



Minutes of Investment Committee meeting held on

Thursday 23 November 2017, 11:00 – 12:30
Room 5.4, 15 Marylebone Road

Members in attendance

Trevor Woolley (TW)	Lay member, Hounslow CCG [i]
Dominique Kleyn (DK)	Lay member, Central London CCG [i] (by 'phone from 11:15)
Nick Martin (NM)	Lay member, Hammersmith & Fulham CCG [i]
Dr Nicola Burbidge (NB)	Chair, Hounslow CCG
Dr Neville Pursell (NP)	Chair, Central London CCG
Dr Fiona Butler (FB)	Chair, West London CCG
Dr Mohini Parmar (MP)	Chair, Ealing CCG

Non-members in attendance

Dr James Cavanagh (JC)	GP member, Hammersmith & Fulham CCG
Rosalyn King (RK)	Assistant Director Local Services Development, Hounslow CCG
Louise Proctor (LP)	Managing Director, West London CCG
Simon Carney (SC)	Head of Corporate Governance, CWHHE CCGs (Secretary)
Cathy Bowyer (CB)	Corporate Governance Officer (minutes)
Sue Jeffers (SJ)	Director of primary care development
Keith Edmunds (KE)	Chief Finance Officer, CWHHE

[i] = Independent Member

	Business items	Action
1.	Welcome / apologies	
	Apologies were received from: <ul style="list-style-type: none"> Philip Young – Lay member for Audit & Governance, CWHHE CCGs (Chair) [i] Dr Tim Spicer - Chair, Hammersmith & Fulham CCG Simon Tucker - Lay member, West London CCG 	
2.	Declaration of interests	
	There were no further declarations other than those already given. The inherent interests of GPs present as providers were noted. It was confirmed that clinicians with an interest in a particular item would not be part of the decision on that item; however, would be permitted to contribute to the discussion.	

3.	Minutes of meeting on 28 September 2017 (joint session with BHH procurement panels) and 26 October 2017	
	The above minutes were agreed as an accurate record of the meeting.	
4.	Matters arising and Action Log	
	<p>The committee agreed the following in regard to the actions and matters arising:</p> <p>Actions closed: 23, 89, 92, 93, 94, 95, 113, 114 and 117</p> <p>Actions to remain open: 90 and 112</p>	
5.	HCCG GP primary care contract 2018/19	
5.1	RK presented the paper and highlighted that points to note were that the contract aimed to increase the uptake of immunisations, documented the plans for long-term condition management, supported the move towards an Accountable Care Partnership model and anticipated the shift of activity into primary care.	
5.2	The contract was mostly outcome based, as with the out of hospital services and where no results were produced, payment would not be forthcoming. When structuring the contract, baseline information was used to measure performance alongside contract management meetings; work was being carried out with the GP federation to develop an in-house contract management team incorporating common KPIs'.	
5.3	The amount kept by the federation required defining, however, the total amount given would be decided by themselves with negotiations between them and the practices as required. The committee recommended that it was important any historic issues regarding the allocation of the top-slice would need to be clearly referred to and accommodated.	
5.4	A concern was raised relating to the lack of a safety catch; having this would be beneficial with regard to any out of hospital service activity and a relating claw-back mechanism for underperformance. RK responded that there was no systemic evidence within Hounslow CCG to confirm the need for such a thing.	
5.5	It was agreed that GP federations should be managing the practices, however, there was a big risk when setting up and running primary care contracts through them. If the federation were to fail and as a consequence, could not deliver, the CCG would be accountable for this. The committee were assured that Board to Board meetings were planned the following week to map out this eventuality and agree the assurances required.	
5.6	There was PMS expenditure for proactive care and screening and the wraparound contract would cover these. If PMS practices lose out, there will be transitional funding/arrangements until the PMS contract is landed.	
5.7	Business case and noted the approval of HCCG If PMS practices lose out, there will be transitional funding/arrangements until the PMS contract is landed.	
	The Committee endorsed the Hounslow CCG finance committee decision to commission the Primary Care contract.	

6.	WL Screen and Treat extension (phase 2)	
6.1	LP introduced the item and recapped that phase I of this programme had previously been agreed through chairs action; phase I had limitations for SAT treatment to patients with long term conditions (LTC).	
6.2	This request was for Phase 2 funding to 31 March 2018 and was relating to non-LTC survivors or pathways connected to the immediate vicinity of the block. The consultation time was reduced, and Phase 2 covered a longer period of time due to housing issues and patients who may have been showing stress symptoms but not able to attend due to other living style issues.	
6.3	The residents of the tower block were currently not all living in the immediate area and the GPs were being encouraged to stay in contact with those patients, alternatively there was support for the far reaching patients and to be able to register as a temporary patient where they were currently re-located. This program of SAT as a whole encouraged GPs to engage with the patients and be a regular source of support.	
6.4	Going forwards, following the expiry of the Phase II period on 31 March 2018, application would be made to NHSE to fund a North Kensington enhanced whole systems service and would pick up the majority of the needs. The longer term modelling for a detailed case would be brought to this committee for endorsement in the summer of 2018.	
6.5	It was recognised that West London CCG were running a financial risk waiting for NHSE to come back with agreement of additional funding, to mitigate in part, an update would be provided at West London CCG finance committee for their information and acknowledgement.	
6.6	The figure of £16m for twenty months was recognised as published and included management support as well as clinical. Across all areas, £3m had been spent and this was increasing. Initially, the business case was submitted three weeks after the event and in all probability would be out of date, however, this had worked to NHSE requirements.	
6.7	<p>The basis for the pricing across Phases I and II was the same. There was an established mechanism, the same cost applied but the time was reduced. A query was raised concerning the amount allocated to the administration payments, to clarify, the payment of £30ph covered many different elements. It was stated that if this was for call and recall by practices, other programmes may expect the same. Clarification was requested in regard to what level call and recall was set at.</p> <p>The committee approved the service.</p>	MH
7.	WLCCG Foreland additional Grenfell GP resource November 2017 (decision sought in correspondence 13/11/17)	
7.1	The committee was asked to endorse the approval by the Investment Committee Chair on 13/11/17, in regard to the West London CCG resource request (£57,000) for additional GP capacity for Grenfell related issues, specifically at Foreland Medical Centre for a period of 12 months commencing 1st December 2017.	
7.2	This request was to mitigate a resilience issue which had been highlighted for the Foreland practice, being closest to the site of the Grenfell tragedy.	



7.3	It included six sessions of additional GP time and provided greater opportunity for people to see a GP if they needed to. In the six months the funding has been requested to cover, the longer term need would be analysed.	
7.4	<p>Specific requirements had not been highlighted with the exception of the need to be supportive in respect of an additional GP. In response to committee members' concerns about the practice becoming reliant on the additional resource, it was stated that the matter will be discussed and make clear with the practice.</p> <p>The Committee endorsed the chairs action undertaken on 13 November 2017.</p>	
8.	WLCCG additional Grenfell GP resource October 2017 (decision sought in correspondence 17/11/17)	
8.1	The Committee was asked to endorse the approval by the Investment Committee Chair on 17/11/17, in regard to the West London CCG resource request (£25,000) for additional GP capacity, excluding Foreland Medical practice which was addressed in a separate paper.	
8.2	<p>The committee were informed that the service would be accessed by Grenfell patients through a specific code on SystemOne and which would pick up patients who were temporarily registered further afield.</p> <p>The Committee endorsed the chairs action undertaken on 17 November 2017.</p>	
9.	Any Other Business	
	There were no items raised for discussion.	