

**Eastern Locality Board
Meeting
26th February 2014**

Boardroom, Newcourt House, Old Rydon Lane, Exeter

MINUTES

Present:	Title:
Dr David Jenner (DJ)*	Chair, Eastern Locality and Mid Devon Sub-locality
Dr Simon Kerr (SK)*	Vice Chair, Eastern Locality and Co-Chair Wakley Sub-locality
Dr Phil Taylor (PT)*	Co-Chair, Wakley Sub-locality
Dr Rob Turner (RT)*	Co-Chair, Exeter Sub-locality
Dr Richard Mejzner (RM)*	Vice Chair, WEB Sub-Locality
Dr Alex Degan (AD)*	Vice Chair, Mid-Devon Sub-Locality
Gilly Champion (GC)*	Co-Chair, Exeter Sub-Locality
John Finn (JF)*	Managing Director, Eastern Locality
In attendance	
John Dowell (JD)	Locality Chief Finance Officer
Kim Hopkins (KH)	Contracts Manager
Sue Moreton (SM)	Patient Quality & Safety Manager
Trudy Emmett (TE)	Patient Quality & Safety Manager
Sam Smith (SS)	Locality Medicines Optimisation Pharmacist – Eastern Locality
Dr Joe Mays (JM)	Executive GP
Jo Watson	Medicines Optimisation
Apologies:	
Dr Tom Debenham (TD)*	Chair, WEB Sub-Locality
Mike Wade (MW)	Public Health Speciality Registrar
Dr Alison Round (AR)	Clinical Policy Committee Board member
Lorna Collingwood-Burke (LCB)	Deputy Chief Nursing Officer
Barbara Jones (BJ)	Head of Locality Contracting
Richard Croker (RC)	Head of Medicines Optimisation

*Voting member

PART A

Part A of this meeting was held in private and therefore there are no minutes to report or approve.

PART B

1. Attendance and Apologies

Noted as above

2. Register of Interests

Dr David Jenner requested that members review their entries and inform HannahTapp of any updates accordingly.

3. Minutes of the last meeting and Action Log

The minutes were agreed to be a true and accurate record of the meeting subject to the following amendments:-

5.2 RD&E Contract – JF requested the following sentence to be added and the paragraph to read as follows:

JF noted that in terms of the current financial position and the £2.5 million risk reserve put in place to ensure the contract remains in budget, the CCG's current financial position requires minimal recourse to the risk reserve. However, we do expect full recourse to the 2.5 m risk reserve by the RD&E by the end of the year.

7.4 Amendment to the Wakley report to confirm Honiton and Ottery St Mary populations amount to 32,000 patients.

The Board also reviewed actions from the previous meeting and the Action Log was reviewed and updated accordingly.

EL_05_13_006 – DJ confirmed that he is aware that these meetings are on-going and requested the Tamara Powderley bring a formal update to March's Board.

EL_11_13_018 – It was confirmed that in terms of assurance purposes that there is on-going review through the ED working group the work of which is detailed within the performance reports submitted for discussion in this meeting. Therefore, this action to be closed.

EL_01_14_021 & 022 to be detailed in the quality assurance reports.

EL_01_14_022 – JF confirmed that the National Audit Programme report based on NICE guidance is sent to Chris Roome who in turn takes this through the NICE Guidance/Planning Group. The Guidance as discussed is then fed through the Clinician to Clinical Groups and any quality issues are monitored through the IPAM meetings (processes of which are detailed on CCG Website)

4. Chair's Locality Report

Dr David Jenner presented his report to the Board and noted the following:-

4.1 NHS 111 Services

DJ confirmed that as of the 10th March out of hours GP services will use the NHS 111 service as the out of hours portal provided by South West Ambulance Service. As an addendum to his report and by way of an update, the number for DDOC will close between 10th March and 31st March, by which date, the DDOC number will shut down entirely. All practices have and will continue to be updated.

Post meeting: It has been confirmed that there will be no change to the direct dial number for practices and clinicians to DDOC which enables health professionals to discuss issues directly.

DECISION: The report was NOTED by the Board.

5. Managing Director's Report

John Finn presented his report to the Board and noted the following:-

5.1 NEW Devon CCG draft strategic plan 2014/15 to 2018/19

JF outlined the draft strategic plan to the Board which sets out the five strategic priorities that will be used to describe the CCG's vision for patients and invited comments from the Board.

5.1.1 Personalisation & Integration

The Board discussed this and noted that this needs to be looked at carefully in terms of disentangling agreed patient pathways.

5.1.2 General Practice as the Organising Unit of Care

It was confirmed that current plans with community services fits in with this strategic aim.

5.1.3 A regulated system of elective care that delivers efficient and effective care for patients

It was confirmed that current commissioning intentions aspire to achieve this.

5.1.4 A safe and efficient urgent care system

It was discussed that this must be integrated and easy for patients to access and use. This work will build on the work already undertaken in terms of the "front door" at the RD&E this year. Also discussed was the role primary care has to play in terms of the provision of urgent care and therefore it was important not to preclude primary care from this scenario.

5.1.5 The CCG as an engaged provider

JF outlined the continuing need to engage with the public in the planning process and to build on the work and the relationships already established.

5.2 Tiverton MIU

JF confirmed that the evaluation process takes place next Wednesday 5th March when three bidders will present to a panel. Once a provider has been decided upon, they will undergo a due diligence exercise to ensure services are safe before they can commence running the MIU service on the 1st September 2014.

DECISION: The report was NOTED by the Board.

6. Locality Vice Chair's Report

Dr Simon Kerr presented his report to the Board and noted the following:-

6.1 Partnerships Commissioning Programme Board

SK outlined as per his report the issues currently before the Partnerships Board and current risks as identified. Of note, was the work currently being undertaken around IPP and the Board queried if SK was satisfied that the right activity was taking place in terms of resolving the issue and if there were any plans in place to mitigate the risk. SK confirmed that there are currently 400 patients placed out of area and work is currently underway to understand the reasons for the placements to include identifying who these patients are, their condition and what provision needs to be resourced in Devon in order to bring them back in area. The Board sought assurance in terms of timelines and it was confirmed that the detail will come to the Devon Partnership Trust IPAM and also meetings between DPT and CCG to continue to review this issue, however, given the complexities involved in this area of work, it will take time to make substantial impact on the level of spend.

DECISION: The report was NOTED by the Board.

7. Sub-Locality Reports

7.1 EXETER

Dr Rob Turner presented the Exeter Sub-Locality to the Board.

The Board noted the work regarding the "pop up shop" event on the 29th November 2013 and it's success in terms of engaging with the public and any lessons learnt. RT confirmed that being held in the city centre meant that the cohort of people targeted were by implication mobile and able to get out and about. The team are conscious of reaching those less able to mobilise or indeed those who are home bound. Furthermore, there is also a need to engage with younger elements of the local population and therefore works continues to identify methods of engaging with different cohorts of the public.

The remainder of the report was noted accordingly.

7.2 WEB

Dr Richard Mejzner presented the WEB Sub-Locality Report to the Board.

7.2.1 WEB Transport

The work undertaken in WEB was discussed and it was queried whether there should be a single locality response to transport issues. JF confirmed that there is work currently underway to review and a consistent approach to transport is the key to success in provide community transport.

DJ confirmed that there is a CCG policy on transport and funding, however, some changes have recently been proposed by Devon County Council to their contribution to continuing it's transport. DJ requested RM and a member of the Executive to prepare a paper which outlines where we are in terms of the provision of community transport.

ACTION – EL_02_14_024 – RM and JF to outline CCG policy on transport and the provision of transport services across the localities.

7.2.2 Single Point of Access

It was queried if the work as outlined in the report impacted on the work undertaken in the other sub-localities. JF confirmed that the specific work in WEB as part of the evolution of the hospital at home model and working to the benefit of the health community. This amalgamates the rapid response and hospital at home and to go through one number so one clinician thereafter coordinates the response and the ambition is for this happen across the sub-localities. There are no plans as yet to include the community nursing provision.

The remainder of the report was noted accordingly.

7.3 Mid-Devon

Dr Alex Degan presented the report to the Board the contents of which were noted by the Board accordingly.

In addition, he highlighted the statement developed by the Mid-Devon Forum in relation to the proposed changes to stroke services and transforming community services for which he requested the Board note and acknowledge. JF confirmed that any service change will invoke public consultation with final approval from the Locality Board. He also assured the Board that he has, in turn, been given assurance by the Director of Finance that he is working to clarify the current level of investment and any future investment available to communities when service reconfigurations take place. It was however confirmed that there is no single view in terms of investment but this will be integral to discussions with providers of future services.

DECISION: The statement was NOTED and ACKNOWLEDGED by the Board.

7.4 Wakley

Dr Phil Taylor and Dr Simon Kerr presented the report to the Board which was noted by the Board accordingly.

DECISION: The sub-locality reports were NOTED by the Board

8. Integrated Governance Report

John Finn introduced the report to the Board.

8.1 Locality Assurance Reports

8.1.1 Ambulance handovers – Risk Rating Red – JF confirmed that the risk is not expected to end, however, the action plan which has been put in place over the last 6 months is beginning to bear fruit. In February, a meeting took place with providers and CCG representatives to review the new plan which incorporates the new trajectory for 14/15 of zero handovers over 30 minutes. It was confirmed that there is an improving position but JF assuring the Board that work is being undertaken to address this risk. The Board was also assured that RD&E Clinicians are fully aware of this work and satisfied that patient care will not be comprised as a result of implementation of the new plan.

8.1.2 Delayed Transfers of Care – Risk Rating Red – JF confirmed that in terms of the predicted activity for this time of year, he is pleased to confirm that escalation across the health community to include acute trusts and community providers has remained on the whole Green with only brief periods of Amber/Red escalations. This is a significant improvement on previous years and indeed has impacted hugely on patient care. JF confirmed that the measure of delays is a key national indicator for the better care fund and how we use this fund to redesign integrated pathways of care ultimately eliminating delayed transfers of care altogether. JF confirmed that there is a need to understand how these delays are currently counted and indeed how the Better Care Fund will impact on this. The Board discussed the way in which these delays are being counted and indeed the work currently being undertaken by the Partnerships Board in conjunction with the Business Information team to understand delays into social care. DJ requested that JF bring report to the May Board which defines the measurement of delays.

ACTION: EL_02_14_025 – Delayed transfers of care – JF to bring report to the Board which outlines measurement of delays.

8.1.3 – Cost Improvement Plan (CIP) Delivery – Risk Rating Amber – JF confirmed that this risk relates which relates to the non-delivery of North Devon Healthcare Trust CIP plan and which is jointly managed by the CCG and NDHT Community Services Delivery Board can now be closed, the two organisations having reached an agreement in terms of CIP. As at February both risk are Green with not risk of arbitration or service reduction.

8.1.4 – Financial Recovery Plan – Risk Rating Red – JF confirmed there is a risk that the interpretation of the heads of terms will leave the locality with a risk of approximately £2.5 million access to the risk reserve. The RD&E's position is that they will require access to the full £2.5 million as detailed in the report. JF confirmed that there is currently good collaborative work with the RD&E currently taking place and which should bring positive results.

8.1.5 Medicines Optimisation – Risk Rating Red – Jo Watson - Please refer to item 10 below.

8.2 Quality, Patient Safety and Performance

Trudy Emmett presented the report to the Board and noted the following:-

8.2.1 – Safeguarding alerts – it was confirmed that 2 alerts were received in the month of January for the Eastern locality both of which were substantiated. There are currently 14 alerts on going for the Eastern Locality. Dealing with the actions as logged in the Action Log it was confirmed as follows:

In terms of the threshold as to what is and what is not investigated, there is currently a piece of work on-going regionally by Gloucestershire Council to determine a standard approach across the South West and indeed thereafter and to adopt a consistent approach across the localities. There would seem to be a diverse representation of where these alerts are being raised. There is no definitive reason but could include reasons such as inter alia differing standards of education between statutory and independent provider. In the case of the former, staff are required to undertake detailed training programmes.

8.2.2 – SIRIs – it was confirmed that there are currently 87 serious incidents requiring investigation open and relevant to the Eastern Locality

8.3 Finance

John Dowell presented the finance report to the Board for Month 10 and noted the following:-

It was confirmed that the forecast outturn position for the budgets devolved to the Eastern Locality had deteriorated by £1 million due to a change in the prescribing methodology, and now stands at £7.768m overspend. With regard to the prescribing forecast, JD confirmed that there has been a considerable amount of volatility in the Prescription Pricing Authority (PPA) forecasting and uncertainty around category M drugs. This volatility has resulted in a worsening position with a further revision to the forecast issued by the PPA at £4.240million overspend.

JD also reported the overall CCG position which is that after application of all contingencies, the CCG are forecasting a deficit of £14.7 million. Details of the CCG position are reported to the Governing Body and the forecast deficit has been agreed with the NHS England Area Team.

8.4 Contracting

Kim Hopkins presented the contract report to the Board and noted the following:-

8.4.1 – Referrals – There is a 20% increase in referrals that fall into the category of “other”. It was confirmed that there is work currently underway to review the underlying causes. KH assured the board that there are weekly/monthly meetings with the RD&E to review data. Data requirements for 14/15 are being made explicit within contract schedules to allow robust monitoring.

8.4.2 – AQP – Budget setting for AQP was discussed. Dr Degan noted that the budget shown for 2014/15 £600k which is the same as the current year. There was concern that this will be insufficient as the scope of AQP has been extended during the year and rate of uptake, e.g. for MRI scans from GPs has been increasing.

ACTION: EL_02_14_026 - JD to provide further information on current expenditure by service and assumptions for budget setting in 14/15.

ACTION: EL_02_14_027 - DRSS to report on current ordering mechanism for GPs to identify other opportunities for appropriate controls.

8.5 Medicines Optimisation

Sam Smith presented the report to the Board and noted the following:-

As previously described there has been volatility in the forecasting methodology which has impacted on the forecast outturn in December.

In terms of the Eastern Locality prescribing budget almost 33 practices are forecasting an overspend for year end against a backdrop of no increases in budget. Following discussion, the Board requested that the RAMP spend be included in future reports.

SS also confirmed that a Medicines Commissioning Strategy Group has been formed which will consider prescribing budget setting, incentive schemes, PbR excluded drugs and corporate medicines policy.

DECISION: The report was NOTED by the Board.

9.0 Transforming Community Services – Towards a strategy

Dr Alex Degan gave a presentation which outlined the 5 questions under the heading “what do we want to achieve?” which have been asked of the local community and responses of which will inform the draft strategy.

The work undertaken thus far received acknowledgement from the Board as was the contribution by the locality team. It was discussed that over the next 2-3 weeks the views of the public will be incorporated into the strategy which once complete will be signed off electronically by Board members. The board agreed with this course of action

DJ requested that by the next Board meeting that a briefing document is prepared for board members which includes a completed draft strategy for consultation and a timeline for ratification by the Board.

SK also raised the issue of mental health services of which the needs may need to be addressed in terms of a narrative included within the document to explain where that happens.

ACTION: EL_02_14_028 – TCS – AD/JM/JF to prepared briefing document to include completed draft strategy for consultation and a timeline for ratification by the Board.

10.0 Management of Medicines that are not reimbursed via national prices

Jo Watson outlined the risk as mentioned in the Assurance Report for which the risk is rated Red. It was confirmed that this relates to PbR excluded drugs and devices which is passed through to commissioners which amounts to a collective expenditure across 3 trusts. Essentially, these are drugs which are prescribed in hospital with the cost being invoiced to the CCG. There is currently work underway to manage this but there is a lack of incentives to produce cost effectiveness. JW outlined the risk sharing agreement, a shared management of the budget, which is used with Plymouth hospital. There are discussions with NHS England to look at continuing this risk sharing arrangement and to also look at rolling this out to other hospitals in Devon and to work with them to devise a work programme to manage these schemes.

The risk rating has been set at Red as there is lack of assurance as to how this will be managed in the future. NHS England have given support to using combined resources to manage spend and maintain gain share with the other acute trusts in Devon. It was noted that within secondary care there is a lack of information regarding peer review and there collaborative work underway through the network to review prescribing practices and improve the quality of prescribing.

DJ requested that a briefing paper be prepared which outlines the contribution from NHS England and which identifies the resources they will be contributing this piece of work. This to be prepared with a view to assuring the Board that we are doing what we can to mitigate a risk that is "unassurable".

ACTION: EL_02_14_029 – Briefing paper to be prepared which outlines the contribution from NHS England and which identifies the resources they will be contributing to this piece of work.

DECISION: The report was NOTED by the Board.

11.0 Moretonhampstead

Dr Alex Degan presented the Moretonhampstead Statement of Intent which was before the Board for noting and approval. Furthermore, the Board were asked to support the direction of travel for this piece of work.

AD outlined the work of the Moretonhampstead Steering Group the membership of which includes, GPs, Lay Members and CCG Staff (details of which are appended to these minutes see Appendix 1)

DECISION: The Board NOTED and APPROVED the statement of intent and to be signatories thereof and supported direction of travel.

12.0 Public Questions

12.1 Question from the Devon Health & Social Care Forum

It was requested by the forum that questions and response to be minuted by the Board.

The Forum would be pleased to receive the Board's comments to the following questions (please see Appendix 2) .

BOARD RESPONSE: The Board answered the questions as follows:-

1. The Board suggested that the Forum directs their questions to NHS England who hold primary responsibility and the CCG will work with NHS England to help support them in their role.
2. The Board again suggested that the issue be referred to NHS England. The GPs rights under fair processing is to make reasonable attempts to inform patients but not individually.
3. Graham Lockerbie has not confirmed that there is no recompense for costs arising from the programme. There is support to inform patients with leaflets and also a helpline being available.

As confirmed, the CCG are happy to work with NHS England to discharge their duties.

12.1 Question from Mr James Bradley

"It is understood that the Government has decided to phase out a funding arrangement called the Minimum Practice Income Guarantee over a seven year period commencing in April. NHS England has published an anonymised list of 98 "outlier" practices and various funding cuts that range from £3 to £100 and denies that this will have a disproportionate effect on the smaller practices and that there are also a significant number of other practices that will be affected.

Would the Board provide a response and confirm that this will not have an impact on the practices within NEW Devon CCG and that the patient experience will not be affected in our rural areas?" If the answer is that it will have an impact, how will this be addressed strategically?"

BOARD RESPONSE - Dr David Jenner confirmed that NHS England have primary responsibility for this and the information has not yet been shared with the CCG but the CCG are seeking to work with NHS England to understand impact and recommended that Mr Bradley write to NHS England.

In the meantime, Dr Jenner confirmation that he would write to NHSE to ask the question to ascertain which practices will be effected.

ACTION: EL_0214_030 – DJ to write to NHS England to ascertain which practices will be effected by the GMS Minimum Practice Income Guarantee

End of Meeting

The minutes have been approved as an accurate record of this meeting.

Signed 

Dr David Jenner, Eastern Locality Chair

Dated 26th March 2014

Signed 

John Finn, Managing Director, Eastern Locality

Dated 26th March 2014

Appendix 1.

Dr Alex Degan (Chair)	Mid Devon Sub Locality Chair
John Barker	Acorn Community Support
Gay Hill	Chagford Parish Council
Jean Martin	Cheriton Bishop Patient Group
Dr John Coop	Clinical Director, Community Services Delivery Unit, NDHT
Tina Teague	Commissioning Lead, Mid Devon Sub Locality
Paul Hopkins	Communications Team, NEW Devon CCG
Stella Doble	Deputy Assistant Director of Health and Social Care, DCC
Kate Lyons	Director of Operations, Northern Devon Healthcare Trust
Steve Hudson	Divisional General Manager - Community Hospitals, NDHT
Dr Peter Wood	GP, Chagford Health Centre
Dr Jason Clunie	GP, Cheriton Bishop and Teign Valley Practice
Dr Tim Dudgeon	GP, Moretonhampstead Health Centre
Caroline Lee	Healthwatch Devon
Andrew Palmer	Member of Chagford Patient Panel
Brian Walford	Morecare, Chagford
Jane Wimberley	Morecare, Parish Council
Philip Fowler	Moretonhampstead Hospital League of Friends
Richard Foxwell	Moretonhampstead Parish Council
Gemma Nield	PA, NEW Devon CCG
Julia Mercer	Practice Manager, Cheriton Bishop
Mike Elleston	Rep for Moretonhampstead and Chagford Patient Group
Judi Slater	Rep for Moretonhampstead and Chagford Patient Group
Nicola Webber	Service Delivery Co-ordinator, Mid Devon Sub Locality

Appendix 2

Devon Health & Social Care Forum
Incorporating Devon AGILE



by email

Secretary:
Elli Pang
10 Yonder Street
OTTERY ST MARY
EX11 1HD
tel: 01404 812268
email: ellipang@btinternet.com

Dr. David Jenner
Chairman, Eastern Locality and Mid-Devon Sub-Localities
NEW Devon Clinical Commissioning Group
Newcourt House, Old Rydon Lane
Exeter
EX24QL

23rd February 2014

Dear Dr. Jenner,

Care.Data

The Forum has, and is, taking great interest in the care.data programme and had prepared, prior to the announcement by NHS England to postpone its implementation to September 2014, questions to the Board in this matter.

The questions remain the same in the now interim period and we take the liberty of asking the Board to consider these.

The Forum ask the Board kindly to minute these questions, and your response, in your next Board meeting minutes.

The Forum's questions rest, mainly and urgently, on the view and concern, that, without guidance and assistance by NEW CCG (and its respective Localities) a Post-Code Lottery of the care.data programme will result with each GP Practice interpreting their responsibility towards the public, differently, if not subjectively (or, remain wholly inactive).

It is the Forum's view that this would be unacceptable and it is asking whether the Board is assisting and encouraging all GP Practices uniformly and consistently to engage with their (respective) public /patients. This, in order to ensure full and accurate compliance by GP Practices on the one hand, and appropriate understanding of available choice(s) by all their patients/public.

The Forum trusts that its request is received and acknowledged as wholly supportive of the Board and all GP's in its area.

Please find the Forum's 'questions to the Board' attached to this letter.

Sincerely,

Elli Pang
Secretary
Devon Health and Social Care Forum

Encl.

Devon Health & Social Care Forum
Incorporating Devon AGILE



Secretary:
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Question to the Eastern Locality CCG Board
at its meeting on the 26th February 2014

23th February 2014

CARE.DATA Programme

The Forum would be pleased to receive the Board's comments to the following questions. As mentioned in the Forum's covering letter these questions take into account NHS England's postponement of the programme, until September 2014.

1. **whether** the Board (CCG) will support and encourage member GP's/Practices in informing patients of the care.data programme,
2. **to ensure** that all patients registered with a GP (Practice) are being clearly informed about care.data uniformly and equitably including and importantly, of any choice/opportunity available to 'opt-out' .
 - 2.1 including those patients who only infrequently, or rarely, seek appointments with their GP or attend Surgery/Health Centre premises.
3. **whether** CCG's and/or GP's (Practices) receive support from the local AREA TEAM (NHS England) including recompense of costs arising from the programme.

Note: The Forum is aware of, and has to hand, information received by GP's/Practices from NHS England and the LMC.

Note: The Forum is aware that the Information Commissioners Office has released information stressing that GPs will ultimately be held responsible for **any** complaints arising from patient's records being uploaded without first fully explaining the possible consequences **to** that patient

End/23rd February 2014-DHSCF.