Nene CCG Annual General Meeting
19th August 2014

Minutes

(These minutes are a summary of the meeting, for a full transcript please view the video at http://www.neneccg.nhs.uk/annual-general-meeting)

Present

Nene CCG
Dr Darin Seiger – Chair
Peter Boylan – Director of Nursing and Quality
Dr Chris Bunch – Lay Member Secondary Care Doctor
Dr Matthew Davies – Clinical Executive Director for Strategy
Christina Edwards – Lay Member Registered Nurse & Deputy Chair
Ben Gowland – Chief Executive and Accountable Officer
Roz Horton - Lay Member Patient & Public Engagement
Kathryn Moody – Director of Contracting & Procurement
Stuart Rees – Chief Finance Officer
Janet Soo-Chung – Interim Deputy Chief Executive & Director of Strategy and Primary Care
Eugene Sullivan – External Consultant
Kevin Thomas – Lay Member Governance
Rosemary Yule – Associate Lay Member Governance

Attendees

Dr Ali Akeem – Northamptonshire County Council
Wendy Brassil – Cruse Bereavement Care
Sally Bresnahan – Northamptonshire Carers
Councillor Michael Brown – Northamptonshire County Council, Health & Wellbeing Board
Gail Chapman – Kettering General Hospital
Art Conaghan – Member of the Public
Jo Cowley – Principal Medical Ltd
Elinor Cross – BBC Northampton
Dr Santiago Dargallo – GP
Michael Darling – Member of the Public
Frederick Evans – Board Member NHS 111
Kathy Forsdyke – Northamptonshire County Council
Janet Hathaway – East Northants Locality Patient Engagement Group
Dr Mohammed Islam – GP
Peter Kelby – Cransley Hospice Trust
Dinah Kingston – Member of the Public
Pam Law – Patient Congress
Rosie Newbigging - Healthwatch
Shirley Newman – Member of the Public
Karen Pearce – Motor Neurone Association
Jon Peppiat – Member of the Public
John Roberts – Member of the Public
Diana Sheppard – Member of the Public

Anita Shields – Member of the Public
David Sissling – Kettering General Hospital
Bob Smart – WASPRA
John Tate – Kettering General Hospital
Pamela Tomalin – Northamptonshire Dyslexia Association
Rebecca Wheeler – The Local Offer
Lesley Woolnough – Challenger Health Ltd
Fiona Barber – Kettering General Hospital

1. Welcome

Dr Darin Seiger (DS), Chair of Nene CCG, welcomed those convened to the inaugural Annual General Meeting and outlined the content of the meeting.

2. Structure

DS explained the structure of Nene CCG, noting its unusual formation of 8 localities which are clinically led. There are c. 400 GPs in 69 Practices, all of whom are members of the organisation. DS went on to outline the mission, vision and values of Nene CCG.

DS described the key challenges faced by Nene CCG and highlighted the achievements over the past year.

The meeting then viewed a short video filmed at a recent Health & Wellbeing Day, demonstrating how people like to access GP Services, their thoughts around what needs to be done, and a demonstration of the amount of missed appointments in one month.

3. Finances

Stuart Rees (SR), Chief Finance Officer, explained that he would talk about the 5 year strategic plan which has been worked up by all partners, and the financial challenges over the past year.

He told the meeting that Nene CCG received £662 million to spend purely on healthcare costs and £15.2 million to spend on running costs. There are two targets that have to be met. Under business rules the organisation has to demonstrate a 1% surplus.

SR went through the negotiations that Nene CCG held with NHS England and demonstrated where the money was spent.

Looking forward, the whole of Northamptonshire, including Social Care, were looking at savings of £280 million over the next 5 years. Working together, all the partners have agreed a plan on where money will be spent in order to achieve this.

4. 5 Year Strategic Plan

Ben Gowland (BG), Chief Executive, talked to the meeting about the plan for the next 5 years.

The point of commissioning organisations is to improve outcomes for the whole of the population.

The partnership has agreed that their main outcomes are Better Care, Better Health and Better Values for the people of Northamptonshire.

The strategy is demonstrated in different ways in each organisation's individual plans but the outcomes are all agreed and signed up to by everyone.

There are four main building blocks:

- Change the way care is delivered Out of Hospital
- Clinical collaboration
- Manage resources collaboratively
- Integrate health and social care services

Moving forward these have all been agreed to by Leaders across all health and social care organisations in Northamptonshire, and each Leader looks to see how they can deliver their element within their organisation. It builds on the work of Healthier Together, which has become Healthier Northamptonshire and is where we are today. Plans aren't finished they are still in development but everyone is excited about the journey we are on.

It's not just about plans though – we now have an acute psychiatry liaison service in both Kettering General Hospital and Northampton General Hospital starting in September, we have got GP streaming in both acute hospitals with plans to expand over the winter. There are also plans to invest in domiciliary care which will help to free up hospital beds.

5. Out of Hospital Strategy

Dr Matthew Davies (MD) talked the meeting through the Out of Hospital Strategy and started by saying that the most exciting thing for him was that we now talked about Health rather than Ill Health. The plans for community care are all about putting people at the centre of the plans and making sure they stay at home as long as possible. By learning lessons from social care we have been able to provide a step up to access services through community hubs which act as a common point between health and social care. By using rapid response and discharge teams we can then effectively use emergency care when it is really needed.

How will people experience this new type of care? There are three points:

Personalised care – as a GP the most important thing for me, with a patient with Diabetes would be their levels, whereas for the patient it may be that they want to be able to go to the shops themselves, or know that there is adequate support for their carer.

Self care – This goes all the way through someone's health journey. At the further end of it we tend to talk to people about their ill-health rather than help them improve through self care.

Right care in the right place at the right time – What this really means is your care will be where you live.

6. Question and Answer Session

Q. Michael Brown – There is a decrease in funding by £59.8million. What are you doing about this? When do you believe we will get our full funding level?

A. Ben Gowland – The funding formula is decided nationally by NHS England, and every time we have seen them we raise the fact that we are under-funded. However I don't think we will see this changing. I would ask our political colleagues for any support to bring this issue up.

The point was raised that there may be a change of Government in a year and would that make a difference? Ben replied that he didn't think it would as the Government set the overall funding but NHS England apply the formula.

Q. Anita Shields – What confidence can you give me that internal control weaknesses will improve with your action plan, and how long will it take for there to be an improvement?

A. Stuart Rees – This relates to an internal audit report which I requested when I first joined the CCG. The findings relate to some lack of governance under the PCT, and I used this to put in place strong governance around each locality. The internal auditors have been back and confirmed that this is the case.

Q. Diana Kingston – I thought I heard Mr Gowland say that some part of the CCG was merging with Hertfordshire. My concern is that we have very different needs to Hertfordshire. How much of this is taken into account, especially on the accident side?

A. Ben Gowland – Apologies, just to be clear, there is no planned merger with Hertfordshire. What we are saying is the plan is just for Northamptonshire. When we took over as a CCG 18 months ago, we said that the plan that existed for the region including Milton Keynes, Bedfordshire and Luton and didn't make sense for the people of Northamptonshire. The 5 year plan is built purely around the County and what the County needs.

Q. Bob Smart – I am here on behalf of Whitehills and Spring Park Residents Association, I am also speaking on behalf of a number of other residents associations across the town who are currently researching the impact on the infrastructure of Northampton and particularly for tonight, acute healthcare. There are plans for an extra 25,000 houses around the boundary of Northampton. We fail to see any link between the key county strategic documents, especially in your plans. Can you reassure us that this is being taken into account.

A. Dr Matthew Davies – There are two layers to look at, the integrated plans between the acute providers and the commissioners, and built into that is the population growth. We mentioned the large financial gap and part of the gap is the fact that Northampton is, I think, one of the fastest growing populations in the country. So we have factored in the expectation that there will be more people and we will need to do more things for those people. If you look at the figures that Stuart presented, despite the fact that there is going to be increased care at home, there is still an increase in spending on the acute sector. So we have factored it in. But the most important part is that the 8 localities are looking at a strategy for how they will deal with an increasing population. They will then go to the CCG with plans for same day care for example. (Dr Davies related this part of the answer to his area in Daventry). It is being factored into all plans at each locality. Let's be honest it is a real challenge to all of us, but we are aware of it.

Q. Anita Shields – My question is to do with GPs not performing and the special measures that could be taken. What would happen to the patients? Would they have to be transferred to another Practice? Which would cause a lot of other problems.

A. Dr Kamal Sood – I think that that appalling prospect is something that would be a very unusual event. By the time that a Practice would be having problems we would be working with the Area

Team, who hold the contract for general practitioners, it is not a contract with the CCG, but we contribute to the quality changes that occur.

Before the time came for a Practice to be closed, there would be a whole level of support given to the Practice and the practitioners to improve. Underlying your question is the fact that there are not enough GPs and so the GPs that are there are under increasing pressure to work harder and sometimes that creates situations where you are not going to be delivering the quality of care that you would want to. Not only do we have mechanisms of support as we go along, but as a CCG we are also working toward a plan about how we increase the manpower in our community, and that manpower isn't just general practice. We are looking at a more creative way of increasing the general level of manpower, how do we get nurses involved, how do we train nurses to a higher level, so they can do some of the tasks which, traditionally, were done by GPs.

If a Practice came to the point in your question, we would already be there helping them and supporting them in whatever ways we can to ensure that Practice stays there in your locality.

Q. Karen Pearce – Is there any particular focus on neurological conditions in the integration strategy? How would you link with the voluntary sector to support some of your integrated pathways?

A. Dr Matthew Davies – The voluntary and third sector is a key part of our vision of how the community hubs will work. By working together the whole will become much bigger than the parts. By personalising people's care we can make sure that people with rarer diseases get the kind of care that they really need. Instead of making people conform to the system, we can make the system conform to their needs.

Q. Dr Santiago Dargallo – Why did the timetable slip for the Risk Stratification Tool and how much did this cost Nene?
Dr Seiger explained to the meeting that this was an NHS England tool.

A. Janet Soo Chung – In order to make the best use of scarce resources, we see the benefit of using this software. It helps teams working across all agencies to target care. We are in the process of looking to purchase this tool and will probably turn to the commissioning support unit to help us.

Q. Jon Peppiat – What is the position of Nene Commissioning on ageism and the treatment of patients?

A. Peter Boylan – We do not have any policies within this county that restrict treatment on an age basis.
(Questioner brought up a case where he said that treatment had been refused due to someone's age. Mr Boylan pointed out that he was unaware of this and would be happy to discuss outside the meeting.)

Q. Unknown – What type of questions are used to measure customer satisfaction? I am particularly interested in home care. What physiotherapy do you provide to somebody who has had a hip replacement? I am comparing this service to the one in Belgium where somebody received physiotherapy straight away, and here where they didn't receive any.

A. Peter Boylan – As a commissioning group we don't see all of the complaints that members of the public make to individual hospitals. People can of course make complaints to the CCG, and we do receive some, although this particular complaint is not one I am familiar with. There are other

healthcare professionals involved with a person's care when they go home and the GP is the main gatekeeper of the care that someone should be having. I'm not sure I can answer the question more fully as this relates to an individual case.

Q. Andrew Bailey – Given the amount of pressure that will come on to Carers with the increase in home care, can we have an undertaking that the amount of money allocated to Carers will increase, perhaps through the Better Care Fund?

A. Ben Gowland - I think the first thing to clarify is that this is not new money. It is a fund that has to demonstrate increased quality and savings. We absolutely recognise the often unseen contribution that carers make. We will work closely with you and other partners to make sure that the projects that come out of the Better Care fund identify Carers' needs, so we can identify funding and map how that is used.

Q. Gail Chapman – With relation to the 18 week referral target, can you explain why the CCG has introduced another stage of prior approval and why this has been deemed necessary?

A. Dr Kamal Sood – We acknowledge that we don't have endless amounts of money. Some interventions can be delayed to give better service to the patient, some may be of lower priority. The 18 week pathway is not significantly adversely affected. Before this process was put into place the loudest, most vociferous patient would get the surgical care they wanted, rather than the most needy patient.

Q. Jon Peppiat – Are you supporting Kettering General Hospital's desire for £10million to revamp their A&E department?

A. Stuart Rees – Just to be clear, the CCG receives revenue funding to spend on patients and their healthcare, it doesn't receive capital funding to give to Providers, so we are not part of the funding stream for this project. However, we do support KGH.

Meeting closed at 7.30pm