

ANNUAL GENERAL MEETING

18 September 2014

The Folk Hall, The Garth, White Rose Avenue New Earswick, York YO32 4TZ

ATTENDEES

Members of the Public

Betty Denton
Catherine Hepburn
Andrew Kent
Malcolm Law
Eileen Rimmer
Joseph Rimmer
Diana Robinson
Diane Martin
Neville Martin
Ron Middlemass
Daniel Molesworth

Stakeholders / Other Organisations

Barbara Anderson	Yorkshire Housing
Holly Bainbridge	Healthwatch
Anna Balkowski	The Avenue's Children's Centre
Derek Bottomley	Age UK York
F. Godfrey-Fansett	Joseph Rowntree Housing Trust
Julie Hotchkiss	City of York Council
Jerry Ibbotson	BBC Radio York
Emma Johnson	St Leonard's Hospice
Nicola Openshaw	Age UK York
Allison Peterson	Public Patient Engagement (PPE) Group
Sue Reape	City of York Council
Jacqui Ritchie	BMI Healthcare
Kathy Sturgess	York MIND
Hazel Stott	Sainsbury's Pharmacy
Anne Ward	City of York Council
Janet Waggott	Ryedale District Council
John Yates	York Older People's Assembly

CCG Members

Dr Claire Anderton	Gale Farm Surgery
Dr Louise Barker	Haxby Group Practice
David Booker	Governing Body Lay Member
Lucy Botting	Vale of York CCG
Dr Emma Broughton	Priory Medical Group
Dr Hazel Brown	Dalton Terrace Surgery
Dr Lorraine Boyd	Millfield Surgery
Dr Clare Coe	Clifton Medical Practice
Dr Paula Evans	York Medical Group
Dr Andrew Field	The Surgery at 32 Clifton
Holly Firth-Davies	Vale of York CCG
Dr Lesley Godfrey	Priory Medical Group
John Haigh	Vale of York CCG
Dr David Hartley	Jorvik Medical Practice
Dr Mark Hayes	Vale of York CCG
Sharron Hegarty	Vale of York CCG
Dr Walter Hrycaiczuk	Old School Medical Practice
Dr Tim Hughes	Kirkbymoorside Surgery
Dr Andrew Inglis	Tadcaster Medical Practice
Dr Jane Inwood	Petergate Surgery
Louise Johnston (Practice Manager)	Unity Health
Dr Peter Jones	Stillington Surgery
Dr James Laing	Pocklington Group Practice
Dr Jeanette Lenthall	Escrick Surgery
Dr David Lightwing	Elvington Medical Practice
Dr David Mazza	Gillygate Surgery
Kelly McGinty	North Yorkshire and Humber Commissioning Support Unit (CSU)
Alex Molyneaux	North Yorkshire and Humber CSU
Dr Gordon Orr	Front Street Surgery
Dr Jo Patel	Sherburn Practice
Maisie Pearson	Vale of York CCG
Rachel Potts	Vale of York CCG
Tracey Preece	Chief Finance Officer
Dr James Read	Haxby Group Practice
Michele Saidman	Vale of York CCG
Dr Russell Saxby	MyHealth
Dr John Schofield	Beech Grove Medical Practice
Dr Richard Stockley	Posterngate Surgery
Alex Swift	North Yorkshire and Humber CSU
Dr Swami Thiagarajan	Pickering Medical Practice
Dr Sarah Utting	Tollerton Surgery
Dr Ruth Walker	Scott Road Medical Centre
Dr Nick Wilson	Helmsley Surgery
Dr Nigel Wells	Beech Tree Surgery

APOLOGIES

Stakeholder

John Brown	PPE Steering Group
Councillor Barbara Hall	East Riding of Yorkshire Council
Andrea Hobbs	Hambleton and Richmondshire Carers Centre
Melanie McQueen	York CVS
Gareth Naidoo	East Riding of Yorkshire Council
Sarah Paskett	Stamford Bridge Beaumont
Rita Sanderson	York Racial Equality Network
John Skidmore	East Riding of Yorkshire Council
Linda Smith	East and West York and Archways
Ros Tolcher	Chief Executive, Harrogate and District NHS Foundation Trust
Julia Unwin	Joseph Rowntree Trust

CCG Governing Body

Professor Alan Maynard	Chairman
Dr Tim Maycock	GP Member
John McEvoy	Practice Manager Member
Dr Andrew Phillips	GP Member
Dr Guy Porter	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Keith Ramsay	Lay Member and Audit Committee Chair
Dr Paul Edmondson-Jones (Co-opted)	Director of Public Health and Well-being, City of York Council
Dr John Lethem (Co-opted)	Local Medical Committee Liaison Officer, Selby and York
Richard Webb (Co-Opted)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Dr Tim Hughes (TH) welcomed everyone to the Clinical Commissioning Group's (CCG) first AGM.

Achievements and Forward Plans: Dr Mark Hayes (MH)

MH referred to the CCG's Annual Report and described achievements in the first year in terms of the CCG's relationships with the public, patients, and partner organisations, and between GP practices and the workforce. In respect of involving the public and patients MH highlighted development of the innovative community diabetes service, the review of neurological services which had also included working with the Neurological Commissioning Support Unit, and the mental health *Discover* programme. In regard to the latter MH noted that six patients would be invited to contribute to the tender document which would be issued in November.

MH referred to working with partner organisations. In respect of the acute trust there was an improved relationship from the historic position. MH cited the current work on developing Better Care Fund plans. He noted in regard to local authorities that representatives from City of York Council and North Yorkshire County Council were co-opted on to the Governing Body and the close working between the CCG and City of York Council achieved through co-location in West Offices.

In regard to GP practices MH reported that the Council of Representatives was meeting immediately after the AGM and advised that improved relationships were enabling joint working. He noted the good staff working environment.

In terms of the CCG's first year achievements MH highlighted the opening in January 2014 of the Section 136 Place of Safety suite; establishment of a psychiatric liaison service in A and E developed in partnership with the hospital and the mental health service provider; and the partnership response to the Care Quality Commission report in to issues at Bootham Park Hospital. In regard to the latter MH reported that a summit meeting had been held with all parties and through partnership working an interim solution for up to three years, whilst a new facility was developed, was being presented to NHS England. Three options were being considered for this facility: development on the Bootham Park Hospital site which English Heritage strongly supported, The Retreat, and Clifton Hospital site.

MH described the CCG's five year plan for integrated services to be provided in the community based on the international Care Hub model.

In conclusion MH noted that the first year had been challenging but interesting and highlighted the achievement of £2.1m surplus from a position of £3.5m inherited deficit. He particularly noted the achievements of improved relationships and services.

Questions

1. John Yates, York Older People's Assembly

In view of mental health information advertising the Tuke Centre in GP surgeries how did the CCG work with the private sector regarding mental health?

Response: MH referred to the historic position of inadequate investment in mental health services and noted that a new specification was currently being drawn up. The Tuke Centre was part of The Retreat and service users did not always wish to access NHS services. The aim of the new mental health services contract was for all available services to be accessible and at no charge.

2. Neville Martin

a) Where did the CCG stand on patient choice?

Response: MH advised that choose and book was offered via the Referral Support Service but that, in terms of mental health there were specific rules.

b) *Personal experience of expressing a wish to go to Leeds General Infirmary (LGI) for a cardiac arrhythmia referral, due to knowledge of their services, but being informed that the list there was closed to new cardiac cases. Also patients in the Selby locality were referred to Castle Hill not the LGI. Was this a commissioning decision?*

Response: MH was not aware that the LGI could close their list but could not comment on specific circumstances. York Teaching Hospital NHS Foundation Trust had a clinical arrangement with Castle Hill in Hull. The concerns described were not due to commissioning decisions.

3. Diane Robinson, Service User

In view of previous criticism of patient engagement, the inclusion of interview with six patients in the mental health procurement was welcomed. However concerns about the role of the private sector remained.

Keen to see the CCG include the possibility of research. Academic work underpins best practice.

Response: MH advised that privatisation was currently as per Government and European Union requirements. Quality was the key consideration in the tender process which also specified aspects of training and research. The CCG worked to ensure research and training needs were met.

4. Nicola Openshaw - Age UK, York

a) *In regard to patient choice after care at private providers, such as Ramsay and Nuffield Hospitals, was not as good as at York Hospital.*

Response: MH advised that after care would be delivered by the Community Team.

b) *There was not parity between York Trust and private providers in terms of for example medical social workers, occupational therapists, access to intermediate care or patient transport to outpatient appointments.*

Response: MH suggested further discussion with Lucy Botting outside the meeting. Dr David Hartley reiterated concerns about quality of after care at Nuffield Hospital.

Finance Update: Tracey Preece (TP)

TP referred to the summary leaflet 'Financial planning for a sustainable future'. She highlighted that the CCG had delivered a planned surplus in 2013/14, albeit slightly below the 1% recurrent surplus requirement, and had repaid in full the £3.5m historic debt. The position at the start of 2014/15 was therefore one of underlying surplus.

TP described the components of the 2013/14 allocation spend: of the £360m Programme costs 60% related to acute services and 40% to mental health and community services, continuing care and primary care prescribing; the majority of the £5.4m running costs spend related to pay and included the contract with the Commissioning Support Unit (CSU), provided across Yorkshire and Humber for efficiency. Running costs had underspent which had assisted delivery of the planned surplus. TP noted that the four North Yorkshire CCGs all met the statutory duty to achieve breakeven with a surplus.

TP reported that the CCG had failed the public sector payment policy of 95% of invoices being paid within 30 days. Processes had been introduced to address the issues and this policy was now being met.

The CCG had delivered a full set of accounts and had been given a good auditors' report.

A £10m QIPP savings requirement at the beginning of the year had been reduced to £6.5m of which £4m had been delivered. Work on these programmes was continuing.

In regard to national guidance TP referred to the requirement for each CCG to contribute to the identified potential £30bn national funding gap in the NHS by 2020/21. The CCG's five year Strategic Plan described how financial stability would be achieved over the five years. The Better Care Fund (BCF) and pooled budgets, to be implemented from 2015/16, would be key to delivering the efficiencies. The plan underpinned, and would enable, all the CCG's work, notably building relationships with acute trusts and setting contracts to deliver the financial plan. The £9.4m QIPP in 2014/15 contained an element of risk. The Governing Body would continue to receive transparent reporting both in this regard and also in regard to opportunities.

The key risks to the CCG's financial position were the QIPP gap, although contingencies had been identified, and introduction in 2015/16 of the BCF and pooled budgets with social care. TP highlighted the associated complexities due to working with three Local Authorities but also emphasised the opportunities for patient care and removing duplication. The overall financial plan underpinned the strategic plan. TP advised that the CCG planned a surplus in 2014/15 of £2.1m (0.57% as achieved in 2013/14) with a move to the level required in the business rule of 1% from 2015/16 onwards.

Questions

1. Jerry Ibbotson, BBC Radio York
Is the total spend c£300m per year?

Response: TP advised that the 2014/15 allocation from NHS England was £370m noting that detail of expenditure was available up to Month 5. She also advised that large contracts, such as that with the CSU, were paid monthly. Further detail could be provided outside the meeting.

2. Allison Peterson, CCG Public and Patient Participation (PPE) Group

If there were cost efficiency savings year after year, eventually all services would have to be run for nothing.

Response: TP advised that there was concern about continued reduction and the impact on baseline services but noted that currently there was a level of inefficiency which could be addressed through partnership working. TP noted that the acute trusts were also concerned about the levels of reduction.

TH, as a GP, referred to patients' contributions to identifying better care and achieving savings. TP noted that change would be gradual and welcomed improved patient engagement to inform this.

3. John Yates, York Older People's Assembly

There was a greater demand for health care due to the ageing population and increasing numbers of children. The CCG should do more to educate people, for example in terms of obesity and physical disability.

Response: TP agreed that the level of education was important and was both the role of the CCG and Public Health colleagues with whom there was a good relationship. It was also the role of GPs and other health care professionals to ensure that multiple options were available, for example advice from pharmacies; the integration of services would aid this.

MH added that there were three areas of evidence that would impact: the price of alcohol, plain packaging for cigarettes and a sugar tax.

4. Diana Robinson, Service User

Were there any contingency plans for out of area registration and the impact on GP visits?

Response: MH advised that GP contracts were currently held by NHS England. TH added that he did not foresee any great impact on practices.

5. Allison Peterson, CCG PPE Group

Following attendance at a Discover event, when there had been no reference to the value people placed on for example psychologists, how much latitude does the CCG have in restructuring mental health services?

Response: MH advised that the service specification would reflect feedback from the *Discover* sessions and would not be prescriptive in terms of staffing. This would reflect service user needs. An Appreciative Inquiry approach was being adopted for development of the specification that would go out in November 2014.

6. Jerry Ibbotson, BBC Radio York

How was the position of £3.5m debt to surplus achieved?

Response: TP advised that a number of non recurrent measures had enabled this: £2.9m under spend on running costs due to vacancies through the development of the CCG and negotiation on the CSU contract; some support from the Area Team; variations in areas of under and over spend

7. Emma Johnson, Director of Clinical Services, St Leonard's Hospice

With reference to improved partnership working and the commitment to work with the Hospice as lead provider of end of life care, hoped that services would be expanded through the BCF. Expressed appreciation from the Hospice perspective of support to date.

TH described the CCG's incremental approach to improvements and change. GPs were looking into ways of delivering care in the right way which was often the most cost effective way and included learning from patients.

8. Neville Martin

What plans are in place to deal with a potential Ebola outbreak in this country?

Response: MH advised that NHS England and Public Health England had plans for major significant events.

TH closed the meeting and expressed appreciation to contributors.