AGENDA ITEM: 4

NHS Bedfordshire Clinical Commissioning Group

MINUTES

Minutes of the meeting of the NHS Bedfordshire Clinical Commissioning Group Governing Body held in public on 4th May 2017, at The Rufus Centre, Steppingley Road, Flitwick MK45 1 AH, commencing at 14.00 and concluding at 16.30.

Members Present

Dr Alvin Low*	Clinical Chair	AL
Dr Chris Marshall*	Locality Chair – Leighton Buzzard	CM
Emma Barter*	Locality Chair – West Mid Beds	EB
Dr Sanjay Sharma*	Locality Chair – Chiltern Vale	SS
Dr William Hollington*	Locality Chair - Ivel Valley	WH
Dr Ratan Das	Deputy Chair – Bedford Locality	RD
Dr Robert Sherwin	Secondary Care Clinician	RS
Alison Borrett*	Lay Member – Patient and Public Engagement	AB
Roland Ginn*	Lay Member – Finance and Performance	RG
Heather Moulder*	Registered Nurse	HM
Matthew Tait*	Accountable Officer	MT
Ben Jay*	Chief Finance Officer	BJ
Ian Brown*	Assistant Director of Public Health	IB

*voting member

Others in attendance

Diana Blackmun	CEO Healthwatch, Central Bedfordshire	DB
Anne Bustin	Healthwatch, Bedford Borough	AB
Donna Derby	Director of Commissioning and Performance	DD
Clare Steward	Director of Strategy and Transformation (Interim)	CS
Jane Meggitt	Director of Communications and Corporate Affairs	JM
Maria Laffan	Deputy Director of Quality	ML
Jill Hall	Head of Corporate Governance (Interim)	JH

1.	**Welcome and Introductions** The Chairman welcomed everyone to the meeting and sadly announced that Dr Judy Baxter had recently passed away. The Governing Body held a one minute silence in her memory.
2.	**Apologies for absence** There were none.

3.	**Declarations of Interest and Conflicts of Interest Register** There were no declarations of interest. The contents of the Register were noted.
4.	**Minutes of the meeting** The minutes of the Governing Body meeting held on 30 March 2017 were agreed as an accurate record subject to the following amendment: Page 3, second to bottom paragraph, amend to reflect that HM reported that East & North Herts CCG had raised a contract notice with East & North Herts trust for their poor cancer performance.
5.	**Action tracker** Carers Strategy – It was noted that due to Purdah it was unlikely the strategy would be released until after the election.
6.	**Report of the Chairman** The Governing Body received the regular report of the Chairman which provided an update on activities the Chairman had undertaken since the last meeting in March 2017. In particular it was noted that this was the Accountable Officers last meeting before he left to join Surrey CCG. The Chairman thanked MT for all the work he had done since joining Bedfordshire CCG. The Governing Body shared the Chairman's best wishes.
7.	**Accountable Officers Report** The Governing Body received a verbal update from the Accountable Officer on the work of the CCG since the Governing Body's last meeting in March 2017: **STP** An update on each of the priorities was given, in particular the following was highlighted: **P1 -** Development of the social prescribing business case was progressing well and being prepared for wider consideration. **P2 –**A broader Out of Hospital Strategy was being developed with partners that would fully describe transforming out of hospital services. It was noted that P2 also involved developing bids for service improvement and capital through the Sustainability and Transformation Plan (STP) process. It was noted that a primary care event had been held in Milton Keynes looking at developing and freeing up capacity in primary care and transforming some services. **P3 -** The first stage of work in terms of clinical scoping across the provider organisations had now been completed and work on The Case for Change had begun. Under the rules of Purdah there would be no formal announcement or publication of documents until after the general election. A report on the case for change and the Clinical Scoping work would be brought to the Governing Body meeting in July. **Action: Case for Change and Clinical Scoping report to July meeting** Stroke reconfiguration had been reviewed by providers under the STP banner. This work had now been concluded and would be presented to the Joint Commissioning

Executive (JCE) in June. The next stage was for commissioners to review the proposal and to move forward in terms of public engagement on any changes around the service.

P4 - The focus had been on accessing some additional capital around improving the digital infrastructure across the system. A workshop was held in June on predictive analytics and understanding, to inform our future commissioning and delivery of services. Work was also continuing on the shared care records.

P5 - This priority was linked to the Five Year Forward View Next Steps. BLMK had been identified as one of nine STP areas to be fast-tracked to an Accountable Care System (ACS). Current work was focussing on re-structuring governance across STP. MT reminded the Board that STPs were not statutory organisations, and had no statutory powers.

The next step in terms of an Accountable Care System is a submission to the regulators on the 12th May that will effectively reconfirm the position of the STP as a fast track patch.

MT reported on the Five Year Forward View Next Step document in terms of its focus on supporting and delivering the urgent care system.

MT highlighted the work of Optum, a third party supplier, who are providing support to develop a collaborative savings programme. It was noted that the reports from Optum will be discussed to ensure they address the financial risk facing the system in 2017/2018.

Hertfordshire Urgent Care (HUC)

MT reminded members that with effect from 30th March, the contract with HUC to provide the integrated 111 Out of Hour's service had started. It was noted that there had been some difficulty in managing the implementation in terms of capacity and delivery. Operational teams and directors have been working with the provider to ensure safe services across the system. It was acknowledged that there had been some operational issues.

The Governing Body discussed the points raised, in particular:

- RS asked if there had been any harm to patients during this period of time. In response, it was noted there had been two incidents followed up with the provider. AM confirmed that no patient had been harmed. However, there had been poor patient experience during the first few weeks. No actual harm incidents or serious incidents had been reported. AM reiterated that staff had worked hard to ensure high risk patients had been managed appropriately. It was noted that there would be a review of the incidents and lessons learnt.
- RS enquired how patients could input into the changes around the hospital configurations. In response MT reported that there had already been one round of public engagement events for Priority 5 and more events would take place over the next few months. If any significant service changes were proposed, there would be a formal consultation process.

	• In response to a question on integrated care systems and potential tensions between individuals/organisations it was noted that as part of an Accountable Care System the leadership would be responsible for working collectively and collaboratively.
8.	**Patient Story – Dave Simpson** The Governing Body welcomed Dave Simpson, Vice Chair and a Director of Healthwatch Central Bedfordshire. DS described his own experiences when he was diagnosed with Oesophageal cancer in June 2009. His symptoms began in January 2008.DS felt that clinicians should encourage patients not to research the internet for their illness as it was a dangerous place. DS praised the clinical nurse specialist, who support both him and his family. DS explained that he had symptoms for 15 months before he sought medical advice as he was not aware of the symptoms of Oesophageal cancer. Following successful treatment, he became involved in a group and was trained as a cancer awareness champion which involved talking to people about the early signs and symptoms of cancer. DS raised the importance of promoting awareness of Oesophageal cancer to people. Discussing the patient story, CM praised the important role of Macmillan. He stressed the importance of ensuring that patients were listened to when they described their symptoms. CM mentioned that IB may be able to help with the risk factors of Oesophageal cancer. In response IB agreed that there was a need to be aware of the lifestyle factors including physical activity, healthy eating, not smoking and avoiding alcohol. The Governing Body thanked DS for attending the Governing Body and sharing his story.
9.	**Integrated Quality Safety and Performance Report** The Governing Body received the regular report which provided an update on the performance of the organisation against a range of national and local indicators. In particular the following areas were highlighted and discussed: **Cancer** It was noted that cancer 62 day wait from GP referral to first treatment performance had deteriorated. February performance showed 21 patients fell outside the 62 day standard. These patients were from Bedford Hospital, Addenbrookes and East & North Herts Trusts. It was noted that patients who breached were reviewed by the Quality Team to ensure their outcome had not been affected by the delay. In response to a question on breach analysis and key areas of improvement, DD reported that it was mostly complex patients who needed treatment out of area, patient choice, and provider failures that needed to be improved. HM asked about complex cancer pathways and how this linked back to the cancer alliance. In response DD confirmed she was the STP representative on the Cancer

Alliance, supported by Dr Kay Elliott. Tertiary elements of diagnostics and radiotherapy were challenging as patients attended Mount Vernon Hospital which involved travel. The Alliance were looking at, and working on, streamlining some pathways and alternatives to travelling long distances.

Ambulance
It was noted that RED 1 performance had improved for February, achieving 77% against the target of 75%. However RED 2 and Category A ambulance targets had deteriorated. DD highlighted the constant issue about resource deployment which affected overall performance.

Referral to Treatment – Elective Surgery
It was noted that the CCG had achieved over the 92% threshold, reminding members that the whole of the Bedfordshire patients was measured in one cohort.

In response to a question on what could be done differently to avoid 52 week plus delays in ophthalmology, DD reported that Ophthalmology was sub-contracted to Moorfields Hospital, and a recovery action plan was being developed. It was also noted that there was a national shortage of surgeons, and large volumes of patients and limited capacity made the 18 week target challenging to achieve for some specialties.

In response to a comment on what would be done if the recovery trajectory was not achieved by the target of December 2017, DD reported that efforts would include working with Bedford Hospital and GP's to manage demand.

Four Hour A&E Wait Targets
DD reported A&E 4 hour wait performance had been challenging throughout the winter. Performance during January and February had improved, achieving 92%, with improvement continuing into March and April achieving over the 95% target. It was noted that the Luton & Dunstable Hospital (L&D) were consistently over the 95% target. It was noted that both Bedford Hospital NHS Trust (BHT) and the L&D hospitals were in the top performing quartile in the country.

IAPT

IAPT performance continued to be an issue with the number of patients referred in for treatment and recovery. It was noted that the improvement trajectory agreed with the East London NHS Foundation Trust (ELFT) had not improved performance to date. Work was ongoing with GPs looking at the number of actual referrals against the expected levels of referrals which had identified that some practices were not referring. Performance for moving to recovery had also deteriorated partly due to an historical waiting list. It was noted that Mental Health targets were a priority for 2017/18.

Dementia

DD reported that BCCG was still behind the national diagnosis rate. There was on going work to ensure more patients had access into memory assessment clinics. It was also noted that there had been an increase in the number of patients being

diagnosed with a mild cognitive impairment. A system to track and manage these patients was being looked at.

RS asked what was being done differently to address the persistent failure to achieve the dementia diagnosis targets for the last eight quarters. In response, it was noted that part of the issue was that targets increased each year. A number of actions were being implemented to improve performance including follow up of those patients with mild cognitive impairment and ensuring more patients were referred to memory assessment clinics. It was also noted there were capacity issues in clinics due to a lack of trained staff.

AL offered to invite the CCG clinical lead for mental health, Dr Roshan Jayalath, to the next Governing Body meeting to provide further detail on the actions being undertaken.

Action: AL to invite Dr Jayalath to the July Governing Body meeting.

Quality

MRSA

It was noted that there had been 5 cases of MRSA for the year. Two of these there contaminates and the remaining three cases were not significant lapses in care.

C. Difficile

It was noted that BCCG had achieved its performance target with 69 cases. There had been significant progress

E-Coli

- It was noted that work was currently being done on E-Coli infections for UTI. The infection control nurse was working with care homes to identify UTI at an early stage.

Milton Park

It was noted that following concerns raised regarding Milton Park, a risk summit had taken place and a significant action plan had been put in place and monitored by the Care Quality Commission and NHS England. Face to face meetings with the provider and Chief Executive had continued, new operational management had been put in place resulting in some improvements. The CCG was working closely with Bedford Borough Council on safeguarding issues and safety concerns. BCCG was responsible for ensuring that soft intelligence was collated and shared between all providers.

In response to a question from HB regarding Milton Park moving to an adequate rating and when, AM described the CQC process but added that it was also about triangulating data from the number of incidents, complaints and safeguarding concerns all of which would provide the assurances that were needed.

	Never event at Bedford Hospital The Governing Body was informed that there had been a never event at Bedford Hospital in relation to a guide wire. The patient had the guide wire successfully removed. A thorough investigation had taken place with actions and learning identified. **RESOLVED** **That the Governing Body DISCUSSED and NOTED the report.**
10.	**MSK** DD introduced the report and gave the background behind the MSK contract. It was noted that Trauma and Orthopaedic waits under the contract had improved. This was inclusive of the data included in the performance report for all providers. DD noted that the conversion rate had risen consistently from 56% in 2013 to 72% in 2017. By the end of the contract a conversion rate of 73% was expected. It was also noted that more MSK care was being moved from hospital based to the community. Friends & Family Test results were at 97% for MSK. DD reported that there have been a number of quality improvements since the start of the contract including use of the website and the E-Referral uptake rate which had improved from 7% to 78%. It was noted that feedback from primary care had highlighted some issues, areas for improvement and good practice. Patients felt that single point of access, physiotherapy service and E-referrals worked well. In response to a question on the low feedback received from a survey, EB confirmed that this had been taken from a practice survey not a patient survey and was unaware of why only 15 people had replied, however the scope of feedback had been good. In response to a question in regards to whether the MSK service would conduct more surveys and events to listen to the experience of their patients. Amanda Phillips, Director of the MSK service for Circle reported that the Friends & Family Test was a gross measure and they regularly held monthly 'Patients Hour' events when they looked at feedback in more detail, she added that there were plans to work more closely with Healthwatch and Patient Participation Groups (PPGs). In response to a question from RS regarding the interpretation of trauma & orthopaedic procedures, it was noted that a number of people who were being referred for operations were being given a choice of treatment including intensive physiotherapy, thus reducing the number of procedures. RS suggested this alternative may delay and eventually these cases would require surgery. In response it was noted that these would show in the overall statistics for referral to treatment times and surgical waiting times.

	CS commented on the style of the report and commended the authors. **RESOLVED** **That the Governing Body DISCUSSED and NOTED the report.**
11.	**Bedford Borough Ofsted Inspection** AM introduced the report on the Ofsted inspection in Bedford Borough Council in relation to children in need of help and protection, children looked after and care leavers, it also included a review of the effectiveness of the local safeguarding children's board in Bedford Borough. The report highlighted areas that were rated 'good' including the Local Safeguarding Children's Board. The overall rating was 'requirement to improve'. It was noted that this was an improvement journey and there was a recognition of the improvements already made, particularly under the current leadership of the Council. AM highlighted some key areas for improvement including children's health assessments. HM congratulated the Local Safeguarding Children's Board on the progress they had made over the past two years and getting a rating of "good" from Ofsted which reflected all the hard work. HM also commented that the initial health assessment was a shared target between the CCG and the local authority and there had been a detailed discussion at the last ICQC meeting on this target, a report was to be brought back to a future ICQC meeting and the Governing Body. **Action: Report on children's health assessments to ICQC and Governing Body – September/October (TBC)** **RESOLVED** **That the Governing Body NOTED the report.**
12.	**Primary Care Update** **GP Five Year Forward View (GPFV)** CS updated the Governing Body on the recent submission, the CCG had been given an amber/green rating from NHS England (NHSE) and were not required to re-submit a further version of the GP Forward View (GPFV). It was noted future work will include working more closely with Local Authorities on the development of two Out of Hospital Strategies one for each local authority footprint with overaching principles. Further reports would be brought back to the Governing Body as the work evolved. **Fully Delegated Commissioning** CS gave an update on the possibility of moving to fully delegated commissioning. The CCG is currently working with Milton Keynes CCG (MKCCG) and Luton CCG (LCCG) via a joint steering group. It is noted that a commitment had been made to

	Members last year that strong due diligence would be undertaken before they would be asked to vote. This due diligence was now being undertaken. It is noted that over the next two months the primary care team would attend Locality Boards with Locality Chair colleagues to discuss fully delegated commissioning. In response to a question from RS regarding where the assessment of quality and safety happened with delegated commissioning. CS added this would be the responsibility of the CCG, albeit some functions would remain with NHS England, including, for example, the management of the Performers lists. RS questioned whether BCCG would begin shadowing this during the transitional period. AM confirmed that the shadowing had already started. RS asked how the oversight would feed into the Governing Body. In response AM reported that reporting would come through the primary care commissioning route. In response to a question regarding 7 day working and how extended appointments could be delayed in order to build a resilient general practice workforce, MT reported this was a national policy initiative and there was an expectation CCG's would deliver. It was further noted that the CCG would not be commissioning or committing to anything without understanding the need and the baseline around the available workforce. AL commented this was an initiative that must be delivered in a sustainable way. WH felt that as a fellow GP it was not a problem solely for general practice but also a problem for primary care. **RESOLVED** **That the Governing Body:** **a. NOTED the work taking place to support primary care development within Bedfordshire, and** **b. SUPPORTED the delivery of the General Practice Forward View at a local level.**
13.	**Finance** **Financial Year 2016/2017** BJ introduced the latest financial report, for the financial year 2016/2017. In particular the following was highlighted: • The Governing Body were reminded of the requirement, set by NHS England, for the CCG to achieve a £12m surplus. During the year following discussion with NHS England, this had been reduced to £9.1m. BJ was pleased to announce that the required surplus had been achieved, subject to audit. He explained that together with the release of the 1% national risk reserve, the total surplus had risen to £14.4m. • It was noted there were £4.4m in challenges and activity differences booked with various providers, including a number of areas that had unresolved challenges.

- It was noted that the Auditors would conclude their work for the Annual Accounts on the 22 May and that an Extra-ordinary meeting of the Governing Body was scheduled for the 24 May 2017 to sign off the Annual Report and Accounts.

Financial Year 2017/2018

BJ reported that it had been agreed at the last Governing Body meeting that the Finance and Performance Committee (F&P) would review in detail the financial plan for 2017/18. The plan was being presented to F&P on the 23 May. It was noted that the 2017/18 QIPP target of £25.5m was challenging and may need to be stretched to £30m.

The Governing Body discussed the report at length, particularly:

- RS asked what had been learnt to take forward and do differently this year, in response BJ reported on number of learning points including working closer with the CCG finance leads, understanding issues earlier, coding and better forecasting.
- RS asked about the delivery of QIPP (Quality, Innovation, Productivity and Prevention) and where the assurance was that it was not all being left to the last quarter of the year. In response it was noted that there was a QIPP plan trajectory and that the QIPP programme was profiled flat and would only become back-ended if there was slippage. RS challenged that the next meeting of the Governing Body £7m of savings should have been achieved, in response MT highlighted that the scale of financial challenge and achieving 100% QIPP had never been achieved before by any organisation in the NHS.
- HM asked about risks in the 2017/18 plan and asked for an early warning of what these might be. In response BJ confirmed activity as one particularly high risk and coding at East and North Herts Trust as another, and the need to better understand the issues earlier.
- HM suggested that discharge to access was also a cost pressure and what other cost pressures had been identified for 2017/18. In response DD highlighted that a review of community based activity to ensure the figures were correct, winter pressures money (as NHSE had asked the CCG to put in an extra £1m) and the A&E Delivery Board were looking at fines and reinvestment.

The Chair of F&P Committee reported that the QIPP work was in progress and will be fully developed and brought back to the Governing Body with the 3 months results to the Governing Body in July.

Action: Quarter 1 QIPP results presented to Governing Body on 6 July

AL asked how activity of acute trusts outside of the STP would be managed. In response BJ reported there were three Trusts outside of the STP, Bucks Hospitals, East and North Herts Trust and Addenbrookes who the CCG would work with to identify any significant challenges.

RESOLVED

	That the Governing Body **a. NOTED the financial target for the year 2017/18,** **b. NOTED the outturn position, which achieved the targets set by NHSE**
14.	**360 Stakeholder Survey** JM presented the 360 Stakeholder Survey report, noting that the results were an improvement on last year, acknowledging there was still work to do.JM highlighted that the document dealt with a wide variety of issues from quality, leadership to our planning, commissioning and priorities and reflected the views of 94 stakeholders and gave a diverse and wide view of what was being done and what could be done better. It was noted that satisfaction levels were at a three year high of 70%, up from 65%. Clinical leadership, an area the CCG had strengthened significantly over the last 12 months had improved significantly. It was further noted that the Chairman had requested that further work with GP's and other stakeholders on the responses, e.g. the low response rates from GPs to understand why it was not higher. JM also highlighted that the survey results showed that stakeholders would like to be more informed about clinical quality. It was noted that a more detailed plan was being produced and brought back to the Governing Body meeting in September. **Action: Detailed stakeholder survey plan to September meeting** Discussing the report, AB highlighted the importance of sharing the actions from the feedback as it showed stakeholders that the CCG was listening and responding. In response JM reported that there had been discussions on how we listen and responded and when no change was possible that we explain why. It was noted that all 94 respondents would be written to as it was important to understand further how the survey outcome should be taken forward. HM further noted that the improvement with partner stakeholders needed to be acknowledged because relationships had not been good in the past and the improved position was due to the hard work of everybody in terms of working at relationships. **RESOLVED** **That the Governing Body CONSIDERED and DISCUSSED the report on stakeholder engagement.**
15.	**Reports of the Sub-Committees** The reports of the Chairs of the Sub-Committees were noted: **<u>Finance and Performance Committee</u>** RG reported that IMT and Information Governance was now reporting into the Committee. **Integrated Commissioning and Quality Committee**

	HM reported that the Committee had discussed Milton Park, noting that the NHS England Surveillance Group were responsible for ensuring improvements were made. **Audit and Governance Committee** Nothing further to add. **Joint Co-Commissioning Committee** Nothing further to add.
16.	**Proposed items for the next meeting.** Members raised the following as items for the meeting scheduled for 6 July 2017: • Integrated Health and Social Care Out of Hospital Strategy • Locality Update on the GP Forward View • Mental Health – IAPT and Dementia in depth dive under the performance report CM asked where IMT and Information Governance were now reported. RG reported that both now reported directly into the Finance and Performance Committee.
17	**Any other business** There was none.
18	**Questions from the public** **Question 1.** **Dr Egan two questions** a. **STP – concern is that for years we have said we would like a community based one stop shop in the southern part of Bedfordshire, it is an obvious solution to the problem of accessing services, for example the MSK service is based a long way from Houghton Regis. At the last meeting I commented that as much as a strategic plan is being developed to see what we like to be delivered there is no budget and particularly no capital budget and I have no understanding that the things discussed here are deliverable in the southern part without access to the Section 106 money, I think it's not useful for the public to come to meetings and talk about the things they would like to have but not discuss the obstacles to achieving those goals which is never discussed and we need a consultation about the obstacles and the plan to overcome them, e.g., capacity and resources**. In response, MT recognised that this felt like re-engagement. Things have changed and there is a real system-wide desire to increase the out of hospital offer. However, how the premises and buildings get delivered under that is a real challenge. Part of the issue is that we don't know the answers to some of those questions. Capital is a really good point. The NHS is very limited but we do think strategically and opportunities do evolve. You mentioned local

authorities, and that is an important point. Outside the Section 106 dynamic, there is a genuine desire for this to possibly be a source of capital the NHS can access through other means and this is an ongoing discussion we have with them. We do have to engage in more specific plans over the next couple of years and to be honest about the difficulties of implementing them, but the hub model and how we build out of hospital capacity is strategically the right thing to do. We need to be better at moving from the strategy to delivering and engage with people on the challenge. I have to agree but can't offer any absolute solution.

b. MSK service – I'm opposed to privatisation of medicine and health but because of my relationship with the service. The Friends and Family Test results are good because there is nowhere else to go (at this point the member of the public outlined her issues), I'm not happy with the MSK service, I know that it's not as good as what is in the report.

In response DD highlighted that the Friends and Family Test is part of the national contract and is what is required of providers to complete. There is a free text section and as we heard from our Circle colleague they review those sections and look for themes and where they can change things. Equally people do and can complain to the provider or Healthwatch, again these are reviewed for themes which we do pick up on. We will work with people to resolve individual problems but the report was written professionally with professionally gathered data and the service offers a good service to our public.

The provider expressed how sorry the service was that Dr Egan had a bad experience and offered to meet privately to discuss her issues but also acknowledging the Dr Egan had accessed the service a number of times early in the contract but reiterated that a number of changes had been made. She reported that the service was trying to get more patient representatives to give more indepth feedback and help shape the services. It was agreed that a meeting would be arranged to discuss and resolve any issues.

It was noted that once a patient is in the system there was a choice. DH agreed that the service was now delivering a good quality and a safe service. There were a few things at the beginning but it has now developed in to a safe and good service and NHS England are recommending similar to other healthcare organisations in the future.

Question 3.

a) My question is about the STP and integration of services into the STP, there is no mention of MSK which forms 40% of primary care consultations. Should this be integrated into the STP?

In response MT said it was right for MSK to be part of the STP and moving forward, needs to include the totality of MKS services.

	b) **BHT contract with Circle, I'm still not clear if there is a contract between them as there was 38% less than in the previous year and 10% less this year.** In response DD highlighted that the impact of reduction of referrals from primary care goes through triage. Patients are then offered choice. The numbers converting to surgery had fallen. It was noted that T&O was a high percentage of hospital beds and it was accepted that this was high. At this stage the exact numbers and percentage was not available. MT added that this was now about how to design sustainable acute services against delivering more in the community. DH added that it was about people only receiving appropriate surgery and operations that they needed and, therefore, there would be a reduction in flow c) **Patient numbers and the CCGs response to how GPs will cope with the increase in population with NHSE demands?** In response MT said that there were wider issues that needed to be looked at including workforce issues and other challenges. **Question 4:** **My question is about HUC and 24 hour service and how managing the performance issues. Its important to get new contracts right and want to understand why the new contract coming in has so my problems.** In response CS said that it was about encouraging GP's to engage. There was a history associated with the historic provision of out of hours and that subsequently the mobilisation plan had been ambitious. **Need to know what the service is providing.** DD responded noting that there were posters and information up. This was a national approach with two numbers to call 111 and 999. There was also a Communications Strategy **MSK Contract – this is an improving service and initially there was a lack of understanding. The member of the public thanked AL for coming to the locality for the pre-consultation and listening event.**
19	**CLOSE**