

pick up seal

**DACORUM PRIMARY CARE TRUST
WATFORD AND THREE RIVERS PRIMARY CARE TRUST**

JOINT PROFESSIONAL EXECUTIVE COMMITTEE MEETING

THURSDAY 14 SEPTEMBER

**9.00AM – 12.30PM, IN THE BIOARDROOM, ROYALTY HOUSE,
WATFORD**

AGENDA

1. **Welcome and apologies** *MK AW J PC*
2. **Notes of last PEC meeting** **ATTACHED A**
3. **Matters Arising**
4. **Review of life of the PCTs Nick Brown/ Richard Walker/Felicity Cox**
5. **Turnaround Plan update Matt Tattersall** **TO FOLLOW**
6. **Update from PBC leads (verbal)**
7. **Legacy issues Nick Brown** **ATTACHED B**
8. **West Herts PCT transition Felicity Cox**
9. **Thanks and farewells.**

**DACORUM PRIMARY CARE TRUST
WATFORD & THREE RIVERS PRIMARY CARE TRUST
MINUTES OF THE PROFESSIONAL EXECUTIVE COMMITTEE MEETING HELD ON
13TH JULY 2006**

Present:	Nick Brown	W3R PEC Chair (in the Chair)
	Richard Walker	Dacorum PEC Chair
	Corina Ciobanu	Dacorum PEC
	Mary McMinn	DacCom PBC
	Andrew Larkworthy	W3R PEC
	Frances Kavanagh	W3R PEC
	Claire Moring	W3R PEC
	Girish Mehta	W3R PEC
	Mary Knott	W3R PEC
	John Phipps	Deputy Director of Primary Care
	Malcolm Sniders	W3R NED
	Matt Tattersall	Director of Finance
	Seona Gordon	Dacorum PEC
	Nigel Armitt	Turnaround Director
	Jo Poole	Dacorum PEC
	Judy Brown	Dacorum PEC
	Sheila Borkett-Jones	W3R PEC
	Louise Hill	Dacorum PEC
	Felicity Cox	Chief Executive

In attendance: John Paton

Apologies: Alison Wall
Mary Knott

1. Minutes of the Meeting held on 12th April 2006

The minutes of the meeting were agreed as a correct record with addition of Girish Mehta to the list of those present.

2. Matters arising

2.1 Finance Prescribing budget treatment (minute 3 refers)

Matt Tattersall reported that the auditors had insisted that the PCT include 12 months of the prescribing budget in 2006-7 despite recognition that the 2005-6 accounts included 10 weeks of accrued prescribing creditors.

2.2 Consultation on mental health changes (minute 4 refers)

Felicity Cox reported that the decision of the Secretary of State on the proposals had not yet been received. The PCT had rolled forward the counselling contract for a further 6 months to allow service redesign.

2.3 Clinical Assessment Service (CAS) (minute 5 refers)

Felicity Cox reported that the project plans had only just been received. It was agreed to send this out to PEC members and PBC Board members.

Action: John Paton /Nigel Armitt

Felicity noted that discussions were continuing about whether the CAS should be managed by the PBCs or by the Herts PCTs. It was agreed to send the intermediate care project plan to PBC leads (Peter Bodden and Mary McMinn).
Action: Nigel Armitt

2.4 Prescribing (minute 6 refers)

Nick Brown reported that the actions recommended had now been taken and there had been a major reduction in the number of non generic statins prescribed. The PEC members expressed appreciation for the work of the PCT pharmacists and noted that the PBC commissioning groups would be interested in taking over the employment of this group of staff.

2.5 Financial report (minute 3 refers)

Felicity Cox reported that the Strategic Health Authority had now recommended that the cost of redundancies for 2006-7 as a result of savings plans should not exceed the amount of savings in 2006-7. PBCs needed to consider what services they wish the PCT to commission and on what issues they would like to take a leading role themselves with proposals to be put to the new PCTs.

In discussion the following points were made:

- the need for redundancies in order to achieve the control figure had caused concern amongst clinicians.
- Clinicians were aware that the new Practice Based Commissioning groups would need support from intermediate care and other provider services in order to divert referrals from the hospital sector to an alternative community based setting. Making redundancies in 2006/7 in these areas would be counterproductive in the longer term.
- The level and frequency of radical changes in the configuration of management within the NHS had undermined clinicians' confidence in national and local NHS leadership.
- Reconfiguration of services was in itself desirable focussing more care on the primary care settings and specialist GP services but this needed to be done in a way that was consistent with a PCT viable strategy and should not create problems for implementation of the overall strategy.

Papers about the future of provider services currently managed by the PCT were going to both Boards and it was agreed to circulate these to PEC and Board members.
Action: John Paton

Felicity Cox noted that a new PCT Board structure was likely to be circulated on the 21st July and would probably include a Director of Provider services.

- Although there would not be so many redundancies as had originally been forecast, there would still be a reduction in services.
- PCTs had focussed their commissioning work on Service Level Agreement contracts with other trusts. The new PCT needed to take a more proactive role in commissioning for provider services. These could be commissioned from a range of providers including the existing management of provider services.

It was agreed to ask Ginny Snaith and Katrina Hall to prepare a paper for Practice Based Commissioning groups on the proposed service changes to provider services for discussion with providers and commissioners.

Action: Ginny Snaith / Katrina Hall

2.6 Low priorities treatment forum (minute 7 refers)

Nick Brown reported that he had sent comments on the draft guidance and Further interim guidance had now been received.. Historically the Forum's interim guidance had been adopted as the final guidance without significant changes requested by PCTs.

It was agreed to adopt the interim policies and write to GPs accordingly.

Action: Joe Kearney

2.7 Elective pathways (minute 9 refers)

Sheila Borkett-Jones reported that the elective care pathways had been agreed by PBCs and provider clinical leads needed to be further involved.

3. Financial activity

Matt Tattersall reported that the Watford & Three Rivers PCT had identified savings of £9.4m and Dacorum £7.4m which were being submitted to the Board meetings at the end of July for approval. The latest monthly reports received showed that Dacorum was experiencing slippage of £79k from the Financial Recovery Plan control total and Watford £190k. In both cases this was because some of the savings did not start until the first quarter. It was anticipated that this slippage would be recovered later in the financial year. Both PCTs were forecasting that they would meet their year end control total. The Financial Recovery Plans took into account the activity reductions presumed in the Local Development Plan

It was noted that the activity data being reported by Hertfordshire Health Informatics Services included NHS numbers so they could be easily traced back to individual patients. Felicity Cox noted that the PCT analysed the activity levels and Trudi Southam would be available to report on these issues. The PCT financial recovery plans assumed a 10% reduction in follow-ups and it was not clear yet where this was going to be achieved.

4. Commissioning visits to Arizona healthcare organisations

Corina Ciabanu and Sheila Borkett-Jones gave a presentation on the lessons learnt from their visit with other primary care professionals to the Arizona healthcare organisation. The chief learning points from the visit were as follows:

- There was a high level of clinical leadership and responsibility within the medical director role.
- Long term conditions management was much more systematic with intensive support between individuals to facilitate attainment of their targets.
- There were lessons to be learned for the development of GP practices from the development of urgent care centres and how these would impact on primary care.
- The Arizona healthcare organisation had very advanced IT solutions enabling them to analyse in great detail the development of care packages and

and Claire Monig

outcomes for patients but information was not shared between organisations and their IT systems were mutually incompatible.

- Community services were effectively integrated with the hospital services and there were lessons for the PCT to learn.
- The costs were contained by demand management with contracts with providers changing frequently and payment being linked solely to performance with considerable wastage in the market economy.
- Demand management was much more explicit with staff having titles such as eligibility specialist / denial officer.
- Referrals for hospital service were assessed for their suitability and appropriateness rigorously and the overall Arizona Medicaid system operated as a Clinical Assessment Service.

5. Practice Based Commissioning governance structure

John Phipps noted that this had been adopted by the Watford and Three Rivers PCT Board at its June meeting and was likely to be approved by the Dacorum Board at its meeting in July.

It was noted that the governance document did not contain the commitment to dialogue between the Practice Based Commissioning groups and PCT and this should be amended when the matter is discussed by the Dacorum Board and the Watford & Three Rivers agreement could then be amended via Chair's action to confirmed at the following Board meeting.

It was agreed to make appropriate changes to the wording of the governance document being submitted to the Board.

Action: John Phipps

6. Report from Practice Based Commissioning leads

Nick Brown reported that the Watford & Three Rivers Practice Based Commissioning group had completed their business plan and this would be submitted to the July Board meeting for approval. Work on improving clinical pathways was now underway.

Mary McMinn reported that the Dacorum Practice Based Commissioning group had agreed a business plan which would be circulated to practices later this week and taken to the Board on 25th July. Implementation plans would be agreed and it was expected that the first tranche of the enhanced services payments could then be released once the Board approval was made.

It was noted that the local BMA branch was concerned about the introduction of a Clinical Assessment Service.

7. Transitional issues

Felicity Cox reported that the PCT Chief Executive for the single Hertfordshire wide organisation was set to be announced in early August and Directors would be applying for the assessment in July.