

Primary Care Joint Committees (PCJC)

15 December 2016

Meeting held at:

Room G02ABC, ground floor, NHS Southwark CCG/London Borough of Southwark
160 Tooley Street, London SE1 2QH

Minutes

Meeting Chair Greg Ussher (GU)

Secretariat Tom Bunting (TB)

Greenwich Primary Care Joint Committee

Attendees:

Greg Ussher (GU)	Member	Committee Chair (Lay PPI)
Jim Wintour (JWi)	Member	Committee V Chair (Lay Governance)
Maggie Buckell (MB)	Member	CCG Governing Body Nurse
Dr Iyngaran Vanniasegaram (IV)	Member	CCG Governing Body - Secondary Care Clinician
Joanne Murfitt (JM)	Member	CCG Chief Officer
Dr Ellen Wright (EW)	Member	CCG Chair
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England – Medical Director for South London
Sophie Patterson (SP)	Observer	Greenwich Healthwatch
Dr Tuan Tuan (TT)	Observer	Greenwich LMC
Councillor David Gardner (DG)	Observer	Greenwich Health and Wellbeing Board

Apologies:

Dr Ranil Perera CCG Governing Body GP

Lewisham Primary Care Joint Committee

Attendees:

Ray Warburton OBE (RW)	Member	Acting Committee Chair (Lay Governance)
Martin Wilkinson (MW)	Member	CCG Chief Officer
Dr Marc Rowland (MR)	Member	CCG Chair
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England – Medical Director for South London
Charles Gostling (CG)	Member	
Peter Ramrayka (PR)	Observer	Lewisham Health and Wellbeing Board

Apologies:

Dr Jacky McLeod CCG Clinical Director

Dr Simon Parton
Nigel Bowness

Lewisham LMC
Lewisham Healthwatch

Southwark Primary Care Joint Committee

Attendees:

Joy Ellery (JE)	Member	Committee Chair (Lay PPI)
Richard Gibbs (RG)	Member	Committee Vice Chair (Lay Governance)
Professor Ami David (AD)	Member	CCG Governing Body Nurse Member
Dr Jonty Heaversedge (JH)	Member	CCG Chair
Dr Emily Gibbs (EG)	Member	CCG Governing Body GP
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England – Medical Director for South London
Caroline Gilmartin (CG)	Observer	Director of Integrated Commissioning
Dr Penny Ackland (PA)	Observer	Southwark LMC

Apologies:

Andrew Bland	CCG Chief Officer
Malcolm Hines	CCG Chief Financial Officer
Aarti Gandesha	Healthwatch (Southwark)
Councillor Maisie Anderson	Health and Wellbeing Board (Southwark)

Other attendees:

Jill Webb (JW)	NHS England – London (Head of Primary Care)
Gary Beard (GB)	Assistant Head of Primary Care

Item	Action			
<p>1. Introduction and apologies</p> <p>GU welcomed members, observers and members of the public to the tenth meeting of the Primary Care Joint Committees of:</p> <ul style="list-style-type: none"> • NHS Greenwich CCG and NHS England • NHS Lewisham CCG and NHS England • NHS Southwark CCG and NHS England <p>GU reminded the Joint Committees present that this meeting was not being attended by the SE London Joint Committees of Bexley, Bromley and Lambeth because there were no scheduled items of business at the SE London level scheduled for this meeting, or for the Joint Committees of Bexley, Bromley or Lambeth. GU advised that there was no part 2 business scheduled for this evening.</p> <p>GU informed members, observers and members of the public that the meeting was being meeting held in public, rather than being a public meeting. GU advised that the meeting would be recorded to help to ensure accuracy of the minutes, which would be published in advance of the next meeting, at which point they would be formally approved by the Joint Committees.</p> <p>Apologies received in advance of the meeting:</p> <table border="0"> <tr> <td>Dr Ranil Perera</td> <td>Greenwich Primary Care Joint Committee - Member</td> <td>Governing Body GP</td> </tr> </table>	Dr Ranil Perera	Greenwich Primary Care Joint Committee - Member	Governing Body GP	
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Maggie Buckell	Greenwich Primary Care Joint Committee – Member	CCG Governing Body Nurse member
Dr Jacky McLeod	Lewisham Primary Care Joint Committee - Member	CCG Clinical Director
Dr Simon Parton	Lewisham Primary Care Joint Committee - Observer	Lewisham LMC
Nigel Bowness	Lewisham Primary Care Joint Committee - Observer	Lewisham Healthwatch
Andrew Bland	Southwark Primary Care Joint Committee - Member	CCG Chief Officer
Malcolm Hines	Southwark Primary Care Joint Committee - Observer	CCG Chief Financial Officer
Aarti Gandesha	Southwark Primary Care Joint Committee - Observer	Southwark Healthwatch
Councillor Maisie Anderson	Southwark Primary Care Joint Committee - Observer	Southwark Health and Wellbeing Board

2. Declaration of Interests

The following members and observers reported changes to their declarations. In cases where the attendee was a new member or was representing a member or observer at the meeting, the declarations were noted as new entries to the declarations of interest register.

Name	Joint Committee	Change
Joanne Murfitt	Greenwich	(new member): <ul style="list-style-type: none"> Trustee of the NHS Greenwich Charitable fund (Charity Commission ref. 1097722)
Dr Marc Rowland	Lewisham	Addition: <ul style="list-style-type: none"> Relative works for KPMG (Medical)
Professor Amid David MBE	Southwark and Lambeth	Removal: <ul style="list-style-type: none"> No longer working at NHS Lewisham CCG
Dr Emily Gibbs	Southwark	Removals: <ul style="list-style-type: none"> Locum GP across Lambeth and Southwark Sessional GP at Walworth Partnership Locum GP Southwark Extended Access Addition (see bold text): <ul style="list-style-type: none"> Sessional GP at Manor

			<p>Place Partnership – part of Nexus practice.</p> <p>Amend:</p> <ul style="list-style-type: none"> Does flexible sessions to support extended access (rather than locum work) (amended to summarise roles) 	
	Dr Penny Ackland	Southwark	<p>(new member):</p> <ul style="list-style-type: none"> Salaried GP at Nunhead Surgery Chair of Southwark LMC 	
3.	<p>Minutes of the last meeting</p> <p>The minutes of the previous meeting (20 October) were not reviewed at this meeting, because only three out of the six Joint Committees in SE London were in attendance, and therefore the minutes could not be signed off by the Joint Committees in totality. It was noted that the minutes will be reviewed and agreed by the Joint Committees at the next meeting (23 February).</p> <p>There was one action recorded at the previous meeting: Richard Jeffery (NHS England London region) was to produce a budget setting paper for 2017-18 for the CCGs to review. It was noted that this action had been completed.</p>			
4.	<p>Matters arising</p> <p>None.</p>			
5.	<p>Public Open Space</p> <p>One written question from the public had been received in advance of the meeting. The question received was from Lynn Cooper, who, referring to recent items on the BBC news suggesting that GP receptionists may “put people off seeing their GP by asking questions about symptoms’ asked about “funding for general practice development” and specifically whether this included provision for training for receptionists. “If so, what can we expect to change? When will we see this change?” This question had not been directed at any one Joint Committee in particular.</p> <p>GU confirmed that a written response to the question had been produced by NHS England (London region) and sent to the questioner by TB. Printed copies of the response were available from TB (at the meeting) or via email upon request.</p> <p>At the meeting, Bob Skelly (South Southwark PPG) asked a question about London General Practice performance in comparison with that of the remainder of the country. Mr Skelly said that performance in London for general practice compared unfavorably with the rest of England in a range of metrics (including on numbers of practices and proportions of total number of practices that had been rated as “Required Improvement”, “Inadequate” and “Outstanding” following CQC inspections) and asked what was being done to address this. Mr Skelly also suggested that lessons could be learned from the programme of investment to improve performance of state schools during the past 10-15 years.</p> <p>LW (NHS England, London region) said that the question raised was a good one and</p>			

encouraged the implied challenge (comparison with state education in London vs national performance). LW briefly pointed to a number of reasons why primary care in London had been behind other parts of the country on some of the key performance metrics. This is a complex issue. Partly about churn and transient populations, challenges of language (where English is not first language), issues around estates (which had been a limiting factor for general practice), levels of deprivation.

LW also pointed out that London is a city of extremes around general practice when compared with other parts of the country: London has some of the most challenged practices in the country as well as some of the very best and highest performing practices in the country.

LW speculated that the proportion of investment that had been made available to for primary care development in London (given that it has some of the best/well-resourced hospitals in the country) has been proportionally low (although LW did say that this would need to be checked).

LW said that there was a lot that was being done and could be done in response to this. Primary Care Joint Committees were in place to address a range of things including development and resilience of general practice. CCGs themselves were set up in part to take a (partly) clinical focus on this, and CCGs themselves had indicated a commitment to take on fully delegated clinically led commissioning of general practice (from 2017-18) and Primary Care more generally. Furthermore there was a significant level of additional investment going into primary care (as had been highlighted by LW at previous PCJC meetings during 2016) via London wide development funding, STP and GPFV. LW commented that this investment had parallels with the commencement of the state schools investment programme in London approximately ten years ago, and that there was a clear vision to accelerate development in primary care in London and to make it comparable with the local education system as current. LW reminded the Joint Committees and public that there is excellence in primary care in London, and said that the quality and performance statistics did not always illustrate the excellence that does exist across the city.

JH (Southwark Joint Committee) also commented on this, and agreed it is a fair comparison to make (with the programme of investment into London schools in the last decade). JH referred to a discussion at a previous PCJCs meeting where the impact of practices working in isolation from each other on the quality of their services provided had been highlighted. JH said that this was a key issue for general practice in London, which had been a key factor in explaining challenged performance. JH advised that one of the key ambitions for commissioners moving forward is to promote and facilitate practices connecting up with each other to a much greater in future to avert this. JH noted that the challenge as stated by the questioner referred to a ten year process and programme of investment in state schools, and said that there would need to be similar expectation in universal terms for general practice and that a realistic approach would need to be taken on this. JH said that even during the past 6-12 months there had been quite dramatic changes in the approach taken by commissioners in SE London in addressing local challenges around quality and performance in primary care. JH said that it was his hope that in ten years' time the same scale of improvement would be seen in general practice across London (as had been seen in London schools following the period of investment described).

MR (Lewisham Joint Committee) welcomed the challenge for commissioners and providers of general practice to meet. He pointed out that this challenge was being

	<p>taken up locally in many parts of London by merging and developing GP practices. There was a need to build on the energy within and across general practice for it to make the necessary improvements and that providers and commissioners were helping to make this happen. At the pan London level – MR said that important links were being further developed with the Mayor, Local Authorities and developing the Healthy London Partnership. Whilst the Mayor has no direct remit or governance lead on health matters for London, it was noted that he holds a strong interest in areas such as mental health, loneliness, children’s services, social prescribing (as examples of areas that CCGs have little control on), but which strongly impact on the health of our patients.</p> <p>TT (Greenwich Joint Committee) said that the scale of the challenges currently facing general practice needed to be recognised, in terms of funding pressures and the increased workload and demand on the service.</p>	
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For discussion		
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6.	<p>CQC Requires Improvement Potential Breach and Remedial Notices</p> <p>JWe introduced Enclosure B, which asked the Joint Committees present to consider for approval the recommended actions proposed by NHS England Officers for GP practices that have received a “Requires Improvement” rating following a Care Quality Commission (CQC) visit (as set out in the appendix B) between March and August 2016. There were eight practices listed for this item for which this applied, across the three boroughs attending tonight’s meeting (Greenwich, Lewisham and Southwark).</p> <p>As an introduction to give an oversight and further context, as referenced in Enclosure B, JWe reminded that the Joint Committees had, at their meeting on 28 April 2016, approved the “London Region Standard Operating Procedure (SOP) for Primary Medical contracts: A consistent approach to responding to CQC ‘Requires Improvement’ ratings” (which was included within Enclosure B as appendix A). JW reminded the Joint Committees that this SOP had been developed in consultation with the LMCs in south east London. The SOP doesn’t exist in regions of the country other than London, which was noted as an outlier in terms of the relatively great proportion of GP practices receiving CQC ‘Requires Improvement’ ratings (as referenced by the question raised in the first public open space at this meeting – see above). The considerations within this SOP had been used to determine what formal contractual actions, if any, may be recommended to the GP practices included in Enclosure B, as a result of them having received a “Requires Improvement” notice from the CQC.</p> <p>The following factors were taken into consideration leading to the proposed recommendation, in each case (as listed below):</p> <p>1. Should contractual action be considered?</p> <p>When a practice is in receipt of a CQC report indicating that it ‘Requires Improvement’, it has immediately breached its contract by virtue of the following requirement –</p> <p><i>‘The Contractor shall comply with all relevant legislation and have regard to all relevant guidance issued by the Board or the Secretary of State or Local Authorities in respect of the exercise of their functions under the 2006 Act.’</i> - it is therefore proportionate for NHS England to consider contractual action – in all cases where a practice has been rated as ‘Requires Improvement’ following a CQC Inspection.</p>	
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2. Should a breach/remedial notice be issued based on CQC visit report evidence?

NHS England may conclude that the report findings, on which the practice has had the opportunity to comment, provide sufficient evidence of specified contractual compliance issues, and that it is therefore able to issue a breach and remedial notice based on the evidence contained within.

3. Is it a proportionate response to issue a breach/remedial notice?

NHS England may conclude that given the background to a case, it is not proportionate to issue a breach/remedial notice, but to issue an action plan instead as the practice has mitigated at least some of the adverse findings during and after the inspection. If this is the case NHS England will write to the contractor to set out what has occurred, and confirm that formal contractual action will not be pursued on this occasion, based on the contractor's response to the outcome of its inspection. In addition, it will confirm that the CCG will arrange to offer advice and support, which is appropriate for issues that need resolving that are not matters of patient safety and where there is no history of wider contractual concerns.

4. What is the Practice's track record/contractual history?

NHS England may take into account the full **contractual** history of the practice; and recommend if contractual sanctions are deemed reasonable.

The corresponding Joint Committee (as per the practices listed below) was requested to consider the recommendations for approval (as shown for each distinct instance/practice, as shown in Appendix B).

It was noted that the individual reports were available from Appendix C1 to C8.

TT (Greenwich Joint Committee) asked whose responsibility it is to initiate contact regarding the action plan following the CQC inspection report outcome (ie should the practice who has received the rating from CQC proactively make contact with co-commissioners about this, or vice versa)

Under the current arrangements under joint commissioning (level 2) between NHS England (London region) and the CCGs, this is necessarily managed on a case by case and currently tends to be a combination of these approaches. JWe advised that she had recommended to CCGs that a consistent approach across SE London should be developed and agreed between the CCGs as part of the process of them moving to becoming fully delegated commissioners of primary care services (level 3), and that the CCGs were in agreement with this.

NHS Greenwich CCG: Eltham Medical Centre

JWe introduced Appendix C1, which put forward a recommendation from NHS England (London region) that the Greenwich Joint Committee (i) approves that the contractor be formally required to provide assurance that all actions necessary to achieve CQC compliance have been completed and to submit evidence, as may be required by NHS England, and (ii) endorses the commissioner's proposal to offer any necessary support to the practice in continuing to meet their required CQC and contractual obligations.

The practice was inspected on 19 May 2016 and the report was published on 26 July 2016. The practice's overall rating was 'Requires improvement' for the quality of care provided by the practice. The practice had advised that all actions necessary to achieve compliance with CQC requirements were due to be completed by 9th December 2016. The CQC, at the request of the practice, had agreed to carry out a desk-based follow up inspection subject to receiving specified evidence. Co-commissioners will offer any necessary support to the practice in continuing to meet their required CQC and contractual obligations.

The Greenwich Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG: Royal Arsenal

JWe introduced Appendix C2, which put forward a recommendation from NHS England (London region) that the Greenwich Joint Committee

- (i) approves the issue of a breach and remedial notice for failure to meet:
 - the requirement to abide by all legislation;
 - requirement to have an effective system of Clinical Governance;
 - requirement to ensure that the persons providing care or treatment had the necessary qualifications, competence, skills and experience;
- (ii) endorses the commissioner's proposal to offer support to the practice towards meeting their required CQC and contractual obligations.

The practice was inspected on 26 July 2016 and the report was published on 29 September 2016. The practice's overall rating was 'Requires improvement' for the quality of care provided by the practice. Taking into account the findings from the considerations in this specific case, NHS England (London region) recommends that it is both proportionate and reasonable that the practice is issued with a breach and remedial notice to address the areas of contractual non-compliance. Co-commissioners will offer support to the practice towards meeting their required CQC and contractual obligations.

The Greenwich Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Southwark CCG: Lordship Lane

JWe introduced Appendix C6, which put forward a recommendation from NHS England (London region) that the Southwark Joint Committee approve the issue of a breach and remedial notice for failure to meet the following requirements:

- (i) Abide by all legislation
- (ii) Have appropriate storage arrangements for vaccines
- (iii) Have an effective system of Clinical Governance
- (iv) Ensure that the persons providing care or treatment had the necessary

qualifications, competence, skills and experience

The contractor was inspected on 19 May 2016. The contractor received a section 29 notice, which required them to take rectification action within 28 days. The contractor provided their completed action plan to the CQC on 5 August 2016. The section 29 notice was duly lifted. The contractor's overall rating was 'Requires improvement' for the Quality of care provided. After the report was published, Southwark CCG held an initial meeting on 3 August 2016 with the contractor to go through its initial response to the CQC action plan. NHS England (London region) and Southwark CCG subsequently provided advice and support in relation to the contractor's policy development and the development of contractor systems and processes.

Southwark CCG and NHS England (London region) were proposing to meet with the contractor to review their progress on 18 October 2016. However, the contractor asked for the meeting to be deferred as it had not had sufficient time to complete the required actions. The meeting was re-arranged for 23 November 2016. NHS England sent the contractor an action plan to complete before the 18 October 2016 cancelled meeting. The contractor completed and returned an action plan sent to them by NHS England relating to the GP contractual compliance issues identified in the CQC report. The contractor was asked to re-submit the action plan in preparation for the 23 November 2016 meeting.

A joint visit to the contractor was undertaken on 23 November 2016 by Southwark CCG and NHS England. The meeting focus was on providing support with the inspection findings, to help assess the contractor progress towards the CQC action plan in preparation for the re-visit. The contractor will be revisited within 12 months of the initial visit by the CQC.

The Southwark Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Southwark CCG: Concordia Parkside

JWe introduced Appendix C7, which put forward a recommendation from NHS England (London region) that the Southwark Joint Committee approve the issue of a breach and remedial notice for failure to meet the following requirements:

1. Abide by all legislation.
2. Storage of vaccines in accordance with the manufacturer's instructions.
3. Have an effective system of Clinical Governance.
4. Ensure that the persons providing care or treatment had the necessary qualifications, competence, skills and experience.

The London regional team also recommended that the CCG offers support and advice to the contractor on how to remedy matters that do not relate to patient safety and where there is no history of wider contractual concerns.

The contractor was inspected on 19 May 2016. The contractor's overall rating was 'Requires improvement' for the Quality of care provided. A meeting request was sent to the contractor on 15 November 2016 with no response, a reminder was sent to the

practice on 28 November 2016, to which it responded.

Southwark CCG and NHS England are in the process of confirming a date for a meeting with the contractor. The meeting will focus on providing support with the inspection findings, to help assess the contractor's progress towards the CQC action plan in preparation for the re-visit. As co-commissioners currently have no evidence that the contractor has put in place actions to address the GP contractual compliance issues identified at their 19 May 2016 CQC inspection visit, NHS England proposes to issue a breach/remedial notice. The contractor will be revisited within 12 months of the initial visit by the CQC.

The Southwark Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Southwark CCG: Park Medical

JWe introduced Appendix C8, which put forward a recommendation from NHS England (London region) that the Southwark Joint Committee approve that the contractor be formally required to complete a revised action plan within 28 days in response their failure to meet the following requirements:

1. Abide by all legislation.
2. Have an effective system of Clinical Governance.

The regional team also recommended that the CCG continues to offer advice and support, which is appropriate for issues that still needs resolving.

The contractor was inspected on 9 June 2016. The contractor's overall rating was 'Requires improvement' for the Quality of care provided by it. After the meeting with the contractor, it was agreed that the contractor should send a revised action plan to NHS England. Southwark CCG and NHS England met with the contractor on 7 December 2016. In preparation for the meeting the practice sent an action plan to NHS England on 15 November based on the CQC inspection adverse findings. The meeting focussed on providing support with the inspection findings, to help assess the contractor's progress towards the CQC action plan in preparation for the re-visit. It was agreed at the 7th December meeting that the contractor will update the action plan and send a revised action plan to NHS England. The contractor will be revisited within 12 months of the initial visit by the CQC. Whilst the contractor is in breach of the following regulations, NHS England (London) had concluded that it was not proportionate on this occasion to issue a breach and remedial notice.

The Southwark Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Lewisham CCG: Wells Park

JWe introduced Appendix C3, which put forward a recommendation from NHS England (London region) that the Lewisham Joint Committee

- (i) approve that the contractor be required to confirm it has fully completed the identified contractual requirements as part of its CQC action plan, and

to provide supporting evidence within 28 days.

- (ii) agree that the CCG offers support and advice to the contractor on how to remedy matters that do not relate to patient safety, as there is no history of any wider contractual concerns.

The contractor was inspected on 17 March 2016. The contractor's overall rating was 'Requires improvement' for the Quality of care provided by the contractor. The practice appealed the CQC decision in May 2016 when they received the draft report. The contractor's appeal was not upheld. Whilst the contractor was in breach of the regulations 'Part 19 of the Contract and Regulations 121 (1), (2), (3) and (4), Schedule 6, Part 9 of the GMS Regulations 2004 (as amended)' Requirement to have an effective system of Clinical Governance, NHS England (London region) has concluded that it is not proportionate on this occasion to issue a breach and remedial notice.

Lewisham CCG and NHS England therefore agreed to provide support with the inspection findings, to help assess the contractor's progress towards the CQC action plan, in preparation for their re-visit. The contractor will be revisited within 12 months of the initial visit by the CQC.

The Lewisham Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Lewisham CCG: Torridon Road

It was agreed that a decision on this item would be deferred due to a lack of sufficient evidence that would support any decision toward issuing a breach and remedial notice on the basis of failure to meet the following requirements: (i) Abide by all legislation, (ii) Have an effective system of Clinical Governance, (iii) Stored vaccines in accordance with the manufacturer's instructions.

JWe advised that NHS England (London region) had received communications from Lewisham LMC in the past few days raising concerns regarding the intended recommendation (at that time) put forward by NHS England to the Joint Committee to issue a breach and remedial notice to the practices (both Torridon Road Medical Practice and Sydenham Surgery, *not Wells Park*) due to a lack of sufficient evidence. The practices have both requested the opportunity to demonstrate to co-commissioners what they have each achieved since the CQC inspection reports were each written. JWe advised that meetings with each practice had been scheduled for early January for this purpose, where the progress against the practices' action plans will be reviewed.

The Lewisham Joint Committee gave approval for the recommended approach (to defer consideration of the recommendations in this paper until the above meeting had taken place).

NHS Lewisham CCG: Sydenham Surgery

It was agreed that a decision on this item would be deferred due to a lack of sufficient evidence that would support any decision toward issuing a breach and remedial notice on the basis of failure to meet the following requirements: (i) Abide by all legislation, (ii) Have an effective system of Clinical Governance, (iii) Stored

	<p>vaccines in accordance with the manufacturer's instructions.</p> <p>JWe advised that NHS England (London region) had received communications from Lewisham LMC in the past few days raising concerns regarding the intended recommendation (at that time) to the Joint Committee to issue a breach and remedial notice to the practices (both Torridon Road Medical Practice and Sydenham Surgery, <i>not Wells Park</i>) due to a lack of sufficient evidence. The practices have both requested the opportunity to demonstrate to co-commissioners what they have each achieved since the CQC inspection reports were each written. JWe advised that meetings with each practice had been scheduled for early January for this purpose, where the progress against the practices' action plans will be reviewed.</p> <p>The Lewisham Joint Committee gave approval for the recommended approach (to defer consideration of the recommendations in this paper until the above meeting had taken place).</p>	
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For decisions		
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7.	<p>Items for decision per joint committee:</p> <p><u>NHS Greenwich CCG Alderwood Contract Return Options Appraisal:</u></p> <p>JWe introduced Enclosure C, which, taking into account the factors identified below, and subject to feedback from Greenwich LMC, Healthwatch and Overview and Scrutiny Committee, requested that the Joint Committee agree that following the expiry of the contract for the caretaking of the practice on 31 March 2017 that (i) patients registered with the Alderwood practice are asked to register with the above practice should be advised to register with another practice of their choice, which covers their home address; (ii) vulnerable patients registered at the same practice should be supported to find an alternative practice, with which to register.</p> <p>Dr Peiris and her two partners contacted NHS England (London region) on 19 April 2016, giving six months' notice of intention to hand back their PMS contract on 14 October 2016. Subsequent to this notice to hand back the contract, the possibility of a merger with another local practice arose and was pursued. In the event, the merger did not take place and co-commissioners took an urgent decision in October 2016 to put in place short term caretaking arrangements while arrangements for the continuing provision of primary care GP services to Dr Peiris (Alderwood Surgery) patients were pursued. Dr Lal's Practice is currently caretaking the Alderwood patient list from its Blackfen branch and New Eltham main practice site.</p> <p>Two options were under consideration by the Joint Committee:</p> <ul style="list-style-type: none"> • Option 1 – to procure a new provider for the Alderwood patient list. • Option 2 – to ask patients to register with an alternative local practice. <p>Due to the small list size (approximately 1900 as at 10th November 2016) remaining at the Alderwood Practice, NHS England (London region) considers that the contract would not be viable under APMS procurement without very significant price support supplement. If a provider could be found this would remain a very small practice, as there are no major residential accommodation developments in the vicinity. Procurement of small contracts with poor long term viability is also contrary to both NHS England and Greenwich CCG's commissioning strategies.</p> <p>It is unlikely that any fit for purpose premises could be identified in the area. 350 of</p>	
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the 2800 registered Alderwood patients have already registered with other local practices.

There is sufficient capacity overall within the surrounding area to accommodate the number of patients currently registered under the Alderwood practice contract. JWe said that the Bexley Joint Committee had been consulted on this as a number of practices in the surrounding area are in the borough of Bexley. JWe advised that the Bexley Joint Committee had agreed with the proposed recommendation. It was noted that all but one of the local practices offer equal or better patient survey results as compared with the Alderwood practice.

The practice list is small and patients registering with alternative local practices would contribute to the future viability of those practices. This is in line with NHS England's and Greenwich CCG's commissioning strategies, as procurement of small contracts has long term viability issues and is challenging for practices to offer a wide quality range of GP services.

It was noted that the recommendation was subject to feedback from the Greenwich LMC, Healthwatch and Overview and Scrutiny Committee, and that it had not been possible to gather this feedback in advance of this meeting.

Sophie Patterson (attending the meeting in place of Rikki Garcia) agreed to obtain this feedback from Healthwatch.

TT (Greenwich Joint Committee) said that the Greenwich LMC felt that the option of list dispersal was a very reasonable recommendation in the circumstances as described. TT asked a question about list dispersal and the support made available to surrounding practices in this scenario more generally, citing the challenges for surrounding practices in taking on additional patients prior to receiving additional income for doing so.

JWe said that this question had been raised many times in recent years and advised that this issue was particularly apposite in instances where there are large numbers of patients that need to find a new GP to register with urgently/in a short period of time. JWe said that national regulations are in place regarding payments to GPs for taking on additional patients in the first year following a list dispersal, and that these were part of the standard GP contract (ie there is no difference in their application for practices under PMS, APMS or GMS contracts). Arrangements were in place for a capitation payment of 1.4 times the value of the normal capitation (price per weighted patient) in the first year. JWe explained that there had been a range of related issues brought about by the significant increase in the number and ratio of contracts that had undergone changes in recent years. Furthermore, as shown in the SE London CCGs' resilience and sustainability plans for general practice, JWe noted that there was a strong leaning towards investment toward practice mergers being prioritised by commissioners locally, and that this indicated a willingness of commissioners to support practices in the development of their business models. JWe summarised this by saying that support on this matter has been made available in different guises. In general in south east London, large list dispersals have been considered on a case by case basis by co-commissioners, who were very grateful to those practices that had supported list dispersals, particularly in the context of the numbers of contractual changes and list dispersals that had necessarily been agreed in recent years.

The Greenwich Joint Committee gave approval for the recommended approach (option 2), as detailed above, and subject to feedback from Greenwich's LMC, Overview and Scrutiny Committee, and Healthwatch.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG Sherard Road CQC Inadequate Breach and Remedial Notice:

JWe introduced Enclosure D, which recommended that the Joint Committee approve the issue of a breach and remedial notice to the above practice for failure to adhere to:

- the requirement to abide by all legislation;
- the requirement to have an effective system of Clinical Governance;
- the requirement to have an effective system of infection prevention and control;
- the requirement to ensure that the persons providing care or treatment had the necessary qualifications, competence, skills and experience;
- the requirement to have appropriate storage arrangements for vaccines.

Sherard Road Medical Practice has a main surgery at Sherard Road and branch surgeries at Rochester Way and at Tudway Road. The CQC carried out a comprehensive inspection of all three sites on 28th June 2016 with the report being published on 3rd November 2016. The practice was rated as inadequate overall and placed into special measures.

Given the seriousness of the contractual failings identified at the CQC visit, NHS England (London region) considers that it is both proportionate and reasonable to issue a contractual breach and remedial notice at this time. The Practice report can be accessed via the CQC website at the address below: <https://www.cqc.org.uk/location/1-56226594>.

In response to the CQC visit and subsequent report, the practice has provided NHS England (London region) and Greenwich CCG with copies of its action plan. The action plan shows the practice is making good progress in addressing many of the areas of concern identified by the CQC inspectors. NHS England (London region) and Greenwich CCG will arrange a joint visit to the practice as soon as possible to ensure that they are supported in completing further actions to ensure compliance with their contractual and CQC regulatory obligations.

The practice has the optional choice of involving the Royal College of General Practitioners (RCGP) which offers support in relation to policy development and the development of practice systems and processes in conjunction with the LMC, Greenwich CCG and NHS England (London region).

The practice is currently caretaking the Henley Cross contract following the resignation of Dr Bassi in February 2016. NHS England (London region) and Greenwich CCG is in the process of reviewing these arrangements in light of the findings within the CQC report. In addition, it will be reviewing the decision taken (in principle) by the Greenwich Joint Committee at its meeting on 18th August 2016 to ask patients of Henley Cross to register with another practice at the end of the caretaking period on 31st March 2017. In reviewing this decision, views will be sought from patients as well as Greenwich LMC and Greenwich Overview & Scrutiny Committee, as had been previously planned.

The Greenwich Joint Committee gave approval for the recommended approach.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG Sherard Road & Henley Cross Branch Closure:

JWe introduced Enclosure E, which recommended that the Joint Committee endorse the Business Case (within the enclosure) and the associated arrangements for the future care of patients currently using Rochester Way, subject to:

- Consideration of the views of the LMC, HOSC and Healthwatch and;
- The Sherard Road practice producing a clear comprehensive communications plan to advise patients of the branch closure.

It was noted that the recommendation was subject to feedback from the Greenwich LMC, Healthwatch and Overview and Scrutiny Committee, and that it had not been possible to gather this feedback in advance of this meeting.

Sherard Road Practice provides primary care GP services from its main practice at Sherard Road and from two branch locations: Tudway Road and Rochester Way. In addition, the Sherard Road Practice has, since the retirement of Dr Bassi in February 2016, been providing care to patients registered with the Henley Cross practice under a caretaking arrangement. These services are also provided from Tudway Road, which was the Henley Cross main surgery and from Rochester Way, which was the Henley Cross branch location.

In July 2016, the Rochester Way landlords advised the Sherard Road practice of their intention to sell the property. In September 2016, the landlords advised that the practice had been put on the market and that they would require vacant possession. As no lease is in place, the date of closure is subject to current negotiation between the practice and landlord. However, the option of the practice continuing to use the premises beyond the short term is not available.

Closure of Rochester Way would impact both Sherard Road practice patients and Henley Cross patients who use the location. The Sherard Road practice has therefore produced a business case (included with the supporting paperwork for this item) showing how patient services currently provided from Rochester Way would be accommodated at the remaining two sites.

Since each practice has only one patient list it is not possible to say precisely how many Sherard Road practice patients would consider themselves patients of the Rochester Way or Henley Cross sites. However the practice has analysed attendances as far as possible and estimates that (i) there are approximately 2,600 Sherard Road patients out of a total list size of 10,290 who might be thought of as 'registered' at Rochester Way; and (ii) that there are approximately 1,400 Henley Cross patients out of a total list size of 4600 who might be thought of as 'registered' at Rochester Way.

The Joint Committee had reviewed the range of supporting paperwork in detail and noted the following key issues: the Rochester Way location is being sold by the landlord who requires vacant possession so there is no option for continued use. A date for closure is to be agreed, so the Rochester Way site can only remain open in the short term. The Tudway Road location is considerably underused and has capacity to accommodate all patients and services currently provided at Rochester Way. Sherard Road practice patients who do not wish to use Tudway Road will be

able to use Sherard Road. Henley Cross patients will need to use Tudway Road unless they elect to register with Sherard Road Practice or another local practice. There are six other practices within less than a mile with open lists and greater than average patient satisfaction scores, should patients of either Sherard Road or of Henley Cross prefer to register with an alternative practice. A questionnaire distributed to patients shows that of the 22 respondents, 12 (55%) said they might have some difficulty accessing the Tudway Road site. The business case shows that all patients could readily be accommodated at Tudway but that if 55% of patients (approximately 1,500) chose to use the Sherard Road location there is sufficient capacity to meet this demand.

Henley Cross patients would not have the choice of Sherard Road as an alternative location as it is not a Henley Cross practice site. These patients would therefore need to use Tudway Road if they wished to remain registered with the practice. The business case shows that there is sufficient capacity to accommodate these patients at Tudway. It is possible that, in order to have the option of using Sherard Road, Henley Cross patients might choose to re-register with Sherard Road. A patient questionnaire distributed to Henley Cross patients suggested that 32% of patients (28 of 87 responses) might have some difficulty in accessing Tudway Road. The Sherard Road practice considers that if all these patients chose to register with them (Sherard Road practice) there would be sufficient capacity.

As noted above, the Care Quality Commission had recently carried out a comprehensive inspection of the Sherard Road practice locations. The resulting report rated the practice as 'inadequate' overall and confirms the practice will be placed under 'special measures'. JWe advised that the practice's action plan showed that the practice was making good progress in addressing many of the areas of concern identified by the CQC. NHS England and Greenwich CCG were working closely with the practice to support its improvement plan. NHS England & Greenwich CCG were in the process of reviewing the Henley Cross caretaker arrangements in light of the findings within the CQC report.

JWe noted that there are six other practices within less than one mile of Rochester Way, and that Greenwich CCG had contacted all of these practices and all of them had confirmed their capacity to register additional patients. JWe said that all of these practices had performed above average, as measured by a number of GP patient survey satisfaction indicators which were evidenced in Appendix E of the supporting paperwork. Furthermore, Manor Brook Practice (which is 1.1 miles from Rochester Way and also shows good performance) had put forward a business case for additional practice space within its health centre location which has vacant rooms. Should this business case be approved at a future PCJC meeting, it should result in increased GP capacity and patient choice in the local area more generally.

EW (Greenwich Joint Committee) said that this was a difficult situation and noted the complexity of the arrangements in place with the practices and branch surgeries. EW remarked that it was not ideal that the recommendation was being put forward to close the practice, but reflected that there was little very choice available to commissioners due to the impending end of the lease. EW said that the Greenwich Joint Committee had appreciated the work of NHS England (London region) in assessing current and future options for the care of patients currently using Rochester Way, and the identification of Manor Brook as a practice that might take on additional patients in the area more generally. LW (NHS England London region) agreed with this assessment and said that it was encouraging that the findings in the CQC report were being addressed. The Joint Committee noted the issues currently being experienced at Sherard Road following its recent CQC inspection, but was

confident that this situation would improve over time and noted the progress being made by the practice, as evidenced in its action plan in response. EW noted that the practice is a training practice and remarked that this was a marker of quality and that this gave further promise that the practice would be able to make the required changes quickly.

The Greenwich Joint Committee gave approval for the recommended approach subject to consideration of the views of the LMC, HOSC and Healthwatch, and the Sherard Road practice producing a clear comprehensive communications plan to advise patients of the branch closure.

TT (LMC Observer member on the Greenwich Joint Committee) confirmed that the LMC had no objections to this recommendation.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG Agarwal Contract Return:

JWe introduced Enclosure F, which recommended that the Joint Committee agree that: (i) patients registered with The Mound practice should be advised to register with another practice of their choice, which covers their home address; (ii) patients should be directed to the NHS Choices to review practice information so as to ensure the practice suits their individual needs; (iii) vulnerable registered patients should be supported to find an alternative practice, with which to register.

It was noted that this recommendation was subject to views from the LMC, OSC and Healthwatch.

The Mound is a two partner GP practice within the Royal Borough of Greenwich close to the border with the London Borough of Bromley. Dr V. Agarwal and Dr P.C. Agarwal contacted NHS England (London region) in July 2016 giving six months' notice of their intention to hand back their PMS contract on 31st March 2017.

The supporting paperwork in Enclosure F considered two options:

- Option 1 – to procure a new provider for the Mound Medical Practice patient list
- Option 2 – to ask patients to register with an alternative local practice

Due to the small list size (approximately 1600 as at 1st October 2016) of The Mound Practice, NHS England (London region) considers that the contract would not be viable under an APMS procurement without very significant price support supplement. There are two high performing practices within a short distance of The Mound Surgery which have indicated willingness and capacity to accept additional patients. A further five practices, three of which are located in the Bromley CCG area, all have open lists and in do not anticipate significant problems with registering additional patients. One of the practices which has recently experienced significant growth in list size was concerned that an influx of new patients should not affect the quality of service provision. There is sufficient capacity overall within the surrounding area to accommodate the number of patients under discussion.

There are two high performing practices within a short distance of the Mound surgery which have indicated willingness and capacity to accept additional patients. There is

sufficient capacity overall within the surrounding area to accommodate the number of patients under discussion.

The Mound practice is close to the border with Bromley and the commissioning recommendation discussed in this paper is likely to impact both Bromley residents and Bromley GP practices in the local area. Bromley CCG was invited to comment on the proposed future arrangements and as indicated in the 'Alternative practices' section above, has acknowledged that whilst the only viable option for a practice of this list size is to ask patients to register with another practice, it is concerned that an influx of new patients should not affect the quality of service provision at one of its practices.

The performance of local practices as measured by a number of indicators taken from the National GP Patient Survey is (with one exception - the practice most distant from the Mound) equal to or better than the Greenwich CCG average. The practice list is small and patients registering with alternative local practices will contribute to the future viability of those practices. This is in line with NHS England (London region) APMS policy of investing in larger practices with long term viability offering a high quality range of effective services. The existing Mound premises are not considered suitable for a newly procured practice and it is unlikely that any other fit for purpose premises could be identified in the local area.

The Greenwich Joint Committee gave approval for the recommended approach subject to consideration of the views of the LMC, HOSC and Healthwatch.

TT (LMC Observer member on the Greenwich Joint Committee) confirmed that the LMC had no objections to this recommendation.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG Dr Sen The Slade CQC Suspension Breach & Remedial Notice:

JWe introduced Enclosure G, which recommended that the Joint Committee approve the issue of a breach and remedial notice to the above practice for failure to meet:

- the requirement to abide by all legislation;
- the requirement to have appropriate arrangements for storage of vaccines;
- the requirement to have an effective system of Clinical Governance;
- the requirement to have an effective system of infection control;
- the requirement to ensure that the persons providing care or treatment had the necessary qualifications, competence, skills and experience;
- the requirement to have an effective system for responding to and managing complaints.

The Care Quality Commission (CQC) carried out a comprehensive inspection of Dr Sen's practice on 10th March 2016 and the report was published on 26th May 2016. The practice was rated as inadequate and placed into special measures. As a result of the concerns found at the inspection the practice was served with a Section 31 (of the Health and Social Care Act 2008 ("the Act")) notice to impose an urgent suspension of the regulated activities from the practice location for a period of six months from 18th March 2016 to 18th September 2016.

A focused inspection was carried out by the CQC on 5th September 2016 to check whether the provider had made sufficient improvements to allow the suspension to end and if further enforcement action was necessary. The practice was not rated on this occasion. The practice had not implemented sufficient improvements and therefore the suspension was extended for a further six months. Both inspection reports had been published but are currently unavailable on the CQC website because of technical difficulties. Copies of the reports can be provided if required.

NHS England (London region) put a caretaking arrangement in place with Plumstead Health Centre after the practice was rated as inadequate and suspended on 18th March 2016. Plumstead Health Centre subsequently merged with Tewson Road Practice and primary care services for Dr Sen's patients continue to be provided from both of the caretaking sites located at Tewson Road and Garland Road during the suspension period.

Dr Sen has previously been issued with breach notices in respect of opening hours in May 2012, March 2014 and June 2014 and PPG DES in June 2013 and February 2015. NHS England (London region) considers it is both proportionate and reasonable to issue a contract breach and remedial notice at this time.

NHS England (London region) continues to work with Dr Sen to understand the practice issues and to offer support and agree a way forward for the ongoing provision of primary care services to Dr Sen's patients.

EW acknowledged that there had been a number of recent practice mergers, practice closures and list dispersals, as well as performance related issues for practices in the borough. Whilst each of these cases were explicable due to their unique circumstances (for example retirements of practice partners, premises issues, CQC inspection outcomes) EW noted that the CCG held concerns about the number of changes to practices in the borough in recent months. EW said that the CCG was continuing to do all it could to support practices and that it hoped that General Practice Forward View (GPFV) monies would be available to support the resilience and development of practices in the borough to address this.

EW (Greenwich Joint Committee) said that this was a clear cut case for which the Joint Committee had no option but to approve the recommendation as set out.

LW gave approval for the recommended approach on behalf of NHS England (London region).

LW noted the comments made by EW regarding the concerns raised by the CCG in terms of changes to general practice in the borough, and the intention to commit GPFV funding in a targeted way to help to address these kinds of issues.

DG (Greenwich Joint Committee) commented that recent changes to practices in the borough had predominantly affected patients residing in small deprived areas in the borough (notably in council estates in Eltham) and raised a concern of the cumulative impacts of these changes on general practice across the borough. DG acknowledged that smaller/single handed practices were less of a priority as the trend was more toward practices working at scale, but made a plea that changes such as practice closures, caretaking arrangements or mergers could be managed as deliberately as possible and that the changes are planned collaboratively with those practices concerned. JWe said that this way of working was always the intended means for managing situations such as this, and that largely it was in place. JWe said that it was impossible to proactively plan for the management of some of

the scenarios being described at this meeting, citing the example of the closure of the Sherard Practice (due to the Rochester Way landlords advising of their intention to sell the property with no lease in place).

NHS Lewisham CCG Woodlands Health Centre Contract Variation:

JWe introduced Enclosure H, which recommended that the Joint Committee agree to the recommendation that Dr N Uduku (currently a single handed GP with a PMS contract at the above practice), takes on an additional non-clinical partner. This recommendation was subject to the following:

- The Contract Variation is held in abeyance until the practice is in a position to add an additional clinical partner at the same time.
- Confirmation that a realistic timeline when the practice will be in a position to make such an appointment is sought.

Dr Ngozi Uduku is a single handed GP with a PMS contract at Woodlands Health Centre (WHC) in Lewisham, the current list size stands at 8105 patients. Dr Uduku is looking to improve and expand the practice to further support patient experience through the addition of a non-clinical partner, as shown in the business case (included in the supporting paperwork).

JWe reminded the Joint Committees present that decisions on single handed practice requests to take on additional partners for PMS contracts (as well as AMPS contracts) are local commissioner decisions (as PMS and APMS contracts are local contracts).

The practice has faced business issues that needed to be addressed to ensure its future, namely business procedures and continuity and the skill gap of management and leadership. The practice believes that with these issues addressed through the addition of a non-clinical partner, it will become a more attractive opportunity for additional clinical partners, enabling them to focus on patient care. In addition, the practice is looking to appoint another clinical partner alongside its two permanent long term salaried doctors, and has submitted planning bids for an extension to the building which meets with the CCG primary care and premises strategy and would increase capacity and improve access (additional consulting rooms, enlarged waiting area, accessible wash rooms etc).

The practice was rated as 'good' by CQC following their visit on 28 July 2016 and is a high performing practice for QOF (2nd highest QOF rating in Lewisham for 2014/15 and achieved 100% for 2015/16).

RW (Lewisham Joint Committee) noted the unusually high list size (8105) for a single handed practice, and said that this should not set a precedent.

JWe reported that, since the paper had been produced, Dr Uduku had already managed to appoint an additional clinical partner, who would be due to commence at the Woodlands Health Centre on 3rd January 2017. JWe said that NHS England (London region) was expecting to receive further information from Dr Uduku about the new partner before the start of 2017.

The Lewisham Joint Committee gave approval for the recommended approach (subject to the conditions listed above, including further information regarding the new partner).

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Southwark CCG St James Church Surgery Contract Return Options Appraisal:

JWe introduced Enclosure I, which recommended the Joint Committee agree that patients registered with St James Church Surgery practice register with an alternative local GP practice provider of their choice, subject to engagement with patients, Healthwatch, the LMC and Oversight and Scrutiny Committee.

Quay Health Solutions (QHS) currently provides care taking general medical services to the registered patients of St James Church Surgery under a temporary APMS contract (from 12 July 2016), due to expire on 31 March 2017. The Joint Committee had reviewed supporting paperwork within Enclosure I in considering the options available to commissioners once the contract has expired. The options will impact on how patients currently registered at St James Church Surgery access primary care medical services from 1 April 2017.

The recommendation was made for the following reasons:

- The registered patient list of 1492 patients (as at 1/7/16) is not large enough for procurement as list sizes of less than 6000 are not considered viable for procurement
- This supports the CCG's primary and community care strategy of supporting primary care delivery at scale to improve access and quality of sustainable services to patients.
- Practices within 1 mile of the practice would have capacity to accommodate the patients should they chose to register with them.
- There are a range of alternative practices within 1 mile for patients to choose to register with.
- Other local, larger practices have PMS contracts with NHS England, and therefore offer a wide range of services to the patients.
- Patients will benefit from the continuity of care that registering with an established local practice will provide to them.
- Southwark CCG is working with local GP federations to deliver the local provider resilience plans to support sustainability and improve quality and access to services for patients.
- There is adequate time to allow engagement with the registered patients to ascertain what they would like from their new practice and support them in the registration process.

- The previous surgery premises are no longer available.

The Southwark Joint Committee gave approval for the recommended approach (subject to engagement with patients, Healthwatch, the LMC and Oversight and Scrutiny Committee).

LW gave approval for the recommended approach on behalf of NHS England (London region).

PA (LMC Observer member, Southwark Joint Committee) agreed with the recommendation for dispersal of patients registered at the practice. PA raised a more general concern that workforce retention is a serious issue for GP practices across London, and that this was driven by most GPs being salaried (rather than partners) which was leading to a lack of ownership. PA said that this, combined with the high

	cost of living in London was adversely affecting workforce retention in general practice in London, and that this needed to be considered in accordance with efforts and investment toward supporting sustainability of general practice in London.	
Report on decisions taken by NHSE on behalf of CCG		
8.	Items for decisions reported per Joint Committee: None	
For Information		
9.	<p><u>NHS Lewisham CCG: St Johns / Morden Hill/ Hilly Fields/ Brockley Road Merger</u></p> <p>JWe introduced Enclosure J, a briefing note setting the outline of a proposed partnership merger in Lewisham. The above four practices have, over the past 12 months, agreed to pursue a merger of their individual practices into one partnership, which would result in the second largest registered list size in London if approved.</p> <p>The practices propose, with effect from 1st April 2017, to work under a '<i>super partnership model</i>', initially retaining each of the current PMS contracts held by the 5 existing practices, which the new entity will hold in trust; and at a later stage moving on to one PMS contract, or consider the new voluntary Multispecialty Community Provider contract.</p> <p>The practices have provided an ambitious proposal, which outlines how the merger will enhance patient experience and create benefits for staff and local commissioners. The proposal signals that it expects further practices to join its super partnership model in subsequent phases. The proposal fits strategically with local priorities as set out in the CCG's Primary Care Strategy for General Practice, Community Based Care as part of the Our Healthier South East London – Community Based Care, Sustainability & Transformation Plan; delivering core general practice 'at scale'. This is also supported nationally, as articulated in the General Practice Forward View, specifically with regard to the sustainability of General Practice.</p> <p>It was noted that Lewisham CCG's Primary Care Programme Board welcomes the proposal for a 'super partnership model'. The Joint Committee similarly welcomed the proposal (although several of its members were noted as being conflicted on this matter, which would be managed in accordance with the CCG's policy on managing conflicts of interest, and the Joint Committees' Terms of Reference).</p> <p>NHS England (London region) and Lewisham CCG will work with the practices to submit the business case in January 2017. This will be reviewed at the January meeting of the Lewisham Primary Care Management Board.</p>	
Public		
10.	Public Open Space No questions were raised by members of the public at this item.	
Other Business		
11.	Any other business DG (Greenwich Joint Committee) raised a concern regarding primary care allocations per head and over-registration with GPs based on some comparative research on	

	<p>financial allocations he had carried out with several Joint Committee colleagues which he suggested demonstrated some significant inequalities in SE London boroughs in this regard. DG requested that an item on this should be covered at a future meeting (attended by all six SE London Joint Committees).</p> <p>MR (Lewisham Joint Committee) said that there are inequalities across London which appeared as being unfavourable to SE London, and that he was aware that this was being looked at by NHS England (London region) but noted that it was a very complex matter and difficult to address. It was agreed that this should be included as an agenda item at a future meeting. It was suggested that RJ (NHS England (London region)) might provide some narrative on the financial allocations across the boroughs as part of the regular finance item at a future meeting to address this.</p>	
For reference		
	<p>Glossary of Terms</p> <p>The Joint Committees noted the contents of the Glossary of Terms.</p>	
	<p>Date of next scheduled meeting</p> <p>Thursday 23rd February 2017.</p> <p><i>Update: Since the meeting took place the date of the next meeting has been amended to:</i></p> <p>Wednesday 8th February 2017.</p> <p><i>The venue for the meeting has also been confirmed as:</i></p> <p>India Suite, Kia Oval, Surrey County Cricket Club, Kennington, SE11 5SS</p>	
Close		

Primary Care Joint Committees

15 December 2016

Signed Attendance Sheet (Public and other observers)

Bob Skelly	South Southwark PPG
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