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**WEST GLOUCESTERSHIRE PRIMARY CARE TRUST**

**Notes of the PCT Public Board meeting  
held on Thursday 16<sup>th</sup> March 2006 at 9.30 am  
at Highnam Business Centre**

Present:	Dr Hugh Annett	Director of Public Health
	Ahmed Bham	Non-Executive Director
	Liz Boait	Chair
	Stephen Golledge	Chief Executive
	Derek Harbottle	Non-Executive Director
	Mark Hendry	Non-Executive Director
	Susanne Noblett	Professional Executive Committee member
	Dr Mike Roberts	Chair of the Professional Executive Committee (from agenda item 12)
	Fred Simpson	Non-Executive Director
	Mike Theelke	Director of Finance
In attendance:	Amanda Fisk	Director of Performance & Corporate Development
	Sarah Robinson	Assistant Director (Corporate Development)
Also present:	John Ball	Member of the Public

**793/06 APOLOGIES FOR ABSENCE**

Apologies were received from Anny Reid Non-Executive Director, John Ford, Director of Service Delivery, Jan Marriott, Director of Clinical Development and Ann McCluskey, Director of Human Resources and Organisational Development/

**794/06 MINUTES OF THE MEETING HELD ON THURSDAY 16<sup>th</sup> February 2006**

These were agreed as an accurate record.

**795/06 MATTERS ARISING**

There were no matters arising.

**796/06 CHAIR'S REPORT**

Liz Boait welcomed those present at the meeting and explained that the reduced agenda compared with normal was due in part to the extra Board meeting in February that had been inserted into the meeting schedule.

Liz congratulated Suzanne Noblett on the extension of her appointment as a Non Executive Director until 1<sup>st</sup> October 2006. She also acknowledged the valuable contribution that Jon Ryland had made, particularly with the case management project, on his leaving the PCT and therefore also relinquishing his membership of the Professional Executive Committee (PEC).

In addition to her report, Liz brought to the attention of the Board that the 31<sup>st</sup> March 2006 was the last day of the existence of the Gloucestershire Ambulance Service NHS Trust. Residents of Gloucestershire and employees of the Gloucestershire Health Community were invited to the service of commemoration on Sunday 19<sup>th</sup> March 2006 at 3.00pm.

Liz also announced with great pleasure that Baroness Royall of Blaisdon would be visiting West Gloucestershire PCT's Community Hospitals at the Dilke and at Lydney on Friday 17<sup>th</sup> March 2006.

**The Board noted the contents of the report.**

**797/06**

### **PROFESSIONAL EXECUTIVE COMMITTEE (PEC) CHAIR'S REPORT**

Suzanne Noblett presented the PEC Chair's Report in Mike Roberts' absence.

Suzanne informed the Board that the Committee meeting held on 2<sup>nd</sup> March 2006 had reviewed in detail an interim report on the School Nursing Review and that the Committee was committed to continuing to review progress in child protection issues.

Suzanne commented that some time at the PEC meeting was also spent discussing the financial situation of West Gloucestershire PCT.

**The Board noted the contents of the report.**

**798/06**

### **CHIEF EXECUTIVE'S REPORT**

Stephen Golledge presented his report.

Stephen brought to the attention of the Board the announcement of the resignation and retirement of Sir Nigel Crisp with effect from 31<sup>st</sup> March 2006. He noted that Sir Ian Carruthers will become Acting Chief Executive of the NHS and Hugh Taylor will become Acting Permanent Secretary of the Department of Health, thus splitting the role that Sir Nigel held. Stephen reflected that the advertisement for the position should be made shortly although he was uncertain how long the appointment process would take and therefore how long Sir Ian Carruthers and Hugh Taylor would be in post.

Stephen requested that the Board endorse the application by West Gloucestershire PCT and the 2 other PCTs of a bid for £1 million from the Department of Health to assist with dental access for the Gloucestershire population. Stephen noted that Liz Griffiths, Dental Support Manager for the PCT, had attended a meeting with the Strategic Health Authority where it was explained that if the bid was successful the dental capacity in the urban areas of Cheltenham and Gloucestershire should be increased. In response to a query from Ahmed Bham, Stephen indicated that this would increase the dental registrations by approximately seven thousand in Cheltenham and ten thousand in Gloucester, although this could be diluted by changes in the registration levels at other practices brought about by the new dental contract. Fred Simpson also

commented that there were pressures on the Welsh borders with regard to NHS dental availability.

Stephen said that there would be a full report on dentistry and the new dental contract at the next Board meeting scheduled for April 2006.

**The Board noted and approved the contents of the report and endorsed the bid to receive £1m from the Department of Health for improving dental access.**

799/06

## **LOCAL DELIVERY PLAN (LDP) 2006/07**

Amanda Fisk updated members on the LDP for 2006/07.

Amanda indicated that the PCT was moving into uncharted territory with this year's LDP process. An LDP review meeting was held on 13<sup>th</sup> March with the SHA and all 3 PCTs. It was the first such meeting held with a health community by the SHA and as such the Gloucestershire meeting was used to set the framework. Within the detail of the LDP schedule Amanda explained that any legally binding activity and costs were included within the LDP, whilst any discretionary growth would not be permitted. From the meeting the PCTs had learned that whilst the in-county providers had deficits, the SHA would look to those providers to find solutions.

In relation to the not yet re-issued PbR tariff Mike Theelke indicated that it was being tested more fully to avoid a repetition of the problems leading to the previous withdrawal.

Amanda reminded the Board that the timescales for the LDP process were for full financial planning returns to be submitted to the Department of Health by SHAs on 20<sup>th</sup> April 2006. Therefore the 5<sup>th</sup> to 7<sup>th</sup> April was the deadline for the final LDP from the PCTs to the SHA.

Amanda indicated that there were anticipated LDP savings of £23 million. It was expected that there would be a reduction in the workforce as part of the savings plan to achieve financial balance. Ahmed Bham stated that he would like an indication of how the PCT would qualitatively manage such a change. In response Stephen informed the Board that there had been discussion amongst the PCTs as to how to handle current vacancies; there was agreement that there would be no attempt to replace administrative, clerical or management staff and all consultancy contracts and temporary contracts should cease. He indicated that there would be a review of clinical vacancies and any exceptions would be discussed at the PCT Chief Executives group. Agreeing that management of staff costs by this method was a blunt instrument Ahmed reiterated that management savings were only one aspect of the delivery of savings. Liz registered her concerns on behalf of the Board. Mike Theelke indicated the timing problem in that the workforce plans had been completed ahead of the LDP submission.

Suzanne Noblett sought an assurance for clinicians that if all overtime was stopped this would not increase the clinical risk. Stephen indicated that the Chief Executives realised that there would need to be exceptions and that in communications with members of the public we would need to recognise the need for service reduction but within the context of a minimal increase in clinical risk. Liz reiterated that the PCT would be guided by patient safety first and foremost.

Fred enquired as to the appropriate control mechanism for ensuring clinical effectiveness in the savings programme and whether this would be through the PEC. In response Stephen informed the Board that if a clinical vacancy arose the Director of Service Delivery and the Director of Clinical Development would take a view on the necessity of filling the position; if considered a necessity Stephen would advise the Chief Executives of Cheltenham and Tewksbury PCT and Cotswold and Vale PCT.

Amanda next drew the Board's attention to the detail of the deficit. She indicated that the PCT would carry forward their deficit and also needed to find 2.5% CRES (cash releasing efficiency schemes). To manage this a reduction of 3.8% was proposed from the budget of each of the 8 main budget groups. Amanda outlined arrangements for the Integrated Service Improvement Plan (ISIP) to take the savings plans forward and implement the changes.

Stephen informed the Board that the Overview and Scrutiny Committee would hold a public meeting on 29<sup>th</sup> March to assist with the responsibility to share with the population the savings proposals under consideration and to discuss next stage by way of process in terms of consultation. Hugh Annett expressed his concern that a cut of 3.8% across the board would not be equitable for already under funded areas where there would be a greater impact. He urged the PCT to maintain the objectives and vision established by the PCT and the strategy to improve services. Fred Simpson and Suzanne Noblett both endorsed this position. Liz confirmed that the Board would need to ensure that the future shape of services was right requiring the engagement of the Board for the final approval of the savings plan; Liz confirmed that the Board would look at the plan during the week commencing 20<sup>th</sup> March 2006 and that it may require a further Board session.

On conclusion of this debate Derek enquired as to whether the top-slicing to create a resource pool would be re-paid by the SHA. Stephen indicated that for planning purposes it was due to be repaid during 2007/2008, although it could not be assumed as safe.

**The Board noted the current status of the LDP, the impact of the withdrawal of the PbR tariff, the current status of the plans to address the financial gap and the initiation of the ISIP/community Change programme.**

**800/06**

## **NHS ORGANISATIONAL DEVELOPMENT**

Stephen requested the Board's view on the proposals for the reconfiguration of the NHS. He advised the Board that as part of the consultation process staff had been briefed and a drop in session held for members of the public. He required views from the Board on the number of SHAs and the number of PCTs. Stephen stated the rationale for one SHA for the South West and for 3 PCTs, on the basis that this would drive management costs down and create a robust organisation.

Hugh Annett indicated that if the reconfiguration choice between 7 PCTs and 3 PCTs was cost neutral his preference would be for 7 on the grounds of local authority links and local working, but in the absence of cost neutrality he would support the proposal for 3 PCTs. Fred concurred with this view although stated his need to be convinced that 3 PCTs could work effectively across all their functions.

Stephen indicated that there should be savings of between £2 and £4 million between the models for 3 and 7 PCTs.

Liz summarised the consensus from the Board for one SHA, 3 PCTs and Swindon joining the Wiltshire PCT. No view was expressed on where Bath and North East Somerset should fit.

**The Board noted the contents of the report and confirmed the preference for one SHA and 3 PCTs. Their views would be submitted in the form of a letter from the Chair to the SHA by 22<sup>nd</sup> March 2006. The Board also noted the timetable for the reconfiguration.**

801/06

## PERFORMANCE REPORT

Nicki Millin presented the performance report to members and highlighted the following areas:-

Cancer Wait times - Nicki reported that there is continuing improvement with 97% of patients being seen within the 31 day target for diagnosis to treatment and 85% patients with the 62 day target for referral to treatment.

Ambulance Services – this remained an area of concern. GASNHST have agreed a range of actions with the SHA to improve their current performance including reviewing standby points in conjunction with colleagues from Wiltshire, suspending training and implementing changes to control room staff. In response to concerns about several incidents recently in the Forest of Dean Nicki explained that an Emergency Care practitioner would start in the Forest and any performance improvement would be monitored. There was also the implementation of a community responder scheme at Newent. Susanne Noblett raised a particular concern about an incident.

Delayed Transfers of Care – standing at 11 as at the 2<sup>nd</sup> March 2006, reflecting pressures in the acute Trust. Following up from last month's Board meeting Nicki shared with the Board that of 23 patients looked at 8 had excess bed-day costs and 14 had a rehab bed-day costs. The extra cost to the PCT as a result of the delay in their discharge was £28K.

Choose & Book – Nicki reported that as at 6<sup>th</sup> March 88 patients had contacted the countywide patient support service to make their booking, and of these only one had chosen an out of county provider.

Agenda for Change – Nicki confirmed that to date the PCT had received 62 requests for a review of bandings; the first 6 had gone to panel with 5 going up a band and 1 remaining at the same banding.

Liz thanked Nicki for the report and was pleased to have this debate in the public arena.

Helen Bown then presented Section Two of the performance report on older people's services. Helen advised the Board that over the last year data has been collected to provide a clearer analysis of activity and to assist with planning.

Helen emphasised that the high levels of activity had led to intermediate care teams working at capacity consistently throughout the year, dealing with caseloads of 60 at any one time.

Helen gave details to the Board on Figures 1, 2 4 6 and 7 contained in her report. In particular the Board noted that the rate of non elective medical admissions into GHNHSFT remained fairly constant for those aged 75 and over yet was more volatile for those aged under 75. Mark Hendry indicated that this may be

explained by the expectations of a more assertive 'baby boomer' generation compared with the war time generation. Helen, on her analysis of the figures, stated that it put paid to the myth of older people being seen as a "problem". Pressures in the system were not directly related to the older population.

Fred expressed his concerns that the PCT, having lost the support worker in medicines management for care homes, could lose the engagement that had been built up with the care homes over a long period of time. Helen expressed her hope that there would be other partnerships and confirmed that she was seeking ways of supporting the project during the coming year. Stephen indicated that the practice of general medical practices with a few patients at each care home was gradually changing towards one or two practices looking after one care home. This would result in better care and communication, both with residents of care homes and also with the care homes themselves. This, in addition with the district nursing team would help build communication.

In winding up the debate Liz thanked Helen for the extremely interesting and helpful paper.

**The Board noted the contents of the report.**

**802/06**

## **FINANCE REPORT**

Mike Theelke presented to the Board the financial position of the PCT as at 28<sup>th</sup> February 2006.

Mike reported that the PCT has an anticipated resource limit of £262,297,000 of which £244,772,000 is recurrent. The most likely forecast is an overspend of £3,842,000 with the worst case being £4,557,000. Mike explained the rationale for such a worst case forecast with 2 months commissioning activity still to be produced. However, it did reflect a reduction in the worst case forecast from £4.9m at the end of January 2006.

At the end of January the Service Level Agreement overspend for Gloucestershire Hospitals NHS Foundation Trust is £3,518,000. The 'best case' forecast with the Trust is an overspend by £4,065,000 at the end of the financial year.

Mike next drew members' attention to the overall prescribing overspend of £713K based on January data, despite a rolling growth of -2.04%. This was largely a result of national price changes over the past 12 months. Mike explained that the original savings target had been a reduction of 9% including the impact of national price reductions, and therefore the overspend of 2.5% demonstrated significant process in savings made. On reviewing Annex 4 to the Finance report Mike explained that the negative rolling growth was slowing although some practices still showed a positive rolling growth, requiring attention from the medicines management team.

Derek Harbottle asked Mike about the cash position and whether there were any actions in place to defer payments to creditors. Mike explained that the position had eased slightly; there were no difficulties in meeting the January and February tax and national insurance payments but certain creditor payment runs had been held back. In the worst case he envisaged that some creditor payments could be delayed by 4 weeks.

**The Board noted the contents of the report.**

803/06

## **FINANCIAL RECOVERY PLAN PERFORMANCE MONITORING REPORT**

Amanda Fisk presented the Financial Recovery Plan (FRP) performance report to members and reported on the actions to address the forecast deficit.

Amanda confirmed no further Challenged Organisation meetings had been held since the last Board meeting and that the PCT was currently preparing an FRP for 2006/2007. It was confirmed that any 2005/06 overspend would be carried forward as a deficit for 2006/07. Explaining the different nature of the FRPs across the county, Mike Theelke confirmed that the Cotswold and Vale PCT was expecting to realise savings from practice based commissioning rather than direct demand management schemes. As the three PCTs moved toward merger, bringing the schemes together, there would continue to be an FRP for each PCT within Gloucestershire.

Drawing the Board's attention to the scheme to manage emergency patients, it was noted that a weekly average of 39 patients are diverted from Gloucestershire Royal Accident and Emergency Department to the Primary Care Centre.

Amanda reported the increased number of case loads with regard to Case Management. A revised target of 630 cases across the PCT was set for achievement by early December. The case load had grown quickly and was currently in excess of 650 patients.

In response to a query from Suzanne Noblett, Mike Theelke confirmed that correspondence was passing between the PCT and GHNHSFT concerning technical issues with the Foundation Trust contract around rehabilitation. It was still anticipated that some savings would be achieved from this work.

**The Board noted the contents of the report, the changes to the schedule of schemes, progress in relation to the Case Management Project, Managing Patients project and the demand management incentive scheme. The Board also noted the additional action being taken in relation to the current forecast deficit.**

804/06

## **REPORT FROM THE AUDIT COMMITTEE**

Derek Harbottle presented the report from the Audit Committee.

Derek highlighted the discussions on cash management and the work being undertaken on self assessment for Auditors Local Evaluation. He explained that he had met with Sarah Robinson and would forward the amended terms of reference to the Audit Committee for their approval.

Mike Theelke on following up the minutes of the Audit Committee informed the Board that it was not practicable to do a full parallel run on the new electronic staff records (ESR) programme but that batches of payments had been checked in detail. However, the ESR system was now live and had been used for a weekly payroll run.

**The Board received the draft minutes and noted the contents.**

805/06

## **CAPITAL AND ESTATES REPORT**

Mike Theelke presented the Capital and Estates report.

Mike informed the Board that he and Stephen Golledge had met with the Churchdown practice to confirm the position of the Board. He was planned to bring a report on the Churchdown project to the April Board meeting for decision and approval, following resolution of the LDP.

Continuing, Mike explained to the Board that the initial capital allocation for 2006/07 had been £321k. He indicated that £60k of this had been reserved for DDA and health and safety projects.

Reviewing the Estates Shared Services key performance indicators Mike pointed out the overspend on the budget of 15%; in response to question from Liz Boait he considered the quality of the estates shared services to be good although sometimes there was a misunderstanding from PCT budget holders as to the full specifications required for works.

**The Board noted the contents of the report.**

**806/06            PODIATRY SERVICES REPORT**

Hugh Annett presented the report to update the Board on actions to address the number of complaints received by the Podiatry Services and to set out the future plan for the service. The report had been requested by the Board.

Hugh commented that the current system of delivery for podiatry services is unsustainable in the long-term. Restricting access to the service is not an option as only people with medical needs now have access and it remains a responsibility of the NHS to deliver such a service.

In particular, Hugh concentrated on the introduction of new patient pathways that will empower and educate patients prior to access, following a model used by the Speech and Language Therapists. Hugh believed this should reduce the number of complaints required and improve patient care.

**807/06            QUESTIONS RAISED BY MEMBERS OF THE PUBLIC**

John Ball referred to the recently erected statue of Winston Churchill in a straitjacket in Norwich and drew comparisons between this and the stigma of mental health. He referred to the Statutory Instrument 2004 (1768) on the National Health Service Complaints regulations and asked the Chair to investigate the availability of conciliation facilities with West Gloucestershire PCT. Liz undertook to do this.

**808/06            DATE OF NEXT MEETING**

The next full Board meeting will be held on Thursday, 20<sup>th</sup> April 2006, 9.30 am in the Board Room at Highnam Business Centre.