Primary Care Joint Committees (PCJC)

6 August 2015

Meeting held at:
Charlton Athletic Football Club
The Valley Floyd Road, London. SE7 8BL

Minutes

Meeting Chair
Dr Greg Ussher (GU)

Executive Support
Gilbert George (GG)

Bexley Primary Care Joint Committee

Attendees:

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<tr>
<th>Name</th>
<th>Role</th>
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<tr>
<td>Sandra Wakeford (SW)</td>
<td>Member Committee Chair (Lay Patient Public Involvement)</td>
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<tr>
<td>Theresa Osborne (TO)</td>
<td>Member Committee Vice-Chair (Lay Governance) Deputising for Keith Wood</td>
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<tr>
<td>Sarah Blow (SB)</td>
<td>Member CCG Chief Officer</td>
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<tr>
<td>Dr Sid Deshmukh (SD)</td>
<td>Member CCG Governing Body GP</td>
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<tr>
<td>David Sturgeon (DS)</td>
<td>Member NHS England (Director of Primary Care)</td>
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<tr>
<td>Dr Jane Fryer (JF)</td>
<td>Member NHS England (Medical Director for South London)</td>
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<tr>
<td>Anne Hinds Murray (AHM)</td>
<td>Observer Healthwatch</td>
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<tr>
<td>Dr Richard P Money (RM)</td>
<td>Observer Local Medical Committee</td>
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<td>Teresa O'Neill (TO’N)</td>
<td>Observer Health and Wellbeing Board</td>
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Apologies:

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<tr>
<td>Keith Wood</td>
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<td>Dr Howard Stoate</td>
<td>CCG Chair</td>
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<tr>
<td>Matthew Trainer</td>
<td>NHS England (Director of Commissioning Operations)</td>
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Bromley Primary Care Joint Committee

Attendees:

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<tr>
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<tr>
<td>Martin Lee (ML)</td>
<td>Member Committee Chair (Lay Patient Public Involvement)</td>
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<tr>
<td>Sara Nelson (SN)</td>
<td>Member CCG Governing Body Nurse</td>
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<tr>
<td>Dr Angela Bhan (Dr AB)</td>
<td>Member CCG Chief Officer</td>
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<tr>
<td>Dr Ruchira Paranjape</td>
<td>Member CCG Governing Body GP</td>
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</table>
Dr Mark Essop (ME)  Member  CCG Governing Body GP
David Sturgeon (DS)  Member  NHS England (Director of Primary Care)
Dr Jane Fryer (JF)  Member  NHS England (Medical Director for South London)
Nigel Bowness (NB)  Observer  Healthwatch (Deputising for Linda Gabriel)
Dr Mukesh Sahi (MS)  Observer  Local Medical Committee

**Apologies:**

Harvey Guntrip  Committee Vice-Chair (Lay Governance)
Matthew Trainer  NHS England (Director of Commissioning Operations)
Linda Gabriel  Healthwatch
Cllr David Jefferys  Health and Wellbeing Board

**Greenwich Primary Care Joint Committee**

**Attendees:**

Dr Greg Ussher (GU)  Member  Committee Chair (Lay Patient Public Involvement)
Dr Iyngaran Vanniassegaram (IV)  Member  CCG Governing Body - Secondary Care Clinician
Annabel Burn (ABu)  Member  CCG Chief Officer
Dr Ellen Wright (EW)  Member  CCG Chair
Dr Rebecca Rosen (RR)  Member  CCG Governing Body GP
David Sturgeon (DS)  Member  NHS England (Director of Primary Care)
Dr Jane Fryer (JF)  Member  NHS England (Medical Director for South London)
Julie Bristow (JB)  Observer  Healthwatch (Deputising for Leceia Gordon-Mackenzie)
Sim Kumar (SK)  Observer  Local Medical Committee (Deputising for Dr Dermot Kenny)
Cllr David Gardner (DG)  Observer  Health and Wellbeing Board

**Apologies:**

Jim Wintour  Committee Vice-Chair (Lay Governance)
Matthew Trainer  NHS England (Director of Commissioning Operations)
Leceia Gordon-Mackenzie  Healthwatch
Dr Dermot Kenny  Local Medical Committee

**Lambeth Primary Care Joint Committee**

**Attendees:**

Sue Gallagher (SG)  Member  Committee Chair (Lay Patient Public Involvement)
Professor Ami David (AD)  Member  CCG Governing Body GB Nurse
Andrew Eyres (AE)  Member  CCG Chief Officer
Dr Hasnain Abbasi (HA)  Member  CCG Governing Body GP
David Sturgeon (DS)  Member  NHS England (Director of Primary Care)
Dr Jane Fryer (JF)  Member  NHS England (Medical Director for South London)

**Apologies:**

Graham Laylee  Committee Vice-Chair (Lay Governance)
Dr Adrian McLachlan  CCG Chair
Matthew Trainer  NHS England (Director of Commissioning Operations)
Catherine Pearson  
Jenny Law  
Cllr Jim Dixon  

Healthwatch  
Local Medical Committee  
Health and Wellbeing Board

**Lewisham Primary Care Joint Committee**

**Attendees:**

- Mrs Diana Robbins (DR)  
  Member  
  Committee Chair (Lay Patient Public Involvement)
- Ray Warburton OBE (RW)  
  Member  
  Committee Vice-Chair (Lay Governance)
- Ami David (AD)  
  Member  
  CCG Governing Body Nurse
- Martin Wilkinson (MW)  
  Member  
  CCG Chief Officer
- Dr Marc Rowland (MR)  
  Member  
  CCG Chair
- Dr Faruk Majid  
  Member  
  CCG Governing Body GP (Deputising for Dr Jacky McLeod)
- David Sturgeon (DS)  
  Member  
  NHS England (Director of Primary Care)
- Dr Jane Fryer  
  Member  
  NHS England (Medical Director for South London)
- Nigel Bowness  
  Observer  
  Healthwatch (Deputising for Rosemarie Ramsay)
- Dr Simon Parton (SP)  
  Observer  
  Local Medical Committee
- Sir Steve Bullock (SSB)  
  Observer  
  Health and Wellbeing Board

**Apologies:**

- Dr Jacky McLeod  
  CCG Governing Body GP
- Matthew Trainer  
  NHS England (Director of Commissioning Operations)
- Rosemarie Ramsay  
  Healthwatch

**Southwark Primary Care Joint Committee**

**Attendees:**

- Diane French (DF)  
  Member  
  Committee Chair (Lay Patient Public Involvement)
- Robert Park (RP)  
  Member  
  Committee Chair (Lay Patient Public Involvement)
- Ami David (AD)  
  Member  
  CCG Governing Body Nurse
- Andrew Bland (AB)  
  Member  
  CCG Chief Officer
- Dr Jonty Heaversedge (JH)  
  Member  
  CCG Chair
- David Sturgeon (DS)  
  Member  
  NHS England (Director of Primary Care)
- Dr Jane Fryer (JF)  
  Member  
  NHS England (Medical Director for South London)
- Ludovic Lesdalon (LL)  
  Observer  
  Healthwatch
- Dr Claire Lloyd (CL)  
  Observer  
  Local Medical Committee
- Rachel Flagg (RF)  
  Observer  
  Health and Wellbeing Board

**Apologies:**

- Richard Gibbs  
  Committee Vice-Chair (Lay Governance)
- Emily Gibbs  
  CCG Governing Body GP
- Matthew Trainer  
  NHS England (Director of Commissioning Operations)

**Other attendees**

- Jill Webb (JW)  
  NHS England (Head of Primary Care)
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<thead>
<tr>
<th>Item</th>
<th>Introduction and Apologies</th>
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<tr>
<td><strong>1</strong></td>
<td>GU welcomed members, observers and members of the public to the second meeting of the Primary Care Joint Committees of:</td>
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<tr>
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<td>- NHS Bexley CCG and NHS England</td>
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<td>- NHS Southwark CCG and NHS England</td>
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<td>GU informed members, observers and members of the public that the meeting was in two parts and that part one was a meeting held in public. GU then invited members and observers to introduce themselves by name, position and organisation representing.</td>
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<tr>
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<td>Apologies received in advance of the meeting:</td>
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<tr>
<td>Keith Wood</td>
<td>Bexley Primary Care Joint Committee - Member</td>
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<td>Mary Currie</td>
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<td>Linda Gabriel</td>
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<td>Cllr David Jefferys</td>
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<td>Jim Wintour</td>
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<td>Graham Laylee</td>
<td>Lambeth Primary Care Joint Committee - Member</td>
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<tr>
<td>Dr Adrian McLachlan</td>
<td>Lambeth Primary Care Joint Committee – Member</td>
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<tr>
<td>Catherine Pearson</td>
<td>Lambeth Primary Care Joint</td>
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<tr>
<td>Name</td>
<td>CCG</td>
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<td>Dr Mark Essop</td>
<td>NHS Bromley CCG</td>
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<td>Dr Sahi Mukesh</td>
<td>NHS Bromley CCG</td>
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<td>Dr Paranjape Ruchira</td>
<td>NHS Bromley CCG</td>
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<tr>
<td>Mr Ray Warburton OBE</td>
<td>NHS Lewisham CCG</td>
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<td>Rosemarie Ramsay</td>
<td>NHS Lewisham CCG</td>
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<td>Sir Steve Bullock</td>
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### 3 Minutes of the last meeting held on 11 June 2015

Minutes were agreed to be a correct record subject to the following amendments: G

On page 28 Lambeth CCG attendees:

- Dr Jenny Laws should replace Dr Hasnain Abbasi as NHS Lambeth CCG Local Medical Committee representative.
- Dr Hasnain Abbasi to be named as NHS Lambeth CCG Governing Body GP member.
- David Sturgeon, NHS England, to be stated in attendance.
- Catherine Pearson, Healthwatch, to be stated in attendance.

On Page 31, last paragraph, remove words ‘harder to reach’ and insert ‘seldom heard’.

### 4 Actions Points

Referring to the action tracker for the committees, GG informed members and observers of the status and progress of actions:

- Item 1.1 – Agreed; closed
- Item 1.2 – Agreed; closed
- Item 1.3 - Open, to be discussed at agenda item 4
- Item 1.4 - Open, to be discussed at agenda item 4
- Item 1.5 - Open, local operating models being established
<table>
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<tr>
<th>5</th>
<th>Governance and Operating Model</th>
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<td>AB introduced Enclosure Di (NHS England Operating Model) and Dii (Standard Operating Procedures). Members and observers were reminded that at the last Primary Care Joint Committees meeting there was agreement to consider the latest version of the NHS England Operating Model and to be sighted on the Standard Operating Procedures. Members and observers were informed that the Standard Operating Procedures had a number of embedded links and were encouraged to review the document and provide comment and feedback at the next Primary Care Joint Committees meeting. The Joint Committees were made aware that each CCG was actively reviewing local operating models and arrangements; including the establishment of local (Borough) Primary Care Programme Boards. Such Boards will review quality, performance and developments of primary care services in support of the Primary Care Joint Committees. These local arrangements will be reviewed in light of current and future requirements of the committees’ business as outlined by the terms of NHS England Operating Model and their own Terms of Reference. The Joint Committees were further informed that all arrangements would finally be agreed once NHS England Operating Model was finalised to ensure alignment. AB also stated that at the next Primary Care Joint Committees meeting members and observers will be presented with the draft support arrangements for each Borough for approval. DS informed the Joint Committees that NHS England were going through a process of updating the NHS England Operating Model, based on feedback received from London’s Joint Committees and that the Operating Model would be revised and brought back to the Joint Committees for sign-off at the September 2015 meeting. DS referred to the schedule on page 47 of the draft NHS England Operating Model which outlined the dates when area Committees would be expected to sign off the Operating Model. The Joint Committees were also made aware that the current Standard Operating Procedures were a mixture of nationally agreed procedures and London-wide procedures. These procedures could be superseded by national procedures and the Joint Committees would be informed accordingly. In addition, where NHS England make decisions within its authority, as directed by the Standard Operating Procedures, these would also be made brought to the attention of the Joint Committees. SP commented that that on page 68 of the NHS England Operating Model, under section Committee Constitution that there were no reference to the Local Medical Committee. DS responded this was an oversight and would be corrected. RW asked how in practice the Primary Care Joint Committees, as outlined in its remit, would be able to ensure that proper processes are in place to prevent fraud within the NHS. DS responded by stating that much of the counter fraud work will be undertaken by NHS England and that NHS England would be informing the Joint Committees of any issues relating to counter fraud matters using its internal audit procedures. SW sought confirmation that a review date was in place for both the NHS England Operating Model and the Standard Operating Procedures. DS responded that there are plans for NHS England to issue a Service Level Agreement (SLA) in due course and that this would supersede the Operating Model.</td>
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SB noted that the authority level 2 [where the CCGs participate in decision-making with NHS England in a joint committee] and level 3 [where NHS England delegates decision making entirely to CCGs] as stated in the Operating Model require further clarity on differentiating between the levels with the use of examples. DS acknowledged that clarity was required and that this would be undertaken and included in the next iteration of the document.

EW raised the matter of the Joint Committees role of ensuring itself that GP practices have access to occupational health services in accordance with national guidance. DS responded by informing Joint Committees that NHS England has already established occupational health services for GPs; but there will be a national procurement process for procuring occupational health to underpin national guidance. This guidance will be made available to Joint Committees once finalised.

The Joint Committees noted the current status of the NHS England Operating Model and of the Standard Operating Procedures.

The Joint Committees noted the developments of support arrangements for Joint Committees in each Borough and the agreement to present these arrangements at the next Primary Care Joint Committees meeting.

### Reporting and decision making

#### Contractual action Month 1 to 4 2015/16

JW presented Enclosure E, decisions made by NHS England (London Region) relating to schemes in NHS Bromley CCG and NHS Lewisham CCG and explained the purpose of the papers was to report these activities to the responsible committees.

Joint Committees were informed that between April and July 2015 NHS Bromley CCG and NHS Lewisham CCG submitted Local Improvement Schemes (LIS) for review and agreement by NHS England, having completed all governance and related requirements for their organisations. The requirements, monitoring arrangements, payments and expected outcomes for both schemes were reviewed and approved by NHS England using the Standard Operating Procedure lines of enquiry for LISs. Both schemes meet cost effectiveness and best practice tests. It was also noted that the Lewisham Prescribing Quality Scheme was approved prior to urgent decision making procedures being in place.

JW presented Enclosure F, Decisions for Reporting to all Committees. The Joint Committees were informed of the locum reimbursement under London’s discretionary funding standard operating procedures (SOP) being used is a London wide SOP and follows national regulations in the absence of a national policy which is being developed. The notional allocation for South East London for locum reimbursement is £916k this year, which has been calculated based on the 2014/15 final out-turn of locum reimbursements for London. The £916K has then been allocated at CCG level on a weighted population basis.
The Joint Committees were further informed that the claims received between April and July 2015 amount to £258k. Whilst this appears to be an underspend against the £916k notional budget at the month four stage, it should be noted that there are missing submissions where claims relating to July 2015 had not yet been received. Any underspend or overspend will be reconciled across London.

A report on contract variations which have been enacted between April and July 2015 will be made available to members and observers at the next Primary Care Joint Committees meeting.

ML requested clarification on the £916k – as to whether this sum was included in the total available allocation for primary care or an additional sum of money? DS responded by stating that £916k forms part of the notional total allocation.

DR requested clarification as to the reason why the number of maternity claims in NHS Lewisham CCG was highlighted in isolation on page 113 under key issues. JW responded that it was merely due to the fact that maternity claims exceeded the numbers in other CCGs and no other significance should be attached.

SP commented that high turnover of staff and absenteeism would induce extra pressures on primary care in terms of recruitment.

JW presented Enclosure G, a request for temporary closure of practice list (a decision for the Southwark Joint Committee). Nunhead Surgery (SE15 3LY) is a PMS practice and has a registered list of 8,715 (April 2015). Under the terms of their PMS contract, the Surgery applied to NHS England to temporarily close their list for a period of six months. NHS England has considered the request in consultation with NHS Southwark CCG and Southwark LMC.

JW highlighted to the Southwark Joint Committee the surgery’s view that it is struggling to manage with the number / volume of new patient registrations it has received. The practice was concerned that without temporary list closure, the increase in patient registrations will affect access to appointments for their patients. In addition, there are new housing developments in the local area and a list closure will allow for organisational change to manage the extra demand.

The Southwark Committee were further informed of the key lines of enquiry used to determine the recommendation, as recorded in the paper.

It was recommended to the Southwark Joint Committee following consultation with the Local Medical Committee and NHS Southwark CCG that the request should not be approved.

In considering the recommendation CL commented that practices in general should be allowed to make their practice list smaller.

JH informed Joint Committees that NHS Southwark CCG had considered the recommendation and agreed with it.

RP commented that the LMC has offered to make a visit to the practice and offer support and enquired what support would be forthcoming from NHS England area team. JW informed the Southwark Committee that NHS England area team would re-engage with the practice and discuss the recommendation and determine what
AB commented that under the former Prime Minister's Challenge Fund and now Extended Hours Scheme, appointments were available to the practice to provide extra capacity and a discussion would take place with the practice to support improved take up of appointments.

The Bromley Committee noted the decision taken on 11 May 2015 to approve Bromley Medicines Management Local Incentive Scheme 2015/16 for £150,000 on 11 May 2015.

The Lewisham Committee noted the decision taken on 16 July 2015 to approve Lewisham Prescribing Quality Incentive Scheme 2015/16 for £60,000.

Joint Committees noted related expenditure for the six boroughs of south east London.

The Southwark Joint Committee accepted recommendation upon the temporary closure of practice list; for Nunhead Surgery (SE15 3LY).

7 Quality and Performance update report

JW presented the Quality and Performance report. The Joint Committees were informed that Quality and Performance reporting in each borough was being developed; the format and focus on quality and performance monitoring will be enhanced and will seek to blend and enrich a wider range of measures. Each borough will consider the current quality of general practice locally and will work across commissioners to develop actions and support to make improvements. JW acknowledged the reports in the pack were missing the fundamental 'so what' factor and that there was very little by way interpretation or trend analysis in the reports.

Joint working between CCGs and NHS England would seek to address this gap and lead to enhanced reporting.

Joint Committees were directed to slides 3-11 (pages 174-182) of the Quality and Performance report. JW proceeded to outline the content of each slide. Joint Committees were also informed of the following:

- Changes in Service Provision: there had been only one practice closure which occurred prior to 1 April 2015.

- Primary Care Performance Data Quality and Outcomes Framework (QOF) 2012/13 & 2013/14: In 2013/14 QOF points achieved were generally lower at 2-4% due to a number of practices failing to submit.

- Clinical Domains between 2012/13 and 2013/14 - there has been a decrease between 1-5% in achievement.

- QOF between 12/13 and 13/14: there was a noticeable decrease in performance achievement for two CCG areas (Greenwich and Lewisham) between 6-13% due to non-submission to Area Team.

- Patient experience percentage change year on year across the CCGs: this
showed a wide variation.

- **GP Outcome Standards**: the number of practices approaching an internal review across SE London is 110 out of a total of 224. NHS England is working with local stakeholders to improve local healthcare provision, with further analysis and appropriate responses planned to manage service outliers.

- **GP Patient Survey Access and Experience**: the July 2014 survey highlighted the scores achieved by CCGs using the NHS England Assessment Tool. This survey is carried out every six months.

- The results of the survey highlighted the average total score out of 24 per borough and the average percentage score per borough. JW informed Joint Committees that future reports will have additional columns showing benchmark data across London.

JF introduced a discussion on Performer concerns. The Joint Committees were informed that the data presented was basic in nature and would be developed for future reporting.

DS commented that this was the first time this level of detail had been provided in a public forum and welcomed comments from Joint Committees on how the report could be improved and indicated that the future reports would be quarterly. He reiterated that the QOF was voluntary for general practices.

A member commented that it would be helpful to know the number of practices which chose not to submit data. The member also asked if future reports could highlight common reasons when indicators show a downward trend. In addition, and to aid triangulation, if CQC reports on visits - which are in the public domain - could be included in the report.

AE welcomed the availability of the information presented and suggested that future reports should present benchmark data across London.

DF commented that the public is very interested in the performance of primary care access and asked consideration be given to finding a way to include more qualitative data in the report and making the report more accessible to the public; for example, including patient stories in the report.

JW noted that there is an urgent need for Joint Committees to work with NHS England on developing a systematic cycle to determine data & information that can be reviewed to enable consistent assessment of quality of services and for decisions and actions to be taken.

SB welcomed the report but was keen to work with NHS England at a local level to facilitate deep dives.

JF informed Joint Committees that all data is available to facilitate deep dives and that NHS England was committed to work with local boroughs’ quality committees to facilitate deep dives and the triangulation of data.

DS informed Joint Committees that population scattered diagrams would be made available in future report to help reconcile the list size, particularly in the Lambeth borough.
The Joint Committees noted the report and NHS England intentions to further develop the Quality and Performance update report.

### 8 Finance update report

DS informed the Joint Committees that budgets are held by NHS England; no budgets will be transferred to individual CCGs in line with Level 2 Co-commissioning terms. He then commented on the overall financial position for South East London Primary Medical services. This showed a slight overspend of £249k against issued budgets for the year to month three. The quarter one results comprised overspends on Personal Medical Services (PMS) **£242k** and General Medical Services (GMS) **£10k** with a slight underspend on Alternative Provider Medical Servicers (APMS). The overspend is primarily due to non-delivery of QIPP to date.

Against the national allocation model, London is considered to be over target in the provision of primary medical services. The impact of this in London is that although the overall uplift for primary medical services on the core budget was 2.2%, for the London region the uplift was 1.6%. Drivers influencing London’s significant costs are national negotiations and the increase in London’s population (average uplift in London’s population 1.3%).

This situation requires NHS England to introduce QIPP programmes to balance the books for primary medical services whilst improving quality; NHS England seeks the help of the CCGs in so doing. The QIPP programmes must be aggregated to the value of £11m to balance the books in relation to general practice spend across London; existing QIPP schemes would achieve £4m of savings leaving an overall financial gap of £7m.

RR asked was there a model approach to balancing population growth and savings that will be requested of individual boroughs. DS responded that NHS England approach has been to take a London-wide approach, which allows for flexing of QIPP schemes across boroughs. Under level 2 Co-commissioning that flexibility will remain.

The Joint Committees noted the report.

### 9 Personal Medical Services (PMS) Review

DS informed the Joint Committees of the NHS England national directive for area teams to review Personal Medical Services. He reminded the Joint Committees that in February 2014, NHS England’s Area Teams received national guidance setting out a requirement to review all PMS contracts by March 2016. The purpose of the review is to secure best value from future investment of the ‘premium’ element of PMS funding.

As a result of these reviews, any additional investment in general practice services that goes beyond core national requirements (whether this is deployed through PMS or through other routes) should:

- reflect joint NHS England /CCG strategic plans for primary care;
- secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises;
- help reduce health inequalities;
- give equality of opportunity to all GP practices, PMS,GMS and APMS
(provided they are able to satisfy the locally determined requirements);
- support fairer distribution of funding at a locality level.

He added that in September 2014, further guidance was issued clarifying that CCGs must be involved in commissioning decisions related to PMS funding.

GU then asked the Joint Committees to have borough level discussions on the implications and issues of PMS and asked each Joint Committee to nominate an individual to feedback to the Joint Committees when back in session. He also invited members of the public in attendance to join the borough there were affiliated too, to listen to the discussion.

Joint Committee feedback:

Lambeth Joint Committee - informed the Joint Committees that PMS were reviewed in 2012/13 in Lambeth; so they had a good platform from which to start. What was important in undertaking this new review was to ensure alignment with current strategies and budgets - with the starting point being Lambeth’s commissioning intentions and public outcomes. There is a need to be explicit around the criteria around special populations.

Southwark Joint Committee – approach to be taken will involve working with practices who are themselves working in collaboration of a collective basis. There are concerns about the pace of the review and the potential risk of the destabilisation on practices.

Bexley Joint Committee – Stressed the importance of working with NHS England in a different way to secure outcomes for Bexley patients.

Greenwich Joint Committee – to pursue a quick review and engage with Healthwatch, the Local Medical Committee and public as vital elements to securing desired outcomes, in addition to drawing on Public Health for an outcome focus. The Joint Committee felt it was important to take stock of the previous review and the impact it had.

Lewisham Joint Committee – the Joint Committee are committed to working locally with practices and with the LMC. It will refresh PMS contracts in line with current strategies and build in greater action to address health inequalities in the PMS contract.

Bromley Joint Committee – the Joint Committee felt they needed greater understanding of the process to ensure review can be conducted in an effective manner. The committee raised concerns that some practices may lose services and also made the point about the requirement to provide six months’ notice and therefore there would be a timing difference if the time frame of March 2016 is to be adhered to.

DS – Noted all comments.

The Joint Committees noted and endorsed the proposal that a PMS Working Group be established with CCGs and NHS England representation.
Committee Terms of Reference

The Joint Committees noted the Terms of Reference for their respective committees, which had previously been approved by the six CCGs Governing Bodies and Memberships and with NHS England. The six CCGs Terms of Reference were tabled for noting by the Joint Committees with the specific points highlighted:

- an agreed minor correction of the Bexley Primary Care Joint Committee’s ToR on page 6, 2nd paragraph; and
- the Joint Committees being sighted on the correct version of the Lewisham Primary Care Joint Committees ToR [at the Primary Care Joint Committee’s 11 June meeting an earlier iteration not the version agreed by NHS Lewisham CCG’s Delivery Committee was reproduced].

The Joint Committees members and observers noted the terms of reference of the Joint Committees.

Glossary of Terms

GG presented the Primary Care Joint Committees Glossary of Terms. This followed a request from a member of the public made at the Primary Care Joint Committees 6 June 2015 meeting that non-layman’s terms be explained and accompany Primary Care Joint Committees papers and be in the form of a glossary.

GG informed members and observers that the Glossary was very detailed and covered much more than the terms that would be heard at a Primary Care Joint Committees meeting.

RW commented that the glossary was a very good document but there were some omissions. Members and Observers were encouraged to highlight to GG omissions via Chairs of Joint Committees; and these were to feature in the next iteration of the glossary.

Actions: All – Members and observers to highlight to Chairs additional terms to be included in an updated glossary to be tabled at the next Primary Care Joint Committees meeting.

Other Business

Any other business

SW requested that the agenda should include page numbers for the relevant agenda sections

Public open space

A member of the public requested that urgent decisions taken outside the Primary Care Joint Committees are kept to an absolute minimum.

JW informed Joint Committees members that this would be the case. If there was a need to take decisions outside the Primary Care Joint Committees meeting, the decision making process would follow current urgent decision guidelines. She added these guidelines are currently being reviewed and would brought to the September
A PPG member enquired as to how members of the public would be informed of any service changes. ABu responded by informing the Joint Committees that at NHS Greenwich CCG, proactive dialogue with local populations and websites tools were fundamental in engaging with local population when reconfiguring services. Such service design was under pinned by feedback from patient groups. Nonetheless it was recognised that more could be done.

A member of the public requested that a fairer approach to funding boroughs with high deprivation areas be adopted by NHS England. DS responded by informing the Joint Committees that the national allocation model took into account demographics and funding was weighted accordingly. He added that a review of the current funding model was underway to further ensure funding allocation was equitable.

GU drew the Joint Committees to three written questions received from members of the public (attached to these minutes):

- public question (1) was received in time to allow for a written response to be drafted and tabled at the Primary Care Joint Committees meeting and accompany these minutes as Appendix 1.
- public question (2) and (3) are reproduced with responses and also accompany these minutes as Appendix 2 and 3.

14 Meeting close
Primary Care Joint Committees
6 August 2015

Signed Attendance Sheet (Public and other observers)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Gary Beard</td>
<td>NHS England</td>
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<tr>
<td>Sharon Fernandez</td>
<td>NHS England</td>
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<tr>
<td>Diana Braithwaite</td>
<td>NHS Lewisham CCG</td>
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<tr>
<td>Malcolm Hines</td>
<td>NHS Southwark CCG</td>
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<td>Vee Scott</td>
<td>NHS Greenwich CCG</td>
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<td>Sam Jones</td>
<td>NHS Greenwich CCG</td>
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<tr>
<td>Jan Matthews</td>
<td>NHS Greenwich CCG</td>
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<tr>
<td>Elaine Holland</td>
<td>PPG, Surrey Docks</td>
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<tr>
<td>Susie Wilson</td>
<td>Member of the Public Healthwatch volunteer</td>
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<tr>
<td>B Hutte</td>
<td>Member of the Public</td>
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<tr>
<td>Angela Burr</td>
<td>Member of the Public</td>
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<tr>
<td>Margaret Gurney</td>
<td>Member of the Public</td>
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<tr>
<td>Frank King</td>
<td>Member of the Public</td>
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<tr>
<td>Phil Mwanza</td>
<td>Member of the Public</td>
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<tr>
<td>Wendy Smith</td>
<td>Age UK Bromley and Greenwich</td>
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<tr>
<td>Frances Hool</td>
<td>Keep our NHS Public (KONP)</td>
</tr>
<tr>
<td>Eileen Smith</td>
<td>Keep our NHS Public (KONP)</td>
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<tr>
<td>Bob Skelly</td>
<td>Member of the Public</td>
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<tr>
<td>Geoff Sheath</td>
<td>PPG Greenwich volunteer</td>
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<tr>
<td>Pauline Sheath</td>
<td>PPG Greenwich volunteer</td>
</tr>
<tr>
<td>Sue Robinson</td>
<td>Member of the Public</td>
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<tr>
<td>Eileen Doyle</td>
<td>Lewisham Shared Care</td>
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<tr>
<td>Jeffrey Mantey</td>
<td>BMI Healthcare (Account Manager)</td>
</tr>
</tbody>
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Appendix 1

Primary Care Joint Committees Meetings

The following Joint Committees meetings, listed below, will be held in common at:

Charlton Athletic Football Club
The Valley, Floyd Road, London, SE7 8BL

6.00pm to 8.00pm on 06 August 2015

NHS Bexley CCG and NHS England Primary Care Joint Committee
NHS Bromley CCG and NHS England Primary Care Joint Committee
NHS Greenwich CCG and NHS England Primary Care Joint Committee
NHS Lambeth CCG and NHS England Primary Care Joint Committee
NHS Lewisham CCG and NHS England Primary Care Joint Committee
NHS Southwark CCG and NHS England Primary Care Joint Committee

Public Question and Response (1)

Question from a member of the public concerning the need for improvement in cancer survival rates:

Given that:

1: The UK lags behind a number of European countries in cancer survival rates and

2: This is mainly due to slow detection rates and

3: The latter is mainly due to cumbersome and slow referral procedures to specialists

Should detection be speeded up by GPs directly ordering tests for a number of clearly identified cancers?

Response:
The six CCGs across South East London are developing the Our Health South East London Strategy, working with local partners and stakeholders and informed by the work of our Clinical Leadership Groups (CLGs). This includes a Clinical Leadership Group for Cancer which has identified four main priority areas for action, one of which is the earlier detection of cancers as possibly the most significant intervention we can make if we are to save lives and improve outcomes for people who are diagnosed with cancer.

Our work in South East London is supported by work being developed on a London-wide basis across both CCG and NHS England commissioners. At a national level recent NICE Guidance and the Report of the Independent Cancer Taskforce, Achieving World Class Cancer Outcomes, published in July and proposing a Cancer Strategy for England for the next five years, are informing our work and approaches. Achieving World Class Cancer Outcomes reinforces the known evidence that an additional 30,000 patients each year could survive cancer for 10 years or more, with over a third through earlier diagnosis. As such we are seeking to address a range of improvements to support earlier diagnosis;

‘Straight to Test’/direct access services

There are a range of improvements which are currently being implemented by commissioners across London that will enable GPs to access key tests for cancer more quickly for their patients;

- ‘Straight to test’ for endoscopy for patients with colorectal symptoms which will support patients getting a more rapid diagnosis.
- GP access to non-obstetric ultrasound to investigate possible cancers
- GP access to CA125 and ultrasound concurrently to investigate possible ovarian cancer
- GP access to chest x-rays

Some of these tests are already offered by some local trusts, such as direct access for sigmoidoscopy, chest x-ray and ultrasound. We are currently reviewing the scope of existing provision and planned developments for further direct access services.

New NICE Urgent Referral Guideline Recommendations

In addition commissioners are currently agreeing a pan-London approach to implementation of the improvements to GP access to diagnostic tests as set out in the recently published new NICE referral guidance (June 2015);

- Direct access Gastroscopy to enable rapid investigation of upper GI symptoms
- Direct access to CT scan of the abdomen in order to support early diagnosis of pancreatic cancers
- Direct Access MRI scanning for GPs for a specific group of patients in order to improve the early detection of brain cancer (Note: this may change if compelling evidence is provided by clinicians)
- In South East London we are also planning to pilot an new pathway for patients with serious, but unspecific symptoms (e.g. weight loss, appetite loss)

Professional development for Primary Care Teams
The average full time GP will see only 7 to 8 cases of new cancer every year and diagnosing some cancers are difficult. There are a range of initiatives in place to support primary care clinicians to improve their ability to diagnose and include:

- Each CCG has a GP Cancer Lead and a Primary Care Facilitator in place and they work together to provide practices with their cancer data to encourage reflection on referral patterns and discuss ways to improve
- Plans are in place to support the roll out of Cancer Decision Support Tools in primary care this year and audit of cancer cases is being encouraged

**Increasing Public Awareness of Cancer Symptoms**

In addition many members of the public often have low awareness of the signs and symptoms of cancer and may sometimes be fearlful of presenting to their GP, particularly our more vulnerable groups. South East London CCGs are;

- Supporting the national ‘Be Clear on Cancer’ campaigns locally
- Delivering training to pharmacists to enable and encourage them to initiate conversations with the public and where appropriate signpost them to their GP.

**Improving Screening Rates for Cancers**

Screening for cancers is a further means to support earlier diagnosis. SEL is:

- Working with the screening services to improve information to primary care in order to increase awareness of where uptake could be improved.
- Cascading a ‘Best Practice Screening Guide’ to all General Practices later this month to highlight how they can encourage more of their patients to attend for screening.
- Planning for GPs to personally endorse bowel screening invitations, which we anticipate will help to increase participation in the bowel screening programme and save lives.

For further information please contact Andrew Eyres, Chief Officer NHS Lambeth CCG at andrew.eyres@nhs.net or katy.dickson@nhs.net
Public Question (2)

View from a member of the public Carol Vincent (requested that the Chair raised this matter at the PCJC meeting in her absence).

* my neighbour Josephine has died after me caring for her for 14 years. She was neglected by Southwark Council and social services. She was living in squaller. This is the social care act.

* Elderly people are being abused in their own homes.

* Some care homes neglect their duties.

* Children are not being given the correct care and attention in homes.

More inspections should be carried out in homes by CQC, to see that individuals are getting the best care and treatment possible.

As you know I feel strongly about social care and would like these issues addressed. Please bring up these issues at the meeting. Can you please forward me any documents circulated at the meeting.

I await your feedback.
Appendix 3

Public Question 3

Would it be possible to ask what can be done about the urgent need for a GP service within Forest Hill ward within Lewisham. At present this ward has no GP service and through my own experience and from local people I have heard that the surrounding GP services are pushed to their limit. Provision of a service was agreed by our local assembly this year. Please could I ask what can be done about this and how I, colleagues and the community can put pressure on whoever makes these strategic decision to look at the provision within Forest Hill ward within Lewisham

Best wishes

Cllr Paul Upex
Forest Hill
Lewisham