Please note that these minutes are draft until they have been agreed by the joint committees as an accurate record of their meeting

North West London Collaboration of Clinical Commissioning Groups

NHS England

Minutes: Primary care co-commissioning joint committees meeting

Date	Thursday, 17 September 2015
Time	2:30pm to 4:30pm
Location	15 Marylebone Road, London, NW1 5JD (rooms 5.3 and 5.4)

Attendance

Joint committee members:

Joint committee roles		Central London CCG		West London CCG		H&F CCG		Hounslow CCG	
		Member	Key	Member	Key	Member	Key	Member	Key
CCG	Chair	Dr Ruth O'Hare (ROH)	P	Dr Fiona Butler (FB)	P	Dr Tim Spicer (TS)	P	Dr Nicola Burbidge (NB)	P
	Chief Officer	Keith Edmunds* (KE)	P	Keith Edmunds* (KE)	P	Keith Edmunds* (KE)	P	Keith Edmunds* (KE)	P
	(Deputy) Chief Financial Officer	Helen Troalen	A	Helen Troalen	A	Helen Troalen	A	Helen Troalen	A
	Secondary care doctor governing body member	Dr Alan Hakim	A	Dr Alan Hakim	A	Dr Alan Hakim	A	Dr Alan Hakim	A
	Nurse governing body member	Jonathan Webster (JW)	P	Jonathan Webster (JW)	P	Jonathan Webster (JW)	P	Jonathan Webster (JW)	P
	Lay member	Philip Young (PY)	P	Philip Young (PY)	P	Philip Young (PY)	P	Philip Young (PY)	P
	Lay member	Michael Morton (MM)	P	Simon Tucker (ST) Victoria Stark (VS)	P	Trish Longdon (TL)	P	Javed Khan	A
NHS England	Director of Primary Care Commissioning (London)	David Sturgeon	A	David Sturgeon	A	David Sturgeon	A	David Sturgeon	A
	Director of Commissioning and Operations (NW London)	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P
	Assistant Medical Director (London)	Dr Mark Spencer	A	Dr Mark Spencer	A	Dr Mark Spencer	A	Dr Mark Spencer	A
	Medical Director (NW London)	Dr David Finch (DF)	P	Dr David Finch (DF)	P	Dr David Finch (DF)	P	Dr David Finch (DF)	P
Quorate?		Yes		Yes		Yes		No	

Joint committee roles		Ealing CCG		Brent CCG		Harrow CCG		Hillingdon CCG	
		Member	Key	Member	Key	Member	Key	Member	Key
CCG	Chair	Dr Mohini Parmar (MP)	P	Dr Ethie Kong (EK)	P	Dr Amol Kelshiker (AK)	P	Dr Ian Goodman (IG)	P
	Chief Officer	Keith Edmunds* (KE)	P	Rob Larkman (RL)	P	Rob Larkman (RL)	P	Rob Larkman (RL)	P
	(Deputy) Chief Financial Officer	Helen Troalen	A	Jonathan Wise	A	Jonathan Wise	A	Jonathan Wise	A
	Secondary care doctor governing body member	Dr John Riordan (JR)	P	Dr Chiedu Obuaya (CO)	P	Dr Sandy Gupta	A	Dr John Riordan (JR)	P
	Nurse governing body member	Jonathan Webster (JW)	P	Jan Norman (JN)	P	Jan Norman (JN)	P	Jan Norman (JN)	P
	Lay member	Philip Young (PY)	P	Tom Challenor (TC)	P	Tom Challenor (TC)	P	Tom Challenor (TC)	P
	Lay member	Philip Portwood (PP)	P	Lindsay Wishart (LW)	P	Sanjay Dighe (SD)	P	Trevor Begg (TB)	P
NHS England	Director of Primary Care Commissioning (London)	David Sturgeon	A	David Sturgeon	A	David Sturgeon	A	David Sturgeon	A
	Director of Commissioning and Operations (NW London)	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P	Jo Ohlson (JO)	P
	Assistant Medical Director (London)	Dr Mark Spencer	A	Dr Mark Spencer	A	Dr Mark Spencer	A	Dr Mark Spencer	A
	Medical Director (NW London)	Dr David Finch (DF)	P	Dr David Finch (DF)	P	Dr David Finch (DF)	P	Dr David Finch (DF)	P
Quorate?		Yes		Yes		Yes		Yes	

Key:	
P	present
A	apologies received
*****	deputising for Clare Parker, Chief Officer for the CWHHE CCGs

Non-voting advisors:

Non-voting advisors		
Healthwatch		
Janice Horsman	Chair, Healthwatch Westminster and interim representative for CWHHE CCGs	JH
Jeff Maslen	Chair, Healthwatch Hillingdon and interim representative for BHH CCGs	JM
Londonwide LMCs		
Jane Betts	Director of Primary Care Strategy (NW London)	
Dr Tony Grewal	Medical Director	

In attendance

North West London CCGs		
Yasmin Baker	Primary care programme support, NWL Collaboration of CCGs	YB
Christopher Cotton	Lead for primary care co-commissioning, NWL Collaboration of CCGs	CC
Linda Finch	Primary care programme manager, NWL Collaboration of CCGs	LF
Matt Hannant	Acting Director of Strategy and Transformation, NWL Collaboration of CCGs	MH
Emma Taylor	Collaboration governance manager, NWL Collaboration of CCGs	ET
Matthew Walker	Deputy Director for Primary Care Transformation, NWL Collaboration of CCGs	MW
NHS England		
Toyin Akinyemi	Head of Finance – Primary Care Commissioning, NHS England (London)	TA

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

Record of the meeting

PART A – INCLUDNG NON-VOTING ADVISORS AND OPEN TO THE PUBLIC		
Item		Actions
1	<u>Welcome and additional declarations of interest</u> • TL (H&F CCG, interim chair) welcomed all the committee members, non-voting advisors, and members of the public to the meeting and made the following points: o TL is continuing 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; o 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); o All actions noted in the minutes from the June 2015 meeting will be reported against in the relevant agenda item; o The meeting will not consider document 6A and an update will be given by MW (NWL CCGs) in the introduction to item 6; o All joint committee members are asked to be responsive to communication from the secretariat so that meeting preparations can be managed efficiently; o Non-voting advisors will be asked to leave at 4.10pm, at the end of part A of the meeting; o The meeting is not being asked to make decisions today; and o No questions had been received in advance from the public. • EK (Brent CCG) declared her role in the Harness GP federation. • CC (NWL CCGs) reported that seven of the eight joint committees were quorate. The Hounslow joint committee was not quorate, on account of the unavailability of a deputy for the second lay member. • MM (CL CCG) noted that he had to leave at 3.30pm.	None
2	<u>Review and approval of the minutes from the June meeting</u> • The minutes from the June meeting were approved subject to additions from TB (Hillingdon CCG), which he will provide to the secretariat.	• Add final comments into the June minutes and circulate to joint committee members, CCG governing bodies, and NHS England (**Owner**: secretariat)
3	<u>The new model of primary care</u> • TL (H&F CCG, interim chair) introduced the item by stating its aim to be that all joint committee members and advisors should reach a shared understanding of the common ambition for primary care transformation in North West London. • MW (NWL CCGs) took the joint committees through document 3a and made the following additional points: o There is a strong emphasis on co-production with both patients and providers; o It should not be assumed that all CCGs have signed up to the implementation approaches outlined in the paper; the next step is to	• The comments provided during the meeting will be reflected in future iterations of document 3a (**Owners**: Matthew Walker, Chris Cotton)

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work through the detailed content of the paper with each CCG;

- TG (LLMC) queried the assumption that primary care and whole systems transformation will be delivered through Accountable Care Partnerships (ACPs), given the alternatives set out in the *Five Year Forward View*. MW said that local work is totally cognisant of the *Five Year Forward View* and that the terminology of the ACP is designed be generic and specifically not to presuppose a specific Primary and Acute Care System (PACS) or Multispecialty Community Provider (MCPs) model. The label Accountable Care Organisation is not being used because that implies a single organisation.
- JM (Healthwatch) said that he found the content of the paper both visionary and interesting but was anxious that references to engagement concerned mainly the CCGs rather than patients and the public. Both patients and the wider public must be engaged fully in a change of this magnitude, with evidence then provided of how the changes meet their needs and aspirations. He offered the assistance of Healthwatch to plan an engagement strategy.
- MW (NWL CCGs) agreed that the voice of both individual patients and individual GPs must be reflected in this work. He said that the approach is to determine what additional engagement is required in addition to that undertaken by the Whole Systems Integrated Care (WSIC) programme and then to plan this by CCG, with appropriate links to mental health transformation and other programmes. The NWL-wide Patient and Public Representative Group has already been engaged.
- MM (CL CCG) added that the engagement of lay partners is also crucial, building on the precedent established by WSIC. He added that Healthwatch would be very welcome to be involved in the NWL Lay Partner Forum.
- TS (H&F CCG) commented that the paper contains some very exciting ideas, in particular relating to primary care clinicians and non-clinicians working in wider teams. It is taken for granted in many quarters that primary care stands at the intersection of health and social care but it is, in fact, still often very isolated. In particular, its relationship with urgent care needs to be thought about carefully. Primary care should be ready to learn from other sectors, including maximising the role of the internet. There also needs to be deep consideration given to how primary care should be made more participatory – it should not be about professionals doing things to people but patients driving their own care.
- TL (H&F CCG, interim chair) echoed the need to support a cultural shift in patient participation, as she had seen first-hand in the United States.
- MW (NWL CCGs) agreed that the engagement process must test all these approaches – but cautioned that that such cultural change takes place over the long term and so cannot be relied upon for the more short- and medium-term planning now being undertaken.
- MH (NWL CCGs) endorsed the principle that co-production and engagement are fundamental tenets. He also noted that the Change Academy is developing initiatives to support behavioural changes in the use of care services.
- IG (Hillingdon CCG) queried the financial calculations underpinning the paper, given the absence of new funding. MW (NWL CCGs) replied that financial planning for the model of care has been done for different population segments on a time-and-motion basis, from a commissioner perspective. There needs to be further detailed work on how this relates to services already paid for (for instance, through PMS or out-of-hospital contracts) to establish a true additional cost, as well as further work on the implementation of capitated budgets.
- RL (BHH CCGs) told the meeting that there is an ongoing piece of analysis on the implications of capitated budgets for particular groups of patients and considerations for commissioners when adopting capitated budgets. He added that the wider context for primary care transformation is important, especially NHS England's Strategic Commissioning Framework (SCF). The

	CCGs will work with NHS England to ensure that the model of care meets all of the SCF expectations. • MW (NWL CCGs) added that provider development is also crucial. Primary care 'at scale' requires practices to work together but the model for this is not pre-determined. The CCGs' role is partly to assure and partly to support the development of netowkrs/federations set out in document 3a. • TB (Hillingdon CCG) empahsised the need to establish clear messaging so that people are not confused between the SCF, new model of care, WSIC, etc. • DF (NHS England) stated that, in his opinion, thinking on primary care transformation is progressed much further in NWL than in other areas of London. • MP (Ealing CCG) noted that the Ealing CCG governing body has not discussed the paper and she would therefore not be offering comments. Summary • TL (H&F CCG, interim chair) sought confirmation from the meeting that this paper represents the basis for a shared understanding of primary care transformation in NWL, whilst acknowledging that it is not an end product. This was provided, with RL additionally noting the various different implementation routes that can be taken to the end point.	
4	<u>The PMS review in North West London</u> • TL (H&F CCG, interim chair) introduced this item and noted that JS would explain the absence of the financial data requested by the joint committees at their last meeting. • JS (NHS England) took the joint committees through documents 4a and 4b and made the following additional points: o Initial financial analysis has been done by NHS England but as the results have not yet been fully validated they are not yet ready for discussion in public. o There is a strong link between the SCF and the PMS review as NHS England, with the CCGs, seeks to embed the SCF through new PMS specifications. o The outcomes of the review must also be aligned with existing local work (e.g. out-of-hospital plans) and commissioning intentions. o Patient and stakeholder engagement is a key part of the process. o It is anticipated that Londonwide LMCs being involved in the review through discussions about the approach and contract structure as well as negotiations with individual practices. o The terms of reference for the NWL PMS steering group reflect the changes requested by the joint committees in June and the progress made on the review by NHS England since then. The steering group will not make decisions and will instead present recommendations to the joint committees, for instance on issues such as transitional support and the pooling of funding. The group will now be established. • TG (LMCs) queried the absence of either Londonwide or borough LMCs on the steering group. JS agreed that the logic of LMC being involved in the review is compelling and noted that the part of the remit of the group is to engage all relevant stakeholders, including LMC. The group itself is designed only to comprise commissioner members from NHS England and the CCGs. TG also asked for clarity on the relationship between the NWL steering group and the pan-London PMS review group, to which JS replied the latter would supply broad approaches and principles that would then be localized through the NWL group. • PY (CWHHE CCGs) asked JS to confirm that no savings from the PMS review would be attributed towards NHS England's primary care QIPP requirement. JS provided this assurance. PY also asked whether savings would be re-invested by borough or across a larger area. JS replied that national guidance states that money released through the review should be	• Update the PMS steering group terms of reference in line with the comments made in the meeting (**Owner**: Julie Sands) • To seek CCG nominations for the PMS steering group and then to establish the group (**Owner**: Julie Sands)

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	reinvested within each separate borough. Any pooling of savings for reinvestment across NWL is a decision for the joint committees. • IG (Hillingdon CG, PMS contract holder) said that he had previously advised that the steering group should consider the impact of the review on patients, practices, and GP morale, but that this is not reflected in the terms of reference. JS replied that the review will look in detail at the impact on individual practices. Any concerns that individual practices are put at risk can be discussed as part of borough-wide plans. IG also queried the viability of the timetable. JS agreed that the review schedule is challenging but that the target of completion by 31 March 2016 still stands. The joint committees will be informed of any change. • KE (CWHHE CCGs) queried the October target date for NHSE to inform practices of commissioning intentions, shown on slide eight of document 4a. JS replied that NHS England intends to write to PMS practices by the end of October informing them contracts will be varied and that further detail will follow shortly. • AK (Harrow CCG, PMS contract holder) argued that the PMS review and the new model of primary care need to be conceived together. The impact of the PMS review on other parts of the system, such as the secondary care budget, should also be considered. Additionally, the PMS review will not of itself level out provision between practices; to do this, all Local Improvement Schemes need to be brought into consideration. • JO (NHS England) reminded the joint committees that the PMS review is a national requirement. It cannot be slowed down to allow for alignment with the model of care; alignment, therefore, depends on aligning the model of care implementation with the timetable for the review. DF (NHS England) confirmed that, with joint co-commissioning, NHS England and the CCGs have a responsibility to deliver the review together. • MW (NWL CCGs) noted that these conversations are happening across London, though NWL is affected disproportionately by the review due to its large number of PMS practices. He referenced the link between the PMS review and the SCF set out by JS and emphasised that this is a timing issues that the CCGs do need to solve. • TS (H&F CCG, GP in a GMS practice) expressed his support for the points made by AK. He also explained his belief the requirement for delegated primary care budgets if the model of care is to be implemented within an ACP. He noted that CCGs that have delegated co-commissioning powers had their budgets top sliced to account for QIPP savings. • RL (BHH CCGs) said that there is a great opportunity to align the PMS review with work on the model of care and that the CCGs are looking forward to discussing this with NHS England. He also warned that a compressed timescale for the PMS review could compromise the level of alignment with the new model of care. • NB (Hounslow CCG, GMS contract holder) asked that the terms of reference specify that the eight representatives be clearly specified as a clinical or management representative from each CCG. The meeting agreed this. • KE (CWHHE CCGs) relayed the wish of Clare Parker, for whom he was deputising, that there be a representative from each of the CWHHE CCGs. This is to ensure that no local nuances are lost in the discussions. The meeting agreed this. • In response to questions from IG (Hillingdon CCG, PMS contract holder), JS confirmed that the contracting process must be completed by the end of March 2016 and that NHS England will seek CCG nominations for membership of the PMS review steering group from the CWHHE and BHH chief officers. • RL (BHH CCGs) suggested that, whilst new PMS contracts must be completed by the end of March 2016, implementation could be phased to support alignment with the new model of primary care. • DF (NHS England, PMS contract holder in SWL London) confirmed that, with	

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	joint co-commissioning, NHS England and the CCGs have a responsibility to deliver the review together. • TL (H&F CCG, interim chair) commented that the joint committees' emphasis should be both on adherence to national timetables and alignment of local plans. • TB (Hillingdon CCG) emphasised that all solutions must prioritise the maintenance of patient care. MP (Ealing CCG, PMS contract holder) endorsed this point. • NB (Hounslow CCG, GMS contract holder) reminded the joint committees that they need to consider all forms of inequity in provision in general practice. ROH (CL CCG, PMS contract holder) echoed this point and added that any changes in GP provision must to align with Shaping a Healthier Future as well as programmes more directly connected to primary care. • TG (LMCs) said that he had some initial ideas on how greater alignment between the PMS review and SCF/new model of care could be achieved and that would share these with JS once they had developed further. JS thanked him for this offer. • EK (Brent CCG, PMS contract holder) noted the option open to PMS practices to revert to a GMS contract. She also supported the points made by TB and MP on patient impact and by NB on inequity of provision. • TL (H&F CCG, interim chair) asked JS if an impact assessment on equality of provision was part of the review. JS replied that this would take place at CCG level. • TG (LMCs) noted that the managerial and administrative budget for the review sits with NHS England and cautioned CCGs against taking on work that could not be resourced appropriately. ROH (CL CCG, PMS contract holder) put this in the context of reductions in management running costs for CCGs. • PY (CWHHE CCGs) asked how the terms of reference for the PMS steering group could be approved in light of document 6a being removed from the agenda. TL replied that the joint committees are being asked to endorse the terms of reference so that the group can begin its work and that formal approval will follow. Summary • TL (H&F CCG, interim chair) summarised the debate expressed the impact on services, alignment, and timing, and that JS is being asked to account for these as the review progresses.	
5	<u>North West London primary care medical services financial report</u> • TA (NHS England) took the joint committees through documents 5a and 5b. • TG (LMCs) expressed his objection to what he believed is the intention to share the cost of external consultancy support for primary care QIPP between NHS England (London) and the London CCGs. TA said that the proposal for external consultancy support had not yet been agreed and was being discussed within NHS England. • TL (H&F CCG, interim chair) expressed the joint committees' desire for assurance that the work would be funded entirely by NHS England. TA agreed to provide an update on this work when further information is available. • In response to questions from PY (CWHHE CCGs) and NB (Hounslow CCG), TA made clear that the underachievement of primary care QIPP would not impact upon any CCG budget or the size of the primary care infrastructure fund. • KE (CWHHE CCGs) noted that the population growth figures set out in document 5a are different from those used by the CCG in their planning assumptions. KE and TA will follow this up outside the meeting. • TS (H&G CCG) questioned the methodology by which an even population growth assumption is applied to all London boroughs.	• The joint committees' comments will be reflected in future financial reports (**Owner**: Toyin Akinyemi) • To update the joint committees on the procurement of external consultant to support NHS England QIPP planning (**Owner**: Toyin Akinyemi)

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	• AK (Harrow CCG) requested that CCG-specific population data be added to future reports in order to put other data into greater context. AK also asked for clarity on what is meant by 'alternative saving opportunities', to which TA replied that this refers to potential benefits from 2014/2015 accruals and potential other underspends. Summary • TL (H&F CCG, interim chair) summarised the suggestions for improvements in the presentation of the financial data and asked that TA consider these for future items.	
6	<u>Primary care co-commissioning governance</u> • MW (NWL CCGs) explained the current position, which is that document 6a has been withdrawn pending amendments that enable a greater diversity in local approaches to co-commissioning. He then tabled and took joint committee members through a new document prepared by Ben Westmancott (Director of Compliance for the CWHH CCGs), which is attached to the end of this document. The joint committees endorsed the principles and timeline set out in the document. • RL (BHH CCGs) made the point that the revised approach is principally concerning with supporting more local determination. • TG (LMCs) expressed his wish that new proposals should be shared with member practices. • PY (CWHHE CCGs) asked for confirmation that double delegation is not an issue in establishing local arrangements and queried the assumption that local meetings would be held in public. CC (NWL CCGs) confirmed that NHS England is satisfied that double delegation does not apply to NWL's proposed local arrangement and that national guidance expresses the assumption that co-commissioning meetings will take place in public, with a section of the meeting reserved only for joint committee members to consider, for example, commercially confidential items. • TG (LMCs) asked for clarity on whether LMCs' non-voting advisors are to be excluded from sections of meetings not open to the public. He advised that LMCs be invited to attend. This was deferred for consideration during part B of this meeting and it was agreed that LMCs would not joint this, pending a discussion by the joint committees. JS (NHS England) noted that LMCs had already been involved in all the matters to be covered in part B, in accordance with statutory requirements. • In response to a question from TG, CC (NWL CCGs) confirmed that the statement agreed by LMCs, the CCGs, and NHS England in March 2015 would be included within the new terms of reference. • JH (Healthwatch) noted the importance of including Healthwatch in all aspects of co-commissioning. CC (NWL CCGs) explained to the joint committees that national guidance gives Healthwatch a right to be invited to all joint committee meetings and that the new proposals will reflect this. • MP (Ealing CCG) noted the importance of consistent decision-making arrangements across the NWL CCGs. • JS (NHS England) explained the use of standard operating procedures within primary care commissioning, requested endorsement of those referenced in document 6b, and undertook to feedback to the joint committees on their use. Summary • TL (H&F CCG, interim chair) sought the joint committees' agreement to the principles and approach contained in the paper tabled by MW. This was confirmed. The joint committees' endorsement of the standard operating procedures in document 6b was also confirmed. TL also asked members to keep free the date scheduled for the October co-commissioning meeting pending developments with the terms of reference. Any change will be communicated immediately to joint committee members and non-voting advisors.	• To develop and circulate updated terms of reference to joint committee members and advisors ahead of submission for approval by the CCGs' governing bodies in November (**Owner**: Ben Westmancott)

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PART B – FOR JOINT COMMITTEE MEMBERS ONLY		
7	General practice contract update • The record of item 7 is circulated separately to joint committee members only.	

Tabled paper:

Primary Care Co-Commissioning Joint Committee

Introduction:

- The terms of reference of the **Joint Primary Care Co-Commissioning Committee** have been refined following discussion at the previous meeting of the committees in common and subsequent conversations. In discussion, a number of queries have been raised.

- It is recommended that the terms of reference are not considered today. However, setting out some key issues for agreement would be a useful step in reaching agreement on how they should look. The key principle is that the committees need to be set up in a way that enables the needs of the population to be met, and that this should be done in a transparent and open way.

Key issues for agreement:

1. **Each CCG will have Joint Committee with NHS England and the functions and make-up of these will be the same across the eight CCGs in NW London.** This will enable all eight committees to meet in common and maintain consistency across the CCGs.

2. **The quorum of the Joint Committee when meeting in common should be simplified.** As presently set out, if the GP Chair needs to leave the room due to a conflict the meeting becomes inquorate.

3. **Each Committee will establish a body capable of meeting on its own in which to consider issues relating to that specific CCG and the needs of its population.** This could be the Joint Committee itself meeting on its own, or a subcommittee of the Joint Committee.

4. **The functions that will be carried out when meeting in this way will be the same across all CCGs in NW London**. *(This list needs to be included as an appendix to this document for clarity).* This will enable the committee in common to function effectively.

5. **The membership and quorum requirements do not have to be identical in all eight cases**. Each CCG should establish a membership and quorum that meets the needs of their local population.

6. **Local meetings will be able to pass decisions up to the Committees meeting in common where they consider this to be appropriate ensuring a consistent methodology of escalation.**

7. **In order to maintain transparency, all meetings (both the meetings in common and the local committee/sub-committee) will meet in public.** For confidential matters a 'part 2' meeting can be convened but this will be the exception rather than the rule.

Recommendation:

a) Members of the Joint Committees are asked to consider these areas and, if content, agree to the BHH and the CWHHE governance leads to jointly lead on working up the terms of reference for consideration by committee members via email. These will build on what has gone before and will also include the proposed appeal process.

b) The intention is to present a version to the November governing body meetings (and the equivalent NHS E meeting) for approval.

Ben Westmancott
Director of Compliance CWHH CCGs
17 September 2015