

## Minutes: Primary care co-commissioning joint committees meeting

<b>Date</b>	Thursday, 25 June 2015
<b>Time</b>	12:30pm to 2:30pm
<b>Location</b>	Portland Hall, University of Westminster, 4-12 Titchfield Street, W1W 7UW

### Present

#### North West London CCGs – voting members

##### *Chairs*

Kiran Chauhan	Central London CCG (for Dr Ruth O'Hare)	KC
Dr Naomi Katz	West London CCG (for Dr Fiona Butler)	NK
Dr Tim Spicer	Hammersmith and Fulham CCG	TS
Dr Nicola Burbidge	Hounslow CCG	NB
Dr Mohini Parmar	Ealing CCG	MP
Sarah Mansuralli	Brent CCG (for Dr Ethie Kong)	SM
Dr Ian Goodman	Hillingdon CCG	IG

##### *Accountable Officers*

Clare Parker	CWHHE CCGs	CP
Rob Larkman	BHH CCGs	RL

##### *(Deputy) Chief Finance Officers Officers*

Helen Troalen	CWHHE CCGs	HT
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##### *Secondary care doctors*

Dr Alan Hakim	Central London, West London, Hammersmith & Fulham, and Hounslow CCGs	AH
Dr John Riordan	Ealing and Hillingdon CCGs	JR
Dr Chiedu Obuaya	Brent CCG	CO
Dr Sandy Gupta	Harrow CCG	SG

##### *Nurse members*

Jonathan Webster	CWHHE CCGs	JW
Carole Mattock	BHH CCGs	CM

##### *Lay members*

Tom Challenor	BHH CCGs	TC
Michael Morton	Central London CCG	MM
Simon Tucker	West London CCG	ST
Trish Longdon	Hammersmith & Fulham CCG (and meeting chair)	TL
Javed Khan	Hounslow CCG	JK
Lindsey Wishart	Brent CCG	LW
Gerald Zeidman	Harrow CCG	GZ
Trevor Begg	Hillingdon CCG	TB

#### NHS England – voting members

David Sturgeon	Director of Primary Care Commissioning, London	DS
David Finch	Medical Director, NW London	DF
Mark Spencer	Assistant Medical Director, London	MS

### Non-voting advisors

#### *Healthwatch*

Janice Horsman	Chair, Healthwatch Westminster and interim co-commissioning representative for Inner NWL	JH
Jeff Maslen	Chair, Healthwatch Hillingdon and interim co-commissioning representative for Outer NWL	JM

### In attendance

#### North West London CCGs

Mary Mullix	Deputy Director of Nursing, Quality and Safety, CWHHE CCGs	MMu
Ben Westmancott	Director of Compliance, CWHHE CCGs	BW
Matt Hannant	Acting Director of Strategy and Transformation, NWL Collaboration of CCGs	MH
Matthew Walker	Deputy Director for Primary Care Transformation, North West London Collaboration of CCGs	MW

#### NHS England

Julie Sands	Head of Primary Care, NHS England (NW London)	JS
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### Apologies

#### CCG voting members

#### *Chairs*

Dr Ruth O'Hare	Central London CCG
Dr Ethie Kong	Brent CCG
Dr Fiona Butler	West London CCG
Dr Amol Kelshiker	Harrow CCG

#### *Lay members*

Philip Young	CWHHE CCGs
Philip Portwood	Ealing CCG

#### NHS England

Jo Ohlson	Director of Commissioning and Operations, NW London
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#### Non-voting advisors

Dr Tony Grewal	Londonwide LMC
Jane Betts	Londonwide LMC

## Record of the meeting

Item		Actions
1	<p><u>Welcome and introductions</u></p> <ul style="list-style-type: none"> <li>• TL welcomed all the committee members and non-voting advisors to the meeting and made the following points:               <ul style="list-style-type: none"> <li>○ No questions had been received in advance from the public;</li> <li>○ TL has agreed to act as interim lay chair of the joint committees in common until the process for selection of the permanent lay chair is agreed and concluded; and</li> <li>○ Committee members' declarations of interest have been recorded on the CCGs' website and they are asked additionally to state any conflicts in relation to the agenda items under discussion (e.g. as a member of a PMS practice).</li> </ul> </li> <li>• BW raised a query regarding the meeting quorum and it was acknowledged that not all of the joint committees were quorate.</li> <li>• On the basis that some aspects of the work before the joint committees need to progress urgently, the committees will seek to agree on ways forward that will be subject to ratification when final governance arrangements are in place, following approval of the revised terms of reference. There was general agreement from the meeting to this approach.</li> </ul>	None
2	<p><u>Co-commissioning operating model and sub-structures</u></p> <ul style="list-style-type: none"> <li>• DS explained that the operating model details how co-commissioning arrangements between CCGs and NHS England will be enacted. Comments have been sought from CCGs and SPGs and these have been incorporated in to this draft. NHS England is still in the process of consulting and taking comments. It is keen to have consistent arrangements across London but accepts that there will need to be some nuances to reflect local arrangements.</li> <li>• DS advised that co-commissioning is a live operation so the processes outlined in the document will be used whilst local amendments are made.</li> <li>• DS noted that one critical area is the making of urgent decisions (e.g. if a practice must be closed suddenly because of a CQC issue). These are very rare but require the NHS England primary care team to act immediately. DS provided assurances that he would always contact the relevant CCGs in these circumstances before making any decision. Decisions of this nature will always be followed up at the next committee meeting.</li> <li>• JS responded to a query about the formal appeals process by noting that this is currently set out in the contract regulations and to some extent depends on the issue. In the context of co-commissioning, this needs further clarification and working up by NHS England.</li> <li>• JS outlined the proposal to constitute a sub-group in each CCG, to be responsible for working up and making recommendations on local issues. The draft terms of reference (ToR) were shared and it was highlighted that these would need to be adapted to reflect local need.</li> <li>• Committee members agreed that the operating model must be clearer on how the sub-group would work and, in particular, around their decision-making powers (i.e. whether or not they will have decision-making powers and, if they do, what decisions they will be able to make).</li> </ul>	<ul style="list-style-type: none"> <li>• A revised sub-groups paper will be brought to the next meeting, including updated terms of reference (<b>Owners:</b> Julie Sands, Matthew Walker)</li> <li>• A paper detailing decisions taken by NHS England since 1 April 2015 will be brought to the next meeting (<b>Owner:</b> David Sturgeon)</li> </ul>

	<ul style="list-style-type: none"> <li>• RL made the point that the sub-groups should be selected locally and this was accepted by the meeting.</li> <li>• DS stated that the sub-groups need to report to the joint committees, have clinical input, and may have decision-making power where this is agreed by NHS England and the CCGs through the joint committees.</li> <li>• CP said that the sub-committees could have decision-making powers but that a thorough debate is needed to bring out all the relevant issues.</li> <li>• In response to a question from MP, JS suggested that the sub-group role could be added to existing groups rather than creating additional meetings.</li> <li>• Members noted that there was no LMC representation proposed in the draft sub-group ToR, to which JS responded that the ToR can be adapted to reflect local circumstances and wishes. DS stated that lay membership should also be determined locally.</li> <li>• AH stated the importance of clarifying who exactly is on the sub-groups and aiming for consistency wherever possible. DS added that some other areas in London have not created new sub-groups but have utilised existing ones for this purpose. The main priority is ensuring that decisions flow through the structure in the right way and information is fed back to CCG governing bodies appropriately.</li> <li>• MS suggested that there could be two types of sub-group, one at CCG level with a local focus and another across North West London (NWL) to focus on specific issues (e.g. estates).</li> <li>• GZ asked that consideration be given in the operating model to building in timelines that allow for full reporting in and out of the joint committees, sub-groups, and other CCG forums.</li> <li>• The group accepted DS's suggestion that a paper come to the next joint committee meeting detailing the decisions that NHS England (London) has made on primary care for NWL whilst the co-commissioning processes have been developing.</li> </ul> <p>Summary</p> <ul style="list-style-type: none"> <li>• Action proposed on the cover sheet: papers for noting and approval. The joint committees noted the draft operating model, supported the feedback already made by the CCGs, and provided further comments. The joint committees also commented on the proposals for establishing sub-groups and NHS England undertook to revise the sub-group ToR for the next meeting.</li> </ul>	
3	<p><u>Update on PMS contract review process</u></p> <ul style="list-style-type: none"> <li>• TL requested that, given the substance of this item, before speaking any GP should declare whether they are a member of a PMS practice. IG and MP made this declaration before their contributions.</li> <li>• DS set out the context for the review. He explained that direction had been received from NHS England regarding the completion of a PMS reviews by 31 March 2016 and then set out the principles for its implementation. He stated that the review should not be seen as a cost-cutting exercise and that any funding released as a result should be reinvested in primary medical services within or (subject to agreement) across CCGs. He also stated that it is important for NHS England and the CCGs to work together in developing specifications for the services that are required locally.</li> <li>• JS set out the draft terms of reference for a PMS steering group, which she suggested operate across NWL. This would enable some</li> </ul>	<ul style="list-style-type: none"> <li>• Revised terms of reference for the PMS steering group will be brought to the next meeting (<b>Owner:</b> Julie Sands)</li> <li>• The primary care team will complete preparations for a primary care learning session for committee</li> </ul>

<p>consistency in specification and KPIs. The meeting noted the need in the steering group membership to distinguish between GPs as providers and commissioners and also fully to consider the inclusion of lay representatives.</p> <ul style="list-style-type: none"> <li>• The meeting sought clarification on what is meant by premium services, to which JS explained that this is funding for services over and above that provided within GMS funding. The review needs to establish what is currently provided for this funding and whether it represents value for money and reflects current patient needs.</li> <li>• IG (a GP within a PMS practice) requested that the steering group conduct an impact assessment of the PMS review, on the basis that the review could destabilise practices, GP morale, CCGs, QIPP, and patient care. He also stated that the approximately 100 PMS practices across NWL cover a significant population, which could be affected by changes to PMS specifications. DS provided reassurance that the impact assessment would be a key element of the steering group's work. TL added that this should be part of the risk register for the project and DS agreed to include a risk register in the next draft.</li> <li>• CP requested that there be visibility of the scale and range of variation of PMS funding across each CCG. DS agreed that this would be available to the joint committees.</li> <li>• DS advised that the baseline assessment would be shared with the joint committees. He said that this will be the first of three stages to the review: the baseline assessment, development of commissioning intentions, and individual negotiations with practices.</li> <li>• MM requested further guidance to aid understanding for many members of the committees regarding the complexities of the PMS review. MW confirmed that the NWL primary care team is in the process of putting together an education session so that committee members can familiarise themselves with this and other issues relating to primary care co-commissioning.</li> <li>• MP (a GP within a PMS practice) raised the concern that, as membership organisations, CCGs need to ensure that they have the right mechanisms in place for discussions such as the PMS review. DS replied that he believes that an NWL-wide review is an effective way of managing conflicts of interest.</li> <li>• BW raised some practical issues regarding the workings of the steering group and requested that the next iteration of the terms of reference be illustrated with the specific terms of roles.</li> <li>• The meeting discussed LMC involvement and DS confirmed his view that involvement of the LMC at the NWL level is important and that it is not taking place on this issue at a London-wide level.</li> <li>• TL suggested that a risk analysis be incorporated into the PMS review. TL also recommended that the review objectives should include an explicit reference to the equitable provision of high-quality GP services to the people of North West London.</li> </ul> <p>Summary</p> <ul style="list-style-type: none"> <li>• Action proposed on the cover sheet: papers for noting and review. The joint committees expressed their views on the terms of reference and proposed work of the steering group, requested further additions to the documentation as well as further explanation of technical terms, and discussed additional stakeholder engagement.</li> </ul>	<p>members (<b>Owner:</b> Matthew Walker)</p> <ul style="list-style-type: none"> <li>• NHS England will provide details of the scale and range of variation of PMS funding across each CCG, include a project risk register in the next draft, and continue to revise the steering group terms of reference (<b>Owners:</b> David Sturgeon, Julie Sands)</li> </ul>
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<p>4</p>	<p><u>Revisions to the joint committees' terms of reference</u></p> <ul style="list-style-type: none"> <li>• MW provided the background to this item. He explained that the original terms of reference were agreed by the eight governing bodies in February and March 2015. Since then there has been further national guidance, which the terms of reference must now reflect, and further amendments proposed at the joint committees' seminar on 21 May 2015. He acknowledged that some issues remain unresolved but recommended that the terms of reference in document 4a be recommended to the CCGs' governing bodies and NHS England.</li> <li>• MW also confirmed that further discussions with the LMC are ongoing and focus on two issues: <ul style="list-style-type: none"> <li>○ The inclusion of practice contract performance management in the joint committees' remit; and</li> <li>○ The anonymisation of papers relating to individual practice contract performance issues.</li> </ul> </li> </ul> <p>DS expressed his view that the anonymisation of papers would not be appropriate and that, in any case, CCGs are already able to see this information. DS also reported that no other CCGs have been requested to anonymise papers. It was also noted that contract performance management is part of the national guidance and cannot be amended. Other CCGs in London now undertaking joint co-commissioning have adopted the relevant clause without slowing the progress of co-commissioning. NWL has gone further than these other areas to reassure stakeholders by inserting an additional paragraph (marked with a *) in the ToR. (This paragraph was agreed between the CCGs, NHS England, and Londonwide LMC in March 2015.)</p> <ul style="list-style-type: none"> <li>• BW suggested that the quorum section should be explicit in saying that people cannot act in more than one role and any deputy therefore needs to be an additional person from outside of the committee membership. This was accepted. So too was a suggestion that governing body papers following joint committee decisions should note the members and deputies present. These will be incorporated into the ToR.</li> <li>• The committees agreed that although the terms of reference might need subsequent updating, it was important that the committees had terms of reference so that urgent work could commence. The committees agreed that, with the changes listed above, the ToR should be endorsed and recommended to the CCGs' governing bodies and NHS England. The cover sheets will describe the ongoing conversations with Londonwide LMC and also make clear the national policy picture and London-wide context.</li> <li>• Following a discussion about deputisation for the lay audit chairs, Ben Westmancott agreed to develop a protocol for this.</li> <li>• There was no dissent from the proposal that, pending approval of the new terms of reference by the governing bodies and NHS England, the joint committees can lend support for proposals and that work can move forward.</li> </ul> <p>Summary</p> <ul style="list-style-type: none"> <li>• Action proposed on the cover sheet: for endorsement and recommendation to CCG governing bodies and NHS England. The joint committees reviewed and discussed the proposed revisions, requested several further additions, and on that basis recommended them to the CCG governing bodies and NHS England. Further work</li> </ul>	<ul style="list-style-type: none"> <li>• The joint committees' terms of reference will be updated in line with the meeting discussion and then be presented to the CCGs' governing bodies and NHS England for approval (<b>Owner:</b> Matthew Walker)</li> <li>• To develop a protocol for lay audit chair deputisation (<b>Owner:</b> Ben Westmancott)</li> </ul>
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	will be undertaken on a deputisation protocol for the lay audit chairs.	
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**Further information**

TL announced that the date of the next meeting is Thursday 16 July, 3.00pm to 5.00pm, at 15 Marylebone Road, rooms 5.1-5.2. Invitations have been issued.

DRAFT