

Northern Locality Board Meeting

Wednesday, 28th January 2015, 9:15am – 11:00am

Crown Yealm House, Pathfields, South Molton, EX36 3AW

DRAFT MINUTES

Present: Dr John Womersley (JWom), Caroline Dawe (CD), Dr Tim Chesworth (TC), Dr James Szymankiewicz (JSz), James Wright (JWr), Carol Albury (CA), Carol McCormack-Hole (CMcCH), Mark Elster (ME), Kevin Wheller (KW), Andrea Fairclough (AF) - minutes

Apologies: Dr Stephen Miller (SM), Dr Annabelle Tree (AT), Dr Darunee Whiting (DW), Richard Croker (RCro) and Hannah Nicholas (HN)

In Attendance: Members of the Public:
Sue Matthews, Paul Sutherland, Marc Cornelius, Colin Brown and Johanne Blake

1. Welcome and Apologies

JWom welcomed everyone to the meeting. Apologies were noted as above. Housekeeping procedures regarding emergency exits were explained and it was noted that no fire drills were planned.

2. Register of interests and Conflicts of interest

A sign in sheet requesting any new declarations was circulated; the Board reviewed and noted the register of interests.

Tracey Polak, Deputy Director of Public Health, Devon County Council (DCC) declared her spouse was an employee of NEW Devon CCG, Head of Nursing and Quality.

3. Patient Story

This month's patient story related to Deborah who lost weight by eating more healthily. There was agreement that this was a good positive video.

ACTION: It was suggested contacting Deborah to ask if it can go on every GP TV screen. AF e-mailed Sam Cush in communications and he will contact her for her approval and agreement.

4. Previous minutes

The previous minutes were signed as an accurate record.

5. Locality Board Report

This report highlights areas of concern, it details the actions being undertaken to provide the board with assurance around the operation and delivery of healthcare within the locality. Specific concerns, highlights, questions and actions in relation to these reports are reported below:-

Patient Transport Services (PTS)

The position is continuing to improve and CD will downgrade the rating with effect from March 2015 if performance is sustained and KPIs are delivered. Dialysis transport issues have improved due to better cross working between acute providers and NSL.

ME explained there was a revisit by CQC and the Warning Notification has been lifted.

Financial position including management of 14/15 NDHT community contract and CIP

KW stated that this remains a risk. Cost Improvement Programmes (CIP) efficiency savings are a challenge and the delivery of CIP is being reviewed by the CCG and NDHT Directors of Finance.

Financial position including management of 14/15 NDHT acute contract and QIPP

This remains a challenge. We can work well together for whole system changes and for less money, if we can reduce pressure on services. The whole system is interdependent and one aspect can put pressure on the system as a whole.

JWr referred to QIPP and stated that services need redesigning and improvements need to be at a local level. There is also lots of engagement in other localities and there is a need to look at more challenging areas – public engagement is important.

Delay in approval of TCS Strategy (community urgent care)

The timeline for the complex care part of TCS is a challenge and there is a requirement to undertake extensive communication and engagement with the public at every opportunity. Elections will mean a delay and we will go out to consultation after the elections. NDHT have challenged the decision and Monitor is looking at the process to ensure that no parties have been disadvantaged.

Procurement of urgent care – this has been deferred until March but procurement is still on schedule and we continue to have further public engagement in some localities.

South Devon and Torbay have withdrawn their request to be part of the urgent care procurement which only related to the out of hours service components.

TC asked about bed modelling – JWom confirmed that this will be discussed at the February Board in public but is dependent on ensuring that all information has been considered in the process. If the paper is not ready for the Locality February Board it will be presented in March.

Treatment Escalation Plans

ME reported the initial risk was in relation to the CQC visit to Tiverton Hospital and the concern was around completeness of the TEPs forms and an update will be sought. Further assurances have been sought around GPs being trained. Vice-Chairs have raised this and it will go to IPAM. This will be raised at the January GP forum by SM.

Failure to deliver the headline targets for 111 by SWAST

JWr explained that CD and KW have been delayed and reported that there are pressures on 111 over the winter period. CD is leading on this and it is a major issue for the CCG and there is immense pressure on the system. We need to understand what the main pressures are and will continue to report through the Board. It was suggested integrating with Devon Doctors more as this might ease the pressure on SWAST. TC explained that there is a workforce issue and it is integrated. There is a letter from SWAST regarding additional funding and this is being looked at.

Areas under a Watching Brief

The Watching Briefs are part of each locality and are discussed with managers and should be discussed through IPAM. JWr stated that the Cancer two week waits will be escalated and will go on the Risk Register.

ME talked about the scorecard and there has been improvement during December in respect to Cancer. There will be an assurance report and we will look at a snapshot and highlight on the negatives. There is a huge amount of positives on the scorecard. Red and Amber are watched closely.

Quality, Patient Safety and Performance

ME explained there is a need to look back at the data stream and it is important to have an oversight of it. TP suggested measuring the trends over a 3 month period. ME agreed this is a good idea and he and Simon Polak will need to find out more about the process and will report back to the February Board meeting.

ACTION – SP

ME explained that the Stroke indicator is back on target for North Devon

Finance and contracting

Month 8 - KW reported on the CCG's position as a whole. The current predicted deficit is £41.3 million and that this will need to be repaid in 15/16.

KW explained that the results for NDHT presented relate to the end of October from the Trust and show an overspend of £841k mainly driven by outpatients and drugs. Overall referrals to the end of October are now running at 4% over last year's level, an improvement over previous months

JSzy queried the increase in new outpatients compared to the increase in referrals. KW confirmed the contracting team seeking clarity from the Trust as to what is generating the outpatient activity increases. JSzy asked for a clear understanding of the activity increases and KW agreed to provide this through the contracting team. Currently we are predicting that

the acute contract is likely to be £1.5 million overspent by the end of the year. Negotiations to resolve 14/15 and the 15/16 contract are taking place weekly with the Trust.

JSzy referred to the temporary closure of the Tyrell Hospital and asked if the saving is being used to offset the 15-16 contract negotiations. KW would expect to see the saving feature in discussions through the Community Services Delivery Group.

The Northern Locality is predicted to have an overspend of £1.6m by the end of the year which is unlikely to change significantly in month 9.

Funding Panel Review

There is a significant change in the panel and is a very clinically led panel and decisions are taken seriously. JSzy suggested sharing the information in the Friday Practice Manager e-mail so that they are aware.

ACTION: JWr agreed to send this out.

Contracting

KW referred to the month 8 information which has been received from the Trust. Since November there has been a further improvement, with elective and emergency activity remaining under plan. This is offset by the QIPP target and drugs and devices.

CD joined the meeting and referred to 111 SWAST on page 51 and explained that there is a lot of scrutiny around the performance against the call answering target of 95% that is required on a daily basis and which nationally providers struggled to deliver over the Christmas period. Discussions are taking place around the contract in relation to costing the service and CD and Andrew Abbot are meeting with the SWAST Nursing Director to discuss. There are no concerns over the quality of the service but the issues are around the front door part of the service.

Clinical Effectiveness and Medicines Optimisation

CA discussed the report and there have been improvements around fertility and this is levelling out but will wait until the December figures are available. The GP practices are working hard regarding the prescribing scheme. The main budget is held in the Eastern Locality.

ME asked about the urgent and necessary measures and CA stated that it is difficult to put percentages next to them and we have low levels in North. Most will deliver in year and roll through to February.

Public engagement

JWom asked for this to be noted and that we are hearing public opinion.

6. Urgent & Necessary Measures

The proposed measures are now not being enforced. The table included in the board packs lists areas that the CCG was considering and the confirmed interim commissioning positions.

TC asked about Avastin and JWom explained that there is support from other CCGs as this is about the licence and a letter will be sent out. There would be a saving of £4m a year if we changed to Avastin but it has not been agreed whether we can do it.

CMcC-H thought the table was really clear and that it should have been available at the beginning. JSzy stated that there was a huge amount of pressure on senior managers and clinicians and the CCG has come out stronger for it. Comments have been heard and understood and lessons have been learnt.

7. Care Closer to Home

EF referred to the TCS paper enclosed and explained that the table on the back page describes the decision making for the locality board and may be subject to change. The recommendation regarding the bed modelling, Terms of Reference and other different models will come out in February or March and the public will be kept updated at each Board meeting.

8. Written questions from the public

There were no written questions received.

9. Date and Time of next meeting

The next meeting will take place on Wednesday 25th February 2015 at 9:15am in Crown Yealm House.

JWom thanked everyone for attending the meeting.

The meeting closed.

10. Summary of Actions for this meeting

Patient Story:

ACTION: It was suggested contacting Deborah to ask if it can go on every GP TV screen. AFF e-mailed Sam Cush in communications and he will contact her for her approval and agreement.

Quality, Patient Safety and Performance:

ACTION: ME and SP agreed to look back at the data stream and they will need to find out more about the process and will report back to the February Board meeting.

Funding Panel Review:

ACTION: JWr agreed to send out the Friday Practice Manager e-mail so that they aware that there is a significant change in the panel and is a very clinically led panel and decisions are taken seriously.

Follow the CCG on: [NEWDevonCCG](#) / [Facebook](#) / [Twitter](#) / [YouTube](#) / [LinkedIn](#)

Signed;

Date;

Name; Dr John Womersley

Job Title; Chair