Minutes

Horsham and Mid Sussex Locality Group

Date: Tuesday 16th April 2013
Chair: Simon Dean

Present: Amer Banayoti (AB), Piers Barrett-Berry (PB), Mark Chopin (MC), Richard Cook (RC), John Darcy (JD), Mark Davies (MD), Matthew Davies (MD), Simon Dean (SD), Alex Dombrowe (AD), Karen Eastman (KE), Clive Farrington (CF), Steve Fisher (SF), Angie Gurner (AG), Ian Holwell (IH), Dan Jefferies (DJ), Liz Jenkins (LJ), Howard Jones (HJ), Mark Lythgoe (ML), David McKenzie (DM), Riz Miarkowski (RM), John Parsley (JP), Minesh Patel (MP), David Phillips (DP), Yvonne Pierce (YP), Caroline Smith (CS), Janet While (JWh), Anisha Patel (AP)

In attendance: Debra Wheeler (DW), Alison Hempstead (AH) (part), Tina Wilmer (TW) (part), Barry Young (BY), Alison Ramsay (AR), Diane Gilmour (DG), Stuart Grierson (SG) (part)

Apologies: Nick Barrie (NB), Sue Braysher (SB), Chris Dawe (CD), Alistair Mackenzie (AM), Preet Singh (PS), Lorna Hart (LH), Kim Rickard (KR)

1 Declarations of Interest
John Darcy declared that he is chairing two meetings for pharmaceutical companies. No further interests were declared.

2 Minutes and Actions Arising from Previous Meeting
Simon Gankerseer attended the meeting on 19th March instead of Alex Dombrowe. The minutes were otherwise agreed as an accurate record.

3 Finance
The governing body signed off the budgets for 2013/14 and these were ratified at the meeting on 9th April. The CCG will work with practices to manage variations in those areas of spend that are more easily influenced by practice behaviour. Accountability for performance and delivery against the overall budget lies with the Delivery Group and there will be a two way feedback between the Locality and Delivery Groups. There is a weekly performance analysis of the Cadence report which is a constant cycle of recovery to ensure the CCG is on track and plans have been tested as far as possible. The savings schemes for non-elective activity have a full year effect e.g. the rapid access medical unit (RAMU), planned care schemes and medicines management savings. The schemes have been agreed with the delivery leads. The Locality Group will receive regular updates.

Practice budgets will include savings schemes and will show the impact of the savings. Prescribing budgets are partly calculated on weighted population. Where practices have a large number of patients with percutaneous endoscopic gastrostomy (PEG) feeds there may be an option to have a separate dummy practice budget. Mental health costs are currently on a block contract but from April 2014 will become tariff based on outcomes so the costs will be transparent. Gordon Taylor will be the mental health lead for the CCG which should provide...
more clarity. Queries were raised regarding the percentage of consultant time and whether the standard deviations will be aligned. BY to report back on the large difference in variation between areas, in particular non-elective admissions.

There was a discussion regarding what happens to hospital out patients and A&Es if GPs make fewer referrals. In order to make the system sustainable providers will need to make changes, care will need to be shifted and patients moved down the complexity scale. The CCG needs to consider how to look after those with long term conditions better. Proactive care looks at the complex group of patients and further resources will need to be provided in the community. The A&E at Princess Royal hospital (PRH) was made more sustainable by the introduction of the RAMU. The programme spend includes growth of just over 2% and a savings target of £7.5m. The primary care services budget of £34.8m is for medicines management and some out of hours services.

Continuing Healthcare (CHC) is a payment for long term care packages and funding nursing care and historically the costs have risen year on year. Based on successful examples elsewhere the CCG has set up an agreement with the County Council for them to host the CHC service which will allow the social care assessments and health assessments to achieve some efficiencies and potential economies. This will help mitigate risks of increasing costs for both the CCG and the county council.

There will be a regular finance agenda item at future meetings. There was a request to make the information as easy to understand as possible.

4 Planned Care
Timelines and plans for MSK have been discussed with the Sussex collaborative team. The CCG is working with Brighton and Hove, East Sussex and Coastal West Sussex CCGs. There will be a provider engagement event in April and a patient and public event in May to seek input to formulate the specification. The AQPs for audiology and the non-obstetric ultrasound service went live on 1st April. Locality Group members were asked to let practice members have this information and ask GPs to provide feedback on the services to KE or Diane Gilmour. The CCG will be looking into a tier 3 weight management service. There is a new one stop shop ENT GPwSI service in the north. The long term conditions project has started and will be discussed further at the next meeting. Acute admissions have reduced for chronic obstructive pulmonary disease (COPD) and heart failure.

GPs are encouraged to use urology, dermatology and ACES community services. The team are looking at MSK and physiotherapy for Horsham and will learn from the successes at PRH to address waiting times. Some dermatology referrals are being sent to Acute Trusts instead of Sussex Community Dermatology Service (SCDS). KE to request information from SCDS to be broken down by referring GPs. Urology service consultants have offered to hold education sessions in practices. Consideration is being given to additional capacity at Horsham hospital for ultrasound. The leg ulcer AQP has gone back out to re-procurement. Bids are currently being evaluated and it is hoped that the new service will start in September. There was a request for cataract criteria to be circulated.

5 Enhanced Services
The paper circulated prior to the meeting summarised the changes to enhanced services from April 2013 as follows:
- The arrangements in place for monitoring, managing and making payments in 2013/14.
• A proposal for reviewing the delegated enhanced services and agreeing future contracting mechanisms for population/practice based community services by September 2013.

• Clarification that it is not possible for CCGs to contract enhanced services and that guidance published is clear that for population/practice based community services the NHS Standard acute contract (or any other subsequently published vehicle) is required.

• Proposals for handling the new 4 enhanced services recently directed by NHS England.

Members were asked to discuss the proposals with practice members and let DW have feedback by end of April so that it can be signed off at the meeting in May. The CCG has commissioned the Commissioning Support Unit (CSU) to provide administration and contractual support to keep the process going through 2013/14. The CCG will need to review local enhanced services which will not exist after April 2014 and will be replaced by directed enhanced services led through primary care contracts within the Area Team. The CCG has set up a steering group with Crawley CCG to oversee the process in terms of transparency and fairness. DW will lead the steering group and it is proposed that there will be representatives from the LMC, lay members and Area Team. There was a request for a Practice Manager and pharmaceutical representative to be included in the group. Simon Gankenseer has volunteered to be involved in the review. The group will continually check on guidance, what other CCGs are doing, ensure processes are working and that outcomes are as expected. There would also be 2 working groups (one for Horsham and Mid Sussex CCG and one for Crawley CCG) who will work with practices to undertake the review and look at conflicts of interest. The group will focus on a robust review which will take out inequalities to enable the CCG to contract in a more sustainable way. Concerns were raised regarding Horsham being unable to do near testing for anti-coagulation. There was a discussion regarding the inequality and safety in the monitoring, prescribing and local enhanced service arrangements across both Horsham and Mid Sussex.

There are 4 new enhanced services directed by NHS England and 2 of these require specific CCG leadership. It is proposed that these are put into priority programmes. The CCG has asked the Area Team for clarification regarding public health. The CCG has no influence on previous services funded by directed enhanced services. The Area Team will be obliged to work with the CCG. There will be a standard community contract going forward. NHS England is currently responsible for the resource and has made CCGs responsible for the review and the budget. The CCG will need to have a clear view by September on whether the services will continue. Practices cannot assume that the income for services will continue in 2013/14.

6 Gifts and Hospitality Policy

The audit committee is a mandatory committee which provides assurance that the CCG is operating effectively. During the shadow year the audit committee agreed financial policies, information governance, etc. The member representative on the audit committee is Dr Matt Greenwood. Policies are agreed by the governing body. Practices need to be made aware of the gifts and hospitality policy and how it affects them as individuals. It is recognised that conflicts of interest exist and these need to be managed and ensure impacts are mitigated. Members acting in their CCG capacity must declare everything that is relevant and in case of doubt should seek advice but should make a declaration. In future the CCG will be required to disclose related party transactions in their accounts. If a practice hosts a service and receives income this should be declared. Members are asked to complete an annual declaration of interest and provide the management team with
updates as appropriate. IPC shares should be declared. The Locality Group noted and accepted the proposal.

7 Unscheduled Care
The Locality Group received an update regarding the 111 service. The Department of Health put everyone through a strict process before going live and there was an agreed phased roll out across Sussex. The service went live in Horsham and Mid Sussex on 3rd April. There have been issues with IT and weekend working. The activity has been re-profiled and coverage has improved.

There are currently twice daily conversations regarding the issues which TW is involved in and the service has been scrutinised by the regional team. The CCG is represented through the Sussex collaborative team. They have tried to put in mitigating factors and as a temporary measure there is a bypass number for care homes and community nurses. They are looking at front end messaging to see if there could be an option for repeat prescribing and trying to re-route calls which do not need to go through NHS pathways. A lot of work needs to take place on recruitment. The CCGs are being scrutinised by the Department of Health who have had a performance notice served on them.

GPs are encouraged to provide feedback via a specific form which has been circulated to Practice Managers. It is important to hold 111 to account. 111 have been tasked with providing a taskforce rectification plan. The Sussex collaborative team are installing an A&E audit tool. NHS Direct is currently still in place and all practices have messages on their phones with information on who to call out of hours. The reports are on a national template which cannot be changed. No clinical incidents have been reported.

8 Any Other Business
- Step Down beds – concerns were raised regarding practices being given step down patients from nursing homes with no consultation. Concerns were also raised regarding safety. There is a contract between WSCC and nursing homes to provide CHC. The issue has been discussed and an agreement will be signed shortly so that Sussex Community Trust will be responsible for the care of step down beds. Concerns were also raised regarding quality and how care homes are screened for quality of care provided. Any issues should be reported on the soft intelligence tool.
- The CCG has now moved into new offices in the lower ground floor at Crawley hospital.
- There is a REACH session on care of the frail elderly at Slaugham Manor on 17th April.

Date of Next Meeting
1 – 3.30pm Tuesday 21st May, Charis Centre, Crawley


Minutes taken by: Alison Ramsay
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