

## North Central London Primary Care Joint Committee Minutes (Part 1)

**Date:** Wednesday 25 January 2017  
**Time:** 15.00 – 16.30  
**Venue:** Enfield – Committee room, Holbrook House Enfield CCG EN4 0DR



### Voting Members

#### Lay Member Representatives

Ms Cathy Herman – <b>Chair</b>	Haringey CCG
Ms Sorrel Brookes ( <b>Vice Chair</b> )	Islington CCG
Ms Bernadette Conroy	Barnet CCG
Ms Kathy Elliott	Camden CCG
Ms Karen Trew	Enfield CCG

#### GP Representatives

Dr Ahmer Farooqi ( <b>Apologies</b> )	Governing Body GP Member, Barnet CCG
Dr Neel Gupta	Governing Body GP Member, Camden CCG
Dr Alpesh Patel	Governing Body GP Member, Enfield CCG
Dr Dina Dhorajiwala ( <b>Apologies</b> )	Governing Body GP Member, Haringey CCG
Dr Dominic Roberts (for Katie Coleman)	Clinical Director, Islington CCG

#### Officer Representatives

Mr Leigh Griffin ( <b>Apologies</b> )	Director of Primary Care Barnet CCG
Mr Gordon Houlston ( <b>Apologies</b> )	Assistant Director of Primary Care, Camden CCG
Ms Deborah McBeal	Deputy Chief Officer, Enfield CCG
Ms Jennie Williams	Executive Nurse & Director of Quality, Haringey CCG
Ms Alison Blair	Chief Officer, Islington CCG

#### Practice Nurse Representative

Ms Katherine Gerrans	Lead Nurse & Quality Workforce Manager, Haringey CCG
----------------------	--

#### NHS England

Ms Liz Wise	Director of Primary Care Commissioning, London
Ms Ceri Jacobs ( <b>Apologies</b> )	Director of Commissioning Operations North Central and East London
Dr Helene Brown	Medical Director North Central and East London
Dr Hasz Sonigra (For Dr Brown)	Associate Medical Director North Central and East London

#### Non-Voting Members

Ms Emma Whitby	Chief Executive, Healthwatch Islington
Mr Greg Cairns ( <b>Apologies</b> )	Director of Primary Care Strategy, Londonwide LMCs
Dr Manish Kumar	Chair, Enfield LMC
To be confirmed	Health and Wellbeing Board Representative

#### In attendance

Dr Jahan Mahmoodi ( <b>Apologies</b> )	Clinical Director, Enfield CCG
Mr Neil Snee (for Leigh Griffin)	Interim Director of Commissioning, Barnet CCG
Vanessa Piper	Assistant Head of Primary Care, NHS England

#### Minutes

Mr Frazer Tams	Corporate Affairs Manager, Islington CCG
----------------	--

<b>1.</b>	<b>Welcome and Apologies</b>	
1.1	Ms Cathy Herman Chair welcomed the members and attendees to the North Central London Primary Care Joint Committee.	
1.2	Apologies were received from Helen Browne, Katie Coleman and Jahan Mahmoodi, Ceri Jacobs, Gordon Houlston, Leigh Griffin, Ahmer Farooqi, Dina Dhorajiwala	
<b>2.</b>	<b>Declarations of interest</b>	
2.1	Bernadette Conroy highlighted that she is a patient of Longrove Surgery which is on the agenda at item 7.	
2.2	There were no further declarations made.	
<b>3.</b>	<b>Minutes and actions from the previous meeting</b>	
3.1	The minutes were accepted as a true and fair reflection of the meeting subject to the below amendments:	
3.2	Karen Trew and Deborah McBeal both pointed out their apologies for last meeting were not noted in section 1.2, Katherine Gerrans clarified her preference to be referred to as Katherine and not Kathy.	
3.3	Liz Wise provided clarification against action 21 that there is no opportunity to jump the queue for other NHS services when paying for quicker GP access. All other actions are covered by items on the agenda.	
<b>4.</b>	<b>Questions from the public</b>	
4.1	There were no specific questions raised from the public attendees although individuals did raise an interest in the item around the STP and their concerns over its deliverability.	
<b>5.</b>	<b>Commissioning Options Paper</b>	
5.1	<b>The Surgery, 326 Philip Lane (Haringey)</b> Liz Wise confirmed this referred to a list dispersal. The committee was asked to consider the approach to be taken for patients already registered and approve the dispersal. There are three further practices within the same ward and 16 practices within a mile.	
5.2	Jennie Williams confirmed this was discussed at the Haringey Transformation Committee and the CCG are happy to approve.	
5.6	The Haringey members of the committee agreed to <b>APPROVE</b> the list dispersal.	
<b>6.</b>	<b>List Closure Request</b>	
6.1	<b>The Miller Practice (Islington)</b> Liz Wise clarified this is an 11000 patient practice that has experienced significant growth and is finding it difficult to manage additional growth. The request therefore is for a temporary list closure of up to a year with a review every three months. There are currently 16 practices located within a mile and seven have declared they are able to take on additional patients.  The recommendation is to agree the temporary closure and to work with the practice to see if they need additional resilience or provider development support and to potentially change the way they work to accommodate extra patients.	
6.2	Emma Whitby felt she did not have the necessary information in relation to whether any patients are likely to leave the service or what number of appointments there are and slots available. This was a general point in situations where such a measure is being considered.	
6.3	Bernadette Conroy added that as there is high demographic growth within the area it seems limited to focus on one practice and therefore would like assurances going forward that this triggers action to consider how we address growth collectively for the area	

6.4	Dominic Roberts provided feedback from the CCG Assistant Director of Primary Care confirming that the CCG reluctantly accepted the need to close the list temporarily. Alison Blair added that this is a high performing practice that as yet there is no solution to the premises constraints.
6.5	<b>Action: NHSE will report back to the May meeting on progress with monitoring progress with the practice and providing further information on productivity and growth levels.</b>
6.6	The Islington CCG members of the committee agreed to <b>APPROVE</b> the temporary list closure at The Miller Practice.
<b>7. PMS Contract Variations</b>	
7.1	Liz Wise highlighted that the following contract variations were approved outside of the Committee as part of the urgent decision process and were therefore for the Committee to note: Barnet CCG <ul style="list-style-type: none"> <li>• Mountfield Surgery – 24hr retirement</li> <li>• St Andrews Medical Practice – Retirement and add additional partner</li> <li>• Longrove Surgery – Retirement and add additional partner</li> </ul> Camden CCG <ul style="list-style-type: none"> <li>• Grays Inn Medical Practice – Retirement</li> <li>• Keats Group Practice – Retirement</li> <li>• The Park End Surgery – 24hr Retirement</li> </ul>
7.2	The Committee <b>NOTED</b> the contract variation decisions taken outside of the meeting.
<b>8. Health and Care Closer to Home (Primary Care) STP Update</b>	
8.1	Alison Blair presented the paper confirming the scope of this workstream included not only what is happening with primary care but also what is happening at a local level including the community, mental health and social care setting. It was important to give the committee some context as to the where the work was going and the paper covers the range of interventions taking place as part of local strategy work. This included the development of integrated networks, improving quality within primary care and also improving access through the 8am-8pm provision.
8.2	Alison Blair further added that the paper highlights the timescale and set of work to be completed. The paper referred to the early financial modelling and the likely impact and financial opportunities that might arise from this process along with the need to consider staffing and workforce issues moving forward.
8.3	Bernadette Conroy raised a concern over the lag where money is needed upfront to be able to get money out of the acute sector and cross fund services. The potential impact on what this committee can do under delegation when constrained by these requirements could in turn reduce the effectiveness of what the committee can achieve.
8.4	Alpesh Patel added that the speed at which programmes are rolled out across the different CCGs will need consideration to ensure a more aligned and consistent approach to prevent populations from each CCG receiving a differential offer.
8.5	Manish Kumar added that considering some of the savings in acute care did not appear deliverable when considering the ageing population and increased admissions currently being experienced from nursing homes.
8.6	Alpesh Patel felt that evidential studies may show benefits but it was important to build up further the evidence base for changes. It will though be interesting to see the impact of the borough work on the overall STP.
8.7	Katherine Gerrans was unsure where the knowledge on work that has been done around Primary Care workforce has been fed in to the STP, especially considering she has not been approached on this matter in her role as a Primary Care workforce manager for Haringey.
8.8	Alison Blair responded that the governance process for the STP has not been resolved yet and the role of this committee needs to be aligned to that once decided. There is workforce workstream looking at all requirements across the STP.

8.9	There are risks and anxieties over the STP but this is a significant opportunity for primary care. In particular around the development of integrated networks and improving quality in Primary Care which are the key things of focus. This committee will need to continue to highlight concerns as they arise and work through solutions as a key part of its role.
8.10	Neil Snee clarified that he had not seen this level of analysis undertaken in many years. He did though feel that there should be challenge as to how the figures are derived as the answers will become clearer over time and that this is a huge challenge to the NHS.
8.4	The committee <b>NOTED</b> the STP update report.
<b>9. Primary Care Co-Commissioning Arrangements Post March 2017</b>	
9.1	Alison Blair confirmed this was a paper that went to the CCGs Governing Bodies in January. The key points to note are: <ul style="list-style-type: none"> <li>• The Camden CCG Position had changed and they are now part of the expression of interest pending a vote of member practices;</li> <li>• The terms of reference will need to be updated to reflect this change;</li> <li>• We are looking at the governance arrangements going forward including the move from joint committee to committee in common;</li> <li>• It is suggested there be a briefing session in April to work through the changes;</li> <li>• Work is taking place around support arrangements for Primary Care although there remain some issues still to work through;</li> <li>• An internal audit review is proposed for quarter 1 of next year to review the governance arrangements</li> </ul>
9.2	Kathy Elliott asked if all the Chief Finance Officers had signed off on the due diligence. Alison Blair confirmed that any queries were due to be passed to Ahmet Koray who is leading the process but she was not aware of any outstanding issues.
9.3	Karen Trew raised a concern over the dates to which NHSE are held liable as only referred up to April 2016. Alison Blair confirmed the committee should assume this is an error although Liz Wise will provide clarification of this.
9.4	Cathy Herman questioned under 2.3 of the paper whether there could be any instances where issues cannot be resolved by use of non-recurrent funding? <b>Action: It was agreed that the issue over the dates NHSE would remain liable would be taken away by Liz Wise for clarification along with any instances where issues cannot be resolved by non-recurrent funding, in light of there being no finance representative in attendance at the committee from NHSE.</b>
9.5	The committee <b>NOTED</b> the update on co-commissioning arrangements post March 2017.
<b>10. Quality and Performance Report December 2016</b>	
10.1	Liz Wise introduced the item providing clarification that this was a developmental area for the committee including the level of detail provided going forward. The report as it stands provides a picture of where we are across the five CCGs in terms of : <ul style="list-style-type: none"> <li>• GP patient survey</li> <li>• QoF</li> <li>• Friends and Family test</li> </ul>
10.2	Neel Gupta asked where we are with complaints and the lack of data as we move towards full delegation. Liz Wise confirmed that NHSE do receive information on complaints but it is at a high level and recognises this may hinder the committee in its duties.
10.3	Karen Trew felt there would be benefit of having areas of learning and sharing of CQC inspections. Cathy Herman added it is good to know that there is some sharing taking place between colleagues even if not at this committee.

	10.4	Alpesh Patel added it would be useful to have a comparison between London and national parameters and London population.  <b>Action: Liz Wise to bring back to the next meeting a report from the analysis by the national analytics team on the GP access survey.</b>
	10.5	Cathy Herman noted that there was a need to consider the variation in tackling quality in primary care across NCL and understand what improvements are being made.
	10.6	The committee <b>NOTED</b> the Quality and Performance report.
<b>11. Finance Report</b>		
	11.1	Liz Wise introduced the paper confirming there were no major issues of concern with QIPP in the budgets is expected to be covered by the work being undertaken at a London level on rate rebates.
	11.2	Bernadette Conroy stated that the way information in this report is presented does not help understanding. It is suggested that over the next few months it would be useful to get finance representatives to either help understand the detail of the report or present it in a way where there is greater clarity over the information provided that will aid with decision making.
	11.3	Alison Blair felt this would be a good topic for consideration at the April briefing session.
	11.4	Bernadette Conroy added that in respect of the rent rebate issue, if there is to be a significant sum realised from the rent rebates then it would be useful to know at the time so the committee could have a say on the use of some of that money to fund elements of work talked about during this meeting.
	11.5	Karen Trew added that capital spend is absent from the report and would be useful to include. It would also be useful to know what next year might look like.
	11.6	<b>Action: Finance to provide some clarification over the detail within the reports and consider the needs of the committee going forward as part of the April briefing session.</b>
<b>12. Risk Register</b>		
	12.1	Alison Blair highlighted that the risk register is being reviewed and the approach provided considers the type of risks that needs to be considered. The committee are asked to provide feedback either in or outside the meeting on the types of risk and specific risks for inclusion so that the register can be populated for the next meeting.
	12.2	Bernadette Conroy felt there were specific risks relating to delegation, including due diligence but there were also risks inherent to the Primary Care Strategy. Some risks are therefore short term risks against others being more long term and it is importance to separate them appropriately.
	12.3	<b>Action: The committee will email feedback on the risk register content to Frazer Tams outside of the meeting in preparation for it being populated for the next meeting.</b>
	12.4	The committee <b>NOTED</b> the risk approach paper.
<b>13. Committee Work Plan</b>		
	13.1	Cathy Herman confirmed the Finance Report needs to be added for each meeting going forward.
<b>14. Any Other Business</b>		
	14.1	None raised.

## NCL Primary Care Joint Committee

## Action Log – Part 1

Meeting Date	Action No.	Action	Action lead	Deadline	Status update	Date closed
21/9/16	16	A review of progress against actions raised from the Committee effectiveness review back in April would be presented to the January meeting.	Ms Alison Blair	16/03/2017	To be reviewed at April 2017 Committee workshop	
25/1/17	23	NHSE will report back to the May meeting on progress with monitoring progress with the practice and providing further information on productivity and growth levels.	Ms Liz Wise	17/5/17		
25/1/17	24	Action: It was agreed that the issue over the dates NHSE would remain liable would be taken away by Liz Wise for clarification along with any instances where issues cannot be resolved by non-recurrent funding, in light of there being no finance representative in attendance at the committee from NHSE.	Ms Liz Wise	16/3/17		
25/1/17	25	Liz Wise to bring back to the next meeting a report from the analysis by the national analytics team on the GP access survey.	Ms Liz Wise	16/3/17		
25/1/17	26	Finance to provide some clarification over the detail within the reports and consider the needs of the committee going forward as part of the April briefing session.	Ms Liz Wise	April Brief Session		
25/1/17	27	The committee will email feedback on the risk register content outside of the meeting in preparation for it being populated for the next meeting.	Mr Frazer Tams	16/3/17	Risk Register Updated following Input from Jenny Mazarelo.	