West Herts PBC Leads Meeting Parkbury House Surgery 18 October 2007

Present
Michelle Plummer
Ken Spooner
MMc
David Hodson
Tad Woroniecki
Jenny Greenshields
Mo Girach
Corina Ciobanu
Beverley Flowers
Ian Isaac
Stuart Bloom
Roger Sage
Kapil Kedia
Moira McGrath
Andy Cole
Suzanne Novak
Mark Jones
Margaret Stockham
Roger Hammond
Mike Edwards

Finance Reports
The information is run before the freeze date, so there will be some changes. Hospitals are under-reporting. There are problems with SUS data. Backup information to PBR is in the emailed extranet link; can be drilled down. Independent includes CATS and other contractors such as Marie Stopes. Non PBR means everything else in SLAs not covered by PBR. This can't be separated out on a line basis. Non-acute activity will be on budget. GP drugs expenditure comes from the PPA. The Month 4 figures are healthy because of drugs price changes. Enhanced Services need coding changes. Accruals are commitments but they can't be allocated by practice. Provider services are determined on a weighted capitation basis. The underspend is due to lack of recruitment. The Month 4 forecast takes this into account. The DH was inconsistent as to how it dealt with Mental Health.

The Q1 freeze date was 15/9/07. Trusts can amend data up to 5pm. SUS information comes to the PCT within 5 working days (the contract is 10 working days). Lag times are improving. Q3 and Q4 lag times have not been notified yet. HRGs are now coded within 2 months. In E & N Herts up to 90% are now coded within 1 month. Data validation is part of a separate process. Either HIDAS or Qute will be used.

There is a charging effect for the cap at 2 follow-ups. How should this be shown? The activity has happened but not been paid for. How should it be attributed – by PBC groups or by weighted capitation? The PCT can't force the Trust to remove activity from SUS data.

There were 3 vacancies in the PCT commissioning team but it will soon be fully staffed. Both Trusts have had a data quality audit. It was felt that the information was good but doesn't help with pathway redesign. Some questions will be answered

by the use of HRGs. HIDAS is updated every 2 weeks. 140 Finance reports have to be produced for the PCT and for PBC Groups. Month 4 reports have been circulated. The Finance Department proposed to skip Month 5 and go straight to Month 6. The PCT budget changes from month to month. PBC budgets are based on the PCT budget at Month 5. It's proposed to validate PBC budgets every quarter.

Provider Services
PBC budgets for Provider Services are set on fair shares. Capitation funding is divided by the population number. The actual spend has been mapped to the PBC groups and services. In some areas this is easy e.g. there is a cost centre for Dacorum. In others it is difficult. There is no relation to activity, only an implied relationship. This report will need to piggy-back onto quarterly adjustments.

Access
The PCT wants to know how commission the extension to planned GP care. This is going to happen. Each PBC group should have this discussion. The DH wants to extend routine work. The SHA is not extending hours at the moment – it wants to address those practices which are below average, and to extend accessibility to appointments e.g. by ebooking. PMS practices will be targeted initially to extend within their contracts.

Premises
The LIFT partner is doing a stock-take, including PBC premises. It will see where the hot spots are, where upgrade and expansion are needed, and take into account Hemel's population growth. A group will be set up to see where change and growth are needed. It will develop criteria against which to judge business cases. Consultation will give a Primary Care Premises Plan. Money will be top-sliced from growth money for premises development. The PEC supported proposals to look at premises and asks groups which are their preferences. It was felt that there should be representation from the whole group. Evaluation should be at a pace that all are happy with. Feedback should go to Suzanne Novak.

Children's Services
Catherine Pelley – Head of Children's Services; Pat Hamilton – Universal Services for Children, West Herts; and Marion Dunstan – Specialist Children's Services, West Herts addressed the meeting.
The PCT has to co-operate in the development of integrated children's services. There is inequity of provision based on historical evidence. The PCT is performance managed on the delivery of change. There are more indicators and more and more pressure. A postcode lottery has been going on for years. A core specification looking at skill mix is being developed. There has to be equity across teams. Specialist services cover physio, OT, speech therapy, orthoptics, audiology, community nursing. Some services are delivered directly to schools. The new specification will be shared with groups in November. Hertfordshire doesn't meet national standards for maternity nurses. The caesarean section rate is 5-6% above the national average. Investment in midwives will lead to a decrease in the caesarean section rate, but there is a time lag.

Policy reviews
A joint meeting needs to be held to attempt to assess relative priorities. The group provides an overview, but the growth money has already been spent about 3 times over if all new initiatives are adopted. Peter Jones, the Interim Director of Commissioning, is to come to the next meeting. More money will soon be available than has been for many years. The SHA will be looking at value for money.

OOH and UCC
Clinical representation on each evaluation group was discussed.
The OOH group has:

- PEC clinician
- Clinical representative from East & North
- Clinical representative from West

The UCC group has:

- PEC clinician
- Clinical representative from West

There are also representatives from finance and patients. The UCC also has an external A&E consultant and an external paediatrician. UCCs are a relatively new development. Very few clinicians have not done sessions for OOH providers. The external person advises as to whether the service is deliverable; he/she is not a voting member. It is up to the PEC to decide on the PEC member. The PCT has already been challenged re: the process. A suitable candidate is required more urgently for UCC than for OOH. There will be a Bidders Day for potential UCC bidders on 13th November; this is an all day event.

CAS Review
The Choice Teams in East and West Herts are to be looked at. A group is to be set up, including a PBC representative, to review the functions and roles of the teams and the structures in place. These may differ between East and West Herts. There is potential to do C&B by proxy. It is an overwhelming PCT agenda to have a centralised CAS team. PBC Leads are to take this back to their LMGs.

Choose and Book
The C&B figures were tabled. The total is 40% across West Herts of ~ 50% available. West Herts is the second best in EofE. There are some problems with the figures e.g. some Dacorum practices show 0 for the last 2 months. C&B is a national target and is requirement for PBCs at Level 3. The Choice part is not doing so well. It is static at 33%. Some GPs don't give out leaflets – there was debate about this and about the use of Choice Read codes.

AOB
Quarterly Chief Executives Review Meeting
(a) WHHT is seriously underperforming. It is increasing capacity so as to catch up. It is employing staff grade doctors. There will be a marked increase in activity.

(b) Unbundling the block contract will be dynamite. The Trust is doing 2 or 3 times the amount of work that they think they should be. They have costed their activity. There are serious problems with OPD attendances. The same is happening with Barnet & Chase Farm. A transitional process has been put in place. The PCT will not have to pay the full cost immediately.

Palliative Care
The Cancer Network wants to address this meeting for 20 mins. They want to forge a relationship on an ongoing basis for cancer priorities and End of Life Care.

PEC
What does the future hold for computer systems? The Government says there will be choice. The PCT says everyone has to use the LSP preferred system.

Conclave
CC presented the COPD business plan to Conclave. The direction of Intermediate Care is completely provider-led at present. There are no IC leads in any of the PBC groups. Each PBC group is to identify an IC lead to be involved. PCT representatives are to link into the Diabetes group.

18 weeks
The measurement of this will start from the month of March coming. It will include all activity – both surgical and non-surgical. Analysts will go back and see when patients were referred for any activity occurring in March – this means any referrals from next Saturday. The target is 85%. There were issues re: CATS. CATS were to be included. However, for treatments in CATS, the clock will now be stopped.

MMc