

LEWISHAM CCG
GOVERNING BODY PUBLIC PRE-MEETING
11th May 2017, 9.30-10.00am

From the Governing Body:

Dr Marc Rowland (MR), CCG Chair
Ray Warburton (RW), CCG Deputy Chair, Lay Member
Martin Wilkinson (MW), CCG Chief Officer
Tony Read (TR), Chief Finance Officer
Dr David Abraham (DA), Senior Clinical Director
Dr Seb Kalwij (SK), Clinical Director
Dr Faruk Majid (FM), Senior Clinical Director
Dr Angelika Razzaque (AR), Clinical Director
Dr Jacky McLeod (JM), Clinical Director
Dr Charles Gostling (CG), Clinical Director
Alison Browne (AB), Registered Nurse Member
Anne Hooper (AH), Lay Member
Shelagh Kirkland (SK), Lay Member
Dr Magna Aidoo (MA), Healthwatch representative

From the CCG:

Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)
Susanna Masters (SM), Corporate Director
Victoria Medhurst (VM), Associate Director for Integrated Governance

4 members of the public attended

Question 1

What progress has been made on the CCG's corporate objectives and in particular with referral to treatment times (RTT) and A&E targets?

CCG Response

The current position with RTT times overall are particularly affected by continuing issues at Kings College Hospital (KCH) but are meeting requirements elsewhere.

Cancer times are variable, slightly deteriorating during February and March. A&E performance has been maintained but we will be looking at developing a plan that tackles some longstanding issues and taking into account the outcomes of the CQC inspection at Lewisham & Greenwich Trust (LGT).

Follow-up Question

How will the CCG meet its increased target for QIPP?

CCG Response

All parts of the system, other CCGs and providers, have stretching targets and so we will have to work together to achieve them, for instance through more sustainable work on pathway improvements.

Question 2

What is involved in the work on the 'front door' of A&E at Lewisham Hospital and the urgent care centre on the same site?

CCG Response

We are working on GP streaming, making sure that patients attend the right service. In some instances this means that people can be seen most appropriately through routine appointments. And with the ambulatory care centre also on the site, we are looking at how all these services are used, as well as with provision at the Queen Elizabeth Hospital (QEH) site. There is £1.6 million capital money to help with both sites, for instance for the space and the number of rooms available for these services.

Follow-up Question

How can people be helped in other ways to attend the correct service?

CCG Response

One of the main problems is seriously ill people needing to attend A&E, such as those with long-term conditions and where possible we are supporting their empowerment and engagement in their own condition management. This will include more work on diabetes, for instance.

Question 3

Patients may be referred from Lewisham Hospital to QEH, Guy's & St Thomas's, King's College Hospital – what are the contracts, how is this dealt with financially?

CCG Response

We have separate contracts with the different providers. The NHS 'Five Year Forward View' encourages more working together between providers and with commissioners. There are different contract arrangements, for instance primary care and mental health are block contracts, and we will be looking at different ways of

working for instance by commissioning for outcomes rather than activity or block contracts. There are many aspects to this: working more closely with social care, defining the best outcome for each patient, breaking down organisational, professional and cultural boundaries that exist.

Follow-up Question

What about the differences in eligibility for health and for social care services that people experience?

CCG Response

The accountable care systems that are part of the policy contained in the Five Year Forward View will help to make these distinctions less significant.

Question 4

The Governing Body papers such as the risk report are written in language that can be difficult to understand. Can it be made more simple?

CCG Response

Many elements are standard terminology for organisational risk management but we have tried to simplify where possible and are reviewing our risk management policy. We suggest when you are looking at the Board Assurance Framework (the 'BAF'), it is most useful to look at the current impact and likelihood scores and at what we are aiming to achieve.