

January 2018

## Report of the NW London CCGs' collaboration board – January 2018

Version: December 2017

Author: Simon Carney, Collaboration Board Secretary

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 22 October 2017 and 31 December

Thursday 02 November 2017 – digital strategy

Thursday 07 December 2017 – strategy

Thursday 21 December 2017 - strategy

### Strategy and transformation

#### 1. NW London Diabetes Transformation to 2021 business case

The Board, having noted the achievements to date of the 2017/18 Diabetes Transformation Programme, considered the merits of the business case for the 2018/19 programme of work and the indicative additional transformation funding that would be required to realise the full benefits of the work.

The Board supported the proposals in principle but felt that more work was required to delineate the benefits of the work across the healthcare system and how they could be realised into cashable savings. The next steps would be for the Accountable Officers to agree an appropriate route for the formal approval of the business case. Once it was approved, the Chief Finance Officer would work up, with his provider counterparts in providers, how the match-funding required for the investment could be released and how the savings would be accounted for from the baselines of each individual organisation involved.

#### 2. NW London Business Principles 2018/19

The Board considered proposals aimed at establishing core principles across NW London to ensure:

- co-design by commissioners, providers and patients of system transformation pathways;
- decisions to proceed to full implementation of redesigns to be supported by clinically- and financially-led business cases that set out the total value delivered by the pathway to the whole system, as well as each organisation; and
- new payment systems and gain share arrangements to better incentivise innovation / radical redesign.

Alongside these points, a set of underpinning corporate behaviours would need to be developed.

The Board was supportive of the principles and asked for the Senior Management Team to work up their practical implication for work on the ground and beyond Outpatients pathways and bring

back a more detailed proposal regarding next steps in February 2018. In the meantime, the Board was very supportive of the work developing the corporate behaviours right away.

### 3. System-wide approach to accountable care development in NW London

The Board agreed to the proposals to adopt unified approach to the development of the common elements of accountable care across the CCGs and commit the sovereign CCGs to re-inforce and champion the joined-up approach. It accepted that these elements could then be adapted to suit local models in such a way that would both boost local planning and enable system-level transformation and integrations.

### 4. Renal – West London: Establishing Virtual Clinics Project Business Case

The Board endorsed the business case for developing a new pathway for the identification and referral of patients with chronic kidney disease (CKD) that aims to:

- provide support and advice to GPs in West London for patients with chronic kidney disease (CKD);
- develop a virtual clinic to reduce the number of patients needing to attend hospital clinics
- produce a community surveillance tool to improve case finding and identify CKD deterioration;
- improve the quality of life of patients with CKD; and
- provide comprehensive education to patients and the Primary Care team.

The model endorsed builds upon the one used in East London, where the establishment of a virtual CKD clinic reduced hospital attendance by some 50%.

### 5. Update on the Musculoskeletal (MSK) Transformation Programme

Having discussed the progress with the programme to date, the Board remained unconvinced by the clinical efficacy of some of the procedures covered by some of the pathways. The Board asked that the Policy Design Group to review the latest evidence of such, in particular that relating to shoulder and knee arthroscopies and shoulder decompressions.

### 6. GP Hubs Guide

The Board noted the on-going engagement work with stakeholders, in particular the forthcoming workshop and agreed to look at the Guide in detail at its January meeting.

### 7. Pan-London Procedures of Limited Clinical Effectiveness (POLCE)

The Board agreed that a clinician from the Policy Design Group would be the most appropriate NWL CCG representative for the forthcoming meetings of the Pan-London group.

## Digital commissioning strategy

### 1. Data Controller Console

The Board noted the updated on, and confirmed its support of, the project to adopt the use of a tool, developed by Healthy London Partnerships, designed to capture all data sharing agreements applicable to each GP Practice. The Console would improve significantly the ease by which Practices' could fulfil their some of obligations as Data Controllers, provide additional visibility of extant agreements and support work towards simplifying and rationalising the number of similar agreements across the system.

## 2. Electronic Referral System (e-RS)

The Board was updated on the progress of the project aimed at eliminating paper referrals from Practices to Acute providers by 01 October 2018. As at end October 2017, 39% of referrals were made electronically and the Local Services team had been engaged to support and guide the project. The Board noted the progress and the further work required, in particular the volume of review and educational / awareness-raising work to be undertaken.

## 3. BI procurement and WSIC update

The Board was informed that the pan-London procurement project for a BI solution was back up and running and was scheduled officially for a January 2018 launch of the Invitation to Tender (ITT). NWL CCGs were, therefore, re-engaged with the project group setting out their requirements for the specification. In the meantime, the NW London interim BI solution had been rolled out and was operational.

The Board also discussed NWL CCGs' involvement with NHS England and NHS Digital and the STP Leads exploring new technologies and approaches to population health management and BI at scale, with the potential opportunity for additional national investment to fund trials / pilots.

The Board also discuss the NWL approach to activities readying the CCGs for the new data protection requirements (GDPR) in May 2018 and agreed to consider, in January 2018, which opportunities to pursue regarding the development of Online (patient) Consultation options.

---

### 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.

**Collaboration Board Report to Governing Bodies, November 2017 – Revised text**

**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.