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

Date: Wednesday 16 November 2016
Time: 15.00 – 16.30
Venue: Haringey - Cypriot Community Centre, Earlham Grove, N22 5HJ

Voting Members

Lay Member Representatives
Ms Cathy Herman – Chair
Ms Sorrel Brookes (Vice Chair)
Ms Bernadette Conroy
Ms Kathy Elliot
Ms Karen Trew (Apologies)

GP Representatives
Dr Ahmer Farooqi
Dr Neel Gupta
Dr Alpesh Patel
Dr Dina Dhorajiwala
Dr Dominic Roberts

Officer Representatives
Mr Leigh Griffin
Ms Susan Achmatowicz (Apologies)
Ms Deborah McBeal (Apologies)
Ms Jennie Williams
Ms Alison Blair

Practice Nurse Representative
Ms Katherine Gerrans

NHS England
Ms Liz Wise (Apologies)
Ms Ceri Jacobs (Apologies)

Non-Voting Members
Ms Emma Whitby
Mr Greg Cairns (Apologies)
Dr Manish Kumar (Apologies)

In attendance
Mr Gordon Houliston
Dr Jahan Mahmoodi
Mr John Plessie
Ms Fiona Erne

Minutes
Mr Frazer Tams

Director of Primary Care Barnet CCG
Director of Primary Care Camden CCG
Interim Deputy Chief Officer Enfield CCG
Executive Nurse & Director of Quality Haringey CCG
Chief Officer, Islington CCG
Lead Nurse & Quality Workforce Manager Haringey CCG
Director of Primary Care Commissioning London
Director of Commissioning Operations North Central and East London
Medical Director North and East London
Chief Executive, Healthwatch Islington
Director of Primary Care Strategy London wide LMCs
Chair Enfield LMC
Health and Wellbeing Board Representative
Head of Primary Care Camden CCG
Clinical Director, Enfield CCG
Primary Care Development Manager Enfield CCG
Head of Primary Care NHS England
Corporate Affairs Manager, Islington CCG
1. **Welcome and Apologies**

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, Greg Cairns, Deborah McBeal and Karen Trew.

2. **Declarations of interest**

2.1 Jennie Williams clarified that her entry in the register should be amended to state Central and North West London Foundation Trust as the relevant Trust in relation to the interest.

2.2 Dominic Roberts confirmed he has submitted his declaration of interest which needed to be added to the register.

2.3 Leigh Griffin confirmed he needs to complete a declaration of Interest form to be added to the register.

3. **Minutes and actions from the previous meeting**

3.1 The minutes were accepted as a true and fair reflection of the meeting.

3.2 Katherine Gerrans requested that she receive a copy of the Appendix that was circulated outside of the meeting in support of the finance report.

3.3

   - Action 14 – the risk register will be updated and brought to the January meeting
   - Action 15 – The terms of reference have been included for information in the meeting papers with the section on Locally Commissioned Services highlighted (complete)
   - Action 18 – This item has been included on the agenda for this meeting (complete)
   - Action 19 – This is also on the agenda for this meeting (complete)

Fiona Erne provided an update on the Pilot scheme in place for Barnet and Enfield where GPs are offering patients the chance to pay to be seen quicker:

- There are no limitations within the GP contract to prevent them from providing this private service;

Dr Ahmer Farooqi asked if this service was restricted to patients not on the books of that GP practice?

Fiona Erne confirmed that a GP could refer to another practice under this scheme but could not see any of their registered patients.

Sorrel Brookes was keen to understand if by paying for access it meant that patients could jump the queue for other NHS services?

Fiona Erne agreed to come back to the next meeting with some further clarity on this matter.

Leigh Griffin added that, for Barnet, the number of patients involved was very small and across only two practices. Clarification was provided that none of these patients had been seen during core contract time.

**Action:** NHSE will report back to the January meeting providing further clarification as to whether patients can jump the queue for other NHS services by paying for quicker GP access.

4. **Questions from the public**

4.1 Mr Philip Richards asked for clarification of where the meeting details were publicised.

Alison Blair confirmed that it was the communication department who usually deal with the publicity for meetings and confirmation would be sought

**Action:** Confirmation will be provided to Mr Richards as to where the meeting was publicised.

5. **PMS Contract Variations**
### 5.1 Arnos Grove Medical Centre (Enfield)
Fiona Erne confirmed a GP request for a 24 hour retirement has been received which is proposed for approval as there are no performance issues at the practice.

### 5.2 Forest Road Group Practices (Enfield)
Fiona Erne confirmed this was a request for a full retirement of a GP. Again there are no performance issues and therefore it is proposed for approval.

### 5.3 The Enfield CCG members of the committee agreed to **APPROVE** the two partnership changes.

### 5.4 Evergreen Practice (Haringey)
Fiona Erne clarified that this related to a request for a practice name change due to the impending relocation meaning the practice would be named after a street it was not located in.

### 5.5 Tynemouth Medical Practice (Haringey)
Fiona Erne confirmed this relates to a GP retirement from the practice and raised no specific concerns in terms of performance.

### 5.6 The Haringey members of the committee agreed to **APPROVE** both the name change of the Evergreen practice and the retirement of the GP at Tynemouth Medical Practice.

### 6. List Closure (The Surgery, 625 Green Lanes, Haringey)

#### 6.1 List Closure
**FE Brondesbury Medical Centre (Camden)**
Fiona Erne summarised that the request was to close the list to registering new patients, although still be open to register additional family members. The practice has grown significantly but has struggled to expand its premises to meet needs. The request is to temporarily close the list until they can find a solution to their current facilities.

#### 6.2 Kathy Elliot highlighted that Camden had not been successful in the recent estates bid and as such was interested to understand what the options would be for practices such as Brondesbury.

#### 6.3 Gordon Houliston highlighted there were some cross border issues relating to the location of this practice.

#### 6.4 The Camden CCG members of the committee agreed to **APPROVE** the temporary list closure at Brondesbury Medical Practice.

### 7. Alternative Patient Allocation Scheme

#### 7.1 Fiona Erne clarified this was an update on a new process. This scheme is looking at a new service to be spread out across NCL. The new model will align the service specifications and ensure they meet legal requirements. This will include taking into account CQC requirements and patients are safe in the environment services are provided. The paper provides an update confirming negotiations are taking place with a local provider to come on board and provide the service going forward. At present we are not at the stage of reporting who we are working with as there remain some technical issues around the contract model and type of organisation they are. This is not a big value contract so there are no significant procurement restrictions.

Alison Blair asked if there are any areas not covered by this service at present. Fiona Erne confirmed that where the service has ceased the provision is covered by other providers.

#### 7.2 Emma Whitby raised the example of patients with autism which may yet to be diagnosed and where circumstances may exacerbate their behaviour. How do we ensure this does not escalate to the violent threatening stage?

Fiona Erne confirmed this would relate to a very small number of patients who would usually be referred back to primary care as attending hospital site services can tend to increase anxiety with patients. The key is to identify learning from practices in order to feed back into the system and then into the specification.

#### 7.3 The committee **NOTED** the APAS update.
**Action:** NHSE will report back to the next meeting on progress with the Alternative Patient Allocation Scheme (APAS) procurement.

### 8. NCL Primary Care Co-Commissioning Update

#### 8.1
Alison Blair provided an update for information and comment. The paper attached is set to go to each of the NCL Governing bodies during November seeking expressions of interest to progress with full delegation to sign off a transition agreement in March to commence delegation from April next year.

Camden CCG are not able to participate with the expression of interest due to their membership vote not meeting the required majority. There is a need to ensure consistency of approach to commissioning across NCL and therefore work is underway to establish how best to work with Camden going forward. There are two main issues to consider:
- Governance - how to manage arrangements in practice
- Resources - potentially could end up with two ways of operating.

Alison Blair confirmed a progress update would be brought back in January 2017 and March 2017.

#### 8.2
Bernadette Conroy highlighted the fact that there was no risk detailed around governance or the STP. In addition, it was felt it was surprising that Camden were leading on the governance arrangements.

Neel Gupta clarified that the Camden Governance Lead was heading up the process prior to the vote on delegation and has continued in this role since.

In terms of progression for Camden, Neel Gupta felt the approach would be to observe how delegation was working and put a list of benefits for level 3 together in preparation for Camden's membership to vote again during 2017. This would help deal with some of the issues.

#### 8.3
Emma Whitby asked whether there had been a lack of consistency in how boroughs had engaged during this process and that to some extent the process was more about informing rather than engaging. In addition, Kathy Gerrans wondered what engagement there had been with general practice nurses teams over this.

John Piesse confirmed that for Enfield although no formal engagement had taken place the nurses are increasingly interested in the role they may have to play in integrated services going forward. Gordon Houliston confirmed that Camden nurses had been kept appraised but was not aware this had been approached at any of the practice forums.

Bernadette Conroy had queries about a couple of aspects of the due diligence process. She agreed to feedback to Ahmet Koray and seek clarification.

#### 8.4
Alpesh Patel raised some concern over the financial position reported that noted a £1.1m surplus against allocations for 2016/17 but was now reporting a £256k underspend by 31 March 2017.

Fiona Erne clarified that the underspend was a result of the agreement across NCL to brokerage the variance within budgets with the residual balance within that to revert to the net loser which is Islington CCG to fund some of their local schemes as agreed by the Joint Committee.

Katherine Gerrans raised a concern around the continued pressure on premises and how the committee will ensure it can manage this and where assurances will come from.

Fiona Erne confirmed there is a current backlog in rent reviews as a result of changes in Care. NHSE will pick up these liabilities going forward but added that the Intention is to move to
current market rent for the basis of reimbursements. This will be picked up through the national funding route. The big investment with ETTF will eventually result in increased rent reimbursement and it would be beneficial to do some analysis across NCL on this.

Beverley Conroy emphasised the importance of this issue, because if allocations are agreed before rent reviews are completed then the baseline allocation will be wrong. In addition, discussions continue around premises VAT reimbursements for which Ahmet Koray is asked to cover off as unknown liabilities.

8.4 The committee **NOTED** the progress with NCL Primary Care Commissioning and Bernadette Conroy agreed to take forward the issues raised with Ahmet Koray.


9.1 NG highlighted progress the working group had made in respect of designing an effective quality dashboard. The group are addressing current reporting issues around the STP governance structure and the remit of the committee but also focussing on a solution to the lack of clinical effectiveness in the current reporting. The aggregate QoF reporting was not felt to be of use to the Committee. The new dashboard will look to drive forward the transformation agenda and as such needs to fit the brief for the STP work.

The emphasis is that the dashboard will not be specific for the purposes of this meeting but will of use to the committee and will be seen on a regular basis.

The aim is to bring the dashboard in January with some sensible measures for the Committee to comment/feedback.

9.2 Kathy Elliot confirmed that Camden have been testing their local dashboard at their locality meetings and thought it would be good to bring back how their members have responded to the dashboard.

9.3 The committee **NOTED** the update and looked forward to receiving regular updates.

9.4 Fiona Erne introduced the Quality and Performance Report which gives an insight as to how services are performing across NCL. The CQC has identified that London has significant performance issues specifically the number of practices requiring improvement or currently in special measures.

Fiona Erne added that when looking at practice level data there will be a need to understand how we are responding to CQC actions. The key issues are around vacancy levels and the lack of a practice manager which has a direct impact on practice performance. There is a need to look at how London can strengthen practice leadership and become more resilient when there are vacancies.

9.5 Leigh Griffin queried the QoF performance table as to whether there were any key features to the information that showed growth in list size across NCL is greater than the national average and greater than the London average. Fiona Erne responded by confirming there are some distortions in population increases specifically across central London CCGs such as Camden. This is due to the volume of student population and them moving every 3 years. There have also been big population increases in brownfield sites covering Barnet, Haringey and Enfield. There remain two significant challenges, practice closures and list disposals which distorts the listings.

Alison Blair felt it would be helpful to look at the data by practice as some of the increases mentioned are not consistent with other areas of activity within the CCGs.

9.6 Jennie Williams referred to the Friends and Family Test (FTT) and questioned whether practices have their own local survey process or are practices not engaging or responding to the requirements.

Fiona Erne confirmed it was a mixture with some practices not responding. It is a contractual requirement to respond but a national decision has been taken by NHSE to not use contractual action where there are breaches.
Jennie Williams felt that in light of the move to level 3 it would be helpful to have intelligence on the level of response as contractually this will be passed over to the CCGs as part of the delegation process.

10. **Committee Workplan 2016/17**

   10.1 Cathy Herman highlighted that the January meeting agenda was very big and therefore emphasised the importance of being well prepared for the meeting.

11. **Any other business**

   11.1 None raised.
### NCL Primary Care Joint Committee

#### Action Log – Part 1

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Action No.</th>
<th>Action</th>
<th>Action lead</th>
<th>Deadline</th>
<th>Status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/01/16</td>
<td>1</td>
<td>Register of interests to be updated.</td>
<td>Committee Secretary</td>
<td>Ongoing</td>
<td>The register of interests has been updated.</td>
</tr>
</tbody>
</table>
| 17/5/16      | 10         | Proposed actions to improve the Joint Committee to be taken forward.   | Alison Blair, NCL senior responsible offer Primary Care | 30/9/16    | • Task and finish group – NCL will now be contributing to London working group on quality and performance.  
• A workplan and risk register have been developed.  
• Focus on more collaborative topics and clarity of outcomes is linked to what the Committee’s function will be in implementing NCL’s Sustainability and Transformation Plan. Updates to this have been included in the Committee’s workplan for 2016/17.  
• Committee coversheet template is in place. Agreed that Equality Impact Assessment template is not required for the Committee as this is completed at CCG level.  
• Updates have been made to the register of interest. |
<p>| 27/7/16      | 11         | Conflicts of Interest register to be updated for Ms Karen Trew and Ms Katherine Gerrans. | Committee Secretary                       | 21/9/16    | • The Conflicts of Interest register has been updated accordingly.            |
|              |            |                                                                        |                                            |            |                                                                               |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>No.</th>
<th>Description</th>
<th>Responsible Party</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/7/16</td>
<td>12</td>
<td>Update on any amendments to the SOP for responding to CQC ‘requires improvement’ notifications be brought to the September Committee.</td>
<td>Ms Fiona Erne</td>
<td>21/9/16</td>
<td>The NHS England primary care contracts team have been asked to notify the NCL Primary Care Joint Committee of any proposed changes to the SOP. 30/8/16</td>
</tr>
<tr>
<td>27/7/16</td>
<td>13</td>
<td>Committee workplan for 2016-17 to be updated with agreed additional items.</td>
<td>Committee Secretary</td>
<td>21/9/16</td>
<td>Workplan has been updated accordingly.                                                       30/8/16</td>
</tr>
<tr>
<td>27/7/16</td>
<td>14</td>
<td>Risk register to be updated to show rating before and after risk mitigations.</td>
<td>Ms Fiona Erne / Alison Blair</td>
<td>25/01/17</td>
<td>The register will be updated in detail for subsequent meeting in January</td>
</tr>
<tr>
<td>21/9/16</td>
<td>15</td>
<td>The committee process flow chart for locally commissioned services will be brought back to the November meeting for a refresh of the role of the committee.</td>
<td>Ms Alison Blair</td>
<td>16/11/16</td>
<td>ToR were included in the November 2016 papers to clarify the LCS process.                   16/11/16</td>
</tr>
<tr>
<td>21/9/16</td>
<td>16</td>
<td>A review of progress against actions raised from the Committee effectiveness review back in April would be presented to the January meeting.</td>
<td>Ms Alison Blair</td>
<td>25/01/17</td>
<td>To be reviewed at March 16th 2017 meeting.</td>
</tr>
<tr>
<td>21/9/16</td>
<td>18</td>
<td>A working group of people to include Jennie Williams, Cassie Williams, Neel Gupta, Fiona Erne will meet to agree a proposal for the role of the committee on quality improvement and what information needs to be seen and bring this back to the next meeting.</td>
<td>Dr Neel Gupta</td>
<td>16/11/16</td>
<td>Verbal Update on the November agenda                                                         16/11/16</td>
</tr>
<tr>
<td>21/9/16</td>
<td>19</td>
<td>Alison Blair to report back to the next meeting on how the governance would work if Camden was to remain outside of delegated co-commissioning.</td>
<td>Ms Alison Blair</td>
<td>16/11/16</td>
<td>Updated as Agenda item 8                                                                      16/11/16</td>
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<td>Liz to provide verbal update at meeting</td>
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<td>21</td>
<td>Confirmation will be provided to Mr Richards as to where the meeting was publicised.</td>
<td>Committee Secretary</td>
<td>25/1/17</td>
<td>Completed                                                                                   25/1/17</td>
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