

**Present**

Peter Bodden (Chair) – WatCom  
Clare Hawkins – PCT  
Suzanne Novak (in place of Moira McGrath) – PCT  
Debbie Pyne (in place of Katrina Hall) – PCT  
Mo Girach – CEO StaCom  
Sheila Borkett-Jones – WatCom  
Mary McMinn – DacCom

**Apologies**

Roger Sage – StaCom  
Ian Isaac – WatCom  
Mark Jones – DacCom  
Gerry Bulger – DacCom

CH summarised the situation to date.

This is the second of 2 meetings about the concerns that the West Herts Commissioning groups have about District Nursing, regarding the financial situation and the impact on services. The following actions are required by the PBC leads:

- The service needs to be delivered now
- A service needs to be delivered in the future
- Budget cuts – posts should not be lost as a result of the freezing of staff vacancies

CH also manages Out of Hospital Services. She needs to have a dialogue with the PBC groups.

There is a service agreement with Jacqueline Clark. Previously the PCT has not had an agreement with its provider services. There is now an embryonic high level formal one. Additional details about management and monitoring need to be added. There are caveats about activity (this will be down because of the vacant posts). Also the computer system being used (TPP System1) is not providing the activity properly. The provider services budgets have not yet been signed off.

The dialogue with PBC is when we say what services we want provided within the resources available.

Draft specifications have been pulled together by provider services. CH is working with Grace Broderick and Christine Brown to pull together the range of services.

There are differences between St Albans and Hertsmere compared to Watford and Dacorum regarding the interface with Intermediate Care hours.

CH would like there to be core hours; other hours should depend on local needs. She wants to work together on this.

There is a need to look at Community Matrons. There is a debate about their role. In May there is to be a meeting with the SHA with evaluation of this and plans for the future. In West Herts, roles have been re-badged without proper case management.

SBJ led a discussion about the work done by practice nurses and district nurses within different practices. MG pointed out that StaCom wants to seize the opportunity to be creative and innovative. CH said that there should be discussions about what was needed first and then how it should be delivered.

CH commented on feedback that she had received. The restrictions about ordering of equipment have been lifted because it is now a new financial year. There has been scare-mongering – there was not a clinical risk.

The PCT is drafting a generic advert for recruitment to posts. Jacqueline Clark has received feedback from provider services, who identified critical posts, including District Nurses. Once staffing and budgets have been established, advertisements will be placed. In West Herts, there are 4 finance and accounting systems to pull together. MG commented that vacancies must be translated into different teams. A stocktake must be made of needs and the grades of posts that are advertised must be adjusted. SBJ would like to see the development of integrated teams. It was pointed out that it takes a minimum of 3 months to recruit.

It was agreed that an invitation would be sent to Jacqueline Clark to attend a West Herts PBC Leads meeting with her managers Debbie and Grace. Preparatory work needs to be done by the end of April. The PCT will come back with a list of options of dates before the next WHPBC leads meeting. We should be getting agreement now on what should be prioritised.

DP said that there had been one comment on the draft specification. She would welcome feedback after the WatCom and DacCom Executive meetings. The traffic light system was discussed. This is a management tool to enable nurses to prioritise the current workload. It needs heavy tuning.

SBJ wants clusters of localities.

StaCom want to take over community nursing and run it itself.

There are problems with the implementation of the new system in St Albans.

Dacorum has just adopted the new community nursing model.

There are great concerns in Watford about the proposal. Chorleywood have a business case – but they are now part of WatCom – so they need to present this to the WatCom IG committee. It may also go to the PBC Governance Committee. This will have an impact on advertising. SN emphasised the concern to DP – the latter is to attend the WatCom EG and IG meetings.

MG is to have a meeting later today with Andrew Parker, Heather Moulder and CH. He kindly agreed to share the outcome.

DP mentioned the feedback from the District Nurses. Traffic light 1 is OK. Dopplers couldn't be done in 36 hours; they should be done from between 48 hours to 7 days. They queried if some of the work mentioned is their job, for example, what does 'other equipment assessment' mean? Ear care should have a much lower priority. Is it not really their job?

SBJ commented that the specification does not have a definition of the District Nurse role. DP replied that there is a cohort of nurses who are interested in developing DN services in a modern service. There is also a traditional cohort.

There was a discussion about priorities and targets. SN said that the service must go in the direction that GPs want, otherwise they will want to pull out (as StaCom wants to). DP said that the service will respond to GPs in the way they wish.

MG said StaCom wants to take control of the agenda. The task for his group is to take over nursing services at a practice level. They want 4 or 5 creative nurses to work around all practices. A GP could be employed from the service to take up any excess work.

DP asked for GPs' views of the Intermediate Care Teams. SBJ talked about her previous work in Intermediate Care. A "wish list" for a fixer was discussed. PB emphasised that Social Services need to be involved. MG said that StaCom was to invite senior Social Services staff onto its Executive Board.