



**North East London
Commissioning Alliance**

NEL Joint Commissioning Committee Meeting Part 1

2.30-2.55pm Wednesday 13 March 2019

Committee rooms, Unex Tower

5 Station Street, Stratford, E15 1DA

An alliance of North East London Clinical Commissioning Groups

City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs

Chair: Dr Anwar Khan | Accountable officer: Jane Milligan

NELCA Joint Commissioning Committee – part I

Date and time: 2.30-2.55pm Wednesday 13 March 2019

Venue: Committee Rooms, Unex Tower, 5 Station Street, Stratford, E15 1DA

Agenda

No.	Time	Item	Page	Action required	Owner
1.	Welcome				
1.1		Welcome, introductions, apologies <ul style="list-style-type: none"> • Declarations of interest 	Verbal		Chair
1.2	2.30pm	Minutes from the last meeting and matters arising <ul style="list-style-type: none"> • action log 	20	Approve	Chair
2.	Business items				
2.1	2.35pm	Spending Money Wisely programme	24	Approve	Les Borrett
Any other business					
Date of next business meetings:					
<ul style="list-style-type: none"> • 8 May 2019 • 10 July 2019 					



North East London Commissioning Alliance

ACRONYM	MEANING
A&E	Accident & Emergency
APMS	Alternative Provider Medical Services (a type of Primary care contract)
AQP	Any qualified provider
BAF	Board Assurance Framework
Bart's / BHT	Barts Health NHS Trust
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
BMA	British Medical Association
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CCU	Critical Care Unit
CEG	Clinical Effectiveness group
CEPN	Community Education Provider Network
CHP	Community Health Partners
CIL	Construction Industry Levy
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meeting
CQUINs	Commissioning for Quality and Innovation (Payment Framework)
CSU	Commissioning Support Unit
CYP	Children and Young People
DES	Direct Enhanced Service
DoH/ DH	Department of Health
DToC	Delayed Transfers of Care
ED	Emergency Department
ELFT	East London Foundation Trust
ELHCP	East London Health and Care Partnership
ELHCP ODG	East London Health and Care Partnership Operational Delivery Group

NELCA JCC - Acronyms List

EMIS web	Egton Medical Information Systems (System that records patient consults)
EPCS	Extended Primary Care Service
EPCT	Extended Primary Care Team
EPR	Electronic Patient Record
ETTF	Estates and Technology Transformation Fund
FOI	Freedom of Information
GB	Governing Body
GIA	Gross internal area
GLA	Greater London Authority
GMC	General Medical Council
GMS	General Medical Services (a type of Primary care contract)
GP	General Practitioner
HBPoS	Health Based Places of Safety
HEE	Health Education England
HLP	Healthy London Partnership
HMT	Her Majesty's Treasury
HUH	The Homerton University Hospital NHS Foundation Trust
IAPT	Increasing Access to Psychological Therapy
ICP	Integrated care partnership
IG	Information Governance
IMT	Information Management and Technology
IPS	Individual placement and support schemes
ITU	Intensive Therapy Unit
IUC	Integrated urgent care
JCC	Joint Commissioning Committee
JSNA	Joint Strategic Needs Assessment
KGH	King George Hospital
KPI	Key Performance Indicator
LAP	Local Area Partnership
LAS	London Ambulance Service
LAs	Local Authorities
LBN	London Borough of Newham
LBWF	London Borough of Waltham Forest
LCFS	Local Counter Fraud Specialist
LD SAF	Learning Disability Self-Assessment Framework

NELCA JCC - Acronyms List

LEB	London Estates Board
LEDU	London Estates Development Unit
LES	Local enhanced service
LMC	Local Medical Committee
MoLCV	Medicines of limited clinical value
MOU	Memorandum of Understanding
MPIG	Minimum Practice Income Guarantee
NAFO	Newham Alternative Funding Option
NCCG	Newham Clinical Commissioning Group
NDPP	National diabetes prevention programme
NEL	North East London
NELCA	North East London Commissioning Alliance
NELCSU	North East London Commissioning Support Unit
NELFT	North East London Foundation Trust
NHS PS	NHS Property Services
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Health and Care Excellence
NUH	Newham University Hospital
OOH	Out of hours
OPD	Outpatient department
OPE	One Public Estate
PALS	Patient Advice and Liaison Service
PCCC	Primary Care Commissioning Committee
PCT	Primary Care Trusts
PHE	Public Health England
PMS	Personal Medical Services (a type of Primary care contract)
PPE	Patient and Public Engagement
PPG	Patient and Public Group
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measures
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality Outcome Framework (Assessor Validation Reports)
R&D	Research & Development
RAG	Red, Amber, Green

NELCA JCC - Acronyms List

RAS	Referral assessment service
RAID	Rapid Assessment Interface Discharge
RICS	Royal Institute of Chartered Surveyors
RLH	Royal London Hospital
ROI	Return on Investment
RTT	Referral to treatment
SEP	Strategic Estates Plan
SMI	Severe mental illness
SPA	Single Point of Access
SPR	Service Program Review
STP	Sustainability and Transformation Plan or Partnership

Joint Commissioning Committee Register of Interests

Date	January 2019
Edited by	Kate McFadden-Lewis, Board Secretary

Voting Members								
Name	Title	Name of organisation and nature of its business	Position Held/Nature of Interest	Type of Interest			Date Declared	Date Updated
				Financial	Non-financial Professional	Non-Financial Personal		
Jane Milligan	Accountable Officer – NELCA/NEL STP	NEL CSU	Partner is employed substantively by NEL CSU as Director of Business Development and from 2nd January 2018 on secondment to NHSE as London Regional Director for Primary Care	X			September 2011 - Present	January 2018
		Action For Stammering Children	Partner is a Trustee for Action for Stammering Children			X	May 2014 – Present	
		Stonewall	Ambassador			X	January 2017 – Present	
		Peabody Housing Association Board	Non-Executive Director			X	April 2016 – Present	

Anwar Khan	Chair – JCC & Chair Waltham Forest CCG	Churchill Healthcare (Churchill and Ching Way Medical Centres)	Partner, Trainer and Education lead for	X			2003- present	25 June 2018
		Churchill Healthcare (Churchill and Ching Way Medical Centres)	Wife, Dr Alesya Alekseeva, is a Partner	X			2003- present	
		AAK Healthcare Ltd - Provision of Healthcare Consultancy – usually abroad	Director		X		2007- present	
		E4 Healthcare - E4 Healthcare involved with Oliver Road GP-led Health Centre	Director		X		2010- present	
		Community Specialist Services Ltd - Provision of Specialist Clinics in colorectal and gynaecology	Director	X			2008- present	
		Stonebrites Ltd - Development and selling real estate	Shareholder	X			2003- present	
		AAKHAN & Son Ltd - Letting property	Director			X	2009- present	
		FedNet	Waltham Forest GP	X			2013- present	
		Healthcare Vocational Training Services	Director		X		2016- present	

		(VTS) Ltd - Provides Clinical Leadership/ Management/ Admin of Registrar Training – sub contractor available to provide services to any provider commissioned to deliver OOH or Urgent Care Services. Intended to be a CIC Not directly commissioned by WF CCG but declared as may be a sub-contractor to a provider who is commissioned my WF CCG.						
		RCGP STP - Liaising with NCL STP re: RCGP Forward View vision	Ambassador			X	2016- present	
		University of East London Stratford)	Honorary Academic Fellow		X		15 September 2018 - present	
Muhammad Naqvi	Deputy Chair JCC & Chair Newham CCG	Woodgrange Medical practice	GP partner	X			April 2018- present	9 July 2018
		Frenford clubs for young people (registered charity/ voluntary	Trustee			X	Oct 2013- present	

		organisation)						
		Newham HWBB	Deputy Chair					
		NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner				April 2018-present	
		Novartis	Clinical Observer					
Anil Mehta	Deputy Chair Elect JCC & Chair Redbridge CCG	Fullwell Cross Medical Centre	GP Partner	X			April 2013 – present	
		Metropolitan Police	Forensic examiner	X			November 2015 – present	
		The Cleaning Company	Sister-in-law is the owner			X	2013 – present	
		NHSE	GP appraiser	X			February 2015 – present	
		Healthbridge Direct	Shareholder	X			September 2014 – present	
		Fouress Enterprises Ltd	Director	X			2015 – present	
		Prescon	Ad-hoc screening work	X			January 2018 – present	
Sam Everington	Chair THCCG	Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	GP		X		1989-present	29 June 2018
		East London Health Partnership (STP)	Clinical Lead		X		2017- present	
		Tower Hamlets health and wellbeing board	Deputy chair		X		2013- present	
		BMA	Council member and		X		1989- present	

			Vice President						
		Community Health Partnerships (NHS Lift). Owned by DH	Director	X				2007- present	
		NHS England	National adviser on the new models of care (historical)		X			Ended 31 March 2018	
		Queen Mary University of London.	Fellow and Honorary Professor		X			2014- present	
		Tower Hamlets CCG	Wife Linda Aldous is the practice nurse board member			X			
		Bromley by Bow partnership	Wife Linda Aldous is a Partner			X			
		MDDUS (insurance for the GP partnership)	As a GP partners member	X				2005- present	
		Queens Nursing Institute	Vice President		X			2017- present	
		College of medicine	Vice President and Council member		X			2016- present	
		NHS property board	Board member		X			2018- present	
		4 separate surgeries in Tower Hamlets, 2 of head leases held by NHSPS	GP partner	X				1989- present	
		NHS resolution	Associate Non-executive Director					July 2018- present	
Atul Aggarwal	Chair Havering	Maylands Healthcare	GP Partner	X				April 2013 – present	25 June 2018

	CCG	Maylands Healthcare Ltd	Director and shareholder in on-site pharmacy	X			April 2013 – present	
		Parkview Dental Practice	Sister is NHS dentist within Havering			X	1996 – present	
		Essex Medicare LLP	Part owner which owns Westland Clinic, Hornchurch. Space rented out to Inhealth (Diagnostic), Nuffield Health (Brentwood), Communitas Clinics (Dermatology & Gynaecology)	X			2014– present	
		Havering Health Ltd.	Shareholder. GP partner (Dr Kendall) is a director		X		September 2014 – present	
		Barking, Dagenham and Havering LMC	Co-opted member				2013 – present	
		Westlands Clinic (Langton dental) have an outsourced contract with BHRUT for oral surgery.	Spouse is a dentist.			X	May 2018-present	
Mark Rickets	Chair C&H CCG	GP Confederation	Nightingale Practice is a Member	X				
		HENCEL	I work as a GP	X				

			appraiser in City and Hackney and Tower Hamlets for HENCEL					
		Homerton University Hospital NHS Foundation Trust	CCG Representative on Board of Governors – historic		X			
		Nightingale Practice (CCG Member Practice)	Sessional GP	X				
Jagan John	Chair, B&D CCG	King Edwards Medical Group	GP Partner	X			June 2010-present	25 June 2018
		King Edwards Medical Group	Other GPs are family members			X	June 2010-present	
		Health 1000	Director Prime Ministers Challenge Fund Lead BHR		X		Dec 2014-present	
		Proactive Care - Healthy London Partnerships NHS England	Clinical Lead		X		Mar 2017-present	
		North East London Foundation Trust - Barking & Dagenham Community Cardiology Service	GPWSI in Cardiology		X		Aug 2018-present	
		Together First Limited (GP Federation)	Practice is a Shareholder	X			Dec 2014-present	
		Harley Fitzrovia Health Limited	(Director and Shareholder)	X			May 2018-present	
		Monifieth Limited	(Director and			X	Mar 2018-	

			Shareholder)				present	
		Barking, Dagenham and Havering LMC	Committee Member		X		Oct 2013-Mar 2018	
Kash Pandya	Vice Chair JCC and Lay member B&D CCG	NHS Havering CCG	Lay member, Governance and Audit Chair	X			2013-19	26 June 2018
		Redbridge CCG	a Lay member governance and audit chair	X				
		University of Essex	Independent Audit Committee member		X		2013-19	
		Southend-on-Sea Borough Council	Independent Audit Committee member		X		2016-18	
		Brentwood Citizen's Advice Bureau	General Advisor		X		2009 – present	
		Essex Ministry of Justice Advisor Committee	Lay member, Governance and Audit Chair		X		2010-19	
		PriceWaterhouse Cooper	Son is employed as a management Consultant			X	2013 - present	
		Accenture	Son is employed as Legal Counsel			X	2015 – present	
		Historic - Her Majesty's Inspector of Constabulary	Associate Inspector				2011 – January 2018	
		Historic - Hillcroft College for Women (Surbiton)	Council member & honorary treasurer		X		May 2017 – present	
Historic - Health & Safety Executive	Independent Audit Committee member		X		May 2017 – present			

Richard Coleman	Lay Member Havering CCG	Richard Coleman Associates	Director/Co-owner. Spouse is also Director/Co-owner	X			April 2013 – present	
		BHR CCGs	Brother-in-law is Independent GP on the Primary Care Commissioning Committee		X		January 2017- present	
		1-2-1 Social Enterprise	Associate	X			October 2014 – present	
		Price Waterhouse Cooper	Nephew is a partner		X		August 2013 – present	
Khalil Ali	Lay Member Redbridge CCG	Dr Joseph GP practice, Collier Row	Family Doctor	X			April 2017 – present	
		St Francis Hospice	Spouse is a regular donor		X		April 2017 – present	
		Cancer Research UK	Spouse is a regular donor		X		April 2017 – present	
Sue Evans	Lay Member C&H CCG	Loughton Youth Project (registered charity)	Trustee and Treasurer			X	October 2017 – present	28 June 2018
		Worshipful Company of Glass Sellers Charity Fund	Secretary to Trustees, City Livery Company			X	October 2017 – present	
		St Aubyn's School Charitable Trust/Limited Company	Trustee and Director			X	October 2017 – present	
		Essex Advisory Committee for Justices of the Peace	Lay Member of the Committee			X	October 2017 – present	
		Barts Health	Self and family are			X	October 2017	

		Trust/BHRUT	patients/users of hospital/health care services in the local area of the NE London STP.				– present	
Alan Wells	Lay Member WFCCG	Capacity Ltd - A policy, research and training body, pledged to promote the needs of young children, their families and communities	Director		X	X	2007 – present	25 June 2018
		The Simplification Centre	Director			X	2010 – present	
		Alzheimer's Brain Bank UK, Alzheimer's Society	Trustee/Director			X	2013- present	
		Alzheimer's Society	Nominations and Appointments Committee			X	2013 - present	
		Independent Chair.	Joint Committee, North West London CCGs.		X		1 Nov 2018 – present	
		Sir George Monoux College	Chair of the Corporation			X	2013 – present	
Noah Curthoys	Lay Member THCCG	Bridgenor Group Ltd	Director	X			June 2015 - 16	
		Northshott Consulting Ltd	Director	X			2011-	
		The Democratic Society which is a non-profit	Contractor	X			July 2016- September 2016	

		organisation						
Andrea Lippett	Lay Member Newham CCG	Kwest + Associates Leisure consultancy	Director		X			March 2018
		Barts Health	Partner is a Non Exec Director			X		
Fiona Smith	Chief Nurse, NELCA JCC	Director & co-owner	Honesta Partners Ltd, a LLP Healthcare Consultancy company	X			- present	1 November 2018
		Spouse is also a director	Honesta Partners Ltd, a LLP Healthcare Consultancy company		X		- present	
		Registered Board Nurse	NHS Newham CCG		X		- present	
Charlotte Harrison	Secondary Care Consultant, NELCA JCC							

Non-Voting Members								
Name	Title	Name of organisation and nature of its business	Position Held/Nature of Interest	Type of Interest			Date Declared	Date Updated
				Financial	Non-financial Professional	Non-Financial Personal		
Henry Black	Financial Representative JCC & NEL STP	BHRUT	Wife works as Deputy Director of Income and Planning at BHRUT			X	Feb 2018 - Present	4 January 2019
		East London Lift Accommodation Services Ltd	Director		X		Feb 2018 – Present	
		East London Lift Accommodation Services No2 Ltd	Director		X		Feb 2018 - Present	
		East London Lift Holdco No2 Ltd	Director		X		Feb 2018 - Present	
		East London Lift Holdco No3 Ltd	Director		X		Feb 2018 – Present	
		East London Lift Holdco No4 Ltd	Director		X		Feb 2018 - Present	
		ELLAS No3 Ltd	Director		X		Feb 2018 - Present	
		ELLAS No4 Ltd	Director		X		Feb 2018 – Present	
		Infracare East London Ltd	Director		X		Feb 2018 - Present	
Mark Tyson	Barking & Dagenham Local Authority	NIL						
Mark Ansell	Havering Local Authority	NIL						

Adrian Loades	Redbridge Local Authority	NIL						
Ellie Ward	City of London Corporation	NIL						
Gareth Wall	Hackney Local Authority	NIL						21 July 2018
Linzie Roberts-Egan	Waltham Forest Local Authority	NIL						
Grainne Siggins	Newham Local Authority	ADASS	In 2014/15 ADASS received funding via an SLA from NHS England Negotiated by GS on behalf of ADASS	X			2014/15	
		British Association of Occupational Therapists	Registered Member			X		
		Health Professions Council as an Occupational Therapist	Registered Member			X		
Denise Radley	Tower Hamlets Local Authority	CACI	Family member (Marc Radley) is a director of CACI (supplier of information and IT systems to public sector)			X	April 2016 – present	25 June 2018
		Hertfordshire Partnership NHS Foundation Trust	Ordinary member			X	April 2016 – present	

NELCA Joint Commissioning Committee - Part 1

Date and time: 12.30-2.20pm Wednesday 9 January 2019

Venue: Committee Rooms, Unex Tower, 5 Station Street, Stratford, E15 1DA

Minutes

Present:	
Khalil Ali	Lay Member, NHS Redbridge CCG
Dr Atul Aggarwal	Chair, Havering CCG
Henry Black	Finance Lead, ELCHP
Richard Coleman	Lay Member, NHS Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Sue Evans	Lay Member, City and Hackney CCG
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
Dr Muhammad Naqvi	Chair, NHS Newham CCG
Fiona Smith	Chief Nurse, NELCA
Mark Tyson	Local Authority Representative, Barking and Dagenham
Alan Wells	Lay Member, NHS Waltham Forest CCG
In attendance:	
Les Borrett	Director of Strategic Commissioning, NELCA
Archna Mathur (item 5.1)	Director of Performance and Assurance, NELCA
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
June Okochi (item 3.1)	Interim Head of Maternity Commissioning, ELHCP
Luke Readman (item 3.1)	SRO Digital and Maternity, ELHCP and
Maureen Fitzgerald (item 3.1)	NHS Tower Hamlets CCG
Alan Steward	System OD and Transition SRO, NELCA
Apologies:	
Jane Milligan	Accountable Officer, NELCA
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Denise Radley	Local Authority Representative, Tower Hamlets
Dr Mark Rickets	Chair, NHS City and Hackney CCG

No.	Item
1.1	<p>Welcome, introductions, apologies</p> <p>The Chair welcomed attendees and members of the public to the meeting and apologies for absence were noted. There were no additional declarations of interest to those on the register of interests.</p>
1.2	<p>Minutes of the last meeting and matters arising</p> <p>The minutes of the last meeting, held 14 November 2018, were accepted as an accurate record.</p> <p>It was agreed to close JCC actions 6, 15, 17 and 20, and to follow up on progress on JCC actions 12 and 14. (ACTION: KM)</p>
2.1	<p>Questions from the public</p> <p>Andy Walker asked (late submission): ‘The HSJ reported in December 2018 that the NEL STP missed out on capital funding. Can you tell me the size of the bid, the location/s and the document sent to the DoH seeking funding?’</p> <p>Henry Black will provide the details of the submitted and unsuccessful bids. (ACTION: HB)</p>
3.1	<p>Maternity planning for 2019/20</p> <p>Luke Readman, June Okochi and Maureen Fitzgerald joined the meeting to present on Maternity planning for 2019/20 across NEL, highlighting the collaborative process involving commissioners, providers, third sector and patients and the public to develop this plan. In discussion, the Committee noted:</p> <ul style="list-style-type: none"> i. the NHS Long Term Plan’s target to halve maternity deaths by 2025, with a number of specific actions to achieve this, including cutting smoking in pregnancy, specialist pre-term birth clinics and the implementation of Maternity digital care records ii. the need for robust IT and technology to be in place to support the shared care record, and maternity digital care records, across east London, as well as the importance of clear communication to patients and health professionals iii. the changing role of primary care in maternity, and the plan to include primary care in regular MDT meetings iv. the importance of preconception care, particularly in women with specific conditions v. the importance of preconception, prenatal and postnatal mental health support, with a programme to soon be in place to improve access for women with perinatal mental health conditions vi. that a patient and public engagement lead has been appointed to understand the reasons behind the increase in women deciding to have births outside of the east London area.
3.2	<p>Outpatient transformation programme update</p> <p>Sam Everington updated on progress on the outpatient transformation programme. Discussion points included:</p> <ul style="list-style-type: none"> i. that this programme is progressing, resulting in a quicker and better patient experience for patients ii. the ongoing initiatives that are in place in BHR to reduce the referral rate iii. the need for the IT systems and technology to be in place to support these transformational and cultural changes and the different ways of working in primary care, such as online and telephone consultations iv. the potential learning, in terms of IT capability, from GP online services v. the importance of good, clear and timely communication between the patient, GP and consultants vi. the success of the network level peer to peer review, and consultant to consultant discussions, which are crucial for reducing outpatient referrals vii. the important role of workforce and ensuring the right skill mix is in place viii. the importance of ensuring the same opportunity for all patients across NEL, to reduce the unwarranted variation.

4.1	<p>Moorfields relocation – Consultation update</p> <p>Les Borrett reported on the consultation on the proposed relocation of Moorfields Eye Hospital from its current City Road site, to a planned new development in Kings Cross, updating that the process is now in pre-consultation stage. It is proposed that a committee in common of 14 CCGs is convened; due to the financial threshold used to identify CCGs with voting rights there is no requirement for a representative from Barking and Dagenham CCG to be nominated.</p> <p>The Committee made a recommendation that Lay members are included as members on the Committee in Common, and approved the process as outlined in the paper.</p>
5.1	<p>Performance update – month seven</p> <p>Archna Mathur presented the report on month seven performance across the East London Health and Care Partnership, highlighting where performance is compliant, areas that are improving as well as those at risk or deteriorating and the mitigations that are in place. Archna then focussed on the planning and performance for winter. Key points included:</p> <ul style="list-style-type: none"> i. NHS 111 has had a positive impact on demand downstream, with NEL, a clinically led model, the best performing in London ii. the VIPER system wide leadership meeting was activated for the first time this year, in particular to support BHRUT. This peer to peer support proved a success iii. a winter wash up event is being planned for March 2019. <p>Discussion points included:</p> <ul style="list-style-type: none"> i. that a focus on completing flu vaccinations in October may help to improve uptake and outcomes ii. the recently completed consultation on a new model for community urgent care for BHR, which will soon go out to procurement iii. mental health as a focus area for improvement, and in particular, access to CAMHS iv. the importance of understanding the reasons behind performance that is falling, as well as the activity flows v. the need for the IT capability to be available to allow direct booking from NHS111 into urgent treatment centres and GP appointments (ACTION: Luke Readman) vi. the need to ensure information flow across the system on where there is capacity in NEL hospitals.
6.1	<p>Risk register</p> <p>Alan Steward presented the NELCA JCC risk register to the Committee, updating on progress made on the risk mitigations as well as highlighting increases in risk scores. Work is progressing on incorporating progress against the trajectory. The Committee noted.</p>
7.1	<p>Meeting planner – 2018-19</p> <p>The Committee reviewed and agreed the agenda items for 2018-19.</p>
<p>Any other business: None.</p>	
<p>Next meeting: Wednesday 13 March 2019.</p>	



North East London Commissioning Alliance

Highlighted items represent a recommendation to remove from register

NEL JCC action log -13/3/2019

Reference	Meeting date	Minute reference	Action	Owner	Target completion date	Comment
JCC - 5	09/05/2018	4.1	NEL Performance report: Include a patient experience metric in future reports.	Jane Milligan/ Archna Mathur	May-19	In progress.
JCC - 12	11/07/2018	3	Specialised Commissioning plans: Give assurance to the Committee that patients will be able to access specialist services diagnostics locally.	Jane Milligan	Mar-19	
JCC - 14	11/07/2018	7	ELCHP digital programme: Share the governance rules on work programmes and road map with members.	Luke Readman/ Kambia Boomla	May-19	
JCC - 16	12/09/2018	3.1	Cancer Diagnostic Hub: Detailed information on the patient engagement to be included in the next update to the Committee.	Simon Hall	May-19	Considerable engagement with patients has been undertaken since September 2018 and the JCC will receive a full update.
JCC - 18	12/09/2018	5.1	Commissioning Strategy 2018/19 - 2021/22: Include an overview of the unwarranted variation across NEL, how this relates to better care for patients, as well as the implementation plan for the next update to the Committee.	Les Borrett	May-19	
JCC - 21	14/11/2018	5.1	Risk register: - consider the impact of engagement with Trust Chief Executives on the score for risk S5 and the impact that the progress on social prescribing is making on the score for risk S2 - consider the establishment of a short term risk sub-committee	Alan Steward	May-19	
JCC - 22	09/01/2019	2.1	Provide the details of the submitted and unsuccessful NEL STP capital funding bids.	Henry Black	Feb-19	Complete
JCC - 23	09/01/2019	5.1	IT capability to be in place to allow direct booking from NHS111 into urgent treatment centres and GP appointments	Luke Readman	May-19	

Joint Commissioning Committee

Date: 13 March 2019

Title of report	North East London Spending Money Wisely Programme
Item number	2.1
Author	Dr Victoria Tzortziou Brown, Chair of the Spending Money Wisely Clinical Reference Group Alison Glynn, Deputy Director, Transformation Delivery Ian Tritschler, Associate Director, Newham CCG and commissioning lead on Clinical Reference Group.
Presented by	Dr Victoria Tzortziou Brown, Alison Glynn, Ian Tritschler.
Contact for further information	Les Borrett, les.borrett@nhs.net
Executive summary	The following paper provides an update to Joint Commissioning Committee on progress against the NEL CCG Spending Money Wisely Programme. The paper also sets out options for the implementation of the National Evidence Based Interventions (EBI). Members are asked to review both the update and the recommendation and propose any further actions that may be required
Action required	Approve.
Where else has this paper been discussed?	13 March Clinical Senate
Strategic fit <ul style="list-style-type: none"> <i>Commissioning implications</i> <i>Local authority/integrated commissioning implications</i> 	This aligns with the NELCA Commissioning Strategy in that it would introduce a common approach to PoLCV across the whole of north east London.
What does this mean for local people?	The aim of this work is to ensure that Londoners have equal access to these treatments based on evidence based clinical criteria.
How does this drive change and reduce health inequalities (unwarranted variation)	A single common policy across North East London CCGs would further reduce variation across the health economy and provide consistency for providers.
Impact on finance, performance and quality	There is a potential financial opportunity through alignment of the current WEL, C&H and BHR CCG policies, and implementing the recent additional procedures in the National Consultation on Evidence Based Interventions.
Risks	<ul style="list-style-type: none"> If formal consultation is required, the timeline may slip There is some work to be done to reduce variation in some services and specialties across NEL.

Title: North East London Spending Money Wisely Programme

Date: 13 March 2019

Submitted to: Joint Commissioning Committee/Clinical Senate

Presented by: Dr Victoria Tzortziou Brown, Chair of the Spending Money Wisely Clinical Reference Group
Alison Glynn, Deputy Director, Transformation Delivery
Ian Tritschler, Associate Director, Newham CCG and commissioning lead on Clinical Reference Group.

1.0 Summary of Paper

The following paper provides an update to Joint Commissioning Committee on progress against the NEL CCG Spending Money Wisely Programme. The paper also sets out options for the implementation of the National Evidence Based Interventions (EBI).

Members are asked to review both the update and the recommendation and propose any further actions that may be required.

2.0 Progress on the current programme of work

Following consultant feedback during December 2018 and January 2019, consensus has now been agreed on all of the 75 interventions.

A detailed breakdown of policy consensus is shown below:

Procedure Number	Procedure	Consensus policy adopted	IFR or Prior Approval**
1	Spinal injections	National with minor amends	IFR
2	Interventional treatments for back pain	London with minor amends	PA
3	Spinal Surgery	BHR with minor amends	PA
4	Elective Caesarean	Remove from POLCE, monitored through Maternity Commissioning	
5	Cholecystectomy for asymptomatic gall stones	WELC	IFR
6	Double balloon enteroscopy	BHR	IFR
7	Sacral nerve stimulation for urinary incontinence	BHR	IFR
8	White cell apheresis	BHR	IFR

9	Breast reduction and correction of breast symmetry	National	PA (gynaecomastia is IFR)
10	Male breast reduction	Remove from POLCE, covered under 9	IFR
11	Breast augmentation	BHR	IFR
12	Revision of breast augmentation	WELC	PA
13	Nipple inversion	BHR	PA
14	Breast lift (mastopexy)	BHR	IFR
15	Continuous glucose monitoring devices for Type 1 diabetes	Remove from policy as will be managed by Medicines Management	
16	Tonsillectomy	National	PA
17	Laser surgery for short sightedness	BHR	IFR
18	Chalazia removal	National	PA
19	Grommets	National	PA
20	Cataract	London	PA
21	Repair of totally split ear lobes	WELC	IFR
22	Surgery on the upper or lower eyelid (blepharoplasty)	WELC	PA
23	Rhinoplasty/Septoplasty/Septo-rhinoplasty (surgery to reshape the nose)	Birmingham & Solihull	PA
24	Pinnaplasty/Otoplasty	SEL TAP	PA
25	Surgical treatment of chronic sinusitis	BHR	PA
26	Ear Wax Removal via aural microsuction	Remove from policy – to be addressed through appropriate pathway commissioning	
27	Ketogenic diet for epilepsy	BHR	IFR
28	Podiatry	Remove from policy and recommend work on a NEL spec for Podiatry services	
29	Bunion surgery	WELC	PA
30	Functional electrical stimulation (FES) for foot drop	BHR	PA
31	Reversal of female sterilisation and reversal of vasectomy	BHR	IFR
32	Cosmetic genital procedures (Labiaplasty)	BHR	IFR
33	MRI guided ultrasound (MRgFUS) for uterine fibroids	WELC	IFR
34	Bartholin's cysts	BHR	PA
35	Varicocele	BHR	IFR
36	Uterine Fibroids	Remove from POLCE, covered under 33	
37	Circumcision	BHR	Non medical – IFR Medical - PA
38	Non-core gender reassignment procedures	Remove from POLCE	
39	Sympathectomy for severe hyperhidrosis (palmar, plantar, axillary)	WELC	PA

40	Treatment for hair loss (alopecia)	BHR	IFR
41	Hair transplantation	BHR	IFR
42	Hair epilation	WELC	PA
43	Haemorrhoidectomy	National	PA
44	Abdominal wall hernia management and repair	BHR*	PA
45	Hysterectomy for menorrhagia (heavy menstrual bleeding)	National	PA
46	Dilation and curettage for heavy menstrual bleeding in women aged under 40 years	National	IFR
47	Shoulder decompression	London	PA
48	Trigger Finger	National	PA
49	Knee Arthroscopy	National	IFR
50	Hip Arthroplasty	London	PA
51	Joint replacement surgery (hip or knee) (BHR policy)	Remove from POLCE as duplicate of 50 and 51	
52	Knee Arthroplasty	London	PA
53	Acupuncture and osteopathy	Separate out Acupuncture and Osteopathy. Acupuncture not commissioned due to lack of clinical evidence. Osteopathy only commissioned as part of an agreed MSK integrated service.	Acupuncture - IFR
54	Surgical excision of ganglia	National	PA
55	Varicose Vein	National	PA
56	Surgical treatment of carpal tunnel syndrome	National	PA
57	Treatment of vascular lesions	BHR	IFR
58	Occipital nerve stimulation for cluster headache	Remove as is commissioned by NHSE	
59	Herbal medicines	WELC	IFR
60	Tattoo removal	BHR	IFR
61	Open MRI	WELC	PA
62	Any procedure outside of the current NHS service level agreements	Has been included as a principle in the policy	
63	Homeopathy	BHR	IFR
64	EXOGEN bone healing	BHR	PA
65	Excision of skin and subcutaneous lesions	National	PA
66	Treatment for scarring and skin hyper- or hypo- pigmentation	WELC	IFR
67	Abdominoplasty and excess skin excision	Separate Abdominoplasty (Prior Approval) and 'Excess Skin excision (IFR).	Abdominoplasty – PA Excess Skin - IFR
68	Keloid and other scar revision	BHR	PA
69	Face lifts and brow lifts (rhytidectomy)	BHR	IFR
70	Botulinum toxin (not cosmetic)	BHR	PA

71	Autologous chondrocyte (cartilage) implantation	Remove as is only available for research	
72	Surgical interventions for snoring in the absence of obstructive sleep apnoea	National	PA
73	Dupuytren's contracture release	National	PA
74	Bariatric Surgery	To be commissioned as per NICE guidance however highlight to Commissioners that there is variation in provision of a Tier 3 service.	
75	Liposuction	BHR	IFR

*subject to wording amendments

** Prior approval – means patients will have to meet certain criteria for treatment to be funded. IFR – means CCGs do not usually fund this unless the patient/requestor can demonstrate exceptionality – if they can demonstrate exceptionality, IFR team can approve funding for procedure to be carried out.

3.0 Implementation of the National Evidence Based Interventions (EBI) in 19/20 Contracts

Following the publication of the updated National Evidence Based Interventions outcomes (EBI) and guidance, the Clinical Reference Group were informed that National EBI policies were to be added to the National Standard Contracts from 1 April 2019. As such, the group has agreed to adopt national policies as a minimum, and only apply local or London policies where the local or London policies are more stringent than the National EBI policies.

The only National EBI policy not to be adopted in full is shoulder decompression. This is due to the Clinical Reference Group preferring the London policy, and the view taken that the London policy is more stringent and clearer than the National EBI policy. Local consultants also advised that this policy was in line with current practice. This would make adopting option 1 below (apply the National EBI from 1 April 2019) more complex. Shoulder decompression is currently considered as a standard treatment across NEL. From 1 April 2019 GPs and Providers would have to implement the National EBI, and then from July 2019 update their clinical practice and application process (if required) to comply with the London policy.

As a result two options are available in implementing the National EBI.

Option 1: Implement the National EBI in contracts using the National Standard Contract effective as of 1 April 2019.

Advantages include the savings associated with the new policies not currently included in either the BHR or WELC policies.

Monitoring of this activity will commence on 1 April 2019 and CCGs will be set targets associated with the reduction in activity.

Disadvantages include confusion to both Providers and GPs in implementing policies in a piecemeal way. As stated above the agreements reached on the north east London policy differ to the National EBI. Providers have already expressed concerns regarding this.

Potential loss of savings associated with the additional policies.

Option 2: Await outcome of the consultation and implement these procedures in the final policy, but resend communication to Providers and GPs that these procedures should no longer be undertaken.

Advantages include a simpler implementation of the final policy with less risk of confusion amongst GPs and Providers resulting in better compliance with the final policy.

Increased awareness of the national policies in both the public and clinicians as it will be implemented following a local public engagement exercise.

Less bureaucracy and confusion as prior approval forms will have to be revised to reflect the changes to the final policy for these procedures and identify that there are differences in the proposed final policy.

Disadvantages: Loss of additional savings associated with the new procedures for the first quarter of 19/20.

Recommendation:

Following discussion at NELCA SMT, it is recommended that commissioners do not implement the National EBI in April 19/20 **but instead** implement the policies relating to these treatments/procedures in the overall NEL policy following the public engagement process.

4.0 Monitoring the policy

Discussions have been held at both Clinical Reference Group and NELCA SMT regarding the process for monitoring compliance with the policy in Primary and Secondary Care. BHR CCGs have agreed to maintain their existing Prior Approval processes. It was agreed that further discussions would be held by Chairs in Inner East London as to the way forward for Newham, Tower Hamlets, Waltham Forest, and City and Hackney.

5.0 Key project milestones and Governance processes

A further meeting of the Clinical Reference Group was held on 15 February where the draft policy was signed off subject to final review of the amendments requested.

Advice has been sought from NHS England on the requirement for whether a formal consultation process is required. The following timetable assumes an eight week engagement process rather than a 12 week consultation timeline. There is a risk that this timetable may slip if a full consultation process is required.

Milestone	Date
Progress update Clinical Senate	November 2018
Engagement at contract review meetings	December 2018
National Consultation Results	December 2018
Finish Clinical Discussions	End January 2019
Proposed Spending Money Wisely Policy drafted	February 2019
Equality Impact Assessment by local CCG subcommittees	March 2019
Clinical Senate and JCC – Proposed Spending Money Wisely policy	March 2019
Sign off public consultation/engagement process at relevant governing bodies	March/April 2019
Complete public engagement/ consultation where required (two months)	May/June 2019
NEL Spending Money Wisely Policy approved at relevant Governing Bodies	June/July 2019
Contract variation for new policies applied	July 2019
New policy implemented (following one month notice period)	July / August 2019

6.0 Quality & Equalities Impact Assessments

A Quality Impact Assessment process will be required following drafting of the policy. It is proposed that this is done through local CCG subcommittees in March 2019 once the proposed NEL Spending Money Wisely policy is available. Similarly, an Equalities Impact Assessment will need to be completed to help inform the Joint Commissioning Committee and public consultation process.

7.0 Risks and Issues

- If formal consultation is required, the above timeline may slip by at least a month
- Bariatric Surgery and Tier 3 services have been raised by both WELC and BHR GPs. Not all CCGs currently have a Tier 3 service that ensures that the correct pathway is followed prior to referral to Tier 4 Bariatric Surgery. This has been highlighted as an impediment to appropriately managing demand for Bariatric Surgery
- GPs in BHR flagged at the last meeting their view that the current community MSK pathway does not always meet patient needs, and that manual therapies should be considered as an integrated part of

that pathway. In addition there are three different MSK pathways in WEL and further work will be required in the future to align these pathways

- The specification of Podiatry services is variable and in some places poor across north east London despite services being provided by the same providers. The Newham specification was highlighted as an example of good practice.

6.0 Recommendation:

- Members are asked to review the risks highlighted above and make any recommendations for resolution or mitigation
- It is recommended that commissioners do not implement the National EBI in April but instead implement the policies relating to these treatments/procedures in the overall NEL policy following the public engagement process
- Members are asked to recommend that local commissioners review local Podiatry specifications, MSK pathways and Weight Management pathways to ensure that patients are appropriately prioritised within the available resources.

APPENDIX 1 - Summary of main changes to current POLCE policies

*Note where national policy has been picked consultation at national level has been done

BHR Policy

Eight new procedures for BHR CCGs

From national:

- Dilation & Curettage (D&C) for heavy menstrual bleeding in women (IFR) – National
- Chalazia removal (Prior Approval) – National
- Surgical treatment of carpal tunnel syndrome (Prior Approval) – National

From London:

- Shoulder Decompression (Prior Approval) – London
- Interventional treatments for back pain without sciatica (Prior Approval) – London

From WELC:

- Repair of split ear lobes (IFR) - WELC
- Herbal medicines (IFR) - WELC
- Treatment for scarring and skin hyper- or hypo- pigmentation (IFR) - WELC

Five procedures are proposed to be removed from POLCE for BHR CCGs

- Continuous glucose monitoring for type 1 diabetes (IFR) – CGM is being split out from national tariff from 1st April 2019. CCG's are expected to make a commissioning decision about how this cohort of patients will access CGM. BHR CCGs have commissioned a new pathway from 1st April 2019 and WELC CCGs are expected to make a commissioning in the future.
- Elective caesarean (Prior Approval) – propose to remove - should be a decision between clinician and patient. Ensuring patient choice and would instead be covered through existing maternity commissioning.
- Ear wax removal via aural microsuction (Prior Approval) – procedure is needed for consultants to conduct other procedures. Needs to be addressed instead through coding challenge and/or service commissioning.
- Bariatric surgery (Prior Approval) – criteria for access to service is controlled through bariatric service commissioning
- Podiatry (Prior Approval) – Majority of activity occurs under a block contract with NELFT

Policies where there has been a change to criteria for patients to access treatment:

- Trigger Finger (Prior Approval) – National. Propose to adopt national policy. This would move trigger finger from being IFR to being funded if certain criteria are met.
- Sympathectomy for severe hyperhidrosis (palmar, plantar, axillary) (Prior Approval) – WELC - This would move trigger finger from being IFR to being funded if certain criteria are met.
- Pinnaplasty/Otoplasty (Prior Approval) – criteria change to add objective measure of ear deformity. Remains as prior approval as before except that the criteria of having 'significant' ear deformity is now defined as having 'prominence measuring >30mm'. This provides clarity to the clinicians on the definition of significance.
- Rhinoplasty (Prior Approval) – expanded to include septoplasty and rhino-septoplasty as was previously unclear. Birmingham and Solihull policy used.
- Dupuytren's contracture release (Prior Approval) – National – this remains prior approval. Main change is that treatment will now be funded if patient has loss of extension in joint of 25 degrees or more, this was previously 30 degrees under old policy.

Waltham Forest, Newham, Tower Hamlets and City & Hackney CCGs policy

Thirteen new procedures for WELC CCGs

From national:

- Injections for non-specific low back pain without sciatica (IFR) – National
- Surgical interventions for snoring in the absence of obstructive sleep apnoea (IFR) - National
- Chalazia removal (Prior Approval) - National
- Haemorrhoidectomy (Prior Approval) – National

From London:

- Interventional treatments for back pain without sciatica (Prior Approval) – London
- Cataract Surgery (Prior Approval) – London
- Shoulder Decompression (Prior Approval) - London
- Hip arthroplasty (Prior Approval) - London
- Knee arthroplasty (Prior Approval) - London

From BHR:

- Laser surgery for short sightedness (IFR) – BHR
- Spinal surgery (Prior Approval) – BHR
- Functional electrical stimulation (FES) for footdrop (Prior Approval) - BHR
- Abdominal wall hernia management and repair (Prior Approval) - BHR

One procedure is proposed to be removed for WELC CCGs

- Continuous glucose monitoring for type 1 diabetes (IFR) – CGM is being split out from national tariff from 1st April 2019. CCG's are expected to make a commissioning decision about how this cohort of patients will access CGM. BHR CCGs have commissioned a new pathway from 1st April 2019 and WELC CCGs are expected to make a commissioning decision in the future.

Policies where there has been a change to criteria:

- Pinnaplasty/Otoplasty (Prior Approval) – criteria change to add objective measure of ear deformity. Remains as prior approval as before except that the criteria of having 'significant' ear deformity is now defined as having 'prominence measuring >30mm'. This provides clarity to the clinicians on the definition of significance.
- Rhinoplasty (Prior Approval) expanded to include septoplasty and rhino-septoplasty as was previously unclear – Birmingham and Solihull policy used.
- Dupuytren's contracture release (Prior Approval) – National – this remains prior approval. Main change is that treatment will now be funded if patient has loss of extension in joint of 25 degrees or more, this was previously 30 degrees under old policy.

APPENDIX 2 – North East London CCGs – Clinical Leads reviewing policies

Please note that each CCG only has one vote, and the Clinical Reference Group requires four clinicians representing at least four CCGs for decisions made to be quorate.

GP Name	CCG
Anju Gupta	Barking & Dagenham CCG
Maurice Sanomi	Havering CCG
Sarah Heyes	Redbridge CCG
Anita Bhatia	Redbridge CCG
Mohammad Tahir	Redbridge CCG
Dinesh Kapoor	Waltham Forest CCG
George Sowemimo	Waltham Forest CCG
Victoria Tzortziou-Brown	Tower Hamlets CCG
Catherine Gaynor	Newham CCG
Bapu Sathyajith	Newham CCG
Suresh Tibrewal	City & Hackney CCG
Gary Marlowe	City & Hackney CCG