NHS
North West London
Collaboration of
Clinical Commissioning Groups

NW London CCGs' Joint Committee – 3 October 2019

Meeting summary

Part I – open session

The Joint Committee of the NW London Collaboration of CCGs met on 3rd October 2019 at Wembley International Hotel in Brent. Members of the public attended and took part in the Q&A session afterwards. The meeting was filmed.

Report of the Accountable Officer

The report was taken as read, as per the paper produced to the meeting. It was recognised that its main themes would be expanded on at the key items for discussion.

NW London Board Assurance Framework (BAF) and Strategic Objectives for 2019/20

The report was taken as read, as per the paper produced to the meeting. The Chair emphasised that the role of the Joint Committee was to ensure that the risks identified were being robustly managed and scrutinised. In discussion, members sought further assurance on finance.

Outcome of the Commissioning Reform programme

Mark Easton, Accountable Officer outlined the progress made on Commissioning Reform.

The Committee was reminded that the paper had been discussed and agreed in public at the CCGs' Governing Body meetings in September, when all eight of our Governing Bodies had agreed to move towards the creation of a single CCG by 1 April 2021, subject to various assurances.

This work had arisen from NHSE's plan to substantially reduce the number of CCGs, which nationally are now in a process of rapid amalgamation. More widely across London, it was reported that South East, South West and North Central London were working towards moving to single CCGs for their areas by April 2020, whereas NW London and NE London were aiming to do so by 2021.

The journey towards the creation of a single CCG would make 2020/21 a year of transition towards a new single operating model. It was clarified that we have as a system agreed on a direction of travel but that this was not a full and final formal decision. The decision to merge would sit with Governing Bodies to recommend to a membership vote, and would remain subject to NHSE's approval.

Areas that the Governing Bodies required assurance on included how we approach transition, the position on financial flows and historic positions, a single constitution (already in discussion with the LMC), local delegation arrangements, and confirmation for one CCG that a NWL-wide CCG was the correct answer.

NW London system Long Term Plan (LTP)

Juliet Brown, Health and Care Partnership Director, presented the item. It was noted that we had submitted our draft response on our LTP to NHSE on 27 September, the final submission being due on 15 November. Feedback received to date from NHSE was encouraging.

Engagement on the LTP to date was described, and it was explained how our response largely builds on the system-wide clinical groups that have already been developing. Our approach to developing place-based Integrated Care Partnerships will mean addressing our respective local health population needs whilst being financially sustainable. The opportunities in NW London to maximise the use of digital tools and reduce unnecessary hospital admissions for our patients through better same-day emergency care provision were highlighted. Our status on the national ICS accelerator programme was also referenced as one additional means to support our system development.

In discussion, it was noted that Healthwatch would like to see a programme of continued engagement locally, and to be reassured that efforts to achieve financial recovery will not undermine the aspirations of the LTP.

Lastly, the Committee discussed the governance process for our final submission. It was agreed in light of the timings that Mark Easton as our Accountable Officer would be authorised to submit the response following consultation with the 8 Chairs, and discussion at the joint finance committee. The Committee agreed to this process.

NW London Primary Care Networks (PCNs) update

Richard Ellis, Joint Associate Director of Primary Care, presented the item. The Committee was advised that all CCGs had now agreed PCN boundaries with member practices, and community services partners. NW London has 49 networks in total. A detailed map was provided.

Participating practices will be expected to work in partnership with their local community services, mental health, voluntary sector and social care services, to develop and deliver services for their local population.

It will naturally take time for PCNs to mature and be able to deliver the expectations placed on them, with clear metrics required from the outset. Members observed in discussion how PCNs will serve to enlarge and expand our knowledge of local populations and to focus the energy of partners in each area to generate change.

Report on financial recovery and the NW London Finance Committee, including Appendix A: Updated policy for internal referrals within acute providers

Paul Brown, Chief Finance Officer, presented the recommendations from the NWL Finance Committee. The Joint Committee noted the M5 (August) position and the impact of the System Recovery Plan on the expected outturn for 2019/20, and agreed the ongoing recovery actions that had been reviewed at the Finance Committee on 26 September.

The Committee's discussion included a focus on the work to bring back a small percentage of patients (mostly around outpatients and day cases) into NW London hospitals from out-of-area hospitals and the various implications of this. Other areas touched on were over-the-counter (OTC) medicines (which NW London currently spends £18m on) and prescribing guidance on this from NHSE, and patient transport contracts.

In relation to the updated policy for Consultant-to-Consultant referrals, it was recognised this would help to ensure that referrals are appropriate and best meet the clinical need of the patient.

Report from the NW London CCGs' Shadow Quality Committee

Annet Gamell, Chair of the Quality Committee, was welcomed to the meeting as an advisor in attendance, and presented the report. Highlights were taken from the previous two meetings held on 18 July and 19 September. These included the 2018/19 Annual Complaints Report, and endorsement of the service specification of the NWL REWIND (Reducing Weight with Intensive Dietary support) Type 2 Diabetes programme, and reports from the Transforming Care Partnership. At the system level, the September meeting had covered POM[1] development, and the future of CQRGs[2].

Governance process for agreeing Planned Procedures with a Threshold (PPwT)

Diane Jones presented. It was explained that joint decisions on PPwT were previously taken at the collaboration board before it was disbanded. It was agreed that this area of joint decision-making would now take place at the Joint Committee. This would follow a rigorous process of review by the Policy Development Group, QIA and EHIA assessments, as well as formative discussion at the Quality and Performance Committee and the Clinical Board before final policies are recommended for decision.

[1] POM = Provider Oversight Meeting
[2] CQRG = Clinical Quality Review Group

Policy Development Group's (PDG) update on NHS England's Evidence Based Intervention (EBI) Policies Proposal

Diane Jones presented. The Committee was asked to endorse the recommendations made by the PDG following extensive stakeholder engagement in regards to the 17 EBI policies, including the policy areas where the PDG has recommended not adopting, or partially adopting, the EBI programme policies.

The Joint Committee agreed to the PDG's recommendations **to adopt in full** the 8 EBI policies for:

Snoring Surgery (in the absence of OSA); Dilation and curettage (D&C) for heavy menstrual bleeding in women; Grommets for Glue Ear in children; Haemorrhoid surgery; Arthroscopic shoulder decompression for sub-acromial should pain; Ganglion excision; Trigger finger release; Varicose vein surgery.

It agreed **to adopt and incorporate into existing policy**, the 8 EBI policies for:

Knee arthroscopy for patients with osteoarthritis; Injections for nonspecific lower back pain without sciatica; Removal of benign skin lesions; Tonsillectomy for Recurrent Tonsillitis; Hysterectomy for heavy menstrual bleeding; Chalazia removal; Carpal tunnel syndrome release; Dupuytren's contracture release.

It agreed **to reject** the EBI policy for breast reduction on the basis that there were insufficient clinical grounds for reducing the BMI threshold from 30kg/m2 to 27 kg/m2. The higher BMI threshold will therefore be maintained in our existing policy.

AOB

There was no other business. The meeting was closed at 17.15hrs before questions were then taken from members of the public.

Questions and Answers session

A number of questions were asked, focused on the future of Pembridge Hospice, factors affecting NWL's financial position, workforce, health checks, consultant to consultant referrals and Evidence Based Interventions.