

## Annual General Meeting - Minutes

**Thursday 25 September 2014**  
**The Lounge, Galloway's Society for the Blind, Howick House,**  
**Howick Park Avenue, Penwortham PR1 0LS,**  
**at 4.30pm**

**Present**            Dr Ann Bowman – Chair  
                          Mrs Jan Ledward – Chief Officer  
                          Mr Iain Crossley – Chief Finance and Contracting Officer

**In attendance**    Dr Brigid Finlay – GP Director  
                          Dr Hari Nair – GP Director  
                          Mrs Anne Bowen – Governing Body Nurse  
                          Dr Steve Cairns – Secondary Care Doctor  
                          Mr Sam Jones – Lay Member Audit and Finance  
                          Mr Paul Richardson – Lay Member Governance  
                          Dr Dinesh Patel – GP Director  
                          Dr Zak Patel – GP Director  
                          Mrs Helen Curtis – Head of Quality, Safety and Effectiveness  
                          Mrs Louise Giles – Head of Operations and Delivery  
                          Ms Karen Sharrocks – Head of Strategy and Corporate Services  
                          Miss Madeleine Bird – Communications Officer  
                          Mrs Dawn Clarke – Equality and Diversity Lead  
                          Mrs Lisa Featherstone – Corporate Affairs and Governance Manager  
                          Miss Elena Lloyd – Corporate Communications Manager  
                          Miss Erin Portsmouth – Head of Communications and Engagement  
                          Mrs Anne Whittle – Governing Body Secretary (Minutes)

**Members of the Public**

Ms Sarah Bennett – Chorley Voluntary Community Faith Sector Network  
 A Brown – Member of the Public  
 Mr Stuart Clayton – Galloway's Society for the Blind  
 Ms Annie Corcoran – Member of the Public  
 Mr Joe Hannett – Member of the Public  
 Mr Allan Slater – Great Eccleston Patient Participation Group  
 Ms Yvonne Stevenson - Chorley Voluntary Community Faith Sector Network

GPAGM/ 140925/01	<p><b>Arrival, refreshments, and a chance to meet members of the CCG Governing Body</b></p> <p>Members of the public were invited to share refreshments provided and to take the opportunity of meeting Governing Body members.</p>
GPAGM/ 140925/02	<p><b>Welcome and Introduction</b></p> <p>Ms Karen Sharrocks, Head of Strategy and Corporate Services welcomed everyone to Greater Preston CCG's first Annual General</p>

	<p>Meeting (AGM). She asked members of the public to refer to their information packs and asked that they complete feedback and contact forms to allow the CCG to make improvements to future AGMs.</p> <p>Ms Sharrocks introduced Dr Ann Bowman, CCG Chair, who welcomed everyone and expressed thanks to members of the public for their attendance. Dr Bowman introduced a short film which highlighted the Preston Healthport where local patients receive care closer to home and treatment from local clinicians including GPs with Specialist Interest and Optometrist services.</p> <p>Dr Bowman then gave a presentation which explained the structure of the CCG as a member organisation of 33 practices, the locality covered by the CCG and how the CCG plans, buys and monitors local health services on behalf of its population of 212,000 and with a budget of £240 million. She outlined the CCG's responsibilities as a commissioning organisation, what services the CCG commissions and the CCG's values as a public body.</p> <p>Dr Bowman highlighted some of the successes of the CCG's first year, including achievements through building partnerships with partner organisations. She described how the CCG has engaged members of the public through various forums, engaging patients with developing the CCG's five year plan to inform service redesign.</p> <p>Achievements included improved access for patients to some services in a more convenient setting with quicker access to tests and fewer visits to hospital, resulting in reduced waiting times. Integrated Neighbourhood Teams are now in early development. Positive feedback is being received by the CCG from patients in supporting people in the community, improving cancer pathways, re-procurement of physiotherapy services reducing waiting times from 14 weeks to 2 weeks, implementation of a community headache service, direct access to investigations and the implementation of a paediatric diabetes team to reduce hospital admission.</p> <p>Dr Bowman was pleased to highlight the achievements so far during the CCG's first year of establishment, and announced that one of the CCG's members of staff has been nominated for a national award.</p>
<p>GPAGM/ 140925/03</p>	<p><b>Our Annual Report</b></p> <p>Mrs Jan Ledward, Chief Officer, presented the CCG's first Annual Report. She described how the CCG has recruited to the Governing Body and staff structure, developed its Constitution and governance structure. She explained that the CCG has a very active GP membership and expressed thanks to all clinicians for leading on CCG work streams and staff for their support in developing the policies and processes in order to deliver the CCG's objectives and achieving a</p>

	<p>financial balance in its first year.</p> <p>Mrs Ledward described the future challenges of the CCG in terms of changes to the population, the 'City Deal', and the range of health issues for our local population. She explained the strategic aims of the CCG in helping to rebalance the health economy, improve health outcomes, build relationships, commission effectively and deliver integrated services whilst continuing to improve the quality of health care. She highlighted that recent surveys have been positive and have resulted in improving the CCG's visibility amongst the community we serve.</p> <p>Mrs Ledward advised that the Clinical Senate has helped to build relations across the local health economy. CCGs across Lancashire meet regularly to identify priorities and commission a range of services county wide, for example stroke services. The CCG also works alongside other commissioners such as Lancashire County Council and NHS England Area Team. Local priorities are being progressed to reduce unplanned admissions to hospital, reduce the average length of stay in hospital and the number of first outpatient cardiology attendances. Mrs Ledward added that the combined Friends and Family Test at Lancashire Teaching Hospitals is helping to improve quality of care through sharing patient perspective and experience. This will be extended to other providers in future.</p>
<p>GPAGM/ 140925/04</p>	<p><b>Our financial performance</b></p> <p>Mr Iain Crossley, Chief Finance and Contracting officer, gave a presentation which described the CCG's financial position, how the CCG performed against the financial targets for 2013/14, how we expended resources to commission effectively and an outlook of the financial future for the CCG.</p> <p>Mr Crossley was pleased to report that all financial duties have been achieved during the CCG's first year, with a financial balance at year end and a 1% surplus delivered. He explained an expenditure breakdown for 2013/14, with 57% of expenditure on acute services. He outlined plans going forward with regard to how the CCG will</p> <ul style="list-style-type: none"> <li>✓ continue with its plans to transform urgent care,</li> <li>✓ develop and implement the primary care strategy,</li> <li>✓ take on additional responsibilities in respect of primary and specialist services,</li> <li>✓ deliver the integration agenda and pooled funding arrangements with Lancashire County Council with the Better Care Fund.</li> </ul> <p>The CCG will also work within reduced running cost allowance, whilst taking on responsibility for some specialised services, commissioning and co-commissioning of primary care services.</p>

<p>GPAGM/ 140925/05</p>	<p><b>Our plans for the future</b> Dr Bowman described the CCG's vision and aims in improving quality of care and the patient experience. She explained how the CCG's five year plan aims to provide a more preventative and responsive health care provision. She described how the CCG will achieve its aims and how the five transformation work programmes will support the delivery of improved primary care, mental health, urgent care, elective care and collaborative commissioning.</p> <p>Dr Bowman explained that the CCG is focusing on providing 24/7 care, with GP surgeries having extended hours over the winter period, supporting people to look after themselves and have a better understanding of their illness, bringing care closer to home, in GP and community settings. She explained how the media focus of hospital is not reflective of the wider NHS and GPs' services. The CCG is working on five transformation programmes. Dr Bowman confirmed that mental health will be a key area of focus.</p>
<p>GPAGM/ 140925/06</p>	<p><b>Questions from attendees</b> Dr Bowman invited questions for members of the public and CCG staff. The following questions were received:</p> <ol style="list-style-type: none"> <li>1. A member of the public asked Dr Bowman to define 'community' services. Dr Bowman explained that community services include the voluntary sector, GP, district nursing, physiotherapy and other therapy services as examples.</li> <li>2. Mr Slater, member of Great Eccleston Patient Participation Group, reflected on the January 2014 Greater Preston CCG Governing Body meeting, when a presentation on the Strategic Planning Framework was given and Mr Slater's question at the time with regard to what form of participation would members of the public have with regard to CCG plans. Mr Barker, who was then Head of Corporate Services, replied that there is greater access to data and patients are now taking increased control. Mr Slater, at the time commented that he saw no developments as yet for patient and public involvement, however Mr Noblett provided assurance that he could see a good framework being developed with interactive website opportunities and to 'watch this space'. Mr Slater referred to the March Governing Body meeting by which time the situation had greatly improved with patient participation focus group events and since then the establishment of the Patient Voice Committee and Patient Advisory Group which have made a vast improvement to patient and public involvement.</li> </ol>

Mr Slater offered his congratulations and every success for next year and beyond. He commented that Mr Noblett's advice to 'watch this space' has proved positive and accurate.

3. Mr Stuart Clayton, Galloway's Society for the Blind, described how he felt that there is an apparent 'us and them' in primary and secondary care and moving acute care into the community which he supports. However, he was concerned with regard to hospitals working to economies of scale and he could see a potential for acute services to be threatened. He would like to hear more about what the CCG and hospitals are working on together rather than the shift of services.

Dr Bowman explained that the CCG meets regularly with Lancashire Teaching Hospitals NHS Foundation Trust and other major providers and shares strategic plans. She explained that plans are closely aligned. The Clinical Senate, which comprises of the most senior colleagues of Greater Preston and Chorley and South Ribble CCGs, Lancashire Teaching Hospitals NHS Foundation Trust, Lancashire Care NHS Foundation Trust and Lancashire County Council, work together to ensure that there are 'no surprises'. She explained that health care providers recognise that our plans will allow them to focus on providing what they need to do and develop more specialised services. She referred to proposed changes to urgent care and commented that if we want to provide quality services we may have to ask patients to travel a little further for some services.

Dr Bowman advised that we will probably see more of these types of service changes, such as patients travelling to Blackpool for Cardiology and Preston for Cancer to receive specialised care which we have seen happen over the last ten years. The Lancashire CCGs Network works across Lancashire to ensure that services provide improved quality. Mrs Ledward confirmed that we can now say that we are working together, and that our providers appreciate the amount of changes that are being made in the community. Dr Bowman added that our Out of Hours providers are now working in collaboration to help deliver our shared plans to improve urgent care services.

4. A comment was made from a member of the Galloway's Society for the Blind. We welcome more services in the community. As a visually impaired member of the community, I find it difficult to see the poor signage in hospitals, in particular for the Ophthalmology department! He also described the discourteous ways he had been treated by hospital doctors with the ophthalmology department.

	<p>5. A member of the public commented that it was good to see included in the five year plan a focus on transport for the aforementioned centres of excellence, and for plans for care in the community, but he hopes that patient transport services will remain for people who do not have private transport.</p> <p>Dr Bowman acknowledged that there are some anomalies with transport arrangements with regard to travel to centres of excellence e.g. hospital. She gave an example of mental health and dementia services and emphasised the importance of people without transport being able to travel to visit patients.</p> <p>6. In terms of quantifying prevention, a comment was received that it was difficult for members of Galloway's to quantify prevention. However, the gentleman expressed his thanks to Mrs Tansey and her team who have been very proactive in meaningful engagement with members of the public.</p> <p>Dr Bowman commented that there is much information on prevention in primary care and it is important to share information with the wider community. The CCG can measure reduced A&amp;E attendances, and quality through performance indicators as an example, if we help our diabetes patients now this will bear fruit for patients and the health economy in 10-20 years' time.</p> <p>Mrs Ledward commented that it is about how we start to think about the outcome rather than the target, and added that there is a danger of hitting the target and missing the point. We understand what is better for the patient and need to create the space for some difficult conversations about how we commission differently based on outcomes not just targets.</p> <p>Mr Clayton commented that a trustee at Galloway's had a negative experience where he had recently lost his vision and felt his support at the hospital was inappropriate and that he hoped that clinicians would start to understand patients' needs outside of the clinical bubble.</p>
<p>GPAGM/ 140925/07</p>	<p><b>Close of meeting</b> Dr Bowman thanked members of the public for attending the CCG's first AGM.</p>

Signed as an accurate record ..... Date .....