

**LEWISHAM CCG**  
**GOVERNING BODY PUBLIC PRE-MEETING**  
**9<sup>th</sup> March 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 Magna Aidoo (MA), Healthwatch representative

**From the CCG:**

Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)  
Russell Cartwright (RC), Head of Communications & Engagement  
Victoria Medhurst (VM), Associate Director for Integrated Governance

**6 members of the public attended**

**Question 1**

I have been working with clinicians at Lewisham & Greenwich Trust (LGT) who specialise in inflammatory bowel disease (IBD) who would like to liaise with the CCG on areas such as supporting preventative work, audit, and ensuring the best clinical outcomes.

*CCG Response*

*We are keen to ensure close liaison and partnership between primary care providers and hospital clinicians. With our clinical colleagues from Bexley and Greenwich CCGs and with LGT, we have established a 'clinical cabinet' to promote clinical dialogue on this type of area, and we suggest your contacts working on IBD follow this route to consider clinical audit and other areas.*

**Question 2**

The budget report shows that the financial position for 2017-18 for the CCG and others will be difficult. Reports of CCGs restricting access to treatments have been in the news, including at Greenwich CCG. Are there any plans for Lewisham CCG to do likewise?

### *CCG Response*

*We have no such plans at present. We understand the difficult decisions having to be made by other CCGs but our current circumstances do not require the same steps to be taken.*

*In introducing such restrictions it is equally important to consider the effectiveness of the interventions or any restrictions, for instance whether it affects the health related quality of life of patients. Clinical outcomes are improved for those who smoke or have obesity factors where they have time to change, and that is as important as financial factors.*

### **Follow-up Question**

It is important that patients are not denied choice. Your papers refer to a peer review of elective referrals. Do patients have the right to a second opinion if a referral is refused?

### *CCG Response*

*Yes, there is an appeals process. But the peer review is not necessarily about restrictions, it is also very much educational for GPs to improve their referrals.*

### **Question 4**

I was surprised to see in recent reports that STPs have no legal backing. Was it not set up under delegated powers?

### *CCG Response*

*The STP (sustainability and transformation plan) for south east London is not an entity in itself. It is a plan that has been developed under arrangements with the six CCG Governing Bodies and boards of provider organisations. Simon Stevens (Chief Executive of NHS England) will be issuing further guidance on implementation of the Five Year Forward View which we expect will provide more clarity about the role and status of STPs. STPs have been for local areas to determine, and in south east London we are planning a programme of 'civic engagement' with our local population and organisations to explain more about what our STP is. The south east London STP has evolved from the Our Healthier South East London programme, and we are keen to keep the best of it.*