

**South West London Primary Care Joint Committee  
Meeting in public**

Thursday 3<sup>rd</sup> September 2015 15:00pm – 16:30pm, Richard Mayo Centre,  
Kingston, KT1 1HZ

**MINUTES (draft) – PART I**

**Members in attendance**

Name	Organisation	Designation
Carol Varlaam	Wandsworth CCG	Lay Member (Committee Chair)
Graham Mackenzie	Wandsworth CCG	Chief Officer
Dr Nicola Jones	Wandsworth CCG	Chair
Chris Elliott	Sutton CCG	Chief Officer
Dr Brendan Hudson	Sutton CCG	Chair
Tonia Michaelides	Kingston CCG	Chief Officer
Dr Naz Jivani	Kingston CCG	Chair
David Knowles	Kingston CCG	Lay Member
Adam Doyle	Merton CCG	Chief Officer
Dr Andrew Murray	Merton CCG	Chair
Paula Swann	Croydon CCG	Chief Officer
Dr Tony Brzezicki	Croydon CCG	Chair
David Sturgeon	NHS England	Head of Primary Care South London
Matthew Trainer	NHS England	Area Director South London
Dr Jane Fryer	NHS England	Medical Director South London
Dr Julius Parker	Surrey and Sussex LMCs	Representative

**Attendees**

Name	Organisation	Designation
Jan Underhill (on behalf of Cllr Ruth Dombey)	Sutton CCG	Health and Wellbeing Board Representative
Adrian Attard (on behalf of Pete Flavell)	Sutton CCG	Healthwatch Representative
Julie Pickering	Kingston CCG	Health and Wellbeing Board Representative
Cllr Caroline Cooper-Marbiah	Merton CCG	Health and Wellbeing Board Representative
Charlie Ladyman	Croydon CCG	Healthwatch Representative
Paul Pegden-Smith	Richmond CCG	Healthwatch Representative
David Sykes	Richmond CCG & London Borough of Richmond	Head of Commissioning
William Cunningham-Davis	NHS England	Head of Primary Care South London
Toyin Akinyemi	NHS England	Head of Finance Primary Care Commissioning
Nora Simon	NHS England	Assistant Head Primary Care Commissioning
Hardev Virdee	Wandsworth CCG	Chief Finance Officer

Mike Sexton	Croydon CCG	Chief Finance Officer
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**SWL Collaborative Programme Team**

Name	Organisation	Designation
Ginny Morley	SWL Collaborative	Interim AD Out of Hospital and Primary Care
Gurvinder Chana	SWL Collaborative	Governance Lead
Kasia Gaj	SWL Collaborative	Strategic Manager Primary Care
Clive Allanso	SWL Collaborative	Interim Governance Lead
Jennifer Beharry	SWL Collaborative	Senior Strategy Manager

**Members of the public**

Name	Organisation	Designation
Mandy Thompson		
Kalsoom Bibi Qureshi		
Julie Freeman	LMC	
Keith Whale		
Kate Symons	Wandsworth CCG	
Cllr David Cunningham	Royal Borough of Kingston	

**Apologies**

Name	Organisation	Designation
Sally Brearley	Sutton CCG	Lay Member
Cllr Ruth Dombey	Sutton CCG	Health & Wellbeing Board Representative
Pete Flavell	Sutton CCG	Healthwatch Representative
Peter Derrick	Merton CCG	Lay Member
Dave Curtis	Merton CCG	Healthwatch Representative
Dr Graham Lewis	Richmond CCG	Chair
Kathryn Magson	Richmond CCG	Chief Officer
Bob Armitage	Richmond CCG	Lay Member
Cllr Christine Percival	Richmond CCG	Health & Wellbeing Board Representative
Helen Pernelet	Croydon CCG	Lay Member
Cllr Maggie Mansell	Croydon CCG	Health & Wellbeing Board Representative
Jamie Gillespie	Wandsworth CCG	Healthwatch Representative
Cllr Jim Maddan	Wandsworth CCG	Health & Wellbeing Board Representative
Steve Hardisty	Kingston CCG	Healthwatch Representative
Dr Marek Jarzembowski	London wide LMCs	Representative

Item	Title	Action
1	<b>Welcome, Introductions and Apologies</b> – Carol Varlaam	
	The chair welcomed the attendees and noted the apologies.	
2	<b>Declarations of Interest</b> – Carol Varlaam	
	No new declarations of interest were declared. The Chair reminded those members who have not returned their declarations of interest forms to do so at their earliest convenience.	
3	<b>Minutes of the Joint Committee meeting held on 09.07.2015</b> – Carol Varlaam	
	The minutes of the last meeting were approved as an accurate record of the meeting.	
4	<b>Action log from meeting held on 09.07.2015</b> – Carol Varlaam	
	<p>The updated action log was available to all and Carol Varlaam highlighted that there were a number of actions that had been completed and or were on the agenda for discussion today.</p> <p>David Sturgeon provided the following update on the Operating Model:</p> <p>There are still outstanding issues being raised by other Joint Committees or fully delegated CCG's. He explained that the plan is to complete this work by mid-September. There is a question about whether this needs to formally come back to this committee for sign off or whether Chairs action can be taken; however David said that this can be decided when the final document is ready for circulation.</p> <p>Carol Varlaam said that if there are any changes; these need to be highlighted and circulated in advance to all members of this committee for comments prior to Chairs action if this is the approach that is decided once the document is finalized.</p>	
5	<b>Matters arising not on the agenda</b> – Carol Varlaam	
	None	
<b>ITEMS for APPROVAL</b>		
6	<b>Working Group Membership</b> – Graham Mackenzie	
	<p>Graham Mackenzie presented the updated Working Group membership. He reminded all members that at the last meeting, members spent time looking at the organizational arrangements; in particular in creating a series of working groups to do support the business of this Joint Committee.</p> <p>He explained that the following changes have been made taking on board the feedback and comments from the last meeting:</p> <ul style="list-style-type: none"> <li>• Previously there was a proposal for five working groups and this has now been reduced to three; Finance and Contracting working group, Capital and Estates Forum and Quality, Prevention and Innovation (PMS) working group.</li> <li>• It was noted that the Capital and Estates Forum has a larger remit rather than just primary care, looking at a range of estate issues across South West London.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The membership for the Quality, Prevention and Innovation working group is still in the process of being finalized.</li> <li>• There is an issue about co- chairs being appointed to the Finance and Contracting working group and the Quality, Prevention and Innovation working group. The proposal is that where we have an existing member of the Joint Committee, they may step up into this co-chairing role.</li> <li>• For the Finance and Contracting working group, the proposal is the David Sturgeon co-chairs this working group, alongside Mike Sexton.</li> <li>• For the Quality, Prevention and Innovation working group, the proposal is that there are a number of Joint Committee members on this working group membership, so when they first meet they can decide a co-chair amongst themselves.</li> <li>• There have also been conversations with LMC colleagues about representation at these working groups with an understanding that there can be a part I and a part II, so on occasions, it may be appropriate to ask LMC colleagues to leave the meeting.</li> <li>• Nominations were also received from all six CCG Healthwatch organisations and these now will be assigned to the appropriate working groups. Conversations with Healthwatch colleagues will take place in the next week.</li> </ul> <p>Paula Swann highlighted that the Clinician for Croydon CCG is Dr John Linney.</p> <p>Julia Pickering asked about engagement and consultation for each working group. Graham clarified that each group has the responsibility of engagement and public involvement and this will be explicitly added to the proposed membership document.</p> <p>The Joint Committee <b>AGREED</b> the proposed membership document subject to the above amendments.</p>	<p>1/15 Governance Lead</p>
<b>ITEMS for DISCUSSION</b>		
<b>7</b>	<b>PMS Baseline Review and progress – David Sturgeon</b>	
	<p>David Sturgeon presented the PMS Contract reviews paper and explained why there is a requirement to undertake a review. DS gave a breakdown of the contents of the paper highlighting the programme phasing, what London’s offer will look like and a description of the current PMS services and KPI’s.</p> <ul style="list-style-type: none"> <li>• Page 4 shows the position of NHS England in terms of the work being undertaken. The team is in the process of developing documentation and supporting information to be used as part of the PMS review.</li> <li>• London Region’s offer will include; a standard PMS contract template, a PMS specification, a key list of KPI’s, financial modelling, an analysis of price per weighted patient of PMS contracts, a letter to practices, a communications plan and a high level assessment of CCG PMS contract alignment alongside a generic risk register.</li> <li>• Page 5 shows the content of the current PMS services offered across SWL across the six Boroughs in terms of what is being delivered beyond essential and additional services.</li> </ul> <p>A paper on the PMS contract reviews – London update was tabled.</p> <p>David Sturgeon explained that there are over 600 PMS contracts within London and therefore NHSE have engaged with the North East London CSU to help undertake this</p>	

piece of work. They have been commissioned to undertake this work on an eight week initial period helping undertake baseline assessments.

David said that there are some decisions that NHSE needs to undertake. NHSE is proposing that the existing SPG Co-commissioning group, will be expanded, and that there will be common forums across London where the discussions can take place.

The current SPG Co-commissioning group is mainly operational; however NHSE are proposing that Chief Finance Officers across SWL are invited to this group, as there are a number of financial issues relevant to the PMS review.

It was noted that the review is beyond just PMS, it is around equity and funding across all contracts.

David explained that the required date of completion of the PMS review still remains 31<sup>st</sup> March 2016. The intention is that the baseline assessment will be completed by mid-September and then NHSE will want to come out to the CCGs and discuss next steps around communication with PMS practices with a commissioning intention to be issued on 1<sup>st</sup> October 2015. This gives a six month window to go through thoroughly with each practice the specification and have discussions around negotiating the PMS contract that is being offered to them. The intention is to complete these negotiations and issue revised contracts so they can be implemented by 1<sup>st</sup> April 2016.

In terms of the development of premium specification, David talked through the 17 streams identified in the strategic framework for the development of primary care.

David highlighted that this tabled paper is the initial thinking of NHSE and this will be brought out into the individual CCG's for in depth discussion and comments.

Nicola Jones asked whether the expansion of the SPG Co-commissioning group into a PMS stakeholder reference group will duplicate the working group that the Joint Committee has set up. David said that the intention is to have a London view on the PMS review and this should not supersede the work that is being done in this Joint Committee.

He clarified that the SPG Co-commissioning group is an existing committee that is London wide and the intention is to expand this further to allow more focused discussions around PMS review.

Nicola Jones said that further to discussions around this at the last Joint Committee and at the local Wandsworth Committee, the opportunity that CCGs would like – especially those going into a fully delegated arrangement, is to align general practice contracts with CCG plans for development of MCPs and the five year forward view. She also expressed that it would be unhelpful to have two PMS reviews in close succession (i.e. one now and one in a year or so), particularly when most of the CCG's in SWL have had a PMS review not that long ago.

David Sturgeon reminded the committee that there is a requirement for NHSE to undertake a review by 31<sup>st</sup> March 2016.

Chris Elliott made a suggestion about reflecting on the timetable for this review. He expressed that it feels very precipitant. He explained that he feels very worried about doing any meaningful work in the time that is allotted. He referred to a live piece of working that is being undertaken around out of hospital services, which involves a number of stakeholders; one being the general practices.

Naz Jivani agreed with both the comments made by Nicola and Chris and suggested that it is really important to make sure that PMS reviews are very closely aligned to the

	<p>strategies; not just across each individual CCG, but across SWL. He also said that following the recent review, there are already changes being implemented by practices and he feels very worried about asking practices to make changes once again. Naz also asked for clarification around having changes in the contract from 1<sup>st</sup> April 2016 and whether these contract changes need to be in place by October 2015 to be able to implement them.</p> <p>David clarified that in terms of any contract changes, there is a requirement to give six months' notice, so the commissioning intentions in October is an intent to give that six month notice of a change of direction and these would need to be agreed and contracts issued well in advance to make comments. David said that NHSE recognizes that the timeline is very tight. He highlighted that it is very important to note that the investment in primary medical services will remain the same and there is no intention in destabilizing general practice.</p> <p>Jane Fryer explained that taking on board all the comments made by members, it is important to understand what is in scope of the core PMS contract – most of which is very standard, with a few extra things assuring alignment with the London standards. She said that NHSE are hopeful that in South West London, where a PMS review has recently taken place, the change will not therefore be particularly great and there will be some choices about how we make changes.</p> <p>Carol Varlaam summarized the comments that were made following a very in depth discussion around PMS:</p> <ul style="list-style-type: none"> <li>• The Joint Committee flagged concern around the achievability of the timeframe</li> <li>• Concern about primary care already stretched</li> <li>• Concern about locking out PMS before 1<sup>st</sup> April 2016</li> </ul> <p>The Joint Committee <b>NOTED</b> the requirement to review PMS contracts and <b>NOTED</b> the programme timeline.</p>	
<p>8</p>	<p><b>Finance Report – Toyin Akinyemi</b></p>	
	<p>Toyin Akinyemi provided an update on the overall financial position for SWL Primary Medical services for the last four months ending at 31<sup>st</sup> July 2015. She explained that there is an overspend of £1,050k against issued budgets; of which £884k relates to underachieved planned QIPP savings.</p> <p>It was noted that the year to date position comprises net overspends after QIPP on PMS £655k; GMS £261k offset by a net overspend of £185k on APMS.</p> <p>A breakdown of Primary Medical Services expenditure at CCG level was provided.</p> <p>Toyin explained that Medical services are showing an overspend of £1,050k (1.7%) across South West London. This is largely due to non-achievement of planned QIPP savings to date. Other factors include cost pressures emanating from unplanned non recurrent non-contractual costs. Annual budgets are allocated net of £2.7m QIPP planned savings across South West London, but including the contingency allowance (£899k) which has been allocated to budgets.</p> <p>There has been a year on year growth of 0.5% in South West London's weighted population from April 2014 to April 2015. At quarter 2, the July 2015 capitation report shows a growth of 0.3% over the previous quarter (April 2015). Demographic growth has been funded at 1.3% in 2015/16 financial plan; therefore demographic growth is adequately covered.</p>	

	<p>Overall, in absolute terms the South West London population has seen an increase of 6,662 year on year and 4,818 over the previous quarter in its normalised weighted population.</p> <p>QIPP was separately reported on and it was noted that £2.7m is the total planned QIPP for SWL. Toyin said that at regional level, approximately £3m of the £12.7m planned QIPP for primary care is supported by schemes and this was presented in a table identifying the total planned savings for London region and for SWL.</p> <p>QIPP underachievement risk was identified and Toyin highlighted that it is proposed that:</p> <ul style="list-style-type: none"> <li>• A QIPP delivery group is established to identify further opportunities and enable sharing of QIPP schemes across areas of London</li> <li>• An external QIPP review is jointly commissioned by NHSE and CCG's in order to identify additional opportunities across London.</li> </ul> <p>Tony Brzezicki made a comment that the lack of clarity on detail around the finances and the unexplained helps with the undertaking of the due diligence work on taking on fully delegated commissioning.</p> <p>Carol Varlaam summarized the report and it was noted from the members comments that financial planning for 2016/17 will need to reflect the underlying recurrent pressure at Borough level and this will be captured in the due diligence work.</p> <p>The Joint Committee <b>NOTED</b> the finance update.</p>	
<p><b>9</b></p>	<p><b>CCG updates on local plans for transforming primary care and consideration of delegated commissioning – All CCG's</b></p>	
	<p>Individual CCG's provided their updates on local plans for transforming primary care and consideration of delegated commissioning:</p> <p><b>Wandsworth CCG – Dr Nicola Jones</b></p> <ul style="list-style-type: none"> <li>- Development of our local governance arrangements are underway</li> <li>- Implementation group for primary care is in place – implementing the strategy for primary care commissioning</li> <li>- Moving forward towards delegated commissioning</li> <li>- Progressing the delegated commissioning arrangements at the next Governing Body meeting – proposing to recommend and proceed to full delegation subject to the due diligence work.</li> <li>- Wandsworth CCG has also surveyed the GP membership to make sure there were not any issues and to make sure there is clarity.</li> <li>- Continuing with the transformation of primary care.</li> </ul> <p><b>Sutton CCG – Dr Brendan Hudson</b></p> <ul style="list-style-type: none"> <li>- Deep discussions around the pros and cons of delegated primary care commissioning have taken place at locality meetings.</li> <li>- Sutton Governing Body is likely to recommend that delegated commissioning is taken on subject to due diligence.</li> <li>- Help achieve our ambition and integrated out of hospital care.</li> </ul> <p><b>Kingston CCG – Dr Naz Jivani</b></p> <ul style="list-style-type: none"> <li>- Primary care developing group is in place.</li> <li>- Primary care strategy should be published October 2015.</li> <li>- Already held a discussion with Council of Members – no major issues</li> <li>- Governing Body seminar has taken place and another updated paper following discussions from the seminar will be taken to the next Council of Members meeting in two weeks time.</li> <li>- Formal Governing Body in November – no major issues in taking on full delegation so long the due diligence is done.</li> </ul>	

	<p><b>Richmond CCG – David Sykes</b></p> <ul style="list-style-type: none"> <li>- Discussed at July’s Governing Body.</li> <li>- Ballot is underway – has been sent out on 1<sup>st</sup> September.</li> <li>- Result of ballot will be available on 10<sup>th</sup> September.</li> <li>- Next Governing Body meeting is 22<sup>nd</sup> September.</li> <li>- Direction of travel – full delegation following voting.</li> </ul> <p><b>Croydon CCG – Paula Swann</b></p> <ul style="list-style-type: none"> <li>- Governing Body meeting – agreed that delegation is the right thing and will help deliver our strategies; however issues that Croydon have are timings and risk.</li> <li>- Croydon CCG are going to recommend to Council of Members when they take a vote that we continue to co-commission for 16/17 with a view to take full delegation 17/18</li> <li>- Want to continue working closely with the other CCG’s in SWL as they take on delegated responsibility next year.</li> </ul> <p><b>Merton CCG – Adam Doyle</b></p> <ul style="list-style-type: none"> <li>- Positive towards delegation and widely supported by members</li> <li>- Recommending full delegation to Governing Body on 24<sup>th</sup> September – with a very strong caveat regarding due diligence, financial resourcing, current structures and mechanisms.</li> </ul> <p>It was noted that the due diligence process will be crucial to everyone’s decisions and Graham Mackenzie confirmed this has already begun and is due to be completed by the end of December 2015.</p>	
<p>10</p>	<p><b>Report back from the Joint Committee Working Groups –</b> Mike Sexton / David Sturgeon / Hardev Virdee</p>	
	<ul style="list-style-type: none"> <li>• Finance and Contract Working Group</li> </ul> <p>Mike Sexton provided feedback from the last Finance and Contract working group meeting. He said that going forward; a one page bullet point summary of the meeting will be provided for the Joint Committee for information.</p> <p>The group last met on 25<sup>th</sup> August 2015. They reviewed the monthly reports on finance and helped in refining these reports. The group has made progress on analysing the 14/15 detailed data, which has been shared with NHS England. There are a number of technical questions which need to be answered with NHSE whilst working through this data.</p> <p>Mike explained that some of the work being undertaken in this working group will act as a precursor to the due diligence work.</p> <ul style="list-style-type: none"> <li>• Capital and Estates Forum</li> </ul> <p>Hardev Virdee informed the Joint Committee that a sub group has been set up with a representation from each CCG to look at capital and estates. The aim of group is to develop a South West London wide Estates Strategy by December 2015 and within this, there will be an analysis on primary care estates.</p> <p>A workshop across SWL has been organized next week for all areas of estates, providers, acute mental health community, local authority members, commissioners, NHSE and NHS property services to look at how we in SWL maximize our estates going forward. He said that this workshop is key to look at how to progress estates generally across SWL.</p> <p>Hardev said that emerging from the work that is being done at a local level, the lack of capacity in SWL to take on the property estates function has been identified and one of the things this Capital and Estates forum will be pushing for, is additional resources through NHSE to ensure we have a robust estates strategy by December 2015.</p>	

OPEN FORUM		
11	<p><b>Questions from the Public</b></p> <p>Carol Varlaam asked members of the public if they had any issues or questions for the committee:</p> <p><b>Question:</b> I understand from CCG's that there is a shortage of GP's, nurses and midwives – can NHSE provide some clarification on this.</p> <p><b>Response:</b> There is undoubtedly an issue about recruiting to GP's in London. There is quite a bit of work NHSE are currently doing around recruitment, workforce and retention in London. In terms of general practice in London, there is no difficulty in filling all the training places, however wider social factors such as the high costs of housing in London is a contributing factor to recruit to and keep GP's on following training. NHSE recognize that this is rather problematic and conversations around how this can be managed across the Board are already happening with local councils and commissioners.</p> <p><b>Question:</b> Is the committee aware that they are being asked to make a decision on the Future of the Tudor Surgery, Tudor Ward Kingston, without any meaningful consultation, and against the strongly expressed wishes of the Practice Patients' Group?</p> <p><b>Response:</b> The current provider has issued NHS England with notice that they do not wish to continue providing services from that particular site. A discussion will take place in Part II of the Joint Committee meeting on what the possible options are. No decision has yet been made and NHS England will discuss with the CCG the options available before engagement with patients.</p>	
12	<p><b>Any Other Business - All</b></p> <p>None</p> <p>The meeting closed at 16:40pm</p>	

**Date and Venue of next meetings**

12<sup>th</sup> November 2015  
17:00pm – 19:00pm Drake House, 30-32 Worpole Road, London, SW19 4EF

14<sup>th</sup> January 2016  
14:00pm – 17:00pm 120 The Broadway, Wimbledon, SW19 1RH