

NATIONAL DELIVERY GROUP

Thursday 17 February 2011

14:00 – 16:00

Conference Room 2, Cathays Park

Present:

Paul Williams – Chair
Dr Gwyn Thomas
Richard Bowen
Chris Hurst
Jo Jordan
Liz Davis
Dr Tony Jewell
Sharon Linnard
Prof Jean White
Helen Howson (part)

Dr Chris Jones
Dr Owen Crawley
Peter Max
John Collins
Zoe Harcombe
Andrew Cottom (part)
Prof Roger Walker (part)
Dr Chris Riley
Mary Evans – Secretariat

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies received.

2. MINUTES OF PREVIOUS MEETING – 16 December 2010

2.1 ZH asked for her response to the paper on Prevention and Promotion be revised (second bullet point under 3.1 of the minutes). It should have read 'ZH suggested having more role models for health of young women. The prevalence of binge drinking, smoking and poor eating amongst future mothers was of concern'.

2.2 PM asked for the second paragraph under 4. Clinical Leadership to be amended. The second sentence should have read 'PM asked whether there were sufficient resources to assist in delivering this work. SLJ confirmed that sufficient resources included training for the NHS, particularly about the value base'.

2.3 INFORMATION REDACTED

Action: Secretariat to amend the minutes of the meeting on 16 December to reflect amendments by ZH and PM.

2.4 Regarding the Action Points from 16 December, CJ said that work on Clinical Leadership was progressing well. It was accepted that processes needed to be less prescriptive, leaving more discretion to HBs. PMW asked for an update in a couple of months.

Action: Secretariat to consult with CJ about an appropriate date to include Clinical Leadership on the NDG agenda.

2.5 The lead for actions for Quarterly Reporting from 24 November meeting was incorrectly noted as DL rather than LD.

2.6 JC asked if the meeting notes from NDG meetings could be forwarded to Independent Members at the latest 2 weeks after each NDG meeting.

Action: Secretariat to ensure meeting notes are circulated to attendees at the latest two weeks after each meeting.

3. NATIONAL PROGRAMMES

3.1 Long Term Conditions/Primary Care/Primary Care Assurance

3.1.1 HH gave an update on the National Programme on Long Term Conditions and Primary Care. HH began by setting the context of this work, which was set out in the paper produced for the meeting. *Setting the Direction – the Primary and Community Services Strategic Delivery Programme* identified a preventative, primary and community-led NHS as the means of driving improvements in health and social care across Wales.

3.1.2 The Programme reported to the Primary and Community Assurance Board (PCAB), chaired by Dr CDV Jones. The PCAB was set up to ensure that all the other National Programmes were delivering on the actions set out in *Setting the Direction*.

3.1.3 There were a number of key components which were central to the success of *Setting the Direction*, and which were expanded on in the paper:

- Chronic Conditions Management
- Locality working arrangements
- Community Resource Teams
- Communication Hubs
- Building Community Capacity and Capability

3.14 INFORMATION REDACTED

3.1.5 JC asked how best practice was shared. HH said that the Chronic Conditions Demonstrators were set up to try out and test the CCM Model and the learning and sharing of good practice as it evolved, both inside and outside Wales. This was happening in a number of ways, from one-to-one meetings; learning, development and evaluation papers (35 to date); workshops; and international conferences. The learning has from locality working arrangements which has been shared with DPCMH and other professional groups.

3.1.6 ZH asked how patients would notice a difference as a result of these developments. HH replied that for patients, particularly those with more than one condition, would receive treatment from a local integrated team where professionals would work together to ensure good coordination of care planning across a range of services closer to their home. RB added that the Assembly was working with HBs in trying to ensure that patients with multiple needs were identified early to allow them to remain in a community setting rather than having to admit them to hospital.

3.1.7 PM referred to concerns HH had mentioned around the strategic delivery programme and the need for this to drive change. HH said that the process of reconfiguration and reorganisation of services took time and it was essential to ensure that improvements were driven, and sustained within mainstream services. HH stressed the need to ensure consistency around information gathering and the measurement of outcomes together with clinical support in sharing comparable data. CJ added that there was a need to get GPs to work proactively in this new way.

3.1.8 PMW said that these were complex issues and asked HH to return to NDG in 6 months time to update on progress.

Action:

- **Secretariat to include Long Term Conditions/Primary Care/Primary Care Assurance on the agenda for NDG ON 17 November.**

3.2 Medicines Management

3.2.1 PMW began by noting the excellent work being taken forward in medicines management. AC then presented an overview of the work of the Medicines Management Programme. The Medicines Management Programme Board was set up 12 months ago to bring together the work of a plethora of groups involved in medicines management, all of which had a lot of expertise and were doing a lot of good work. It was necessary to funnel all that expertise and focus on delivery. Professor Walker's appointment as Chief Pharmaceutical Officer was important in all this.

3.2.2 **INFORMATION REDACTED**

3.2.3 **INFORMATION REDACTED**

3.2.4 **INFORMATION REDACTED**

3.2.5 **INFORMATION REDACTED**

3.2.6 **INFORMATION REDACTED**

- 3.2.7 CH estimated that up to £50m a year could be wasted on drugs and considered technology should permit re-use of some. At present once a medicine left the pharmacy chain the efficacy and integrity of it could not be guaranteed and therefore it had to be destroyed. TJ said this could be partly solved by the policy of only issuing prescriptions for 28 days.
- 3.2.8 CJ raised the issue of polypharmacy and the elderly. The Medicines Management National Programme was looking at the need to review all patients on 10 or more medicines. AC said the Medicines Management Group were also working with care homes on the issue of effective use of drugs and one of the HBs was working up proposals that could be replicated across Wales.
- 3.2.9 Under related issues, GT referred to the use of electronic prescriptions and the need to incorporate these developments in the work of the Group. AC also mentioned the need to better use nursing staff who were qualified to prescribe but were unable to apply their skills in practice. This was another area which should be looked at.

3.2 10 INFORMATION REDACTED

- 3.2.11 JC questioned whether the data was being used by LHBs and any savings recorded. This was confirmed. RW felt that more could be done and particularly in primary care where 80% of drugs are prescribed.

4. SHARED SERVICES

4.1 Shared Services Update

- 4.1.1 JC's paper provided an update on the progress of the NHS Wales Shared Services Partnership. Appendix 1 of his paper set out what the SRO/Programme Board and Chair/ Director respectively were working on in the run up to go live on 1 April 2011. Appendix 2 set out the proposed composition of the NDG Sub-Committee which now included Andrew Goodall as a third CEO member.
- 4.1.2 **INFORMATION REDACTED** It was confirmed that governance issues had been and the Minister had agreed a set of documents on 16 February which would clarify these issues which included an Accountability Framework. These papers were now out with LHBs and Trusts for consultation, agreement and sign off before 31 March 2011, together with a Memorandum of Co-operation.
- 4.1.3 PM sought assurance that a communication plan was in place for the staff who would be part of Shared Services. JC referred to a newsletter which was to issue shortly. SL noted that letters would be sent to all concerned in early March.

4.1.4 PMW asked if the composition of the Board had been settled. TJ noted that there was no IT person on the Board. JC responded that there were those with IT experience on the Executive side who, whilst not on the Board, would be in attendance at meetings as appropriate.

4.1.5 PMW confirmed that Shared Services would remain a regular agenda item.

Action:

- **Secretariat to include Shared Services as a regular agenda item.**

5. INFORMATION PAPERS

5.1 Performance Update

5.1.1 RB's paper provided an update on critical AOF targets for December – January. Both the elective and unscheduled care targets were affected by the inclement weather and the impact of seasonal flu. The call volumes to NHSD and WAST was 20% higher than the same time last year and the management data for January 2011 was showing an 8% increase on the same period last year. Because of increased demand, the majority of routine elective work was cancelled in December and in the first two weeks in January within a number of LHBs.

5.1.2 On the elective side there were clear challenges, notably in orthopaedics and in maintaining the maximum referral to treatment time of 26 weeks.

5.1.3 Significant work was being undertaken to alleviate handover delays. Early indications were that Cat A Performance would be back to above the 65% position in February.

5.1.4 Mental Health Services were progressing well, with continued improvement in all CPA compliance areas and timely access to crisis resolution teams. Stroke services were now more comparable to England in terms of progress on care bundles and delivery. RB said that **INFORMATION REDACTED** had recently visited and noted that the rate of progress in Wales had been significant. In relation to C difficile, for the first time this year, Wales was on course to achieve more than a 20% reduction in cases by the end of the year. MRSA/MSSA had both shown a consistent decline over the last few months. RB acknowledged there was still a lot of work to be done and all the detail was in the report attached to his paper.

5.1.5 PM asked if the report to NDG would change in the light of the introduction of the AQF. RB responded that the 5 key outcomes will not change but they were currently working through the detailed

processes and accountability that will unpin it. PM asked that this matter is returned to this Board.

5.1.6 INFORMATION REDACTED

5.2 Workforce Information Report

5.2.1 LD highlighted a couple of issues in the paper she was presenting. Overall staffing numbers continued to fall. There had been a considerable decrease in clerical and estate staff.

5.2.2 In relation to staff absence rates. LD reported that she had looked at flu vaccine uptake amongst staff. There had been a significant decrease in uptake and plans were now in place to encourage an increase in uptake next year.

5.2.3 Regarding staff vacancies, LD expressed concern about not filling junior doctor vacancies. Contingency plans were being looked at on a case by case basis. **INFORMATION REDACTED** Officials had asked for each LHB to provide contingency plans, but some needed further work. LD and CJ were working on intensifying support to Health Boards until an overall improvement was seen.

5.3 Finance Update

5.3.1 CH presented a report on the most up-to-date NHS financial position and description of the process to be followed to review and approve NHS organisations' plans for 2011-12.

5.3.2 **INFORMATION REDACTED**

5.3.3 **INFORMATION REDACTED**

5.3.4 **INFORMATION REDACTED**

5.3.5 **INFORMATION REDACTED**

5.3.6 Moving into next year, organisations needed to focus on engaging staff, and particularly senior clinical staff, to ensure everyone was working towards the same goal.

5.3.7 **INFORMATION REDACTED**

5.3.8 **INFORMATION REDACTED**

6. ANY OTHER BUSINESS

6.1 There was none.

7. DATE OF NEXT MEETING – 17 March 2011

2 – 4pm

Conference Room 2

Cathays Park

ACTION POINTS

NDG Meeting 17 February 2011

Para	Action	Lead	Status
MINUTES OF MEETING ON 16 DECEMBER 2010			
2.3	Secretariat to amend the minutes of the meeting on 16 December to reflect amendments by ZH and PM.	Secretariat	Actioned
2.4	Secretariat to consult with CJ about an appropriate date to include Clinical Leadership on the NDG agenda,	Secretariat	Ongoing
2.6	Secretariat to ensure meeting notes are circulated to attendees at the latest two weeks after each meeting.	Secretariat	Completed
LONG TERM CONDITIONS/PRIMARY CARE			
3.1.8	Secretariat to include Long Term Conditions/Primary Care on the agenda for NDG on 17 November.	Secretariat	In Hand
SHARED SERVICES			
3.1.8	Secretariat to include Shared Services as a regular agenda item.	Secretariat	In Hand

NDG Meeting 16 December 2010

Para	Action	Lead	Status
CLINICAL LEADERSHIP			
4.	Further progress on clinical leadership to be reported as it develops	CJ	Ongoing
SHARED SERVICES UPDATE			
6.	SL to liaise with AG and JC to have a continued dialogue on the work of the group	SL	Ongoing

NDG Meeting 24 November 2010

Para	Action	Lead	Status
QUARTERLY REPORTING			
5.4	LD to review the colour code for Medical Staff vacancies by Grade table.	LD	Actioned
5.4	LD to amend the W&OD statistics to run to the financial year instead of calendar year.	LD	Actioned

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