DacCom PbC Ltd Executive Committee

Record from a Meeting held on 3 April 2008

Mark Jones
3 April 2008

Attended:

Gerry Bulger	Corina Ciobanu	Avi Gupta	Trevor Fernandes
Mark Jones	Mary McMinn	Meena Savla	Bernie Tipple
Vimal Tiwari	Julia Clarke #	Irene McDermott #	Richard Jones #
Caroline Johnson^			
Judith Watt (item 2)	Steve Malusky (item 2)	Lyn Jenkins (item 3)	Debbie Raven (item 3)

West Herts PCT

^ Dacorum PPI Group

Apologies:

Richard Gallow	Zunia Hurst	Richard Walker	Richard Garlick #
Suzanne Novak #			

West Herts PCT

Copies to:

Dacorum Practice Managers

Summary of actions agreed:

Actions from this meeting:

Mary McMinn	Identify a clinical lead to support the development of a business case for an Intermediate Ophthalmology Service to be provided by The Practice.	April 2008
Mark Jones	Communicate our decision to regarding their consultancy proposal to Navigant and work with them to plan the project	April 2008
Mary McMinn	Obtain relevant information from the PCT to allow an informed decision on the size of our premises budget.	April 2008
Mary McMinn	Write to the PCT on behalf of the Executive to communicate our position as commissioners on the proposal for a Health Centre on the Hemel Hospital site.	April 2008

Actions from previous meetings:

These are recorded in the **appendix** below (pages 5 & 6)

1. Record from the last meeting:

There has been an exchange of correspondence between Suzanne Novak and Mark Jones concerning the notes about a previous effort to recruit a PCT Support Manager for Dacorum. The following provides a more objective record:

An attempt to recruit a Support Manager was made by the PCT in 2007, with full participation by DacCom. Only one of several short-listed candidates was available for interview, some others taking posts offered with other localities in Hertfordshire. The candidate interviewed was an existing staff member, and the panel concluded we could not make an offer to this candidate. At Suzanne's request, we agreed to consider alternatives to recruitment by the PCT, but we have been unable to identify a satisfactory arrangement. We believe the PCT retains overall responsibility for ensuring this necessary resource is in place and in the absence of an alternative we are asking the PCT to make a further effort to recruit.

Subject to this clarification the meeting record was agreed to be accurate.

2. Clarification of funding streams for the Enhanced Primary Mental Health Service (EPMHS)

Judith Watt and Steve Malusky explained the funding streams for the EPMHS project.

- The Joint Commissioning Team (JCT) has funding assigned by the PCT and by Hertfordshire County Council. This is not part of the DacCom budget.
- The JCT will provide £78k in pump-priming funding from its own budgets. This is available due to slippage of other projects to which funding had been assigned.
- Thereafter, savings made in secondary care will offset the costs of the new service. The secondary care budgets are owned by the JCT. A reduction of up to 40% in outpatient appointments is anticipated when the new service is fully operational. This will allow a greater number of patients to be seen, as the community-based service is more cost effective than the hospital service.
- Review mechanisms will be put in place to ensure the financial objectives are realised, and to ensure the continuation of a viable service in secondary care for those who need it.
- The JCT will have to manage the decommissioning of secondary care activity, and the JCT will carry the financial risk. But there is 4% growth money available to the JCT for mental health, and HPFT can keep savings for reinvestment.

We now understand that DacCom has no financial liability associated with the commissioning of this new service. We support it from a clinical perspective and will communicate our support when it is presented to the PBC Governance Sub-Committee.

3. Opthalmology – Presentation from 'The Practice'

Debbie Raven and Lyn Jenkins (from 'The Practice') described an Intermediate Ophthalmology Service. This has been commissioned in Hertsmere and St Albans (as the Ophthalmology CATS) and by other PCTs elsewhere. The PCT has asked whether The Practice could extend this service across Hertfordshire as a 'Willing Provider'.

The service is provided on a cost per case basis 30% below tariff. There are no charges for DNAs or cancellations. Whilst some patients who are seen have to be referred to secondary care; the onward referral rate is below 5%. The follow-up ratio is 1:0.6. So the service is highly cost-effective.

The workload is mostly routine treatment of chronic eye disease, but the service can also act as an effective filter for suspected urgent cases (such as suspected detached retina).

The service can be customised to meet the needs of the locality. Equipment is not truly portable and The Practice will invest in equipment for each clinic location.

This was a very professional presentation. Activity and other data requested were provided there and then. There is no financial risk to DacCom in commissioning this service through

the Willing Provider model and we will support the submission of a Business Case to the PBC Governance Sub-Committee. A clinical lead will be required to provide relevant local input to the Business Case. Mary will identify this.

4. Meeting with PCT and PEC – 14th May

Mary and Mark will attend. Any GP member of the Executive wishing to attend will be welcome.

5. Consultancy proposal from Navigant

The proposal from Navigant is more expensive than we had expected.

Review of the Executive Committee structure and decision-making process will require 8 days consultancy at a total cost of £11,200. Organisation and role design to meet our needs for administrative support will cost an additional £11,200.

Additionally, Navigant has offered to facilitate recruitment at a cost of £3,600 per vacancy.

Whilst we do have expertise in organisational design within the Executive, a consultant provides an outside perspective, the possibility of fresh ideas and (critically) confers authority in implementing change. However, the consultant does not stay around to ensure effective implementation or to ensure the effectiveness of change.

We believe we could obtain this service at a lower price, but we would incur cost in seeking alternative providers. We expect to make substantial savings based on a redesign of the Executive Committee structure and decision-making process (each Executive Committee meeting costs currently £2k to £3k). So there is an appreciable opportunity cost if we delay this project. Navigant has some local knowledge through their work for the PCT so, all things considered, we will accept the proposal for:

- Review of the Executive Committee structure and decision-making process
- Organisation and role design to meet our needs for administrative support

But we will defer a decision on support for recruitment, as we can probably manage this ourselves.

Whilst Caroline has expertise in this field, it would alter the relationship between her and the Executive if she were to undertake this work. But we will ask Caroline to work closely with Navigant to ensure we get best-value from the project, and to help facilitate the implementation of change.

Mark will communicate our decision to Navigant and work with them to plan the project.

6. Premises development

We have been asked to answer two questions by the PCT:

1. *How much of your PBC budget for 08/09 you would like to set aside for primary care premises developments in your locality?*

   In order to answer this, we need to understand what has been spent over the past few years and what has been committed (for instance to support the move of Lincoln House to Apsley). Mary will ask for this information.

   We agreed that, as commissioners, we do not believe the proposal for a Health Centre on the Hemel Hospital site is the most effective use of this money. We understand the political need for a Health Centre and we understand how this could improve access and services for patients. But we believe it is best located in an area with under-provision currently. The centre of Hemel Hempstead is well provided by a number practices, which provide a good standard of access and care. Mary will write to the PCT on behalf of the Executive.

2. *What level of responsibility you wish to take in relation to making the decisions about which developments go ahead?*

   Our position has not changed. We wish to be involved with the PCT in a robust process designed to ensure fair and objective decisions are made.

7. LES for CVD high risk registers

We reviewed a proposal originating from the Beds & Herts Stroke Network. We would welcome the opportunity to commission this service in Dacorum.

8. Coeliac Disease LES

We had rejected this proposal at a previous meeting. But we are persuaded by arguments that a LES will provide an incentive to raise the standard of provision. So we now intend to commission this service.

9. Smoking Cessation LES

We will commission the LES. It is an important service to provide and we should be consistent with other localities in Hertfordshire. We do not believe the pricing will encourage many practices to offer the service; but there may be other potential providers who are prepared to do so.

10. Action points:

- **PBC governance sub-committee**

  None discussed at this meeting.
- **Clinical Conclave**

  Mary reported the salient points from the last meeting.
- **West Herts Leads Meeting**

  Mary reported the salient points from the last meeting.
- **Action points from our last meeting:**

  A summary of current status is recorded in the appendix below.

11. Intermediate Care

Janet Lewis is working to extend a model from Hertsmere throughout West Herts.

Locally, there are proposals to integrate existing services and link these to the provision of intermediate care in two wards at Hemel Hospital. An Intermediate Care Team with Consultant support will be based alongside the Urgent Care Centre and provide a service 10 hours per day for 7 days a week. The team will facilitate the discharge of patients from the intermediate care beds into the community.

Savings of £2.4 million per year are expected from a reduction in excess bed days, and this will help to fund the service. Adequate staffing levels will be provided across Dacorum, addressing gaps where these currently exist.

Trevor, Avi and Meena are broadly happy with the proposals and will meet Janet again in mid-April.

12. Sexual Health

We decided at our last meeting to approve a 6-month pilot, funded on a cost per case and with a total budget of £50k. Sheila Burgess has responded that this is not workable. The service cannot operate at full efficiency during the first 6 months, and there will be set-up costs. She has asked that the budget be fully committed irrespective of activity.

We accept the validity of this argument. After some discussion we agreed to support the pilot on the basis suggested by Sheila. But we would expect the service to be funded on a cost per case basis if it is approved to continue beyond the pilot stage. So the pilot will have to demonstrate that the service is viable on this basis and provides good clinical value for money.

13. Prescribing

Staff have been recruited to provide support in Dacorum. Colin Sachs works 2 days per week. Uzma Rashid also works 2 days per week and is currently supporting Rothschild House in their work to address prescribing overspend. Action points have been agreed here. She previously provided 10 hours per week of support for the prescribing project in Everest House. Cover has however not been provided for Sapana Sheth's maternity leave. This position is open and we expect Sapana to return. Finally, Rasila Shah is available to support us at a commissioning level.

14. Next meeting:

Friday 18 April 2008 from 1pm at Fernville Surgery
(lunch from 12.30pm)

Appendix: Actions from previous meetings:

Mark Jones	Write to Andrew Parker asking that the PCT make a further attempt to provide a PBC Support Manager.	**Done** – Andrew will initiate recruitment.
Mary McMinn	Find out who is leading the work in StahCom on LESs for ultrasound and podiatry.	**Done** – Contact has been made with Mo Girach and he will assist DacCom.
Mark Jones	Communicate the Executive's decision regarding sexual health services to Sheila Burgess.	**Done**
Meena Savla / Mary McMinn	Set up a small working group for the local general hospital to liaise with Janet Lewis.	**Done** – the group met on 7 April.

DacCom Executive	DacCom to devise a vision for the Local General Hospital and take this forward.	**Done** – Mary McMinn met with Suzanne Novak and Moira McGrath. Mary McMinn and Richard Walker are members of the Hemel LGH PCT Project Group.
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.	**Done** - Catherine will attend the DacCom Executive meeting on 7 May.
Mary McMinn	Contact PBC support to chase up details of the physiotherapy contracts held with WHHT and other providers.	**Done** – this is in progress
Gerry Bulger / Mary McMinn	Dacorum GP and PBC representation on WHHT OPD follow-up work with the PCT.	**Awaiting** contact from Clare Jones, who is the PCT lead for this work
Gerry Bulger / Mary McMinn / Meena Savla	Plan a Hot Topics meeting to look at patient pathway referrals at the new LGH. This would take a similar form to that of the recent WGH AAU simulation event – but would be primary care-led.	**Awaiting** suggested dates from Janet Lewis, who is the PCT lead for this work
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.	**Done** – a draft has been produced. This has been sent to the necessary PCT people.
Mary McMinn	Arrange a presentation from the providers of a new community based ophthalmology service.	**Done** – at this meeting
Mary McMinn	Invite the Hospice of St Francis to attend a future meeting.	**Done** – Ros Taylor will attend the DacCom Executive meeting on 7 May.
Mark Jones	Ask Navigant to identify the best structures and staffing for DacCom.	**Done** – the Executive has agreed to proceed on the basis of the proposal received.
Richard Gallow / Zunia Hurst	Develop a cost-effective PIS to stimulate further prescribing progress.	
Mary McMinn	Commissioning plan for 2008/9	In progress Target date is end of April
Mary McMinn	Budgets for 2008/09	In progress Target date is end of April
Suzanne Novak / Mary McMinn	Work with Rothschild House to develop a proposal for provision of in-house general surgery.	In progress
Bernie Tipple / Mary McMinn	Work with HPFT, the JCT and the PCT to present the Dacorum EPMHS Proposal to the PBC Governance Subcommittee on 29 April for approval.	In progress
Mark Jones / Corina Ciobanu	Ensure that the DacCom's COPD Business Case is approved by the PBC Governance Subcommittee on 29 April.	In progress