

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

Notes of the PCT Public Board meeting held on Thursday 18th September 2003 at 9.30 am at Highnam Business Centre

Present: Liz Boait (Chair)
Stephen Golledge
Derek Harbottle
Roger Haynes
Mark Hendry
Shelina Jetha
Susanne Noblett
Mike Roberts
Kevin Stephens
Mike Theelke

In attendance: Rona Dow - Community Health Council
PCT - Mel Crosby
Pat Diskett on behalf of Hugh Annett
Ann Jarvis Wanklin (for Agenda Item 17)
Penny Harris
Gina Mann
Jan Marriott

64 /03 APOLOGIES FOR ABSENCE

Apologies were received from Fred Simpson, Hugh Annett and Ann McCluskey. Liz explained that Fred was representing her at an AGW Chairs meeting.

65/03 MINUTES OF THE MEETING HELD ON SEPTEMBER 18TH 2003

The minutes of the meeting held on September 18th 2003 were agreed as a correct record.

66/03 MATTERS ARISING

There were no matters arising.

67/03 CHAIRS REPORT

Liz Boait explained that this report focused on Improving Working Lives and she wanted to highlight the good progress that had been made. The Steering Group has been involving staff in their discussions and had received a lot of feedback. 'Speak Easy' sessions have been organised for staff and interest has been high to date.

Liz informed the Board that the assessment process for Practice Status has been postponed due to a shortage of assessors. She hoped that assessment would take place before Christmas.

The Board received and noted the report.

68/03 PROFESSIONAL EXECUTIVE COMMITTEE (PEC) CHAIR'S REPORT

Mike Roberts explained that at the last PEC meeting the agenda had been mainly around updates concerning clinical issues such as Speech and Language, Child Protection and others.

The PEC had a long discussion around the British Heart Foundation (BHF) Bid for Heart Failure Nurses. Mike informed the Board that the PCT had set up a new service for Heart Failure patients and the PEC was presented with a bid to further develop this service. The service was to be funded in the first three years from the BHF and then the PCT would pick up the costs. Mike explained that the PCT did have this included on the development plans but this BHF funding would enable it to start earlier than envisaged.

Mike explained that the PEC had also discussed how INR Services were provided differently in the Forest and Gloucester and how best to provide these services. The PEC agreed to recognise that some of the Forest practices were providing this service in house and would pay them accordingly. However it was noted that the PCT would be investigating this service further.

Gloucestershire Smoking Advice Service had presented a proposal for a GP Incentive Scheme for Smoking Cessation to the PEC. The PEC however did not feel this was the best use of resources and asked that further work be completed.

Derek Harbottle raised his concerns over how slow the agenda seemed to be moving for Smoking Cessation. Mike Roberts replied that there was a lot of work being done around this area but the PEC did not feel that paying a GP to encourage patients to give up smoking was the most effective use of resources. Jan Marriott informed the Board that she would be looking at working with localities to develop more local proposals. A new manager was arriving to lead on Smoking Cessation.

The Board received and noted the report.

69/03 CHIEF EXECUTIVE'S REPORT

Stephen Golledge updated the Board on the consultation process for the Foundation Trust explaining that Sally Pearson - who was Project Manager for this process would be joining the November Board meeting to give a presentation. Stephen (and Mark Hendry) were involved in a stakeholder advisory group.

Kevin Stephens raised the question as to how any decisions on foundation status across PCTs was being dealt with. Stephen replied that this was to be discussed across the Health Community.

Mark Hendry voiced his concerns over the fact that the consultation process was obviously going to take a while and in the meantime the PCT should be holding discussions with Gloucestershire Hospitals Trust around West Glos PCTs concerns around certain areas of service. Stephen replied that he and Penny have already regular meetings with representatives of the Hospital Trust.

Stephen highlighted that the West Glos PCT 'Your Guide to Local Health Services 2003' had been posted out to residents across the PCT area. The Guide included additions/amendments from feedback from last years Guide. Rona Dow commented that there needed to be clearer information on how to access dentistry and podiatry for example by including the Dental Help Line Telephone Number. Susanne Noblett informed the Board that there was a fault with the Midwifery Telephone Number. Liz congratulated Anthony Dallimore - Communications Manager for producing the Guide.

Stephen informed the Board that the PCT is currently completing a Mid Year Review of the Local Delivery Plan (LDP), which is being undertaken by AGW. AGW are currently concerned about Cotswold and Vale PCT and the Gloucestershire Hospitals Trust's finances. West Glos PCT is achieving targets before most deadlines however there are concerns over the Gloucestershire Ambulance Trust meeting their targets.

Continuing Health Care reassessments have been in the papers recently and Stephen informed the Board that the Ombudsman had found that some of the former GHA processes concerning one patient had not been sound. No decision on the outcome had been agreed and West Glos PCT who is leading on the reviews are using a new process, which SHA set out last month.

Mark Hendry was concerned that some PCTs had gone ahead and paid out to some of their patients. Penny explained that there had been no Department of Health Guidance as yet and she was worried about the number of lawyers that have been employed by patients. Penny stressed that there was no need for lawyers and this was an unnecessary extra expense for patients, all cases will be reviewed regardless. Liz asked that the CHC help the PCT spread the message and Rona explained that they were already letting the public know and the PCT had produced a leaflet that they give out. Penny will send a copy to Board Members for information.

Concern was also raised about geographical spread and whether some PCTs would end up paying more than others. Penny explained that there was guidance over PCT geographical responsibilities but this would have been taken into account when allocating Continuing Health placements.

Liz congratulated Stephen on becoming a member of the Chief Executive's Sounding Board, which Sir Nigel Crisp has established.

The Board received and noted the report.

70/03 WEST GLOUCESTERSHIRE PCT ANNUAL REPORT 2002/03

Anthony Dallimore presented a 'mock up' version of the Annual Report, which was circulated, to the Board. Stephen explained that this report is required to be published under the Department of Health's Codes of Conduct and Accountability for NHS Boards. Stephen thanked Anthony for his hard work and he in turn thanked the help of West Glos staff.

Questions were asked about the Annual General Meeting and what the format would be. Stephen explained that they were not sure how many people would attend but it would be a range of people. A presentation would be made around Public Health issues in Gloucestershire, the PCT's first year and year two, Professional Executive Committee and Finance.

The Board received and noted the report.

71/03 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2003

Pat Diskett - Assistant Director of Public Health presented the paper on behalf of Hugh Annett who was on leave. Pat circulated the final version of the Annual Report to Board members. She explained that this was the first Annual Report on Public Health and that the Report would be widely circulated to key stakeholders. A press release is being prepared and the report will also be made available on the PCT's website. The Board passed on their thanks to Hugh Annett and Pat Diskett for the production of the report.

The Board received and noted the report.

72/03 CLINICAL GOVERNANCE ANNUAL REPORT

Mike Roberts presented the paper on behalf of Sarah Hughes and thanked Sarah and Penny for their hard work.

He highlighted to the Board that a huge amount of work has been done but there is still an enormous agenda.

There are areas for improvement such as GP Appraisals and Incident Reporting (IR). However the reaction from GPs over Incident Reporting has been positive.

Shelina Jetha commented that it is really important that staff regards it as part of their daily practice and it is obvious that this is what is being sought

in this report. There is however a need to measure outcomes. Mike Roberts agreed that the challenge was to engage staff so they see it as integral part of quality care.

Kevin Stephens reminded the Board that clinical governance was said to be "a ten year journey".

Kevin also asked whether the Board should be more engaged with the forthcoming CHI Review. Stephen explained that a CHI Planning Group has been established and the CHI visit will probably not be before March 2004. Penny will share with Board members a draft questionnaire that Directors have completed in anticipation of the review.

The Board agreed to have a further Clinical Governance session involving the PEC in January 2004.

Stephen informed the Board that Ann Pursey has been trained to be an assessor for CHI and also Dr Roy Sharma will be a GP assessor. Sarah Hughes has also attended several conferences on the CHI Review.

The PEC pointed out that there was an error in the Annual Report in relation to whom the Clinical Governance Sub Committee is accountable too. Penny will ensure this is amended.

Discussion took place around the fact that 'Clinical Governance' is not a readily understandable title and maybe it should be 'Quality and Safety'.

The Board noted and approved the contents of the report for onward submission to the Strategic Health Authority and for public information.

73/03 REPORT FROM THE AUDIT COMMITTEE

Derek Harbottle presented the paper reminding the Board that Kevin Stephens had verbally reported on the last Audit Committee meeting as it took place a week before the July Board meeting.

Derek did report that the PCT Accounts and the Charitable Funds Accounts were unqualified by the auditors.

The Board received the draft minutes of the Audit Committee meeting and noted the contents.

74/03 REPORT FROM THE CHARITABLE FUNDS COMMITTEE

Liz Boait presented the paper. Mike Theelke informed members that the Charitable Funds were in the process of being registered with the Charities Commission.

The Board received the draft minutes of the Charitable Funds Committee and noted the contents.

75/03 REPORT FROM THE REMUNERATION COMMITTEE

Liz Boait as Chair of the Remuneration Committee presented the paper to the Board.

The Board ratified the decision of the Remuneration Committee to uplift the Chief Executive and Directors' pay and recommended that a benchmarking exercise of these posts to take place.

The Remuneration Committee minutes would be agreed at the next Remuneration meeting.

76/03 COMMISSION FOR HEALTH IMPROVEMENT REVIEW OF CORONARY HEART DISEASE CARE IN GLOUCESTERSHIRE

Penny Harris informed the Board that the purpose of the paper was to advise members of the forthcoming Commission for Health Improvement review of local progress against the National Service Framework for Coronary Heart Disease. She explained that Gloucestershire Health Community had been picked at random and that the review would be coming up in December.

The Board noted the contents of the report.

77/03 PERFORMANCE REPORT

Penny Harris presented the report and thanked Sarah Hammond for her help in the absence of an Assistant Director of Performance.

Penny highlighted the following -

Outpatients - we are still over the target of 17 weeks for patients waiting for an outpatient appointment because some of our patients are being treated in Wales and Welsh targets are different from English targets.

Ambulance Category A calls - the Modernisation Agency are working with the Ambulance Trust to improve the waiting time and to deliver a sustainable target.

Delayed Transfers of Care - this area remains static at present. Social Services Department is engaged in discussions with independent providers about the development of a specific contract to augment hospital discharge arrangements at Gloucestershire Hospitals Trust. The PCT is expanding the beds available at Great Western Court and permanent staff for the in-reach team have now been appointed.

Waiting Lists - 89% are waiting Six Months or less and we are endeavouring to clear the list of 6 month waiters by April.

GP Referrals - this has dramatically increased in July and the PCT is considerably concerned. The PCT is liaising with practices to review this increase in referral rates.

Non-Elective Activity - We are currently showing limited growth in this area.

Primary Care Access Survey - the PCT did not achieve the primary care access standard for a GP appointment within 48 hours during the holiday period. Practices have been invited by Director of Operations to discuss with the PCT how this performance can be improved. This issue is being discussed with practices.

Community Data - A review took place which involved the Community Hospital Modern Matrons to identify the most appropriate methods for monitoring and also the indicators that would be used.

Personal Dental Services (PDS) - this was the first detailed report to be made to the Board.

Shelina Jetha raised concerns about the figures for access to GPs and other Health Care Professionals. Jan Marriott explained that there was a need for practices to understand the definitions used when undertaking the survey and that further work was being undertaken in this area.

Mike Roberts wanted the differences between the English and Welsh standards for waiting times to be highlighted to the public. Penny confirmed that she had written to GPs and Dentists explaining the difference in Waiting Times.

The Board noted the contents of the report and the actions, which are being taken.

78/03

FINANCE REPORT

Mike Theelke presented the Finance report and reported that whilst the PCT's overall forecast was breakeven, there is a current in year risk of £3.1M.

With reference to commissioning Mike explained that the current forecast overspend on NHS Trusts was £131K this was mainly due to pressures at

North Bristol NHS Trust with Plastic Surgery being the biggest overspending area. Cotswold Vale PCT is the lead for this area and is carrying out detailed research. Overall service level agreements are close to target.

Non NHS Providers is forecasting an overspend of £2M which reflects a significant countywide pressure on private sector placements for mental health and learning disabilities. The lead for this is Cheltenham and Tewkesbury PCT and they see this as a very significant problem and are treating as a high priority at present, funding has been increased in this area over the year.

It was noted that 3.3 should read "country" not "county".

Continuing Health Care Placements showed an under spend of £240k as payments to clients have not yet been made. There may also be some savings from Registered Nursing Care contribution changes.

Mike informed the Board that the PCT had to meet efficiency savings as its first priority before any development monies could be released. The Hospital Trust and Partnership Trust were having difficulties in achieving their efficiency savings and therefore it would be advisable for West Glos PCT not to release development monies until the health community meets the savings target.

It was noted that some funding had already been committed, for example the 'in reach team' and new staff posts from 1st April 2003; this funding will continue. Funding will also still be available for any high priority areas such as podiatry and areas that have an impact on deliverable targets.

Concern was raised from the Board that West Glos PCT could be double penalised as we are helping the Avon, Gloucestershire and Wiltshire (AGW) deficit and also the Gloucestershire Health Community deficit. Stephen confirmed that his view is that Gloucestershire still comes first and that our priority is to achieve financial balance in this county.

Prescribing - Mike explained that the prescribing action plan would be reported in more detail at Agenda Item 15. He did report that the PPA is forecasting an overspend of £1,195,000. The PCT has planned that in September it would make a decision on whether to release Primary Care Development Monies. **The Board discussed this and decided that the PCT would defer these development monies until further prescribing information has been received to see if an improvement is made.**

Programme Costs, Administration Costs and Provider Services were all in financial balance however there may well be other areas of slippage.

The Board noted the contents of the report.

79/03

PRESCRIBING UPDATE

Penny Harris presented the report to the Board explaining that the purpose of the paper was to update the Board on prescribing and medicines management issues within the PCT.

Penny informed the Board that 19 out of our 31 practices are overspending.

Penny highlighted Appendix 5 - Cox-2 inhibitors, Appendix 6 - Drugs of limited clinical value, Appendix 7 - Statins, Appendix 8 - Percentage Generic Items.

Laura Bucknell - Medicines Management Support is looking at prescribing for every practice, however Penny informed the Board that the department is still short of staff so progress is slower than all would have hoped. There is a targeted plan for each practice and the PCT is in the process of writing to each practice detailing their individual problem areas. The new head of Medicines Management will be visiting each practice when he starts full time. It was noted that the Prescribing Support Advisors are completing returns each month, which show the 'switches', and savings that individual practices are making.

Shelina Jetha raised the point that the public needs educating on the value of drugs and also why couldn't the PCT have its own pharmacy so that it could have strong buying power. Stephen explained that the PCT did consider owning Rikenel pharmacy but the Local Pharmaceutical Committee were not in favour.

Other areas of actions included the following -

- work being done on a review of all repeat prescriptions
- research on our PCT population compared to other PCTs
- CHC informing patients wherever possible of the advantages of 28 day prescribing
- improved interface with Gloucestershire Royal and Primary Care

The Board received and noted the actions.

80/03

RISK MANAGEMENT STRATEGY

Mike Theelke explained the purpose of the report was to present to members the revised Risk Management Strategy which had been developed by the Governance and Risk Management Committee.

Mike explained that the strategy had been revised to ensure that it complies with the NHS Litigation Authority's Risk Management Standard.

The Risk Management Strategy was adopted last year and has been updated slightly with Appendix 3 - Policies & Procedures supporting the risk

management strategy and Appendix 4 - Chair/Non-Executive Directors Lead Roles.

The Board requested that the sub-committee structures be circulated to them.

The Board approved the updated Risk Management Strategy.

81/03 AMENDMENTS TO GLOUCESTERSHIRE'S LIST OF INTERVENTIONS NOT NORMALLY FUNDED

Ann Jarvis Wanklin presented the paper explaining that the purpose of the paper was to advise members of amendments to the county's list of Interventions Not Normally Funded.

Ann reminded the Board that they had delegated authority for the subsequent ratification of amendments to the list to the Gloucestershire Planning Consortium.

The latest amendments have been made and are being distributed. Mainly these amendments are due to recently issued Nice guidance.

Ann informed the Board that discussions are being held to see if there is scope to share some elements of the list between all of the PCTs in the Avon, Gloucestershire and Wiltshire (AGW) Health Authority area. This would provide a more consistent practice across these local borders.

It was highlighted that there is an agreed county work programme looking at other areas where access criteria might be revised.

Ann also brought to the Board's attention that IVF Guidance was still being consulted but if this is agreed then West Glos PCT could be looking at a spend of £1M in this area and there would also be concern around capacity. This is to be announced in February 2004.

Liz Boait commented that this was a very useful paper. Mike Roberts asked that the INNf list be sent to all practice managers for them to ensure GPs have a copy.

The Board noted the amendments to the list and associated policies.

82/03 REVIEW OF MENTAL HEALTH SERVICES FOR OLDER PEOPLE

Penny Harris presented this paper to update members on plans to initiate a county review of mental health services for older people.

Penny informed the Board that the Gloucestershire Strategic Forum commissioned this review.

She highlighted the key deliverables -

- a description of the future role of the specialist inpatient services
- a road map, which address the future of Pineview
- a reduction in delayed transfers of care form older people's mental health beds
- care pathways for depression and dementia agreed

Helen Bown -Older Peoples' Manager and Penny Harris - Director of Service Development is leading on this project.

The Board received and noted the report.

82/03 2004 BOARD MEETING DATES

Stephen brought to the attention of the Board the Board meeting dates for 2004. Liz Boait noted that she was hopeful that some of the Public Board Meetings would be held in localities.

The Board noted the schedule of Board meeting dates for 2004.

83 /03 DATE AND TIME OF NEXT MEETING

- **20th November 2003, 9.30 a.m. Highnam Business Centre.**