

DacCom PbC Ltd Executive Committee

Record from a Meeting held on 29 February 2008

Richard Gallow & Mary McMinn
2 March 2008

Attended:

Trevor Fernandes (Chair)	Richard Gallow (Minutes)	Avi Gupta	Zunia Hurst
Mary McMinn	Meena Savla	Vimal Tiwari	Richard Walker
Julia Clarke #	Irene McDermott #	Richard Garlick #	Suzanne Novak #
Tony Burton ^	Jacqui Bunce # (Item 2)	Janet Lewis # (Item 2)	Rosie Gagnon # (Item 5)
Sheila Burgess (Item 5)			

Apologies:

Gerry Bulger	Corina Ciobanu	Mark Jones	Bernie Tipple
Richard Jones #	Caroline Johnson^	Bryan Jones ^	

West Herts PCT

^ Dacorum PPI Group

Copies to:

Dacorum Practice Managers

Summary of actions agreed:

Actions from this meeting:

Avi Gupta / Meena Savla / Mary McMinn	Set up a small working group for the local general hospital to liaise with Janet Lewis
All Executive members	DacCom to devise a vision for the Local General Hospital and take this forward
Avi Gupta / Colin Neal	Existing intermediate care DacCom leads to continue to feed into the existing intermediate care group
All Executive members	Discuss Rothschild House letter at 19 March DacCom meeting
Mark Jones / Mary McMinn	Invite Katrina Hall to attend a DacCom Executive meeting to clarify the community services specifications
Mark Jones / Mary McMinn	Invite Catherine Pelly to attend a DacCom Executive meeting to clarify the overall plans for Children's Services and Maternity Services and what she requires from Practice Based commissioners

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All Executive members	Make a decision about The Nap Surgery's proposed pilot Sexual Health Service and communicate the decision to The Nap
Mary McMinn	Physiotherapy to be rolled forward to October 2008 with an uplift of 2.3% - decision to be communicated to the present private physiotherapy providers
Avi Gupta / Sandy Gower / Mary McMinn	Contact PBC support to chase up details of the physiotherapy contracts held with WHHT and other providers
Mary McMinn	Counselling to be rolled forward to October 2008 with an uplift of 2.3% - decision to be communicated to the present counsellors
	DacCom cannot pay for WHHT OPD follow-ups if the PCT does not agree to do so
Gerry Bulger / Mary McMinn	To await a formal invitation from WHHT for GP representation on OPD follow-up work
Gerry Bulger / Mary McMinn	Plan a Hot Topics meeting to look at referrals to different levels of care
Trevor Fernandes / Mary McMinn	Prepare a DacCom End of Life Palliative Care LES Business Case and present this for approval to the PBC Governance Subcommittee meeting on 29 April
Trevor Fernandes	Agreed to take on the role of GP Stroke Lead

Actions from previous meetings:

Coeliac Disease LES	The E&N Herts LES has been beneficial in auditing the clinical care of these patients	Need to do Clinical Audit if the LES is not adopted
Smoking Cessation LES	This is a national "must do" for commissioners. It still needs to happen even if GPs are not doing it	Need to send the LES specification to other providers
Mark Jones	Ask Suzanne to arrange a presentation from the providers of a new community based ophthalmology service	Suzanne's response is awaited
Mark Jones	Invite the Hospice of St Francis to attend a future meeting	The Hospice's response is awaited
Mark Jones	Lead on proposals to link the PBC LES funding to practices to outcomes agreed with DacCom	Ongoing. The first draft has been discussed with the DacCom Executive
Mark Jones	Ask Navigant to identify the best structures and staffing for DacCom	Navigant's response is awaited
Richard Gallow / Zunia Hurst	Develop a cost-effective Prescribing Incentive Scheme to stimulate further prescribing progress	Ongoing

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Mary McMinn	Lead the development of a commissioning plan for 2008/9 and identify the appropriate budgets	Ongoing. Mary needs to contact Beverley Flowers, Tad Woroniecki, Heather Gray, John Phipps, Roger Hammond and Suzanne Novak to determine these budgets
Sue Rivers-Brown / Mary McMinn	Secure carry-forward of present LES schemes and funding and the identification and development of new LES schemes and funding	Ongoing. Meeting to be held on 6 March
Suzanne Novak / Mary McMinn	Work with Rothschild House to ensure the proposal for provision of in-house general surgery is made ready for submission to the PBC Governance Subcommittee	Ongoing. Meeting to be held on 7 March
Mark Jones / Geoff Smith	Obtain approval of DacCom's Counselling LES for 2008/09 Business Case from the PBC Governance Subcommittee	All necessary approvals were obtained to present this Case to this Subcommittee on 4 March
Bernie Tipple / Mary McMinn	Work with HPFT, the JCT and the PCT to ensure that the Dacorum Enhanced Primary Mental Health Services Proposal is approved by the PBC Governance Subcommittee on 29 April	Ongoing. Preliminary submission to the PBC Governance Subcommittee will be made on 4 March. The next project group meeting is on 6 March. The GP Hot Topics Mental Health meeting has been arranged for 22 April
Mark Jones / Corina Ciobanu	Ensure that the DacCom's COPD Business Case is approved by the PBC Governance Subcommittee on 29 April	Ongoing

1. Record from the last meeting

The record was agreed as accurate.

2. Plans for the Local General Hospital and Intermediate Care

Jacqui Bunce and Janet Lewis were welcomed and addressed the meeting.

As from 1 October 2008, there will be acute services at the Watford site only. Acute beds will be transferred from Hemel. There will be a period of 'double-running' between July and October, since the Hemel UCC starts in July. The UCC preferred provider will be known in May.

On the Hemel site, there will be OPD and diagnostics, including X-rays and blood tests. There will also be short-term and medium-term sub-acute beds; together with intermediate care beds, which will open on 1 July.

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As at Potters Bar Hospital, the intermediate care beds will be staffed by a consultant, staff grade doctors, GP registrars, and GPs doing sessions, together with cover from the Intermediate Care Team, Community Matrons and community nursing.

There will be 16 intermediate care beds and 2 wards of sub-acute beds (the latter will be within tariff).

The funding for the intermediate care beds will come from:

- Perceived tariff savings
- Growth money recovery

The beds will both 'pull in' patients from acute care and 'push out' patients into the community. There may also be day facilities.

The Gossoms End facility, with its intermediate care and step-down beds, is unaffected by these changes.

There was discussion about tagging the patient and **not** the bed. The need for a rapid access unit was raised. It is important that the system is not abused and that the discharge of patients from Watford is not delayed

Actions

- A small working group (time-limited) for the local hospital is to be set up to liaise with Janet Lewis: Avi, Meena and Mary
- DacCom needs to devise a vision for the Local General Hospital and take this forward. This needs to include service modelling, including the optimal size for the volume of work and the diagnostics and the intermediate care available. This will be discussed at the DacCom Executive meeting on 19 March
- The existing intermediate care DacCom leads will continue to feed into the existing intermediate care group; this looks at the remainder of intermediate care

3. Rothschild House letter

This was deferred to the next Executive meeting, on 19 March. Those Executive members present had not seen, or been sent, any letter from Rothschild House. Avi was unsure as to which letter this item heading referred.

4. Children's Service / Antenatal Guidelines

Vimal outlined her work over several years in Children's Services, Maternity Services and Child Protection.

In Dec 2006 she was asked to become involved in the development of a pathway to be commissioned for Maternity Services and Children's Services, based on the NSF. She has heard nothing subsequently; numerous phone calls, emails and letters to the relevant PCT commissioners have gone unanswered. Vimal continues to persist in following this up and will report back to DacCom on any progress. Similarly Zunia has not heard from Catherine Pelley, following the PBC Leads' meeting.

There have been intervening government developments, with the publishing of documents such as "Maternity Matters" and those outlining the development of Children's Centres. The procurement and implementation of these Children's Centres proceeds apace. Another intervening policy is that of 18 weeks as the overall referral to treatment time. This then sets a requirement that children be seen for initial assessment within 3 to 4 weeks of referral.

Vimal circulated a paper, which she emphasised is an early draft, outlining children's needs. It is intended to be a plan for a working document to be expanded to some form

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of commissioning platform and to which members of the Executive may add, amend or delete. She hopes it will stimulate debate and feedback. There was discussion about the need for the care of exceptional cases and high-cost rarities to be shared across West Hertfordshire, if not the whole of Hertfordshire. The threat from Children's Centres to the continuity of GP care for their registered child patients was acknowledged.

Job descriptions for Health Visitors and Community Paediatricians are urgently needed.

Actions

- Invite Catherine Pelly and Katrina Hall (separately) to attend a DacCom Executive meeting
- Katrina to clarify the community services specifications
- Catherine to clarify the overall plans for Children's Services and Maternity Services and what does she actually want from Practice Based commissioners

5. Sexual Health

Rosie Gagnon and Sheila Burgess were welcomed and addressed the meeting.

The financial issues and funding were clarified. It is a local pilot. The GUM tariff price is £149 per attendance. The Nap's price will be £105 per attendance. The provision of medication is included in this costing. The Nap will see 30 patients per week, on a Monday afternoon and early evening. The cost of the pilot will be £100,000. Payment will be made on a cost per case basis. Some set-up costs will be required, to include advertising the new service, with a six month lead-in time. The Nap would then expect payment on a monthly basis. There may be some extra funding available for some of the set-up costs. The advertising would be done on a cheap and cost-effective basis. The pilot cost includes the funding of audit and nursing time.

Rosie explained how the pilot fits in with the national strategy. It is an expansion of sexual health services into primary care and the community. There are proper clinical governance applications, such as training and audits. The pilot fits in with the county-wide strategy. The laboratory lets the clinicians know the results. At present, there is no GUM clinic in Dacorum.

The Nap pilot is different to the present Sexual Health NES which is being provided by some Dacorum practices. The service will be at a higher level – i.e. Level 2 to 3, as opposed to the NES level, which is Level 1 to 2. The Nap service would treat warts and skin lesions.

Most patients (70%) that attend GUM clinics have STDs. Patients could access the service from anywhere; they could come from Watford – this would require payment mechanisms for cross-charging.

The PCT is part of the national Chlamydia Screening Programme. This offers a Chlamydia screening kit to all patients between 15 and 25. The Nap will provide its site code for this service. Rosie will email this to Mary.

Action

- Following this further information, the proposed service will be discussed by the DacCom Executive and their decision communicated to the Nap

6. Physiotherapy

It was agreed that present contracts be rolled forward to October with an uplift of 2.3%.

Actions

- Mary to communicate this to the present private physiotherapy providers

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- Avi and Sandy to contact Mary (as PBC support) to chase up details of the contracts held with WHHT and other providers

7. Counselling

The outcome of the presentation of the DacCom Counselling Business Case to the PBC Governance Subcommittee on 4 March is awaited.

It was agreed that present contracts be rolled forward to October with an uplift of 2.3%.

Action

- Mary to communicate this to the present counselling providers

8. West Herts Healthcare Trust

WHHT is not being paid for follow-ups which fall outside the PCT's specification in the SLA. There was some discussion. It was agreed that PBC can't pay for these follow-ups if the PCT does not agree to do so. WHHT has asked for help from GP representatives as to which types of follow-up patients to discharge. The Executive's view was that WHHT should analyse its own performance.

Action

- To await a formal invitation from WHHT

9. AOB

Referrals

- Plan a Hot Topics meeting to look at referrals to different levels of care

End of Life Palliative Care LES

- Trevor to lead on this. To adapt St Albans' Business Plan for presentation of a DacCom Business Case to the PBC Governance Subcommittee on 29 April

Stroke lead

- Trevor has kindly agreed to take on this role

Navigant review

- Needs to be followed up at next DacCom Executive meeting on 19 March

10. Next meeting:

Wednesday 19 March 2008

From 1pm to 2.30pm at Fernville Surgery
(lunch from 12.30pm)