



Wigan Borough Clinical Commissioning Group

Meeting of Wigan Borough Clinical Commissioning Group Board
Held on Tuesday 24th April 2012 at 1.30pm in Meeting room 17, Wigan Life Centre

Present:

- Dr Tim Dalton, Interim Chairman of WBCCG (TD)
- Dr Ashok Atrey, Clinical Lead, TABA (AA)
- Dr Tony Ellis, Clinical Lead, WCC (TE)
- Dr. Mohan Kumar, Clinical Lead ALPF [MK]
- Dr Pete Marwick, Clinical Lead, North Wigan (PM)
- Dr Deepak Trivedi, Clinical Lead, ALPF (DT)
- Trish Anderson, Deputy Managing Director for NHSALW/Interim Accountable Officer for WBCCG (TA)
- Mike Tate, Director of Finance (MT)
- Frank Costello, Lay Member (FC)
- Canon Maurice Smith Lay Member (MS)

In Attendance:

- Alan Stephenson, NED NHS GM (AS)
- Julie Southworth, NHS ALW Chief Operating Officer and advising on Governance (JS)
- Viv Smith, PA, Minutes (VS)
- Alison Kilduff, Ernst Young [observing]
- Ian Johnson, Ernst Young [observing]

1.	<p>Chairman’s Welcome The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the Wigan Borough Clinical Commissioning Board and reminded all attendees that this is a public meeting. The Chairman welcomed Canon Maurice Smith to the Board as a Lay Member.</p>	
2.	<p>Apologies for Absence None</p>	
3.	<p>Declarations of Interest The following declarations of interest were made: <u>TA</u> – Any items relating to Wigan Council. <u>AA</u> – Any items relating to Wigan LMC as he is their Secretary; also AA and his wife are both local GPs. <u>TD</u> – Any items relating to Shakespeare Surgery Ltd and Shakespeare Services Ltd as a Director and Shareholder, Bridgewater Community Healthcare NHS Trust due to his work as an Out of Hours Deputy, Health First ALW Community Interest as his GP practice is a founder member. <u>TE</u> – Any items relating to Wigan LMC as he is their Chairman. <u>MK</u> – Any items relating to training and workforce. Any items relating to Health First ALW Community Interest, as his GP practice is a founder member. <u>PM</u> – Any items relating to working as a GP in a General Medical Service practice. <u>DT</u> – Any items relating to Health First ALW Community Interest, as his GP practice is a founder member. <u>MT</u> – Any items relating to 5 Boroughs Partnership NHS Trust due to his wife’s</p>	

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	<p>employment. <u>FC</u> – None <u>MS</u> - Any items relating to Community Engagement Group for Ashton-in-Makerfield Lift project as he is their Chairman. Chair of locality audit group until 31 May 2012 <u>JS</u> - None</p>	
4.	<p>Minutes from the Previous Meeting Alan Stephenson, former Chairman of NHS ALW PCT, joined the meeting and was welcomed by the Chairman. Alan Stephenson has been invited to be in attendance at the Board during the transition year and will be acting as a point of liaison with NHS GM Board</p> <p>The minutes were accepted as a true and accurate record of the meeting.</p>	
5.	<p>Actions/Decisions Log from Previous CCG Board Meetings</p> <p>All actions from previous Board were reported as complete</p>	
6.	<p>Questions From Members Of The Public</p> <p>No members of the public were present</p> <p>FC asked that Board members receive assurance that the frequency and location of the Board meetings will be widely shared using the appropriate medium.</p> <p>Action: TA to ensure that John Marshall and Paul Wilson advertise the dates and location of the Board meetings widely and produce a brief statement for the Board detailing how this will be done</p>	TA / JM / PW
7.	<p>Locality Updates</p>	
7.1	<p>ALPF Report circulated with the agenda. Report received. MK informed Board members that the results from the Locality level QiPP workshop will be shared with Board members</p> <p>Action: MK to share provide feedback from Locality QiPP workshop with Board members</p>	MK
7.2	<p>TABA Report circulated with agenda. Report received.</p>	
7.3	<p>WCC Report circulated with agenda. Report received. TE reported that Wigan locality had concerns whether a Pharma funded “Anti-Psychotic Prescribing in Dementia Care Review” offer direct to practices was appropriate. MK asked for clarification on the prescribing process within Primary Care.</p> <p>Action: TA to ask the existing contracting group to review the prescribing process for psychotic drugs and report back to F&P</p>	TA
7.4	<p>Wigan North Minutes of march meeting circulated with agenda. Minutes received. PM</p>	

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	<p>advised the Board that North Wigan Locality is looking at trauma orthopedic work along with ophthalmology and dermatology using SOLLIS data. PM will share details of the diabetes redesign work underway at the May Board</p> <p>Action: PM to share details of diabetes redesign at May Board</p>	PM
8.	Committee Updates	
8.1	<p>Corporate Governance Committee Reports circulated with agenda. Reports received. TE advised that there is to be a half day Audit session with David Amini of MIAA in May which will review Governance. TA confirmed to the Board that much work has been done recently on Governance in line with work on the Accountability Agreement.</p>	
8.2	<p>Clinical Governance Committee Reports circulated with agenda. Reports received. JS advised the Board that the Clinical Governance and the Corporate Governance meeting schedules have been structured to be held bi-monthly in alternating months. Board will be asked to receive reports from each Committee on alternating months. MS welcomed the increase in frequency and the cohesion of the scheduling of the Committees and emphasised the need to attain a secure and enthusiastic membership.</p> <p>The Chairman asked for Terms Of Reference for all subcommittee meetings to be brought to next Board.</p> <p>Action: JS to provide a suite of documents for Terms Of Reference for meetings</p> <p>Board members discussed the range of guidance on CCGs recently circulated. FC brought to Board members attention the specific guidance for Lay members including Audit.</p> <p>FC asked that the guidance be incorporated into Wigan Borough CCG organisation.</p> <p>The Board was informed that TA will assume the role of Safeguarding Lead for WB CCG as Dr David Valentine, who is the current Safeguarding Lead, is spending more time at NHS GM in Salford. The Chairman advised that there will be a number of Dr Valentine's roles that will need to be shared out amongst the CCG although not necessarily amongst Board members</p> <p>The Chairman welcomed receiving the reports but recognized that the CCG will need strong governance going forward. A Governance paper will be brought to the next Board</p> <p>Action: A Governance paper to be brought to the next Board</p>	JS

<p>8.3</p>	<p>Finance & Performance MK reminded Board members that a request had been sent to all Clinical Leads requesting fuller participation in the Finance & Performance Committee by GP representatives with only three responses received. MK asked that a minimum of two GPs attended each meeting of the F&P Committee.</p> <p>The Chairman asked that all Localities revisited this issue for all Committees</p> <p>Action: Clinical Leads to cascade the request for GP attendance at Committees to all practices.</p>	<p>AA /TE/ DT/ MK/ PM</p>
<p>9.</p>	<p>Strategic Items</p> <p>9.1 Feedback from NHS GM TA gave feedback from the GM Weekly Ops meetings and from the National Commissioning Board which highlighted the following:</p> <ul style="list-style-type: none"> • In future there will be four sectors; North, South, Central, and London. The sectors will be known as “regions”. • Broad thanks had been expressed to all PCTs for achieving contract sign-off within National timelines. • At the GM SHA Performance review there was concern expressed at variation between Trusts and PCTs in activity reported. • Talent pool - there are concerns regarding the recruitment process with hold ups in the system already manifesting. The Assessment Centre process is already jammed. HR Guidance is expected from NHS GM • A letter was issued widely from Dame Barbara Hakin which provides some clarity in relation to how CCGs should be configured in order to be authorised. The letter sets out sets out some time limits and any practices who are not members of a geographically configured CCG after the 31st April will be assigned to one by the National Commissioning Board [designate]. This is significant to WB CCG as there is another CCG in Wigan that will be unable to progress. <p>The Chairman added that WB CCG as a Board have always supported other CCGs going forward, however in the light of this letter the Chairman sent a letter to all practices in United Lead Commissioning Group with an invitation to join Wigan Borough CCG. A reply by date was set for Monday evening on 30th April</p> <p>AS thanked the Board for circulating the letter to all practices as this has been a matter of concern for NGS GM Board</p>	
	<p>9.2 Feedback from Clinical Commissioning Board The Chairman gave feedback from the Clinical Commissioning Board which has now changed identity. The Clinical Commissioning Board which replaced PEC in autumn of 2011 has joined with the Service Transformation Board to form the new Clinical Strategy Board.</p>	

<p>9.3</p>	<p>System Requirements 2012/13</p> <p>The Board discussed the letter from Ian Dalton, CEO of SHA North which outlines the expectation on CCGs in relation to Quality, Safety, Performance, and Finance. The letter also outlines what should be core functions for emerging CCGs. TA stressed the importance of the message in this shadow year. Mike Burrows is asking for assurance that Boards have plans in place to meet these requirements.</p> <p>The Board was asked to receive and approve the proposed response which sets out the initial steps recognising that there may need to be some movement of approaches on some matters.</p> <p>Decision: The Board approved the response</p>	
<p>9.4</p>	<p>Finance Update</p> <p>MT gave an update on the Finance position. In 2011/12 the PCT met all financial duties with final accounts being submitted on 20.04.12 to Audit and to the Department of Health. MT will bring a full budget to next Board detailing a breakdown of intended expenditure.</p> <p>QiPP Update</p> <p>MT told Board members that Helen Bellairs, former CEO of Warrington PCT, has been asked to help manage the QiPP forum and to specifically provide challenge to the CEOs of the providers.</p> <p>MK reported that the three QiPP workshops have proved to be successful. The Locality Business managers have been challenged to produce recommendations for savings and this has gone well. MK asked the Board for delegated authority to enable a quick turnaround providing quick savings</p> <p>Decision: Board agreed that, via an appropriate overview and governance mechanism, the authority to manage quick turnaround can be done below Board level</p>	
<p>9.5</p>	<p>Month 11 Performance report</p> <p>MT presented the Performance paper asking the Board members to note the contents. It was decided at Finance & Performance Committee to have separate indicators in future for CG, Primary care and Public Health.</p> <p>MT assured the Board that Month 11 Performance was in line with previous months with only one red rating which was for Clostridium Difficile. TA added that this issue was raised at NHS GM meetings. TA has formally written to Kate Ardern requesting monthly reports to Board on the management of Clostridium Difficile. Board members also asked for a review of the current process to deliver the targets in this area to see what else can be done.</p> <p>MT informed the Board that Performance issues will now be discussed at Contract Negotiation Meetings which will follow a new format of Performance / Quality / Finance in that order.</p> <p>MK asked that a strategy be put in place for a handover of areas previously managed by Public Health.</p>	

		<p>TA informed the Board of recent difficulties with WWL regarding Wait Times and the clearance of waiting list back logs. An Urgent Care Board meeting is to be held on Tuesday 1st May. A detailed report from this meeting will come to the next Board meeting. TA advised Board members that she has formally written to WWL advising on what WB CCG expectations are and a letter has also been sent to Monitor which was a requirement of NHS GM</p> <p>MT referred to the North of England review which shows that Greater Manchester is the worst performing cluster in the North of England. MT advised the Board that a small improvement in Stroke and C Dif would show a significant change in rating status.</p>	
10.	New Business Items		
	10.1	<p>Quality Report March 2012 The Quality Report was presented by JS asking the Board to note the contents for information. The Board expressed concern that a green status had been given to WWL on A&E performance as readmission figures are alarmingly high with one in twenty patients being readmitted.</p> <p>Decision: The Board broadly welcomed the content of the report and agreed that the progress and actions contained in the appendix are reasonable.</p>	
11.	Items for Information		
	11.1	<p>Communications Update TA presented the Communications paper to update the Board on progress and achievements to date. TA informed the Board that an aggressive marketing campaign has begun with a 4 page colour supplement in Wigan and Leigh newspapers. Board members discussed providing CCG identity within practices in the form of posters and leaflets. It was agreed that as an Estates issue internal signage would be acceptable but external signage would need to be agreed with the property companies.</p>	
12.	Any Other Business None		
	<p>Part 1 of the meeting closed at 3.00pm Date and Time of Next Meeting 24th May 2012 – 1.30pm</p>		