

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 6 June 2013
in the Boardroom at 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU**

A

Present: John Boyington, CBE, Lay Member (Vice Chair) (Chairing the meeting)
Dr Amir Afzal, GP Locality Representative, Central
Dr Margaret Ainger, GP Elected City-wide Representative
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor.
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Julia Newton, Director of Finance
Dr Richard Oliver, Joint Clinical Director (from item 128/13 onwards)
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

In Attendance: Tony Clarke, HealthWatch representative
Katy Davison, Communications and Engagement Manager
Dr Mark Durling, Chairman, Sheffield Local Medical Committee
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Linda Tully, Head of Corporate Governance and Company Secretary
Dr Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager

Members of the public:

Five members of the public were in attendance.

A list of members of the public who have attended CCG Committee / Governing Body meetings is held by the Company Secretary

122/13 Welcome

The Chair of the meeting welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body, those in attendance and observing, and members of the public to the meeting.

He also welcomed Katy Davison, Communications and Engagement Manager, to her first meeting following her return from maternity leave.

123/13 Apologies for Absence

Apologies for absence had been received from Ian Atkinson,

Accountable Officer, Dr Zak McMurray, Joint Clinical Director, and Dr Tim Moorhead, CCG Chair, GP Locality Representative, West.

Apologies for absence from those who were normally in attendance had been received from Katrina Cleary, Locality Manager, Hallam and South, Rachel Dillon, Locality Manager, West, and Richard Webb, Executive Director – Communities, Sheffield City Council.

124/13 Declarations of Interest

There were no declarations of interest.

125/13 Minutes of the CCG Governing Body meeting held in public on 2 May 2013

The minutes of the Governing Body meeting held in public on 2 May 2013 were agreed as a true and correct record and were signed by the Chair of the meeting.

He drew members' attention to Appendix A, detailing a question that had been submitted before the meeting and the CCG's response to this, which had been emailed following the meeting.

126/13 Matters arising from the minutes of the meeting held in public on 2 May 2013

a) CCG Commissioning Intentions for 2013/14 (minutes 73/13(b) and 81/13 refer)

The Director of Business Planning and Partnerships advised members that the public facing summary was now complete and would be published on the CCG website later in the afternoon.

TF

He also advised members that he was still awaiting clarification from NHS England local area team, who were seeking legal guidance through Public Health England, as to where the commissioning responsibility lies for Hepatitis B Screening – Roma Slovak population and for the Latent TB community testing service.

TF

b) Quality and Outcomes Report (minute 110/13 refers)

The Chief Operator Officer advised members that a forum would be set up with the CCGs and NHS England local team to ensure collaboration with regard to the new NHS England's CCG Assurance Framework (NB this is not the internal CCG Assurance Framework).

c) PALS Data (minute 110/13(e)(iii) refers)

The Chief Nurse advised members that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) were doing a full review of their patient services team. He would keep members advised of progress.

d) Questions from the Public (minute 118/13 refers)

The Company Secretary advised the meeting that if Questions from the Public were moved to the beginning of the agenda, it would deprive people of the opportunity to raise questions arising from papers discussed during the meeting. Questions sent in advance of the meeting, allow for a more considered and comprehensive response.

The request from a member of the public to consider slots at both the beginning and end of the agenda will be considered. **LT**

e) Venues for Future Governing Body Meetings (minute 102/13(b) refers)

Following requests from members of the public, the Company Secretary had looked at alternative venues across Sheffield for some future Governing Body meetings, as it was felt that the 722 Boardroom was sometimes not comfortable for members of the public. She advised members that the 4 July meeting would take place at the Mega Centre, Bernard Road, and she would continue to look at other venues and at improvements that could be made to the 722 Boardroom, particularly the sound system. **LT**

127/13 Chair's Report

On behalf of the Chair, the Vice Chair presented this report and offered to expand on any issues if members so wished.

The Governing Body received and noted the report.

The Joint Clinical Director entered the room at this stage.

128/13 Accountable Officer's Report

On behalf of the Accountable Officer, the Director of Finance presented this report. She drew members' attention to section 1 and the agreement between Yorkshire and Humber CCGs to meet to consider the opportunities for wider collaboration and representation.

The Governing Body received and noted the report.

129/13 Election of Governing Body GP Members

The Company Secretary presented this report. She highlighted the key issues which included:

- We had started the process for election of the four city-wide GP representatives.
- We were being as inclusive as possible, inviting all doctors on the Sheffield Medical Performers list (excluding trainees), to put themselves forward as a candidate.

The Governing Body:

- Received and noted the report.
- Agreed the principles for the appointments panel and the selection / election process for candidates.

130/13 Finance Report

The Director of Finance presented this report.

a) Financial Position for Month 1 to 30 April 2013

There was very little data to report to the Governing Body at this early stage of the financial year as, due to the timing of the report, actual data was still awaited in many key areas. A first real assessment of whether the financial position was on track would be made in the July report to the Governing Body on the basis of Month 2 data.

The Governing Body noted the Month 1 financial position for the CCG.

b) Key Budget Movements

The Director of Finance reminded members that, in line with the Scheme of Delegation, the Governing Body was required to sign off all budgets movements over £2 million. The main changes she was asking members to sign off were to make transfers from the general contingency reserves, these totalled just over £2 million and were detailed in section 3 of her report.

The Governing Body approved the budget changes over £2 million set out in section 3.

c) Setting Practice Level Indicative Budgets for 2013/14

The Director of Finance advised members that as a membership organisation the CCG needed to set budgets at member practice level but reminded members that what was important was finding ways to engage member practices in supporting the delivery of the CCG's strategic objectives and detailed scrutiny of spend at practice level may not be the most effective use of time by practices.

She advised that, in the absence nationally of a formula to set CCG budgets and also practice level budgets at "fair shares", the proposed approach as set out in the paper was to use historic spend information. She reported that a national formula for 2014/15 was definitely still expected following work overseen by the National Allocations Advisory Committee, supported by academic researchers, but did not expect details to be available until autumn announcements on CCG 2014/15 allocations.

The Chair of Sheffield Local Medical Committee (LMC) commented that there could be confusion at practice level as to how to interpret the

indicative budgets. The Director of Finance agreed that the communication that goes out with the budgets to practices will be critical.

The Governing Body endorsed the approach and principles outlined for setting the GP practice budgets in 2013/14.

131/13 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. He presented the key performance issues and drew members' attention to the following key highlights.

- a) A&E: Sheffield Children's NHS Foundation Trust (SCHFT) continued to perform well against the four hour wait target, achieving over 96%. Performance at STHFT was improving, although continued to be below 95%.
- b) Diagnostics: Was performing very well, with 95% of diagnostics carried out within six weeks of request.
- c) Very Long Waiters: SCHFT had a potentially small number of people waiting over 52 weeks, some of which were due to a high degree of complexity and parent choice. We were working with the trust and NHS England to ensure that any delays were appropriate reported.
- d) SCHFT activity: Early data was contained in the report. There were a number of areas over and under plan, but their significance cannot be assessed prior to the financial reporting being concluded.
- e) Summary Hospital Mortality Indicators: The Chief Operating Officer advised members that the diagnosis grouping was included in the report. IG clarified that these take into account casemix, age, gender, co-morbidities etc. He reported that the graphs included patients from other areas outside of Sheffield, information is gathered nationally, and was at provider, rather than at a commissioner, level. It was noted that outcomes in STH in these areas compares very well with other providers.
- f) Patient Complaints: Members asked about if there were underlying causes for the doubling of numbers of complaints at SCHFT and the increase in the number of complaints at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) in Quarter 4. The Chief Nurse responded that he would give clarification on this at the next meeting. However, the Joint Clinical Director reported that some were complaints at SCH about the insufficient number of parking spaces at the trusts, not about clinical care.

KeC

The Joint Clinical Director asked if the profile of the compliments we received and the 95% success rate in achieving targets could be raised as we need to recognise quality, not just failure.

g) Quality

The Chief Nurse advised members that a lot of the information in his report related to 2012/13 Quarter 4 and he drew their attention to the following:

- (i) Clostridium Difficile (C.Diff): The CCG was over target in April, although this showed a reduction on previous months. Targets this year had been reduced by 17%.

The Governing Body:

- Noted how Sheffield CCG compared to other similar CCGs on key areas of Health Outcomes.
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to Quality, Safety and Patient Experience.
- Noted the initial assessment against measures relating to the Quality Premium.

132/13 Quality in the New Health System – Implications for Commissioners from National Reviews of Quality

Ms Forrest, Lay Member and Chair of the Quality Assurance Committee, presented this report, which had been discussed by the Assurance Committee on 31 May. They had focused on the CCG's relationship with the new-style Care Quality Commission (CQC) and the need for a meaningful working relationship with them, and the recommendations from the Francis report. She advised members that the Government had made an initial response to the original Francis report, with a final definitive report due in September, and this report provided an overview of that response.

She drew the Governing Body's attention to Appendix A which set out the detail of a scoping exercise undertaken by Jane Harriman, Deputy Chief Nurse, and an estimated current position of all the recommendations that related to Sheffield CCG. The Chief Nurse advised members that the recommendations had been Red, Amber, Green (RAG) rated and we had been fairly robust on ourselves, and although we were still awaiting a response from the Government, wanted to start developing some of the recommendations now. Our position was starting from a position of strength and we need to give quality primacy, which would also be made explicit in the Commissioning for Quality Strategy that would be developed,

The Vice Chair drew members' attention to section 5, Winterbourne View, and the large number of out of area placements from Sheffield. The Chief Nurse reported that, whilst some patient chose to go there, a lot of specialised learning disability services were spread across the country and services that dealt with challenging behaviour was an under developed market in Sheffield.

He advised members that a joint piece of work, undertaken with the Local Authority, to review and develop new care plans for the 73 NHS funded individuals at the home, had been finalised by the end of May.

The Joint Clinical Director asked about section 3.2, Detecting Problems Quickly, and if the CCG wanted to develop further how it complied with Duty of Candour, including expansion of the Whistleblowing Policy. The Chief Nurse responded that his understanding was that Duty of Candour would be a legal requirement and apply to everyone. He reported that it was his intention, in future, to present serious incident and safeguarding information in the public domain, and would need a mechanism for managing how to do this.

The Governing Body:

- Considered and noted the recommendations of all four reports.
- Noted the current actions for commissioners to take forward the Francis(2) recommendations and the current position.
- Supported the development of a Commissioning for Quality Strategy for the CCG.

133/13 Community Nursing

The Chief Operating Officer gave an oral update. He reminded members that community nursing was contracted under a block arrangement from STHFT, and reported from the recently established Joint Community Nursing Operational Management Board, set up to drive forward the developments we were aiming for in the community, and to work together to ensure these were done in a co-ordinated way. The Management Board was undertaking five key pieces of work:

- Establishing a Core Officer (a high level description of what the service is there to provide), which was now in draft form.
- To agree operational principles for the interaction between the GP practices and community nursing. The Local Manager, West, was leading this work.
- To agree a Shared Vision and Direction of Travel, described as a patient story.
- To agree and oversee delivery of an action plan.
- To have Audited Outcomes – patient experience and views of GP practices will be absolutely critical to this.

The Local Manager, West, advised members that the operational team had agreed the operational principles at a meeting held earlier in the day. These would now be presented to the Commissioning Executive Team (CET) for approval, with a proposed start date of 1 July. He reported that the pilot template for referral to district nursing ??? seemed to be working well with the community teams, and there was a commitment from all parties to make it work. However, following an audit, an issue had arisen about whose responsibility it was to change daily dressings at the weekend, and this would now go back for re-audit.

IG agreed to circulate a copy of the presentation he would be giving to the Commissioning Executive Team on 11 June.

IG

The Governing Body noted the update.

134/13 Communications and Engagement Strategy

The Chief Operating Officer presented this report. He drew members' attention to page 7 and the four strategic objectives that were critical to the strategy. He reported that the Commissioning Support Unit (CSU), would do most of the work for the CCG through an agreed workplan.

The Locality Manager North, asked if the CCG could give some consideration about how it supported practices, in particular how we communicate with practice participation groups and give them some direction. Ms Forrest responded that she would raise this at the workshop she was attending with members of the Quality Engagement Group on 4 July, to explore different ways of engagement.

AF

The Joint Clinical Director asked if the strategy could make reference to other providers of health care and how we communicate with them, and what, we as a CCG, are aspiring to do.

IG

Dr McGinty asked if other information sources to provide patient feedback and experience could also include compliments, as there was an opportunity as a membership organisation to gather these from our practices.

KC

The Governing Body approved the strategy.

135/13 CCG Strategy for Commissioning More Care in a Community Setting

The Director of Business Planning and Partnerships presented this report. He advised members that it built on our Commissioning Intentions and Prospectus, describing how we were going to achieve some of these, and its purpose was about communication. It was about creating capacity in primary care and shifting resources from hospitals to the community, which could also mean looking for new providers for some services.

Dr Ainger commented that it was an excellent and very helpful paper, and it was a seismic change that practices had been consulted.

The Governing Body approved the strategy.

136/13 Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw

The Joint Clinical Director presented this report. He drew members' attention to the key highlights which included the timetable for the roll out plan for NHS England. He reported that GP out of hours calls from

Barnsley had been successfully migrated to NHS111, and that Doncaster and Rotherham CCG areas were fully live but out of hours calls continued to be taken by their existing OOH providers, not NHS111, which would continue for the next couple of years. He drew members' attention to section 3.2, contractual performance for April, and advised that the number of concerns arisen were relatively small, with May broadly in line with April. Sheffield's 'go live' could possibly happen in early July, but there remained concerns at present with provision of the service and if there were sufficient numbers of staff to deal with the calls. The final decision of when to go live would be taken by him, supported by the Chief Nurse and Accountable Officer.

The Chief Nurse advised members that Yorkshire had not seen many of the problems or serious incidents experienced elsewhere in the country. The Joint Clinical Director reported that the demand on the service had not increased more than expected in Yorkshire.

The Governing Body:

- Noted the progress to date.
- Noted the key risk identified.

137/13 Audit and Integrated Governance Committee (AIGC)

The Chair of the Audit and Integrated Governance Committee (AIGC) advised members that the next meeting of the Committee would take place on 13 June 2013, at which members would be considering updated work plans from internal and external audit and also counter fraud.

He also advised members that Sheffield PCT's audited financial statements had been presented to the South Yorkshire and Bassetlaw Cluster Audit Committee the previous day, which would allow submission to the Department of Health before the national deadline of 10 June 2013. He reported that the Auditors had provided a very positive report on the PCT's accounts, noting no significant issues and that only a few minor presentational changes had been made to the draft accounts as a result of the audit, which was a very positive outcome. He also reported that the CCG finance team was still dealing with a number of PCT legacy issues, with the aim of preventing any inappropriate or adverse consequences for the CCG going forward.

The Governing Body noted the update.

138/13 Quality Assurance Committee (QAC)

There was nothing further to update in this section.

139/13 Remuneration Committee

The Chair of the Remuneration Committee advised members that a report from the meeting on 20 May would be discussed in the private session. The next meeting of the Committee would be held on 24 July.

The Governing Body noted the update.

140/13 Updates from the Locality Executive Groups (LEGs)

The Governing Body received and noted the report.

141/13 Reports for Noting

The Governing Body received and noted the following reports:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings. The Director of Finance advised members that updates would be given in private on proposals for a Capitated and Outcome-Based Incentivised Contract (COBIC) approach to Musculoskeletal (MSK) Services in Sheffield, and on the care planning contract for primary care to support the reduction of emergency admissions as part of the system wide Right First Time (RFT) programme. The Chief Operating Officer advised members that the CET had had discussions about the possibility of having a primary care led centre adjacent to / in front of A&E, and although the Governing Body had not yet had this discussion, they would receive a proposal in due course for consideration.
- Summary report on Specialised and Collaborative Commissioning.
- Compliments, Complaints and MPs' Enquiries Report. The Chief Nurse advised members that the Quality Assurance Committee had approved the report virtually, due to the timing of meetings.
- NHS England Draft CCG Assurance Framework

IG

142/13 Feedback from GPs and Lay Members

There was no further feedback from GPs or Lay Members this month.

143/13 Questions from the Public

Mike Simpkin, Sheffield Save our NHS had submitted a number of questions prior to the meeting. Peter Hartley, Independent, submitted a number of questions in writing before the meeting and asked a further question at the meeting. The CCG's responses to these are attached at Appendix A.

The Vice Chair advised members that as questions from the public relating to the broader organisation rather than directly relevant to the Governing Body members may require a degree of technical input, before a full response was given. Consequently, a full response could not always be given at the meeting and would be emailed afterwards and published with the minutes of that meeting. He affirmed The CCG had a commitment to be as open and transparent as possible and would this in the most efficient way

144/13 Confidential Session

The Governing Body resolved that representatives of the press and

other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, section (2) Public Bodies (Admission to Meetings) Act 1960.

144/13 Any Other Business

There was no further business to discuss this month.

145/13 Date and Time of Next Meeting

Thursday 4 July 2013, 2.00 pm, Mega Centre, Bernard Road, Sheffield S2 5BQ

Questions to the Governing Body 6 June 2013

The following three questions were submitted by a member of the public prior to the Governing Body meeting.

Question 1: The CCG plans to relieve consultants and hospital teams of a significant proportion of their follow up obligations and transfer them to community based services. Communication between hospitals and primary care is known to be a significant weakness. Access to GPs is also a problem. How does the CCG plan to address these issues in order to build an up to the mark and accessible system, whilst also keeping hospital teams in touch with the consequences, good or not so good, of hospital procedures? Will there be consultation with Healthwatch and patient organisations before this commissioning takes place?

CCG response:

The CCG aims, in time, to be in a position to provide more monitoring and support for patients outside the traditional hospital setting. This will enable us to bring care closer to the patient and enable the hospital to provide a focus of specialist care for patients who cannot receive their treatment in the primary or community setting.

Work so far has focussed on follow-up activity currently taking place in the hospital which either could be carried out by the GP in the course of their normal work (eg because the GP is also regularly reviewing the patient) or where the primary and secondary care clinicians agree the patient could be discharged from follow-up care. Identifying these patients has, in itself, also contributed to greater communication between secondary and primary care clinicians.

Robust communication between primary and secondary care is critical and there are a number of areas where on-going IT developments will support a more integrated and streamlined approach. The primary focus of all clinicians involved in this work is the safety and care of the patient.

The CCG is committed to ensuring the patient is at the centre of all its commissioning decisions and will ensure patient engagement is undertaken as appropriate. The commissioning of any new services will go to the CCG Governing Body and will be discussed with HealthWatch and others.

Question 2: The CCG agenda paper for Locality Reports contains a reference to the GP A&E project being parked due to lack of staff. The P&DG Update refers to an Urgent Care Board being established to push forward the new proposed urgent care centre within A&E. What is the current situation? What is the status of this Board? Is it part of Right First Time? Will it report to the CCG? Will it involve Healthwatch in developing plans for Urgent Care?

CCG response:

The Urgent Care Board (UCB) has been established and has met once. The purpose of the meeting is set out in the national guidance:

<http://www.england.nhs.uk/2013/05/09/sup-plan/>

The UCB reports though to the Boards/Governing Bodies of the organisations represented. Healthwatch will be involved as a partner of the Sheffield health and social care community.

The UCB signed off an A&E recovery and improvement plan which has been submitted to NHS England. The plan is a 'live' document and will be reviewed and updated at the next meeting of the UCB. Elements of the Right First Time programme have been included in the A&E recovery and improvement plan. The Locality report reference was to a pilot of having a GP in A&E in the evening which resulted in relatively low numbers of patients being seen and there were problems ensuring a GP was available for every session. As this was a pilot it was decided to end the pilot and focus on the potential development of an Urgent Care Centre. .

Question 3: Could you confirm to whom complaints about GP practices should now be addressed (assuming that the first resort should in most circumstances be the practice itself).

CCG response:

Complaints can be made to the practice or to NHS England.

How to make a complaint to NHS England

By post

NHS England, PO Box 16738, Redditch, B97 9PT

By email

england.contactus@nhs.net

With 'For the attention of the complaints manager' in the subject line

By telephone

0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

For more information please visit the NHS England website 'Contact Us' section at <http://www.england.nhs.uk/contact-us/>

The following seven questions were submitted by a member of the public at the Governing Body meeting.

Question 1: Have all the members of the Governing Body read Section 75 of the Health and Social Care (HSC) Act?

CCG response:

All members of the Governing Body are well read on Section 75, and we have circulated a legal briefing to our GPs on this issue and are planning a specific development session for our organisation on these issues during the Summer. The implications have been a

matter of discussion and debate and are well documented in Governing Body and Committee minutes.

Question 2: Have all members of the Governing Body read Lucy Reynolds on bmj.com/content/346/bmj.F1848? (The future of the NHS—irreversible privatisation?)

CCG response:

We support members of the Governing Body in their personal responsibility to ensure they are up to date with relevant guidance and regulations. The BMJ is one of the many useful journals that the medical profession read and indeed use as a reference point on a regular basis. We have not circulated this article as a business item, although I am aware some members, including myself, have read this.

Question 3: Have all members of the Governing Body seen the video link associated with Question 2 above?

CCG response: *As stated in our response to question 2. This has not been circulated as a business item, but those members of the governing body who have read the article will be aware of the video link.*

Question 4: Has the CCG got the further guidance from Monitor? Who and what is Monitor?

CCG response:

- a) *The CCG is kept up to date with all guidance and we have a systematic approach to ensure our members and staff are appropriately briefed.*
- b) *An introduction to Monitor's role can be found at <http://www.monitor-nhsft.gov.uk/home/news-events-publications/our-publications/browse-category/about-monitor/>. I have also included a useful summary of their functions for you.*

Question 5: Does the CCG one day hope to communicate to the Secretary of State for the Department of Health its views on Section 75 of the Act?

CCG response:

We have responded to this issue in a similar question asked at the Governing Body meeting on 4 April 2013. Our response to those at that time was:

"The CCG has made no representations to the Secretary of State or the Department of Health regarding the Section 75 Regulations. The CCG is waiting for the further national guidance due from Monitor shortly relating to the Regulations before updating its procurement strategy. The CCG remains committed to delivering its strategic ambitions as set out in its published prospectus and Commissioning Intentions documents."

Since then the “Substantive guidance on the Procurement, Patient Choice and Competition Regulations” consultation document was published on 20 May 2013. The consultation process ends on 15 July 2013, and the final guidance about how to comply with the Procurement, Patient Choice and Competition Regulations is anticipated shortly after that.

Question 6: It would be good to have two public question sessions, one at the start of the session and one at the end of the session. This would mean that people could leave after they had asked their question. It would also mean at the end when questions were asked that people on a day job could perhaps only miss a few hours of work and come in near the end. Will the CCG implement my idea?

CCG response:

It is important not to confuse the monthly Governing Body Meeting with our Public Meetings that are held twice a year. The Governing Body meeting is the CCG’s strategic meeting for conducting business, and as a principle of good practice we allow the public to observe these meetings. We feel it is appropriate to offer the opportunity for questions from the Public at the end of the meeting rather than the beginning as the discussions and decisions taken during the meeting may be relevant. Agendas are usually very full and unfortunately do not allow sufficient time for questions at both the beginning and end of the meeting. However, questions can always be submitted in writing to Linda Tully, Company Secretary lindatully@nhs.net or at the address above.

Question 7: I think the private sessions should be minuted in the next agenda so that the public can be aware of what was debated. Will the CCG implement my idea?

CCG response:

When business items are discussed in private it is simply to give the Governing Body the space to clarify their thinking and jointly work through complex or potentially sensitive issues, prior to presenting the business in public. The issues may not have been fully worked through by the next public agenda and may even in heading form be a matter of commercial or business sensitivity, but I can assure you that all our main commissioning decisions are eventually signed off and recorded in the minutes of the public sessions of the Governing Body meetings.