

Report of the NW London CCGs' collaboration board – November 2017

Version: 25 October 2017

Author: Simon Carney, Head of Corporate Governance, CWHHE CCGs

This report summarises the key issues recently discussed by the collaboration board (a joint committee) to bring transparency as we collaborate across our eight individually sovereign CCGs in NW London. It reports on the board's activity since the report to the previous governing body meetings and provides details of joint decisions taken.

Collaboration board meetings held between 25 August and 21 October 2017

Thursday 21 September 2017 – strategy

Thursday 5 October 2017 – digital strategy

Thursday 19 October 2017 – strategy

Strategy and transformation

1. Business planning for the CCGs in 2018/19

The Board considered and noted the dramatically changed planning context following the introduction of two-year contracts and it considered the opportunities this presented to do things differently in order to address current challenges.

2. Gateway Review Process (GRP)

This paper and presentation explained how the GRP, which was used both locally and internationally, could help improve commissioning opportunities and provide realistic projections of scheme benefits.

The Board discussed the GRP and agreed that the pilot process should be recommended to governing bodies.

3. NW London Babylon Pilot: Emerging findings

The Board was updated on the evaluation work undertaken to inform a decision of whether to initiate a pilot with Babylon to see if the technology could drive reductions in demand for GP appointments. Work over the summer with focus groups to gather insights around perceptions had raised a concern that patients who might use the app could mainly do so because they believed it would get them faster access to GP appointments. The focus groups had also commented that there is a risk of some people gaming the symptom checker to achieve a GP appointment. The insights gathered therefore revealed that the symptom checker in particular was unlikely to reduce demand on GP services. This reduced the intended benefit of the system significantly. Following questions and further discussion, the Board agreed not to proceed to the pilot stage.

4. Outpatient Transformation in NW London

During this presentation, the intention to do collaborative work once only and for all trusts and GP practices to follow the agreed pathway was set out. The Board agreed to: endorse the proposed purpose and ambition of the programme for the next three years; take ownership of the approach; endorse the prioritisation of five specialties; support appropriate resourcing of the programme; and endorse the membership of the outpatient board.

Separately, the Board considered and agreed to endorse a proposal for a November cardiology workshop aimed at addressing variations and gaps in commissioning.

5. 111 Decision-making

The Board noted the governing bodies would be asked to delegate 111 decision-making to the three BHH procurement panels and the CWHHE Investment Committee, which would meet in common to decide issues, informed by independent clinical advice as appropriate.

6. NW London approach to standardised clinical pathways: prostate cancer

Following discussions to assure itself that the pathway did not disadvantage any particular groups of patients, the Board endorsed a NW London approach to the prostate cancer pathway, with a recommended go live date of 1 January 2018. This would be dependent the release of funding from the national cancer transformation fund.

The Board also endorsed an agreement for ongoing support for the delivery of out of hospital specifications across the STP rather than simply at CCG level.

7. Commissioning Support Services Risk Share

The Board noted how CSS costs had been distributed to individual CCGs using a form of allocation based on running costs and other methods. The Board confirmed that the original CSS risk share arrangements agreed by Governing Bodies remained extant.

8. Workforce Update

An update on the NW London Workforce Transformation Strategic Plan set out the activity that would underpin STP delivery. Risks, mitigations, external influencing factors and investment were explored in the presentation and discussed by the Board.

9. Policy Group business - confidential

The Board discussed the following items:

- PPwT Commissioning Review; and
- Intra-uterine Insemination.

Digital commissioning strategy

1. Telemed for Care Homes

This presentation provided an update on a bid for funding of £250k in the current year and £150k the next for the delivery of infrastructure solutions to support NHS England mandated care home links to a clinical advisor. Whilst fundamentally a clinical project, IT implementation

was required; hence the Board update.

2. BI Procurement and Whole Systems Integrated Care (WSIC)

This update related to the pan-London bid and procurement, which had been halted whilst the implications of ACPs were explored. If the delay ran beyond September 2018, the Board considered whether it might be prudent, at that juncture, to consider stepping out of the pan-London group and procure for NW London only. Wider issues of governance and authority of such decision-making were also explored.

3. Care Information Exchange for NW London

The Board received an update on the Care Information Exchange (CIE): a patient and professional interface with records that showed those interactions. It was noted that CIE could also be used as a consent engine for patients and the potential for patient activation and self-management were also discussed.

The Board discussed a number of issues, including costs, levels of access, functionality and the sign up process and noted that a decision on CIE would be required by the end of the financial year. A group, which would include lay member and patient representation, would be set up to assist in that decision-making process.

About the NW London CCGs' collaboration board

The collaboration board meets fortnightly on a Thursday to discuss strategy and transformation proposals across NW London. It brings together eight CCG chairs, two chief officers and shared directors to discuss joint strategic objectives and proposals in order to form a consensus view taking into account the needs of local health populations. Additional members attend depending on the meeting mode and these include lay members, additional clinical Governing Body representatives and Healthwatch. It has delegated authority from the CCGs in which it can take joint decisions in response to the recommendations of NWL CCGs' Policy Development Group on Planned Procedures with a Threshold (PPwTs).

The board additionally serves to guide the CCGs' overall approach to the contracts rounds and to developing business intelligence and informatics strategy. It also develops for approval and then reviews progress against the NWL CCGs' joint finance strategy, which funds joint areas of strategy and transformation, as well as funding provider transition support.