

LEWISHAM CCG

GOVERNING BODY PUBLIC PRE-MEETING

26th July 2018, 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), Lewisham CCG Managing Director

Dr Esther Appleby (EA), Clinical Director

Dr Charles Gostling (CG), Clinical Director

Dr Faruk Majid (FM), Clinical Director

Anne Hooper (AH), Lay Member

Alison Browne (AB), Registered Nurse Member

From the CCG:

Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)

Valery Lawrence (VL), Communications Manager (NEL CSU)

5 members of the public attended

Question 1

The Governing Body papers refer to a decision about Integrated Urgent Care Service. Please clarify what this is about as it is not obvious that it has been discussed previously.

CCG Response

This relates to the procurement of what is usually referred to as the '111 service', which it will continue to be known as for the public, which we have discussed at various points of its development over the last couple of years.

Follow-up Question

It is good that the specification seems to have a higher level of clinician involvement in the way the service is delivered and help people end up in the right place for their needs along with improving access to GPs. How will the service be publicised?

CCG Response

We can confirm that the introduction of the service will be accompanied by plans to publicly launch and promote the service though these have not yet been finalised.

Question 2

The papers also include an agreement about committees in common in south east London. What does this mean?

CCG Response

This agreement is to allow arrangements where we can bring committees from the CCGs to meet together and allows us some flexibility, for instance in areas such as performance not to have to discuss in six different meetings but once where issues such as cancer cut across organisations and borough boundaries. Audit is another area where this agreement makes it possible for committees to meet in common where all of the CCGs undertake the same areas of internal review and there would be gains from better sharing.

Similarly, there may be circumstances where it is beneficial for committees from two or from three CCGs to meet together.

Question 3

Around three years ago when the committee in common for strategic decision-making was established there were careful rules about how it would operate, membership, meetings being held in public and so on. Will there be the same considerations for these other committees?

CCG Response

This is an in-principle agreement and as the arrangements for any committee are developed the same checks and balances would apply as were put in place for the existing committee in common. The sovereignty of each CCG is not affected.

Question 4

Has the committee in common for strategic decision-making held any meetings as they are supposed to be in public?

CCG Response

There has been no recent requirement for the committee to hold any meetings.

Question 5

Returning to the Integrated Urgent Care Service, given its full name does that contract have any other remit for service provision, not just '111'?

CCG Response

The service will play an important part in connecting to other services, but will not itself be providing GP services etc.

Question 6

Guidance from NHS England included laudable aims of clarifying for the public the different names and types of urgent care. By December 2019 the guidance states there should be urgent treatment centres (UTCs) in every area. Lewisham's urgent care centre (UCC) is one of the most successful centres in London because it is co-located with the emergency department. Do you know of any plans to change the way the UCC is working away from its current arrangements that are working well?

CCG Response

We are managing the implementation of this guidance through the south east London STP (Sustainability and Transformation Partnership). We expect the Lewisham UCC to be an urgent treatment centre, and are not expecting there to be huge changes to the way urgent care is delivered. Part of the implementation does include a review of the workforce profile, such as junior doctors, GPs, and nursing, and looking at streaming processes to ensure people receive the right treatment in the right place. There is still some work to do on the digital aspects for a UTC as well and that is being progressed. The development is being overseen by the A&E Delivery Board, and we expect urgent care to be more primary care oriented while joint working with all of our partners will be critical.

Follow-up Question

If there were significant changes to the service and it went out to tender and awarded to a company outside the NHS, there would potentially be difficulties with IT systems, and losing the quality of training for junior doctors. Is the UCC commissioned by the CCG and contracted to the trust? Are acute services being commissioned centrally?

CCG Response

The CCG is responsible for commissioning the UCC which is a mixed model of providers, including 5 GP practices, SELDOC and Lewisham and Greenwich Trust to provide a range of staff. The CCG remains responsible for acute commissioning though there is a central team who carry out some of the functions on our behalf.

Question 7

Recent media reports concerned overseas doctors qualified in the UK where the Home Office would not allow them to finish their GP training unless a GP practice sponsored them. Would a practice be able to give this sponsorship? Are there likely to be any cases in Lewisham?

CCG Response

We cannot comment on the policies of the Home Office. We are not aware of any such cases in Lewisham.