

DacCom PbC Ltd Executive Committee

Record from the Meeting held on 15 August 2008

Attended

DacCom: Sue Rivers-Brown (Chair), Zunia Hurst, Trevor Fernandes, Richard Gallow, Corina Ciobanu, Avi Gupta, Gerry Bulger, Mary McMinn

Not in attendance

DacCom: Bernie Tipple, Meena Savla, Richard Walker

PCT: Richard Garlick, Julia Clarke, Irene McDermott, Suzanne Novak, Colin Sach, Jenny Greenshields

Patient representative: Caroline Mikan

Introduction

Sue sees her role as Chair as an interim measure. She will facilitate the change from the old DacCom into the new organisation.

DacCom Executive meetings will now be subject to rules. These are to:

- have specific aims that are achieved by the end of each of the meetings
- have smaller agendas, with the Executive acting as an operational board
- consider business cases presented to the board; these will require supporting documentation and a summary of what is being sought from the board
- subject business cases to the processes of discussion, approval and ratification
- show respect for the Chair
- have conflict / confidentiality issues as a standing item
- be subject to timeliness

1. Record from the last meeting

This was agreed.

2. Physiotherapy Services

Avi presented the case for restructuring community physiotherapy. This is to enable uniformity of provision across the patch, in the interests of fairness. This will reduce the length of wait for appointments. Simple physiotherapy aids can be supplied without formal referrals; the provider bears the cost of these.

The Executive had the following comments and suggestions:

- appliances without assessment needs clarification – the Executive wanted this included in the contract price
- the SLA needs to clarify urgency
- practices and providers need to monitor the devolved physiotherapy budgets
- there was discussion about unbundling the tariff for hospital physiotherapy
- the Any Willing Provider model should be used for procurement of the new service

The Executive was happy for the redesign to proceed. 6 months' notice to the present providers means that it needs to be given at the beginning of September 2008; this will allow unbundling. There was discussion as to whether the business case should go to the PBC Governance Subcommittee or not – Janet Lewis will organise this if it is required. Information will be sought from Suzanne Novak and Nicky Poulain.

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3. Future of DacCom

Navigant report

This was discussed in some detail. Points made included:

The report was somewhat disappointing. There were some inaccuracies. However, the basic ideas were right, especially that of a smaller working group at the top.

Evidence may support that DacCom was right not to implement CATS. The PCT has appointed an independent consultancy organisation to review the whole of CAS and CATS services in Herts. It will report in October.

Is PBC a subcommittee of the PCT or purely a rubber-stamping exercise? Other PBC areas say that they do 80% of the PCT's bidding and push through 20% as PBC priorities.

COPD redesign has only recently been approved by the PBC Governance Subcommittee since Long Term Conditions have become a PBC priority with the publication of the Darzi review. The financial situation is now also different.

A DacCom board that can cope with getting the volume of work that needs to be done is required. The scope of PBC is vast. An Operational Board with the right 5 or 6 people is needed. This board will feed back to a wider group. Gerry suggested that, in fact, Locality becomes the wider DacCom Executive. In this way, DacCom will be accountable to the wider GP community.

Job descriptions for each member of the Operational Board are required:

- what is expected of them
- what they are going to produce
- what they are going to deliver

The final Navigant report is due during the week commencing 18 August 2008. A précis of the final report will be sent to practices.

Structure

Chief executive

After discussion, the Executive agreed that such an appointment is needed if DacCom is to be able to move forward and achieve its goals. The requirements were felt to be:

- a leadership role
- communication skills
- an outside appointment
- clinical knowledge desirable but not essential
- NHS experience helpful

There was debate as to whether this person should be employed by the PCT. A part-time role (3 days a week) was felt suitable. DacCom will need to interview candidates; Zunia kindly volunteered for this. Sue will obtain a Job Description and Person Specification from Ian Bonny of Navigant.

Executive Committee

It was agreed that Locality becoming the DacCom Executive opens representation and participation to all Dacorum practices. Sue will write, on behalf of DacCom, to Mark Brownfield, Locality Chair, with this suggestion.

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Operational Board

Following further discussion about the make-up of this board, it was agreed that the following roles are required:

- Clinical Projects Lead
- Non-clinical Projects Lead
- Finance Lead
- Clinical Governance Lead
- Clinical Pathways Lead
- PBC Support Manager (Tracy starts in post on 15 September 2008)

Protected time will be required for these Leads roles. Job descriptions, with the time needed to fulfil the roles, will be drafted. These will be circulated widely and prospective candidates will be invited to apply. The voting process will be completely open. Appointments will be made at the next DacCom AGM.

Date of DacCom AGM

This was provisionally agreed as **4 November 2008**.

4. AOB

Diabetes and retinal eye screening – Dr Ponsonby

- The Choose & Book Team will now be able to make direct referrals for retinal eye screening. This will be quicker for patients. Dacorum practices do need to authorise the C&B Team to do this, by the means of signing and returning their proxy rights forms. Forms, for each practice, have already been emailed to DacMan members. The proxy rights form only applies to the Retinal Eye Screening service, and not to any other referrals.
- There are new NICE guidelines for the management of pregnant diabetic women. Dr Ponsonby will advise on these in due course.
- As Sue is now busy with DacCom work, is there another practice manager who would be able to help with the retinal eye screening project?

Volunteer(s) please contact Sue: sue.rivers-brown@nhs.net

Referral Management LES – Dr Ciobanu and Dr Savla

This LES will be discussed at the next DacCom Executive meeting. Corina will email the documents beforehand.

Children's Services – Dr Tiwari

There was discussion about commissioning for Children's Services. Sue will write to Dr Tiwari on behalf of the Executive.

5. Date and Venue of next DacCom Executive meeting

Wednesday 3 September 2008

Everest House Surgery, Everest Way, Hemel Hempstead HP2 4HY