West Herts PBC Leads Meeting Parkbury House Surgery 29 Nov 2007

Month 6 Finance Reports

Jenny Greenshields reported an overall surplus across localities, except for Hertsmere and Red House, due to their contingency contributions. There are a lot of prescribing underspends because of Category A changes. There is a big underspend in Provider Services; this is forecast to increase to £2 million by the end of the year. This month's overspend in PBR is because some hospitals are putting non-PBR through SUS and it is therefore charged against the PBR line. (HIDAS is correct.) This affects some localities more than others and will be corrected next month. DES and NES spending is OK. LES are underspent across the whole PCT. There was a small change when ES "specialist nurses" expenditure (heart failure nurse) was moved to Provider Services. There will be an increase in activity with winter and the 18 weeks target. There is an overspend in the C&B DES because of the repeat of the DES. There are grounds for cautious optimism.

WHHT

WHHT is asking for money. The PCT can't agree with the acute Trust. The PCT is therefore bringing this urgently to the attention of PBC. The Trust claims it is spending more than £1 million on high cost drugs than what is in the block. Some new to follow-up outpatients ratios are not in the upper quartile nationally, which they should be. The Trust says this is impossible because things are not set up in primary care. The Trust is not being paid if the ratios are not in the upper quartile. There are delayed transfers at Watford; it wants to open half a ward in Hemel Hospital for step-down IC beds and wants PBC to pay for this. WHHT has reviewed the waiting list to see who they can treat within 18 weeks. They can't do this for 730 orthopaedic patients; also for some ENT, ophthalmology, general surgery, and gynaecology patients. They are underperforming on the SLA. They want the PCT and PBC to contribute; if they don't the Trust will send 730 patients back to PBC. To achieve Foundation Trust status the acute Trust has to be in financial balance. The PCT is going to underspend; this can't be carried forward. 18 weeks is the number one national priority after hospital infections.

Anne Walker said that the PCT owes WHHT £1.4 million for work done last year and not paid for. At this year end, the PCT has to pay for work in progress; this will be about £3 million. WHHT is asking for £7 million (i.e. £4 million more). Neil Mackay of the SHA said the Trust can't hand patients back. The Trust may be changing the way it works with the present surgical moves and has not got the capacity right. It is not using beds in the way it was – it used to have a rehabilitation ward.

There was considerable discussion about not handing out money to WHHT for nothing. Beverley Flowers said that the PBC groups are gatekeepers; the Trust staffs the beds and the PCT manages the service. Mark pointed out that a strategy that helps them spend less is a positive thing and we continue to strive to be fit to make service changes. The rate of progress with diabetes and COPD must be concentrated. Roger Sage wanted West Herts leads to discuss it and take it out to the locality groups. AW said she needs to move fast. BF is to do detailed work by PBC group. Andrew Parker said that the Trust must deliver the SLA. More information is needed on the high cost drugs spend. The PCT will come back to the next meeting. AW will receive a weekly update. BF will share detailed internal information. There was much talk about communication without demonising the various parties, taking things forward diplomatically, doing this year's work this year and next year's work next year, collaboration, shared understanding of issues, working in partnership in all areas, and so on.

The process for next year
BF said that PBC should lead the commissioning process and must be clear in December what its priorities are for next year. The PCT has national must-dos – there are changes in screening and changes in specialist commissioning. Peter Jones is the AD whose job it is to take the process forward.

Cancer Network
David Henson works for the Mount Vernon Cancer Network which covers Herts and South Beds. It is one of 30 Networks in the country. It has a reconstituted Board chaired by AW. Its role is to support the cancer and palliative care commissioning process. It has set up a South Beds Cancer Group to support PBC groups. This advises them on national priorities, NICE guidance, drugs, waiting times, etc. The Network has not got a group for Herts, and wants a group with a mandate as above. RS said that this needs to go to the localities to get representation on such a group. The DH wants a robust framework and an integrated process. Mark pointed out that the risk is that we identify someone and don't communicate in a way which gets engagement.

Provider Services Finance
Katrina Hall presented the report that went to the PCT Board. It shows where the PCT is in terms of recruitment.

Choose & Book
This is still, apparently, to be 'light touch'.

Access to Primary Care
The NHS Operating Framework has 4 main targets. The second is delivering primary care access for the PCT and PBC groups. This means long-term access, i.e. extended hours – on weekdays or Saturdays. The PCT is looking at the current access survey. PCTs must deliver such access by March, or by summer at the latest. The issue for West Herts is Saturday mornings – it is a significant outlier compared with the rest of the country. West Herts is also below average for extended weekday opening. The PEC feels the pragmatic way forward is to invest some money in doing it. 2 PEC reps are willing to work on this. 50% of practices are required to offer some form of access on Saturday; this could be 2 hours of routine pre-booked appointments. This could be done through a LES. There is an expectation of guidance information and financial support from the PCT.

Premises
Of the options offered, WatCom, StahCom and DacCom have gone for option 2 (joint PCT and PBC working).

Acute Services Review
Andrew Butters of Frontline – which is a company filling the role on a temporary basis until a permanent appointment is made – is preparing a report to go to the PCT for a decision. The report will analyse the 6000 questionnaires returned, together with about 500 freeform written answers. There were 12 to 15 petitions of varying opinions; some with a lot of signatures. There was broad support for the ideas of Urgent Care Centres and Local General Hospitals, but some confusion as to what was meant by such terms. There was a desire for as much as possible to be provided in these. This reflects the concern about access, which was the number 1 issue in maintaining local services. For the West Herts questions, there were lot of concerns about the movement of acute children's services to Watford, i.e. the clinical care at, and access to, Watford and the hospital site itself. For the East Herts

question about Lister or QE2 there was a fair spread of responses. 2 large petitions favoured Lister. Lister is near the A1(M). QE2 is closer to centres of populations. There was a range of responses for and against Elective Care centres, again with the emphasis on access. 60% of responses focused on access. His company is going through the body of responses and drawing out the themes. It will make a series of recommendations for the Boards, anchored back to the questions. The report will be in the public domain on 12th Dec. The Paper will go to the Boards on 19th Dec. The decision will be made on 19th Dec. The Overview and Scrutiny Committee then considers the decision in mid-January 2008. The whole process had to go through a DH Gateway Review. The Structure Diagram for the implementation of the ASR was presented. RS emphasised that primary care clinicians should be involved in equal standing to those in secondary care.

Maternity Services

Mark mentioned that DacCom was nervous about the proposals in the DH paper 'Maternity Matters'. It is a bad move to break the link of continuity of care and GP training and maintaining GP skills. DacCom wants to commission midwifery in practices without changes in services. RS asked for Catherine Pelley to come to a meeting. Suzanne Novak pointed out that PBC is required to commission within the framework set by the PEC and within national frameworks.

PEC

There are to be amended PBC Governance Committee arrangements to make PBC as effective as possible. There will be a decrease in burdensome processes. The letter from the PEC Chairs (discussed at Hot Topics) was circulated. The responses will also inform Navigant Consulting.