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**FC – Transition**

The new PCT is grappling with what the new PEC should look like

What is meaningful clinical engagement

Rhetoric is clinical engagement

PBC groups becoming more powerful

PBC needs to:

- redesign services
- Commission effectively
- Effect efficiencies in secondary care

NB – should there be a separate organisation attached to the PCT

The assumptions are that PBC groups are led by PEC chairs

Connectivity – think more widely – what is the role of the new PEC

RW – distinction between engagement and leadership is accountability

JP – No – the PCT is still accountable and responsible

FC – Some localities are appointing medical directors

The new PCT does not want a medical director

RW – future scenario at the end of March

FC – the 2 Watford PBC groups and DacCom PbC are 75% of the business of WHHT

RW – PBC will not get there fast enough for the PCT

FC – PBC will not do anything for the PCT

JP – PBC plans were signed off at the end of July – what has happened since then

FC – visions are an excuse for not doing things

Simple things need to be done now

Paul Watson, new Director of Commissioning East of England is a doctor. He was an ex-Medical Director in Essex

FC – Anne Walker thinks the Trust is really trying

CC and CM – no involvement in SLA

FC – SLA meetings which clinicians stopped going to

West Herts Locality Directors being interviewed today

**NB – Review of life of PCTs**

Self-declaration questionnaire re. Standards for Better Health

Include QOF

SBJ – wanted to bring paper to PEC re. review for this

### **What has been done:**

Clinical Governance

QOF

CM – Medicines Management – cross quadrant working (in danger of disappearing) – links with secondary care RW – this is process

Quality Prescribing

Provider Services defined

Clinician Collaboration

Repatriation of tertiary care – some has been done

Stop Smoking

Teenage Pregnancy

Fractured Neck of Femur

Waiting Times

Maintaining Health Patient Education

Expert Patient

CfH – IT for community issues

System 1 – TPP – 3 practices in Watford

Piloting electronic support Map of Medicine

GP IT support

PACS in Acute Trust went live a few weeks ago

Data quality

PRIMIS facilitators

Appraisals

### **What needs to be done:**

Clinical Governance for nGMS

Questionnaires

Developing PBC work into practices

Public information and involvement

Repatriation of tertiary care – some still to do

Patient Self-Management

CfH for IYH

Rapid effective electronic communication

All staff smart-carded

Choose & Book

Map of Medicine supporting Care Pathway

Electronic Prescribing

[TPP doesn't do data issues and clinical governance properly]

IT Policy approval process adopted across new PCT

Sharing PACS

Joint working telecare Health and Social Security

Estates legacy issues – Graham Bell to draft

Providers and Independent Contractors

Provider Development

## MT – **Financial**

Not very far adrift on turnaround

£300,000 away in Dacorum

£500,000 away in Watford

Challenge will be from October onwards

The majority of the FRP is happening now with decreased management capacity and re-organisation

Fallen short on:

- Prescribing – very little savings (offset by other cost pressures)
- OPD Follow-ups – number of follow-ups like for like compared with last year are actually up

Big schemes for the next 6 months are:

- Prescribing
- Follow-ups
- UCC
- CAS/Referral management

What can be done now

E.g. despite no UCC can still do something re. urgent care and emergency admissions

Intermediate care etc. – kicked in from July

~ 500 patients cared for in the community/intermediate care who would otherwise have been admitted

Non-elective activity 16% below plan

A&E attendances 10% below plan

FC – Quarter 1 data freezes on 15<sup>th</sup> September

MT and FC will go through that data next week

Will go out to practices with information and instructions

Trust is treating Outpatients faster and faster – by Christmas there will be virtually no waits

Quarter 2 – written notice to Trust

Everything has to be properly coded by flex date – 16<sup>th</sup> November

Validation done at that point for Quarter 2

RW – as no UCC, PBC Group to look at a week's data to see if could repatriate?

FC – PCT to put out a proposal of the possible options next week

Offer solutions

AL – **IMT DES** Template not available through PRIMIS for another 2 months

Payment should have been made against the template

2 PCTs have paid their practices this DES fully – St Albans and Hartsmere

2 PCTs have not paid their practices this DES – Watford and Dacorum

JP – Pat Potts to conference – 7 steps to go through to meet IMT DES template