NHS
Lewisham
Clinical Commissioning Group

Lewisham Clinical Commissioning Group – Governing Body meeting on Thursday 11th September 2014; 9:00 – 9:30am

GOVERNING BODY

PUBLIC FORUM SESSION

From the Governing Body:

Dr Marc Rowland, CCG Chair
Martin Wilkinson, CCG Chief Officer
Prof. Ami David, Registered Nurse Member
Dr Jacky McLeod, Clinical Director (part meeting)
Dr Danny Ruta, Director of Public Health, London Borough of Lewisham (part meeting)

From the CCG:

Charles Malcolm-Smith, Head of Strategy & Organisational Development (notes)
George Absi, Systems Intelligence Manager
Lorna Hughes , Head of Public Engagement (part meeting)
Grainne Bellenie, Engagement Officer (part meeting)

Four members of the public attended.

Introduction

Dr Rowland opened the meeting by explaining that it was an opportunity for members of the public to ask questions of the CCG Governing Body about agenda items for the meeting to follow and in a more informal setting.

Question 1

With reference to the report from the Strategy & Development Committee and the item on the CCG Commissioning Strategy, as CCGs were set up to stimulate an active market for services, how is the CCG doing this to provide more variety outside incumbent services?

CCG Response

CCGs were not necessarily set up to change the market but to bring clinicians into the decision-making, and this is being carried out in a number of ways across the country.

Follow-up Question: How does the CCG plan to get the benefits of a competitive market to meet clinical needs, for example in cancer treatment?

CCG Response

The CCG strategy reflects a population level of planning, and is underpinned by other policies and strategies which would include the different levers through contracts or with different providers to improve services. To date we have not carried out many tendering exercises but will consider the opportunities to do so where it may be needed. The work across south east London will also take a collective view where there are implications broader than Lewisham.

On cancer services in particular, many aspects are commissioned on a London-wide basis.

Question 2

The south east London strategy referred to an expression of interest in co-commissioning, what might it cover?

CCG Response

It would be likely to cover co-commissioning of primary care. A working group has been established to progress plans but has not reported back yet. There are many issues to consider, such as conflicts of interest in commissioning, ensuring the agreement of our membership, and understanding the budget for Lewisham. Nationally, there are a range of 'offers', from working with NHS England to delegated budgets. Nationally there are also discussions about the commissioning arrangements for other more specialist services such as bariatric surgery.

Follow-up Questions: is it (co-commissioning) taking over money going to GPs for service they already provide? Does it cover joint commissioning? Would money move from the local authority?

CCG Response

Co-commissioning would be for GP services, other areas are specialist services. Both would involve working at scale where appropriate, for instance pan-London. It would enable the CCG to work with one budget and to shift spend between areas appropriately. There would be no money moved from the local authority

Question 3

How different will commissioning be in 3 years?

CCG Response

We are developing more integrated care, working to people's care plans and sharing information. This will be supported by GPs working together to provide service.

Question 4

What information does the CCG collect on the performance of services commissioned, for example when referred to a service by GP but nothing further is heard?

CCG Response

We collect both hard data, such as performance against targets, and soft data such as quality alerts. We use both of them to look for signs where there may be problems.

Follow-up questions: Do you pull soft data together? Where do quality alerts go? Do referrals indicate level of urgency?

CCG Response

We encourage quality alerts, which are made by GPs, so that we can bring them together and examine them. They are reported to our main quality committee, the For Learning and Action Group, FLAG.

With referrals, we are establishing a referral support service that will help with early, timely appointments, and to improve the quality of referrals and patient experience. We are the start of a two year pilot, and around half of our member practices have signed up to it. The urgency of referrals is marked as routine and is also checked by providers.

Question 5

What are the constitutional arrangements for the CCG for voting: is it one vote per practice? What if the membership was not happy with the job you were doing?

CCG Response

Every GP working more than two sessions can vote for the GP representatives. They could change their representatives through elections, or they could pass a vote of no confidence.