

NEL Joint Commissioning Committee – part 1

12.30-2.30pm Wednesday 8 May 2019

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	Chief Finance Officer, NELCA
Richard Coleman	Lay Member, NHS Havering CCG
Noah Curthoys	Lay Member, NHS Tower Hamlets CCG
Sue Evans	Lay Member, City & Hackney CCG
Professor Sir Sam Everington	Chair, NHS Tower Hamlets CCG
Charlotte Harrison	Secondary Care Consultant, NELCA
Dr Jagan John	Chair, NHS Barking and Dagenham CCG
Dr Anwar Khan (Chair)	Chair, NHS Waltham Forest CCG
Dr Anil Mehta	Chair, NHS Redbridge CCG
Jane Milligan	Accountable Officer, NELCA
Dr Muhammad Naqvi	Chair, NHS Newham CCG
Kash Pandya	Lay Member, NHS Barking and Dagenham CCG
Dr Mark Rickets	Chair, NHS City & Hackney CCG
Fiona Smith	Chief Nurse, NELCA
In attendance:	
Les Borrett	Director of Strategic Commissioning, NELCA
Archna Mathur	Director of Performance & Assurance, NELCA
Kate McFadden-Lewis (minutes)	Board Secretary, NELCA
Alison Glynn (item 4.2)	Deputy Director, Transformation Delivery, NEL CSU
Simon Hall	Director of Transformation, ELHCP
Matthew Henry (item 4.2)	Matt Henry, Senior Transformation Delivery Manager, NEL CSU
Alan Steward (item 6.1)	System Transition and OD, NELCA
Apologies:	
Colin Ansell	Local Authority Representative, Newham
Mark Ansell	Local Authority Representative, Havering
Adrian Loades	Local Authority Representative, Redbridge
Denise Radley	Local Authority Representative, Tower Hamlets
Linzi Roberts-Egan	Local Authority Representative, Waltham Forest
Alan Wells	Lay Member, NHS Waltham Forest CCG

No.	Item																							
1.1	<p>Welcome, introductions, apologies The Chair welcomed attendees to the meeting, and apologies for absence were noted as above. There were no declarations of interest.</p>																							
1.2	<p>Minutes of the last meeting and matters arising The minutes of the last meeting were accepted as an accurate record.</p> <p>Actions update: JCC-5: performance of patient experience metrics will be reported on, and managed at, service level. These are regularly reviewed by the quality leads through many forums, including Healthwatches, NHS Choices feedback, complaints and the friends and family test.</p> <p>JCC-7: will be included in the papers pack at the next meeting.</p> <p>JCC-23: Direct booking from NHS111 into UTCs work is progressing, with solutions in place across the patch.</p>																							
2.1	<p>Questions from the public</p> <p>Questions from Shujah Hamid, Integrated Healthcare Manager, North London Region, Internis Pharmaceuticals Ltd: asked in absentia.</p> <p>Q1. Post the recent 10 Year Long Term NHS plan announcement, what will NEL JCC be doing differently moving forward?</p> <p>Answer: Q1. A NEL system operating plan has been submitted to NHS England and can be viewed on our the ELHCP website http://www.eastlondonhcp.nhs.uk/ourplans. This will be discussed further under the STP refresh item on the agenda.</p> <p>Q2. What primary and/or secondary care formulary will the seven NEL CCGs be following?</p> <p>Answer:</p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Formulary</th> <th>Link</th> </tr> </thead> <tbody> <tr> <td>Barts Health NHS Trust</td> <td>Local Formulary - Currently under development</td> <td>Link not currently available - Formulary expected to go live in two weeks</td> </tr> <tr> <td>BHRUT</td> <td>Local Formulary</td> <td>https://www.bhrhospitals.nhs.uk/search?term=formulary&search=Search&searchType=all</td> </tr> <tr> <td>ELFT</td> <td>Local Formulary</td> <td>https://www.elft.nhs.uk/Services/Medicines-Formulary</td> </tr> <tr> <td>C&H CCG & HUFT</td> <td>Joint Local Formulary</td> <td>http://www.cityandhackneyccg.nhs.uk/News-and-publications/the-joint-formulary.htm</td> </tr> <tr> <td>NELFT</td> <td>Local Formulary</td> <td>https://www.nelft.nhs.uk/medicines-information</td> </tr> <tr> <td>Redbridge CCG</td> <td rowspan="2">Local Formulary</td> <td>http://www.redbridgeccg.nhs.uk/About-us/Medicines-management/Local-Formularies.htm</td> </tr> <tr> <td>Barking & Dagenham CCG</td> <td>http://www.barkingdagenhamccg.nhs.uk/About-us/Medicines-management/Local-Formularies.htm</td> </tr> </tbody> </table>	Organisation	Formulary	Link	Barts Health NHS Trust	Local Formulary - Currently under development	Link not currently available - Formulary expected to go live in two weeks	BHRUT	Local Formulary	https://www.bhrhospitals.nhs.uk/search?term=formulary&search=Search&searchType=all	ELFT	Local Formulary	https://www.elft.nhs.uk/Services/Medicines-Formulary	C&H CCG & HUFT	Joint Local Formulary	http://www.cityandhackneyccg.nhs.uk/News-and-publications/the-joint-formulary.htm	NELFT	Local Formulary	https://www.nelft.nhs.uk/medicines-information	Redbridge CCG	Local Formulary	http://www.redbridgeccg.nhs.uk/About-us/Medicines-management/Local-Formularies.htm	Barking & Dagenham CCG	http://www.barkingdagenhamccg.nhs.uk/About-us/Medicines-management/Local-Formularies.htm
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Havering CCG		http://www.haveringccg.nhs.uk/About-us/medicines-management/Local-Formularies.htm
Tower Hamlets CCG	Formulary Complete	https://www.formularycomplete.com/report/public/THCCG-eBNF
Newham CCG	Local Formulary	http://www.newhamccg.nhs.uk/AdminV9/Tracker/ClickTracker.aspx?type=search&id=906464 0 1 860980 23246532&indexid=306&terms=formulary&x=/Downloads/Health-Services/medicinesMgmt/BNF%20%20Newham%20formulary%20v%2020%20-%20March%202016.xlsx
Waltham Forest CCG	Local Formulary	http://bnf.walthamforestccg.nhs.uk:8080/bnf

Questions from Michael Vidal, Hackney resident: asked in absentia.

Q1. It is my understanding that all Orthopaedic Procedures have been centralised at the Olympic Park in Newham. If that is correct, can you please confirm:

- (i) The date the decision to do this was made.
- (ii) As this was a commissioning decision, can you please confirm how the duties under s.14Z2 of the National Health Service Act 2006 (as amended) were complied with in particular the duty to involve patients and the public in the developing of the proposals.

Answer:

The Barts Health Orthopaedic Centre at Newham Hospital has recently opened additional capacity to support reductions in waiting times for elective surgery. It is not the case that all orthopaedic surgery within Barts is now performed at NGH – services continue at both Whipps Cross and the Royal London Hospitals and the Trust’s clinicians work with patients at time of referral to agree the best location given the treatment required and the patient’s preference.

Q2. In relation to:

- a) Pathway redesign
- b) Service redesign
- c) As far as not covered by a or b proposals from a Clinical Reference Group.

Can you state the process that is used to develop proposals in particular how patients and the public are involved as required by s.14Z2 of the National Health Service Act 2006 (as amended)?

Answer:

The NEL CCGs follow appropriate policies where public engagement and consultation are required. Any proposals for service redesign will be considered depending on their scale and impact and discussed with providers and other stakeholders.

Question from Mary Logan, Waltham Forest Save Our NHS:

The executive summary for the STP Performance report states that the NEL STP is non-compliant with standards for diagnostics, with further deterioration from previous months.

If diagnostics are not available in the medically required timescale, and easily accessible, cancers will continue to be diagnosed late, and there will continue to be poor survival rates. I note there is an Early Diagnostic Centre for N. E London based at Mile End Hospital, as well as the previously existing local diagnostics in the NEL area.

Research on patients presenting late with cancer shows a strong correlation with distance to travel. The moving of GPs into larger hubs and away from being dotted around residential areas means some people will already be putting off going to the GP.

I realise some GP hubs are to have some diagnostics, which should benefit the patients attending there. However, others will be deterred from making the longer journey to the GP until later in the disease process. How is the impact of these changes to be monitored, and where can the public find this and other evidence re the impact of the STP changes?

Answer:

The latest position on diagnostics performance has improved from the time of writing the report with performance at BHRUT improving on account of additional capacity for the provision of MRIs in particular. The North East London STP has been compliant with delivery of all cancer performance standards consistently during 2018/19.

NEL STP remains focussed on driving delivery of the diagnostic standard and also on the early diagnosis of cancer by staging cancers earlier, amongst other initiatives, which has also seen significant improvement across North East London since quarter 1 of 2017.

When approving practices to relocate to a new site, as a general rule it wouldn't be expected to be more than 1 – 1.5 miles from their previous site. However, this is fairly flexible and would depend on analysis of a number of factors such as distribution of the patient list by reviewing a scatter map, the proximity of other local practices and accessibility and transport links. The impact on travel time is normally limited.

Co-locating GPs together in hubs will increase access to a range of services and expertise as there are many that cannot be provided in multiple sites or in smaller practices (because of space constraints). Co-locating GPs means some services may be provided alongside more easily. There is no evidence that we are aware of to support the concern that GPs moving to hubs reduces the likelihood of patients attending their GP.

In discussion on this question, it was agreed that there is a need to ensure the unintended consequences are monitored. Early diagnosis metrics are tracked and discussed at CCG and Health and Wellbeing Boards, as well as a number of other forums, and a more detailed report on this can be provided in due course.

Question from Meenakshi Sharma:

Where are the Equalities Impact Assessments for the Commissioning Strategy 2018/19 - 2021/22 in light of the unwarranted variation across NEL both in terms of resource allocation and health outcomes?

Answer:

EIAs were not carried out at the level of the Commissioning Strategy. An EIA is carried out for each individual service change through the business case approval process.

Meenakshi Sharma then raised her concerns that, in the move to commissioning at the NEL level, inequalities at borough level were not being monitored. Jane Milligan assured Meenakshi, and the Committee, that, in the joint approach to commissioning with the Local Authorities, this is regularly looked at a local level.

Question from Andy Walker:

On midday on 3rd May Save KGH/Don't overload campaigners went to 10 Downing Street to seek a public consultation on the new plan to close KGH A&E, can this Committee support this call?

	<p>Answer:</p> <p>This question has been asked, and answered, in various other forums and received a consistent answer. The document is superseded by the statement by Jane Milligan at the BHR CCGs Joint Committee in January 2019 and by the open letter from the Local Authority, BHR CCGs and the Trust in April 2019. Both of statements were clear that the KGH A&E will remain open. We are not prepared to entertain further questions on a matter that has been fully answered.</p>
3.1	<p>Early Diagnosis Centre: update on patient engagement</p> <p>Simon Hall presented on the patient engagement work around the Early Diagnostic Centre, which is due to be opened at Mile End Hospital by the end of 2019. Discussion points included:</p> <ol style="list-style-type: none"> i. the robust patient and public engagement that has been carried out throughout this project, and the importance of this to ensure its success ii. the need to monitor the uptake, as well as patient travel times iii. the importance of endorsing and supporting this centre to ensure the expected positive outcomes are realised, such as improvement on the two week wait standard iv. with positive outcomes achieved, there is potential for more centres to be rolled out across NEL v. the potential for innovative workforce modelling, such as training nurse practitioners in diagnostic procedures vi. the discovery programme's work around using AI technology to identify patients at risk, to be sent straight to test.
4.1	<p>STP refresh</p> <p>Simon Hall updated the Committee on the STP refresh, outlining that the operating plan is being developed in line with the Long Term Plan via a 'bottom up' coproduction approach, guided by input from patients and the public, clinicians, providers and local systems. The plans will need to align with the NHS England guidance which is expected soon.</p> <p>In addition to the various local engagement events, Simon Hall highlighted the upcoming engagement event planned for June, which will bring together the stakeholders, clinical programmes and systems across the STP area.</p>
4.2	<p>North East London Spending Money Wisely Programme</p> <p>Les Borrett introduced the NEL Spending Money Wisely Programme. Alison Glynn and Matthew Henry joined the meeting for the presentation of this item. Key discussion points included:</p> <ol style="list-style-type: none"> i. the proposed consultation time of six weeks, which was recommended based on the patient and public engagement and involvement already undertaken at various forums, including Joint Overview and Scrutiny Committees and Healthwatch meetings, as well as the consultation carried out at a national level. This programme is chiefly working to consolidate the existing policies across NEL, and ensuring clinical best practice and national guidance is reflected ii. the need to agree the WELC prior approval process and the possibility that there are different prior approval processes at the WELC and BHR level, operating under an agreed NEL policy.
5.1	<p>Performance report – month 11</p> <p>Archana Mathur presented on the month 11 performance across the STP area, highlighting that the latest position on diagnostics performance has improved from the time of writing the report, with performance at BHRUT improving due to additional MRI capacity, in particular. NEL has been compliant with delivery of all cancer performance standards consistently during 2018/19. In discussion the Committee noted:</p> <ol style="list-style-type: none"> i. the difference in the end of year predicted number of patients waiting over 52 weeks, compared to waiting list size between trusts. This is due to the difference in the ability to forecast the trajectories for certain services, for example Barts have dental capacity issues

	<p>and therefore can accurately predict the number of patients waiting over 52 weeks for that service</p> <ul style="list-style-type: none"> ii. the importance of ensuring joined up Continuing Healthcare services across the system, including more CHC assessments taking place in the community, to achieve better outcomes for patients iii. the need for robust IT in place to support the ability to track the effect that the urgent care choices available to patients has on A&E attendance levels iv. the Tower Hamlets achievement on Personal Health Budgets, and the programme that is now in place to ensure that learning and best practice is shared across the patch.
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 three risks that have been removed from the register: the Winter Plan, Cancer Early Diagnostic Centre and the reputational risk from the perception that the JCC is removing responsibilities from local decision making. Discussion points included:</p> <ul style="list-style-type: none"> i. the need to take account of the impact of the Long Term Plan on the risks ii. the need to review the mitigations in place for the risks around demand and capacity and the estates programme transformation plans, given the capital funding bids were not successful iii. that the mitigations on the risk around specialised commissioning are dependent on further guidance from NHS England around the Long Term Plan. The team continues to work with NHS England to develop the proposals around the move to place based budgeting. <p>Anwar Khan noted that this is Alan Steward's last meeting, and extended his thanks and best wishes for the future on behalf of the Committee.</p>
7.1	<p>Meeting planner: noted.</p>
8	<p>Any other business</p> <p>Les Borrett updated on the consultation for the proposed relocation of Moorfields Eye Hospital. The response from Camden CCG to the feedback from the JCC has been shared with Members, and the Committee in Common across the 14 CCGs formally approved the consultation processes at its meeting on 24 April 2019. The consultation is expected to be launched following the EU election purdah period.</p> <p>Jane Milligan highlighted the three 2019 BMJ Awards winners from across NEL: Bromley by Bow Health for 'DIY Health: 0 to 5', Barts Health NHS Trust for 'Violence Reduction Trauma Care' and Barking, Havering and Redbridge University NHS Trust for 'Stroke Senior Decision Making'.</p>
<p>Date of next meeting: 12.30-2.30pm Wednesday 10 July 2019</p>	