CWHHE
Central London. West London. Hammersmith & Fulham. Hounslow. Ealing. Clinical Commissioning Groups

CWHHE CLINICAL COMMISSIONING GROUP COLLABORATIVE

Minutes of the Investment Committee meeting held on

Thursday 15 January 2015 from 11.30–13.00hrs in
Room 5.4, 15 Marylebone Road

Members in attendance

Philip Young (PY)	Lay member for audit & governance CWHHE CCGs, Chair
Alan Hakim (AH)	Secondary care consultant, CWHHE CCGs
Tim Spicer (TS)	Chair, Hammersmith and Fulham CCG
Trevor Woolley (TW)	Lay member, Hounslow CCG
Nicola Burbridge (NB)	Chair, Hounslow CCG
Mohini Parmar (MP)	Chair, Ealing CCG
John Riordan (JR)	Secondary care consultant, Ealing CCG
Ruth O'Hare (ROH)	Chair, Central London CCG
Clare Parker (CP)	Chief officer, CWHHE CCGs
Rachel Garner	Vice Chair, West London CCG

Non members in attendance

Kathryn Magson (KM) by phone	Managing director, Ealing CCG
Sue Jeffers (SJ)	Managing director, Hounslow CCG
Ben Westmancott (BW)	Director of compliance, CWHHE CCGs
Louise Proctor (LP)	Managing director, West London CCG
Emma Taylor (ET)	Collaboration governance manager, NWL CCGs, minutes
Simon Hope (SP)	Deputy managing director, West London CCG
Katrina Mindel (KM)	Project Lead, Provider Networks (for item 5)
Helen Poole (HP)	Deputy managing director, Hammersmith & Fulham CCG

	Business items	Action
1.	**Welcome/apologies**	
1.1.	There were no apologies received. The chair confirmed that the meeting was quorate.	
2.	**Declaration of interests**	
2.1.	Declarations of interest previously identified including the conflict of GPs as both providers and commissioners. The following members declared an interest for the following items: Mohini Parmar, Chair, Ealing CCG, agenda items 6 and 7 Rachel Garner, vice Chair, West London CCG, agenda item 5 The chair advised that these members should stay in the room but would have no vote.	
3.	**Minutes of previous meeting held on 14 December 2014**	
3.1.	The minutes of the previous meetings were approved as an accurate record.	
4.	**Matters arising from the actions log**	

4.1	There were no new matters arising not covered elsewhere on the agenda.	
4.2	Three actions remain open to be further addressed at the February meeting: A) **Update on pilot schemes** an update on specific extended hours pilots will be included in the extended business case. B) **Out of hospital contracts:** Performance management and DES payments for extended opening hours. C) **LMC comments on the out of hospital specifications:** Phillip Young agreed to attend the next LMC meeting. It was noted that minor specifications are under review, taking into account the market value of service contracts and quality assurance considerations. A detailed review time-table in six months (after the first round of contracts were let) to achieve contract variation will be drawn up, reflecting the need for the work to be phased, balancing the relative needs for standardisation against locally tailored needs. A further review would happen six months after that (one year from the first contracts being let). Members entered into a discussion as to whether price allocation could be flexed, depending on local systems architecture. It was confirmed that the overarching principle, as things stand, will be to offer standardised pricing structures. However, the question will remain relevant as whole systems integrated care develops and matures over the longer term. **Action:** **Jessica Brittin to include an update on extended hours pilots within the extended business case** **Jessica Brittin to provide an update on payments for extended hours** **Philip Young to attend next LMC meeting** **Jessica Brittin to conduct a detailed review in six months and a further review in 12 months**	**JB** **JB** **PY** **JB**
5.	**West London CCG – Prime Minister's Challenge Fund (PMCF)**	
5.1	The Prime Minister's Challenge Fund is a national £50m innovation fund aimed at transforming patient access to general practice, through initiatives including extended hours, weekend opening and technology innovation. Katrina Mindel, Project Lead, Provider Networks, presented.	
5.2	To facilitate out-of-hospital services and meet PMCF objectives, practices in West London CCG have agreed to form a single GP federation. It was noted that approximately 40% of the funding awarded will be invested at GP federation level, empowering the clinically-led design of joined up services. A Full Business Case (FBC) to fund IT enablers required to deliver the project objectives was presented to the committee. Members noted that any unspent monies will be subject to claw back by NHSE. Unspent funds that are immediately committed may be carried over to the following quarter, subject to clear plans being in place. **Action:** **Katrina Mindel to circulate the detailed time-table for practices to come on line with new systems by the agreed deadline of 31 March 2015.**	**KM**
5.3	The business case has included clinical input, feedback from the WLCCG out of hospital	

	committee, finance and performance committee as well as the member engagement meetings. There will be continued stakeholder engagement with West London CCG's patient reference group throughout implementation and volunteer patients will be sought to test the new services.	
5.4	The committee recognised the benefits that would be delivered by the programme including releasing practice staff resource by enabling patients to order prescriptions online. It was noted that this is in line with what has been implemented in other CCGs within NWL.	
5.5	The planned spend on hardware and tablets was queried. It was confirmed that the use of licenced 3G-enabled tablets that will require smart cards to operate had been recommended by IT to ensure security measures are sufficiently robust.	
5.6	The committee recommended the approval of the business case by the finance and performance committee as per the CCG scheme of delegation.	
6.	**Ealing CCG – Healthy at Home**	
6.1	Ealing CCG is required to re-commission a new Intermediate Care Ealing (ICE) service (currently provided by Ealing Hospital ICO) in line with the end of the 3-year contract on 31 March 2015. A public consultation has been conducted to seek stakeholders' views on what should be included in the new service specification and consequently a new Ealing Integrated Intermediate Care Service (EIICS) is being proposed for a pilot period. Kathryn Magson, MD, Ealing CCG, presented.	
6.2	The new proposed service builds on the services of ICE, the role of the 'virtual ward', and the need for medical responsibility and senior clinical leadership in decision-making. The modelling proposes to include extended hours and 7-day working. The new service would help to avoid unnecessary admissions through better integrated working, which will furthermore help to test and refine whole systems integrated care.	
6.3	It was recommended that the pilot procurement process be based on the single phase procurement model that proved successful for the tri-borough in the commissioning of a lead provider to deliver a Community Independence Service (CIS), allowing for the relevant adaptations that will encourage consortia tenders for the 2-year pilot period.	
6.4	In discussing the proposed new service for EIICS, members considered the wider context of the move towards population-based commissioning model. The need to build in flexibility to manipulate and refine the model within the contract was acknowledged; close working and information sharing by the pilot lead provider was a core term of the specification.	
6.5	The committee requested the development, in line with NHSE guidance, of a public procurement register for CWHHE CCGs, alongside the conflicts of interest register. The provision of clear documentation on decision making will enable CCGs to demonstrate transparency of process and to manage reputational risk. **ACTION:** **Kathryn Magson to discuss the procurement register with Andrew Burgess and to ensure this is completed in alignment with the CWHHE governance and compliance directorate.**	**KM/ AB/ BW**
6.6	Whilst the committee was supportive of the recommendations, the decision was for Ealing CCG as to whether to conduct the pilot. **Action:**	

	NWL CCGs to review the procurement process for individual procurements to ensure that supporting decision making procedures are clear, incorporating the justification of who was on the appointing decision making panel. This should be included in the procurement policy	**AB BW**
7.	**Ealing CCG – cardiology procurement**	
7.1	[Secretary's Note: The item was chaired by Trevor Woolley, in recognition of Philip Young (investment committee chair) also serving as chair of Ealing CCG's procurement steering committee, as a result of that association. (The potential conflict was not thought significant.)]	
7.2	The paper summarised the legal advice received from DAC Beachcroft subsequent to the committee's discussion in December 2014 (item 5) of potential conflicts of interest in relation to the procurement of a community based cardiology service for Ealing. The paper outlined a proposal for managing potential conflicts for the remaining phases of the procurement. Kathryn Magson, MD, Ealing CCG, presented.	
7.3	Philip Young observed that at the December meeting two possible sources of assurance were referred to; legal advice and the statutory guidance on conflicts of interest from NHS England. However, the paper presented includes the legal advice received but not specifically the published statutory guidance from NHSE. Philip Young highlighted that there were clear parallels between the conflicts arising in the cardiology procurement project and primary care co-commissioning and observed that he believed Ealing CCG were broadly following the advice set out by NHSE for primary care co-commissioning.	
7.4	The committee considered the key points of legal advice and agreed that the total removal of local clinicians from the procurement process would be detrimental to the commissioning of local services. It was recommended that CCGs clearly audit the reasons for including conflicted individuals in procurements, how these conflicts will be managed throughout the process and conflicted individuals to provide comment rather than partake in any decisions. In addition the committee agreed that no conflicted clinicians will be responsible for the reviewing of finances, the investment committee will provide assurances to CCG governing bodies that the conflict of interest process is being adhered to and that CCGs will write to providers during the procurement process to inform them of how conflicts are being managed. **Action:** **Kathryn Magson to present a compelling case to involve Ealing GPs at the next meeting and then present to Ealing governing body for ratification**	**KM**
7.5	Members highlighted the importance of having in place clearly defined roles and expectations for all those to be involved in procurement decisions, for both internal and external members. There was related discussion of the need for all decision-makers to be aware of and to manage their own natural bias, whatever its origins. **Action:** **Feedback on procurement to be sent to Andrew Burgess for incorporating into the procurement policy and process**	
7.6	Trevor Woolley acknowledged that this was a difficult issue. In his view, the most significant element of the legal advice and most sensible, which was not reflected in the paper, quoted 'for the CCG to assume that conflicted GPs should be removed from any decision making aspect of the procurement unless there is a compelling justification for their inclusion'. The paper offered no such compelling reason, merely stating that the CCG	

	wished to maintain local clinical involvement within the procurement process. In his view, the risk of legal challenge (which DAC Beachcroft rated as 'medium' even if the mitigations recommended in the paper were adopted) and to reputation - of GPs being perceived to be influenced in their award of contracts by the financial gain they stood to make - outweighed the risk of a less well informed procurement process consequent on the absence of the engagement of local GPs. In reaching this conclusion, he emphasised that he was in no way challenging the integrity of Ealing GPs, but simply considering how the involvement of conflicted GPs faced being perceived. Trevor Woolley voted against the proposal.	
7.7	Notwithstanding the above noted dissenting view, the committee approved the proposed arrangements and the process for managing conflicts of interest within the cardiology procurement. In concluding discussion, the committee agreed that local clinical commissioners must be enabled to make decisions that are important strategically to their local clinical population. By being open and transparent about how this is achieved serves to reduce the risk of challenge and at the same time ensures that these duties are fulfilled in line with good governance. Lastly, the adopted arrangements to manage conflicts of interest place the onus on CCGs to articulate and document the compelling reasons for clinical involvement in sound decision-making, together with the evidence-based reasons for the decisions themselves. These latter aspects need to be incorporated in the standard approach taken going forward. The committee furthermore called for the development a decision-making framework to determine when independent GP input may be required from CCGs further afield. **Action:** **Ben Westmancott to development of a decision making framework to be incorporated in the procurement process**	**BW**
8.	**Any other business**	
8.1	There was no other business.	
9.	**Date and time of future meetings**	
	• 5 February 2015, 10.00–11.30hrs • 12 March 2015, 11.30–13.00hrs	