems such as GRIP would give more realistic expectations.</p>	<p>GB100715/029</p>
<p>The changes to the policies were AGREED. Communication to GPs would be via Start The Week and GRIP (Guideline's, Requests and Information Portal), although it was noted this may need more awareness raising to be fully effective.</p>	<p>GB100715/030</p>
<p>9. Safeguarding Children Policy amendments</p>	
<p>Karen Parsons introduced this.</p>	<p>GB100715/031</p>

The changes were due to developments in national guidance and full copies of the policy were available on request.

- The net effect was to ensure effective interagency governance and cleaner definitions of areas such as need and harm. Looked after children were a particular focus, and there was information on child death processes. GB100715/032
- A new reporting structure was in place and progress monitoring was in place. GB100715/033
- Safeguarding training was also covered in the update. GB100715/034

Dr Moore had been involved in this work and said that safeguarding was changing rapidly, and Guildford and Waverley CCG were keeping abreast of changes. She welcomed the updates and said that the health sub group would continue this work. GB100715/035

Cliff Bush asked if learning from the Ofsted report in particular around grooming and terrorism had been taken into account. It was felt that they had but that policy implementation was as important as the policy itself. Dr Moore said that the Ofsted action plan did cover these areas and this would be closely monitored. GB100715/036

The changes to the policies were AGREED. GB100715/037

10. Learning Disability Services – service re-commissioning

Diane Woods from the lead commissioner, North East Hants and Farnham CCG, was welcomed to the meeting for this item. It was noted that the proposed changes had emerged from the Winterbourne view issue in 2011 which had highlighted the need for better services and better protection for people with learning disabilities in residential care in the community. GB100715/038

Diane Woods said this was one of NHS England's four improvement areas and it was important to move people into more homely and appropriate environments. The services locally were not working effectively and there was a poor quality of patient experience, and a lack of preventive work. GB100715/039

The recommendations were evidence based and had been developed with the learning disability partnerships, and with professionals working in the field of learning disability services. There was a specific proposal to close one unit and use the money for intensive support instead, based on much better personal assessments. The current unit was a step-down facility that delayed people getting into the service they needed. GB100715/040

Jacky Oliver expressed concern that there might be a gap in provision between the old service closing and the new service opening. Diane Woods said that Bramdean was still open with five patients in it. The intensive support team was not in place yet but other teams were doing the reviews and developing placements, pending it being established. GB100715/041

Dr Gupta asked if the Gatwick facility covered just Surrey. It was clarified that 7 of the beds were for Surrey patients and a further 3 were available to other commissioners. GB100715/042

The rationale for locating the new service in Epsom was also questioned. It was clarified that there were complex issues but Epsom was better than the current Gatwick location. It was agreed that Diane Woods would share the background work on this with Dr Gupta. GB100715/043

Action Diane Woods

Cliff Bush expressed concern about the current out of hours arrangements for supporting people with mental health. He did not feel this augured well for running an intensive support service which would have to operate outside of normal hours. He asked what assurance was available on this issue. GB100715/044

Diane Woods said that the issues between mental health and Learning Disability were very different and that the trust were familiar with crisis management. This group differed from mental health as they were already well known to services. GB100715/045

Alison Pointu welcomed the messages in the paper which showed that Surrey was getting to grip with a very vulnerable group. Winterbourne had showed that Medical Assessment Units did not work for people with a learning disability. She did however feel that changes needed very close monitoring and close liaison with families. GB100715/046

Dr Sharpe noted that there was a lot of expertise in Epsom to support people with learning disability which is why it was a good location, however he agreed with Cliff Bush about out of hours provision. GB100715/047

Dr Moore asked if Bramdean staff would continue to be deployed in the new teams and it was confirmed that they would. There would also be further training and support. GB100715/048

Dr Hamilton asked about the resources available and how much of these were financial and how much were workforce. Diane Woods said that the resource was the commissioning budget which would be protected for this use and was not dependent on property sales. GB100715/049

The proposals were AGREED and a further progress report was requested for the September meeting. GB100715/050

Action Diane Woods

GB100715/051

11. Community Hospitals Update

James Blythe spoke to this item. The review process was on track and there had been significant staff and public engagement. The review board was widely based including members of Surrey Health Scrutiny Committee. The aim was to have hospitals that supported future care models. GB100715/052

The work should be completed by the end of July, after which there needed to be further engagement to produce options and recommendations for the end of September. Providers were keen to see an outcome as this would have implications for their planning.

The paper covered these issues and set out the assessment criteria for reviewing the options.

GB100715/053

The governing body NOTED the update on the community hospital review process.

GB100715/054

12. Quality and Performance Report

James Blythe noted that there had been a number of “Never Events” that were being followed up. There were also ongoing issues with vacancies at CSH Surrey. This latter issue was being regularly reviewed.

GB100715/055

Kingston was going through a challenging period on urgent care capacity which was impacting on A&E performance; an action plan was in place with the local CCG.

GB100715/056

Alison Pointu said that there had been robust discussions about Never Events in the quality committee. The committee had also focused on cancer waits at St Helier and a seminar had been held with the trust the previous week on this. The CCG did not feel it had sufficient assurance and would work closely with the trust going forward. Dr Moore agreed and said that although there had been slight improvements there were a lot of clinical and administrative issues that needed resolving.

GB100715/057

Miles Freeman said that Kingston A&E was of concern with dips in performance following the weekend, and a lack of weekend discharge. There had been a loss of clinical capacity and questions over whether the trust had enough beds to manage its throughput. Length of Stay had increased as a consequence and options around community beds on site or in the community were being looked at.

GB100715/058

Cliff Bush asked about Never Events and the numbers for the year to date. Dr Gupta said that the majority of these did not conform to a pattern indicating that one trust had a serial problem. It was agreed that the number and type of Never Events should be included in the report in future.

GB100715/059

Action Eileen Clark

Cliff Bush raised the issue of sepsis and said he felt this was a serious issue. He asked about the levels of this, and also about pressure ulcers which he felt were an issue post discharge. It was clarified that 37,000 people a year died from sepsis. It was agreed to highlight this in future reporting.

GB100715/060

Action Eileen Clark

GB100715/061

Dr Moore said that pressure ulcers were a major issue and the CCG was working closely with CSH Surrey to look at how ulcers deteriorated and what could be done by carers and care homes. It was also noted this was a problem for wheelchair users, and the individual with pressure ulcers often had mental capacity issues. A personalised approach was needed, and hospital discharge (supported by the right equipment) was key.

GB100715/062

Dr Sharpe expressed concern about the lack of GP liaison from Surrey and Borders Partnership (SABP). It was noted that Jacky Moody and Eileen Clark were following this up with SABP.

GB100715/063

Dr Wali expressed concern about the 62 day cancer waits. It was noted there had been a meeting on Tuesday where Epsom presented their performance and stated that there was a backlog and some issues with organisational culture. There was unlikely to a rapid improvement in performance. James Blythe noted that the indicator was made up of three parts and was complex. He would check the figures and give the governing body more information.

GB100715/064

Miles Freeman said he was happy with the way the trust was responding but improvement would be closely monitored. It was also noted that recent NICE guidance suggested that there would be more referrals from GPs.

GB100715/065

It was clarified that the "CQRG" was the Clinical Quality Reference Group and that there was one with each provider to review quality on an ongoing basis.

13. End of Year Carer's Report

GB100715/066

Karen Parsons spoke to this. The report had been produced by Guildford and Waverley CCG on behalf of Surrey Downs. The CCG was doing well with adult carers but needed to do more for young carers.

GB100715/067

It was noted that there was a lot of information in the report and one area that was highlighted was that the CCG was good at referring for carer's breaks. This included good support from the voluntary sector.

GB100715/068

A survey had been conducted in February 2015 on young carers and it was clear that more work was needed to reach out to this group. A full report was being prepared on this, but in the interim it was noted that the CCG had adopted the young carer's strategy.

GB100715/069

Cliff Bush gave examples of case studies that highlighted the need for carer's breaks. Often these were very simple but were greatly valued by the carers and helped them deal with the emotional demands of caring. He thanked the CCG for its work on young carers, and highlighted recent work in relation to drugs. He stressed the importance of recognising the needs of this group and said that schools would by law be required to have a lead governor for young carers.

Some young people were giving up to 50 hours week of time in addition to their school studies and other work. They also needed financial support to give them breaks from their caring role.

Dr Moore highlighted the “angels” scheme in GP practices that would help identify young carers and support them better.

GB100715/070

Dr Gupta said that there were some issues with unallocated carer’s breaks and Karen Parsons said that that this was being followed up. Brockwood were congratulated on achieving maximum use of their allocation.

GB100715/071

Cliff Bush was thanked by the Governing Body for his continued work in this area.

GB100715/072

14. Finance Report

Matthew Knight spoke to the report and asked members to note that it was in two parts – the Month 2 Finance Report, and a separate paper on the 2015/16 budget.

GB100715/073

The month 2 report was in a new format and gave a clearer picture of issues in acute and QIPP programmes. The deficit position and the QIPP savings were both on target at the end of Month 2. A more detailed report would be available in September.

GB100715/074

- The report attempted to pick up on referral data but this was quite technically complex. The CCG was dependent on input from GP practices in this area.
- There was a suggestion that there may be more activity and cost in the pipeline in the latter part of the year.
- There had been good impact on contractual savings but the transformational benefits would tend to accrue later in the year. There had however been some progress in the first quarter in this area.
- Matthew Knight highlighted the risks (S5 of the report) and the CCG was trying to bring forward projects and savings to mitigate these.
- Finally Matthew Knight noted that the EDICs issue had now been resolved and a settlement agreed that did not financially penalise the CCG.

GB100715/075

GB100715/076

GB100715/077

GB100715/078

GB100715/079

Dr Hamilton asked when Quarter 3 information would be available and Matthew Knight said this should be available for the next Finance and Performance Committee.

GB100715/080

Dr Moore noted that Do Not Attends (DNAs) were now being treated differently because of the requirement for immediate re-referral, and this could change referral numbers and subsequent invoicing. Matthew Knight said the CCG was looking closely at this to avoid double counting. James Blythe confirmed that the Referral Support Service (RSS) were tracking these. It was queried whether the GPs were making best use of the RSS and it was acknowledged there needed to be more work on this.

GB100715/081

Dr Hamilton said that the position was encouraging but asked if more could be done to accelerate progress on projects. Matthew Knight said that there was a need to look at 2016/17 projects and other additional projects as soon as possible. GB100715/082

Miles Freeman said that it was easier to get on with this work now that the dialogue with NHSE had concluded with an agreed budget and programme for 2015/16. However he also noted that it was important to get the balance right and not overload either CCG staff or providers. GB100715/083

Dr Sharpe said that we needed to be clear on new approaches to cancer referrals and their impact on activity. James Blythe agreed and said this was being looked at to see what impact it was having. GB100715/084

The Month 2 report was AGREED by the Governing Body. GB100715/085

Matthew Knight then moved on to the Budget for 2015/16. This had been agreed with NHS England after a very lengthy and complex process. The assumptions were realistic and based on robust analysis of QIPP projects. He recommended that the CCG ratify the budget. GB100715/086

Claire Fuller thanked the executive team for the enormous amount of work that had gone into this. Peter Collis agreed and said that the team had done extremely well. He noted that the three year plan was still awaiting approval but had not been rejected and was the working basis for the future. This year was only one of three and the CCG needed to keep its eye on the future and have a rolling three year horizon. GB100715/087

Cliff Bush said that there would be a need to look very hard at existing services to achieve further savings. Other CCGs were looking at significant rationing decisions. Miles Freeman agreed that there would be difficult choices in future. However the CCG needed to be careful about the costs and benefits of decommissioning services. He felt there were many areas to explore such as orthopaedics and clinical practice which the CCG needed to look at first. GB100715/088

Matthew Knight noted that NHSE did not expect the situation to worsen and that in agreeing the planned deficit, it was their expectation that this was the worst case budget. GB100715/089

Dr Hamilton said the work to date had been excellent but asked if the current arrangements for receiving assurance and managing risks were adequate. Matthew Knight said that a risk register for the projects and QIPP programmes was being developed and would integrate with overall corporate risk systems. GB100715/090

The Governing Body AGREED to ratify the budget that had been approved by NHS England as set out in Matthew Knight's paper. GB100715/091

15. Risk Register and Assurance framework

Miles Freeman spoke to the paper. GB100715/092

The major changes are updating in relation to finances and FRP and there were some additional risks around immunisation and stroke services.

There were some short term issues relating to emergency planning, and also the implications of the Ofsted position was now reflected in the register. IG risk had been heightened again for the short term to ensure that the toolkit was completed in a satisfactory and timely way.

GB100715/093

Miles Freeman noted that the risk register was balanced and not focused wholly on finances; there was a strong focus on quality and performance and the number of risks were highest around quality because of the CCG's focus on patient safety.

GB100715/094

Red areas were clearly related primarily to finance and QIPP.

GB100715/095

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

GB100715/096

16. Audit Committee Report

Peter Collis spoke to the report. There was an annual report but there had also been a meeting earlier today which he reported on as follows.

GB100715/097

- The committee had signed off the annual report and accounts but there had been interpretational issues with the external auditors relating to strategic financial planning. The committee felt that the CCG's development had not been reflected and this would be made clear in the minutes.
- The IG audit had been problematic due to the tick box nature of the IG toolkit. However additional capacity had been provided and significant progress had been made.
- There were concerns about outstanding audit actions and these had been discussed and would be addressed over the course of the summer, with closer scrutiny by the Executive Committee.
- The Audit Committee had pressed the Executive to ensure that there was sufficient capacity to address organisational issues.
- Finally it had been agreed to ask that the CHC team give a presentation to the quality committee on the issue of residential home costs.

GB100715/098

GB100715/099

GB100715/100

GB100715/101

GB100715/102

The Audit Committee report was NOTED.

GB100715/103

17. Finance and Performance Committee Report

Peter Collis spoke to the report. This committee had been established to monitor progress on the financial recovery plan and ensure performance was maintained.

GB100715/104

Other CCGs had had these committees in place for longer; a lot of the work had focused on information requirements but there had also been a focus on, and major improvement in, the work of the Programme Management Office. Meeting cycles were significantly improved and consistent reporting was in place.

Dr Hamilton said this had been a very effective committee in driving forward progress but there was more to do; it had not always been comfortable with NHS England representatives in the room, but this was at the CCG's invitation.

GB100715/105

Miles Freeman highlighted membership arrangements and said that it was important to ensure that the committee was holding the Executive to account.

GB100715/106

Peter Collis said that the balance of support and challenge was important across the organisation and he felt that this would be a key issue for the review of governance that was taking place. Miles Freeman agreed and said that it was important to get the challenge right as a test for meeting with NHS England.

GB100715/107

The Finance and Performance Committee report was NOTED.

GB100715/108

18. Quality Committee Report

Alison Pointu spoke to the report. The committee had produced a summary annual report showing key issues. These had included quality of care in care homes, safeguarding, work with the local authority, continuing health care (where there had been significant improvements), infection control (where more improvement was needed, particularly around MRSA); and SECamb for both patient transport and emergency ambulance. The committee continued to highlight key issues and use its seminars to raise these important issues with providers.

GB100715/109

The Quality Committee report was NOTED.

GB100715/110

19. Remuneration and Nominations Committee Report

Peter Collis spoke to the report. The committee had been chaired by Gavin Cookman and the issues were self-explanatory.

GB100715/111

The Remuneration and Nominations Committee report was NOTED.

GB100715/112

20. Primary Care Committee Report

Peter Collis spoke to the report. It was noted that there were two non-local GPs on the committee who did not have conflicts of interest. Primary Care Co-Commissioning had slipped back but it had been useful to have external input into current issues.

GB100715/113

It was clarified that a practice nurse from outside the area was still being sought.

GB100715/114

Dr Sharpe noted that primary care standards had been an issue for some GP practices and did need better communication. Karen Parsons agreed and had personally followed this up recently.

GB100715/115

The Primary Care Committee report was NOTED.

GB100715/116

21. Any other business	GB100715/117
Matthew Knight asked that the Governing Body note that the external auditors annual audit letter would be published on the CCG web site. The qualification related to the CCG's financial position as previously discussed.	GB100715/118
Dr Wali asked that the Governing Body note the progress on electronic prescribing with 18 local practices now live, which was a real success story.	GB100715/119
Cliff Bush asked how many practices locally had email booking arrangements. Dr Sharpe said they should all be doing this now as it was part of the new contract.	GB100715/120
Claire Fuller gave the Governing Body's formal thanks to Nick Wilson for his significant contribution to the organisations' development during his time as a Governing Body member.	GB100715/121
22. Questions from the public	GB100715/122
A member of the public said that in his view the budget should have been subject to greater challenge around the table, and said that the contingency was very small. He also felt that the financial information needed more sensitivity analysis.	GB100715/123
Miles Freeman said that the budget had been dealt with in previous meetings and in meetings with NHSE, and that it was more of a ratification process rather than debate and agreement.	GB100715/124
Matthew Knight said that the contingency was small and acknowledged that there were risks. The process outlined by Miles Freeman had produced the proposed budget and it would require the long term financial plan to provide real breathing space.	GB100715/125
Regarding reporting it was noted that the FPC was and would be looking at this in more detail and there would be more of this in future reports.	GB100715/126
A member of the public asked about the South West London issues paper and suggested looking at prevention. She noted the Epsom estates paper and suggested that access and travel times needed to be the focus of this as it was a major concern of local people. Finally she asked what the CMTs were doing now that they had been established.	GB100715/127
Miles Freeman agreed with the point about prevention. He conceded that the work on South West London would be difficult following the aborted Better Services Better Value programme.	GB100715/128
With regards to CMTs Dr Evans said she had just given a presentation and that the focus was on working initially with patients at home and in hospital but more developments would be rolled out over time. She had personally been on call over the weekend and had helped maintain two patients in local services and had avoided sending them to A&E. These were good examples of how the system would work and benefit patients.	GB100715/129

A member of the public raised the issue of hearing aid appointments and one patient who had been told they would have to wait three years. James Blythe invited her to send the details to the CCG as no-one should have to wait this length of time.

GB100715/130

The same member of the public also asked that any changes to orthopaedics be subject to public consultation, specifically around hip replacements.

GB100715/131

James Blythe said that there was a review of Musculo-Skeletal but this was focused on referral practices and there was no expectation of not referring patients who needed hip replacements to be denied them. Dr Fuller clarified that national data showed the CCG was probably over referring and not using other options e.g. physiotherapy.

GB100715/132

The meeting closed at 3.40

GB100715/133

DRAFT