

MINUTES

South West Family Health Services- Project Steering Group (PSG)

18th February 2011. Meeting Room 1 - South West House 13.00pm to 15.00pm

FoI key:

S36 Free and frank discussions

S40(2) Personal information

S43(2) Commercial in Confidence

Present	Steve Wallwork (SW)	Director of Finance and Deputy Chief Executive Torbay Care Trust (Chair)
	John Brockwell (J Br)	Non Executive Director Torbay Care Trust
	Steven Keith (SK)	Associate Director of Human Resources NHS South West
	David May (DMA)	Assistant Director of Finance (Corporate) NHS South West
	Trudi Mann (TM)	Assistant Director of Commissioning Development NHS South West
	Jo Cullen (JC)	Head of Primary Care Wiltshire Primary Care Trust (PCT)
	John Bewick (JBe)	Director of Strategic Development NHS South West
	D	- (SBS)
	E	- NHS SBS
	F	- NHS SBS
Apologies for absence	None	

Minutes

1.

Welcome

SW welcomed the members to the first meeting of the Steering Group and outlined the purpose of the Steering Group was to oversee the evaluation of Family Health Services (FHS) in the South West and to review the option of outsourcing the service to NHS SBS under the DH Framework Agreement

2.

Introductions

Members introduced themselves and outlined their backgrounds. JBe made it clear that as a late addition to the group his role is to ensure that the outcome of the project is consistent with national direction and NHS Commissioning Board objectives and is an appropriate legacy for successor organisations. **JBe made it clear that there needs to be a detailed service spec and KPIs produced for the PCTs to consider before 30 March 2011.**

3.

PSG Terms of Reference

E presented the Terms of Reference (TOR). Clarification between the first two bullet points under purpose was sought by JBe. E explained that the distinction is that one point is concerned with engagement of stakeholders with the right backgrounds and the second is more to do with consistent two way communications. The TOR were agreed.

4.

Project timeline review

E advised the group that the timelines had been presented to the Directors of Finance (DoF) on 28/01. It was explained that the time-line had been signed off by the DoFs and the evaluation would complete at the end of March 2011. Everyone agreed that it was not sensible to prolong the evaluation and it was in the interests of the FHS staff involved to draw the evaluation to a conclusion as soon as possible.

After much discussion the following points were clarified:

- The SBS proposal will not have been considered by PCT Boards by 30st March.
- The purpose of signing the Memorandum Of Understanding (MOU) on 4th April is to formally jointly agree the timeline which all parties will be working towards and define the point in time after which there could be a cost to the PCTs should they decide to withdraw from the process and not contract with NHS SBS.
- The PSG needs to be clear about the content and timing of any communication to staff.

- NHS SBS will ensure that their proposal is comprehensive and aims to minimise the risk of FHS functions and staff remaining as stranded costs within the PCTs as a result of the project.
- The NHS SBS approach to providing FHS to the South West primary care community is to adopt the full service on from day one then adapt and transform; NHS SBS will aim to minimise the “right to use” obligations of the PCTs through direct contracts with landlords and other third parties wherever possible bounding the scope of service and costs associated with these contracts. This approach is different to the Transition Plan for the East Midlands which was a phased take on and transition.
- The Group agreed the timeline.

5.

NHS SBS Proposal Update

E gave a presentation updating the group on the proposal so far outlining a blended onshore/offshore centre of excellence model which will see the number of service delivery sites in the South West reducing ----, with ----% of staff retained in South West. E pointed out that the productivity assumptions which underpin the proposal are all currently being achieved somewhere in the region, with the exception of ophthalmic payments which was going to be achieved through the deployment of new technology. The SBS proposal is to bring all services up close to the level of the highest rather than down to the lowest common denominator. D explained that the rationale behind the increase in productivity in ophthalmics is the OWLS system (Ophthalmic Web Located System) which is a web based payments system developed by SBS which will see data entry of ophthalmic claims undertaken at source (optician) with web based GOS forms and payments made via Oracle. This will enable SBS to reduce data entry and also provide PCTs with information to individual patient level. D went on to explain.

A number of issues were then discussed as follows:

- there needs to be clarity over the way clients will interact with the SBS model.

- there needs to be agreement about distribution of savings.
- redundancy costs outlined in the model assume no redeployment and are therefore worst case.
- pensions value transfers pose a theoretical risk but need to be noted.
- It was agreed that nothing should be shared with FHS staff at this stage and that selected sites should be anonymised and for the time being referred to as A,B,C and D.

Actions

-SBS.

-SW and DMa to.

-HR directors and PCT CEOs to be engaged asap.

-SW, E and SK to

-CEOs to be briefed on 3rd March 2011

6.

Procurement and use of the Framework

Some general discussion about the use of the Framework Agreement; noted that tendering without it would take considerably longer than the current proposal and be more costly. It was noted that.

7.

Stakeholder engagement

The following actions were agreed:

- a working group to be set up led by JC to work through the detail of the proposal and seek clarification on operational matters through a workshop. Existing network to be used for this e.g commissioners of the service not providers but consideration to include one provider on the group.
 - needs to be a conversation around IT service and how it will be impacted.
 - GPs and LMCs need to be managed locally through consistent communications
- Consideration given to communication with GPs via PEC Chair where PEC still exists.
- HR group to establish sequence of events with regard to communications with staff and trade

unions.

8.

Next meeting dates for PSG

Next meetings agreed as:

9th March 9am – Holiday Inn Taunton M5

22nd March 2pm – Holiday Inn Taunton M5

9.

Any other business

- E agreed to.
- TM requested.
- Minutes to be provided by end of Tuesday 22nd Feb.
- SW to brief Directors of Finance on 25th February.
- Request from TM for documents to be circulated in advance of future meetings.