Minutes of the PBC Governance Sub-Committee
29th January 2008

The Library, Parkbury House Surgery, St Albans

Present:
Mark Andrews, GP LMC Representative
Jean Cobb, Assistant Director Commissioning
Mark Gainsborough, NED, (Chair)
Bryan Jones, Patient Representative, West Herts
Mark Jones, PBC Lead DacCom
Moira McGrath, Assistant Director, Locality Commissioning
Suzanne Novak, Assistant Director, Locality Commissioning
Andrew Parker, Director of Primary Care & Service Re-design
Nicky Poulain, Assistant Director, Locality Commissioning
Roger Sage, PBC Medical Lead, StahCom
Richard Walker, GP PEC Representative, GP Dacorum
Tad Woroniecki, Assistant Director (Non-Acute Commissioning)

In Attendance:
Mo Girach, Chief Executive, StahCom
Sheila Borkett-Jones, GP WatCom
Tracey Buckley, PBC Support Manager, E&N
Katrina Power, PBC Support Manager, West
Davinia West, PBC Support, E&N
Dillon Phillips, GP StahCom

		Action
1.	**Apologies** The following apologies were received from: Raymond Brookes-Collins, Peter Graves, Martin Hoffman, Jane Halpin, Richard Henry, Heather Moulder, Kamal Nagpal and Pauline Pearce.	
2.	**Minutes of the last meeting** The minutes of the last meeting were checked for accuracy, Roger stated that it would be useful for any papers that are written to be authored (including the name of directorate responsible) and date, for the benefit of the reader. Mark G highlighted that under AOB (item 11) he would like the further discussion around LES's and the materiality around business cases highlighted. Davinia to amend the minutes to reflect this. The minutes were otherwise agreed.	
3.	**Matters Arising** ***Feedback from Localities on the arrangement for carry forward for PBC surpluses & deficits and the PBC code of conduct.*** Nicky reported that all PBC localities in East & North Herts had received the papers and no issues were raised with the contents of both the papers. Suzanne also feedback that the same applied for all the PBC Groups/Localities in West Herts. With regards to the Code of Conduct paper, Andrew confirmed that he would feedback this information to Clive Appleby. ***Iterative Jargon Buster*** Mark G thanked Andrew's team for clarifying the abbreviations used in PBC. Roger	**AP**

	requested the author or team producing the paper be specified. Examples of LES schemes were also requested. Please see paper for comprehensive listing.	
4.	**<u>Business Cases for agreement</u>** ***Business Case for Colposcopy (West Herts)*** Dr Kapil Kedia introduced himself and three Clinical colleagues to assist with any queries around the Colposcopy Business Case. Kapil presented the business case to the committee and explained that the current gynaecology CATS is provided by Verulam Medical Group, based at Colney Medical Centre in St. Albans. The service has been running successfully since mid-July 2007, and very high retention rate (70-80%) of patients within the service achieved quality and training are core features of the service and the GPSIs (from 3 different practices) work alongside the Consultant Gynaecologists in delivering care. All GPwSIs are also studying for their postgraduate diplomas in gynaecology. The proposal is to extend the service into the assessment and management of abnormal smears. Currently, all female patients are offered cervical smears through their GP practice according to the National Health Service Cervical Screening Programme. He felt there is a significant risk that delays and omissions can occur within the current local system of the Hospital lab having to inform the GP of an abnormal result, and the GP then having to make a formal referral into a Hospital based colposcopy service. Dr Kedia noted that some areas nationally have moved to a direct referral system, with the GP being informed of an abnormal smear, and the hospital lab simply referring directly into the colposcopy service. Kapil explained the advantages of a Primary Care Based Service including: • **Improved Clinical Governance through Direct Referral** • **Improved Service Quality - Reduced waiting times** Kapil stated that both the St. Albans City Hospital and Luton & Dunstable Hospital services are failing the NHSCSP standard of seeing 90% of patients with moderate dyskaryosis or worse changes on smear within 4 weeks. The primary care based service would aim to meet the NHSCSP standards of seeing at least 90% of patients within 4 weeks for moderate dyskaryosis and 90% of all patients within 8 weeks, and of communicating with 90% of patients within 4 weeks and all patients within 8 weeks. • **Cost savings** There would be an expected time lag in generating savings of about 1-2 months as this is the amount of time the patients wait for treatment and patients already in the system will be worked through by secondary care and the alternative service for CATs will then kick in. The Gynaecology CATS aims to carry out colposcopy assessment and treatment at less than the National Tariff price, which will deliver a significant cost saving to STAHCOM (and West Hertfordshire PCT). • **Service redesign** Kapil went on to explain that the proposal will safely and appropriately shift work from the acute sector into the primary care sector. This is in line with current Department of Health policy. It also supports the outcomes of the Hertfordshire PCTs' Acute Services Review and STAHCOM's own Business Plan. Andrew noted the work with all stakeholders and confirmed his support subject to the successful accreditation process described by Dr Kedia. There was discussion around whether market force factors were included in the costs and whether or not this could be clawed back? There was discussion around whether market force factors were included in the costs and	

whether or not this could be clawed back. Tad confirmed that activity was costed at tariff (excluding MFF). MFF was paid to Trusts by the DoH. He recalled (hazily) that in the early days of PBR, the year-end MFF adjustment had simply moved money between providers, but more recent adjustments to PCT allocations reflected actual PBR activity. (A more detailed explanation is attached to the minutes).

The business case was unanimously agreed by the committee.

Please see business case for full details.

Business Case for the commissioning of Direct Access Physiotherapy (WatCom)

Dr Sheila Borkett-Jones presented the physiotherapy business case and explained that current direct access musculo-skeletal physiotherapy is provided to patients registered with the 28 practices in WatCom by 8 private providers and West Hertfordshire Hospitals Trust. Currently each provider has an annual contract value and provides physiotherapy to designated GP practices. Referrals are also made to WHHT.

WatCom wish to reorganise physiotherapy services using the 'Any Willing Provider' method from 1 April 2008 to help achieve a timely and more equitable service across the patch and ensure value for money.
The service will be provided by all physiotherapy providers who meet the criteria set out in the service specification at an agreed cost per case without any guarantees of activity.

It was noted that all private providers have been notified that their current contracts will cease from 1 April 2008.

WHHT have also been notified that WatCom wishes to remove the physiotherapy activity in the block part of the Service Level Agreement with them with effect from 1 April 2008. This represents a value of £130,876, confirmed by acute commissioning colleagues.

Sheila summarised:

- Current resources will be reallocated to provide the service.
- Using the 'any willing provider' approach to the provision of physiotherapy should lead to a more responsive service based on meeting quality standards at a negotiated cost per case price.
- Waiting times will be kept to a minimum due to plurality of providers and choice.
- Providers will be required to monitor referrals and provide this information to the WatCom Clinical Lead who can potentially identify training/support needs from colleagues making referrals.

Andrew stated that the assessment and accreditation process will be monitored (as part of the implementation process) to ensure a high quality service. Suzanne confirmed that as with all cases they agree a minimum service spec and standards are achieved through the set up of a clinically lead panel.

There were various discussions around how funds were identified and moved from non PbR and how the budgets within the practice will be monitored. Suzanne confirmed that the PBC support Manager will closely monitor the contracts and practices budgets and that invoices will not be authorised for payment if practices overspend. Tad confirmed that practices should ideally verify the activity at their level then forward to the PCT for authorisation. Issues were raised around having too many providers and concerns were raised around the risk of making the service complicated. Jean agreed to work with Suzanne to review these and Moira confirmed this would ensure that the service being provided was not being paid for twice.

The paper was approved.

JC SN

	Please see business case for full details.	
5.	**PBC Operating framework 08/09 (p19 of Framework, PBC in the East of England)** Andrew referred to p19 of the EofE Operating Framework – PBC in the East of England and explained that the PCT objectives will be based around these objectives as they will be reviewed and monitored in terms of outcomes. The Framework suggests PCTs should establish a 'ring-fenced' innovation fund across the PCT that can be directly accessed by consortia to assist innovative new services to be commissioned. Delegated levels of authority were also explained and Andrew asked for views and thoughts as to how the committee would like to take this forward. It was recommended that PBC Groups develop a clear set of local 'rules' setting out the conditions under which these arrangements will operate, including how the PCT will work with consortia to procure services resulting from agreed commissioning proposals. Sheila felt that it was good that ideas were shared across the whole of Herts.	
6.	**Headlines of commissioning plans in East & North Herts and West Herts** Nicky outlined the priorities of the 7 PBC Groups within East & North Herts which include: • Diabetes • Respiratory – COPD, oxygen • ENT • Gynaecology – Extending current services • Cardiology – Link with the Cardiac Network, Heart Failure • Skin Health – Extending current services Suzanne outlined the priorities of the 4 PBC Groups within West Herts which include: • Diabetes • Mental Health • CATS – WatCom Gynaecology, Opthalmology, Dermatology, Diabetes and MSK • StahCom Direct Acess Diagnostics, Colposcopy CATS • COPD, Respiratory • Physiotherapy Other priorities included are those as agreed in line with national objectives. Both Nicky and Suzanne to feedback full headlines of each PBC Group at the next meeting. Nicky stated that full headlines had been reported in a performance paper that went to the board last week. A copy of the link to this paper can be found below. http://www.enherts-pct.nhs.uk/Documents/getinvolved/board/2008/january/D1%20Performance%20Report%20E&N.pdf	
7.	**Early proposals seeking support** ***LES Coeliac Disease (West & Central Locality)*** ***LES Prostate Cancer (West & Central Locality*** In addition to Mike Baverstock's letter, Nicky outlined 2 LES's that had been prepared by West & Central Locality and noted that they were at the stage of seeking support. Public Health advice suggested that GPs should be supported to provide ongoing management of patients with stable celiac disease and prostate cancer where shared care protocols were agreed. Nicky stated that this PBC Locality wanted recognition and remuneration of services being transferred from secondary care to primary care hence the LES scheme would need to demonstrate a reduction in outpatient activity. There was much discussion regarding the management of long term conditions and the interface with the GMS core contract. Dr Walker stated his amazement that this committee was discussing additional payment of providing zolidex to general practices as this was previously agreed within his	

	geographical area to be core GMS. It was unanimously agreed that the LES for prostate cancer needed to be able to demonstrate a holistic service and this would include the need for a patient to only attend primary care. The issue of increasing capacity and not managing patients more effectively was noted as a risk. Andrew confirmed that the LMC would be happy to assist in defining core GMS and potential LES schemes and he noted that the current arrangement was inconsistent. Mark G confirmed the need for consistency and welcomed receipt of these LES schemes when approval process completed. Mark J highlighted that the accumulation of these small ideas could become big. Andrew stated that these 2 LES schemes provided a good example for considering levels of delegation (as mentioned in item 5) so that PBC Groups can sign off commissioning proposals without PCT approval. Andrew also suggested that although these 2 schemes appear straight forward the PBC Groups may wish to bring back this back to this Committee.	
8	**<u>West Herts Diabetes Paper</u>** Moira introduced Mike Walton a GP in St Albans and Diabetes Clinical Lead for the PBC Group. Moira explained that a similar service is being redesigned in East & North Herts to implement a unified Diabetes Care Pathway. Nicky confirmed that the aim was for all patients to be managed in primary care with the appropriate workforce. Mike explained that they are proposing a new model of diabetes care in West Herts. Mike stated that the purpose of bringing the paper to the committee at an early stage is to welcome feedback comments and encourage early discussions around the paper before bringing back to the committee for approval at a later date. Mike stated that a new model of care is needed within West Hertfordshire to meet the needs of people with diabetes. The proposed model of care is based upon a structured, seamless and integrated approach across the health system in order to provide appropriate support in terms of lifestyle change, condition management and psychological support. The model will seek to ensure that diabetes care is provided in the community by GP's, general practice teams, specialist diabetic nurses and seconded consultants, dieticians, podiatrists, psychologists and other professions allied to medicine. It will seek to put in place an infrastructure of care that will offer: • Improved health and well being for people with diabetes whilst supporting and empowering them to manage their own condition. • Better care for all people with diabetes in a "near patient" setting. • Greater value in terms of service provision, resources and finance. The pathway for delivery of the model will be ordered to detail the responsibilities and role of primary and secondary provision of diabetes care whilst meeting the needs of people with diabetes; at the same time providing real value for money. Mark A asked why this service is not a CATS? Moira confirmed that the service proposal did go through CATS previously but at the time the service would cost more and at that time was not a viable service. There were discussions around what the procurement route would be and it would be tendered? If so would it be advertised as Any willing provider? It was agreed that this would not be sustainable for long term conditions and would be difficult to manage if there were several providers. It was agreed that it would take time to develop this proposal and roll out within West Herts before full delivery of the service. Mike confirmed that the service was already underway in Hertsmere. Support was given at this stage and Moira is the link manager between West Herts and East and North Herts.	

9.	**<u>Any Other Business</u>** None to note.	
10.	**<u>Next Meeting</u>** The next meeting will be held on Tuesday 4th March 2008 at 1pm in The Boardroom, **Charter House,** Parkway, Welwyn Garden City, Herts AL8 6JL	