

Executive Committee Meeting
17 March 2015
12.30 – 2.00pm

Present:	Ms M Ansell	Chair / (Acting) Interim Accountable Officer
	Ms J Foster-Taylor	Executive Nurse
	Dr Bose	GP Board Member
	Dr Grewal	GP Board Member
	Mr R Vine	PM Board Member
	Ms C Celentano	Business Manager/Minute Taker
Apologies:		
	Dr Deshpande	Chair of Thurrock CCG Board
	Dr Bansal	Annual Leave
	Mr A Olarinde	
	Dr Raja	Annual Leave
No Show:		
	Dr Arhin	

1.	Welcome, declaration of interest & Apologies
	Apologies as above, none, one declaration of interest PM / Russell Vine Phlebotomy
2.	Minutes/Action Log of the meeting held on 17 February
	Confirmed that Anand is meeting with Anil Chopra to discuss the structure around clinical leads and needs to ask if there is a Quality Lead.
	MA advised the committee:
	Brief received by the committee from Celia Skinner BTUH circulated
	Monitor BTUH turnaround – circulate MA
	Finance Director at BB has left – circulate the letter MA
	In BTUH Meds Management CQC
	General Election / What will happen to BTUH
	We are One of two CCGs that are not under formal review with NHS E Thurrock &

	<p>CPR</p> <p>WIC 24 March as PURDAH starts –</p> <p>Minutes agreed</p> <p>Action Log:</p> <ol style="list-style-type: none"> 1. GP lead c/f 2. Completed 3. Contract WIC – MA to email again 4. Progressing – Claire M to attend Board 5. Completed 6. CRG attendance for Patient Transport – c/f 7. Phlebotomy – promised to sort over 6 months ago – ACTION CCG still looking at this. 8. Completed 9. Completed <p>C/F</p> <ol style="list-style-type: none"> 1. Completed
<p>3.</p>	<p>Phlebotomy</p> <p>RV we need to share what practices are doing - LES MA Advised that Rahul needs to be recognised for all his hard work with the LESs generally the worry that we have only 7 or 8 practices. Rahul leading and is seeking more practices. Lot of learning around this. This is critical for any procurement, RC doing a good job 31 March.</p> <p>LG contract for phlebotomy that we do, is it a block contract?</p> <p>RV practices get paid 1.60 per patient.</p> <p>LG the other side for the patient, the form goes through the pathway, then the blood gets to the hospital – the charge, who does this sit with.</p> <p>Open contract</p> <p>LG if we can reduce box ticking. We have to bring this back, organise for someone from the hospital to go through the form, and to go through every test on the form, ACTION RC</p> <p>Need the form to have prices, only for the GP in surgery ACTION RC</p> <p>RV IPP point of care testing, obtain in the surgery – you get the results in minutes. LG Need to look at anti biotic for the patients. May reduce the blood tests.</p> <p>Need to obtain the cost pressures. ACTION to be invited into this meeting CC</p>

4. CAMHS	<p>MA - moving along as per project plan. There is a Dialog phase going through with the three providers –</p> <p>ADHD generating a new waiting list, £200,000 the cost Claire to clarify the pathway to CEG – ACTION CM</p>
5. Appraisals toolkit	<p>MA I have spoken with the Chair and the answer is No</p> <p>Leave practices to do this.</p> <p>MA suggested that federation groups should be able to do this.</p> <p>LG GP has to do appraisals.</p> <p>JFT I will take this to the workforce planning department. ACTION JFT</p>
6. SEEDS/T2L	<p>JFT Asked LG to look into the governance around seeds</p> <p>LG approach N Meeks to analysis SEEDS. ACTION LG</p> <p>T2L Clarity on two points:</p> <ol style="list-style-type: none"> 1. When we want to do the procedures. 2. No in house for any GP Nurses or PM – happy to support JFT 3. Anjan to send through information around evening training <p>Anjan and Chris to develop a protocol ACTION AB/CC</p>
6. EEAST	<p>Circulated letter received</p> <p>Going into a procurement and then to alert you that we have signed up</p>
11. AOB	<p>None</p>
21 April 2015	