

**Lewisham Clinical Commissioning Group – Governing Body meeting on**

**Thursday 8<sup>th</sup> January 2015, 9.00-9.30am**

**PUBLIC FORUM SESSION**

**From the Governing Body:**

Dr Angelika Razzaque, Clinical Director  
Rosemarie Ramsay, Healthwatch Lewisham  
Diana Robbins, Lay Member  
Dr Marc Rowland, CCG Chair  
Martin Wilkinson, CCG Chief Officer

**From the CCG:**

Susanna Masters, CCG Corporate Director (notes)  
Mina Jesa, CCG Interim Head of Public Engagement

**Two members of the public attended.**

**Question 1**

Could we improve the choice of location for these meetings, by having some Governing Body meetings in the north of the Borough?

CCG Response

*During 2015/16 we will try out different venues In Lewisham which are suitable for a large meeting in public. However some consider that the Civic Suite is a good venue as it is a known place, central for public transport and car parking is available.*

**Question 2**

Could the CCG explain how the CCG's Primary Care Development Strategy, London's Strategic Commissioning Framework for Primary Care Transformation, the national Primary Care Co-commissioning initiative and the Local area Networks all fit together?

CCG Response

*The CCG's Primary Care Development Strategy is setting the strategic direction and outcomes for future provision of GP services in Lewisham. It includes the key aspects of London's Strategic Commissioning Framework for Primary Care Transformation about proactive, accessible and co-ordinated care.*

*The national initiative to take forward primary care co-commissioning will make it easier for the CCG to implement its Primary Care Development Strategy as it will facilitate the CCG taking on wider responsibilities for primary care commissioning.*

*The Local Area Network will bring together GPs primary community and social care to provide patient centred care for a designated geographical area – in Lewisham we are developing four neighbourhood based Local Area Networks as the basis for delivering primary care services.*

### **Question 3**

**What is the difference between model 2 and model 3 in primary care co-commissioning?**

CCG Response

*The difference is that model 2 enables the CCG to have more responsibility for jointly commissioning GP services working with NHS England. It will require some changes to our Constitution to establish joint committee arrangements.*

*With model 3 the CCG assumes full responsibility for commissioning all aspects of GP services. It will require greater changes to our Constitution but will give us the opportunity to create an integrated budget for all primary, community and social care services with hospital services – a 'Lewisham place budget'*

*In both models the scope is only GP services so it does not include any responsibility for pharmacists, opticians or dentists.*

**Follow up question** - What about co-commissioning for specialised services?

CCG Response; *in 2015/16 it is expected that the CCG will gain responsibility for commissioning for bariatric surgery, renal service, wheelchair services and urology outpatients transferred from NHS England. CCGs will be jointly commissioning with NHS England other specialised services that are provided at hospitals like Kings and Guy's and St Thomas' across London.*

**Follow up question** – how will primary care co-commissioning affect access to my local GP?

*Primary care co-commissioning should improve access to GPs as we will be encouraging GPs to work together to provide longer opening times. However the CCG should continue be held to account by its local population so that it does not*

*lose its local focus and openness with the public by working more on a south east London basis; being a local clinical lead commissioning organisation, which genuinely wants to engage with its public, is something which we would want to strengthen, not weaken by primary care co-commissioning.*

#### **Question 4**

Why is the CCG required to keep a 1% surplus each year?

CCG Response

*The statutory requirement is to breakeven. In addition NHS England's expects all CCGs to deliver a planned 1% surplus each and every year. Each year NHS England returns the previous year's surplus, meaning that the money is not 'lost' to Lewisham on a recurring basis. It is part of one of the financial mechanisms that the Department of Health uses to assist in achieving end of year financial balance across the whole consolidated NHS.*