

**Ealing CCG Annual General Meeting (AGM)
Wednesday, 19 September 2018
Victoria Hall, Ealing Town Hall**

Governing Body Members Present:	
Dr. Vijay Tailor (VT) Elected GP from Acton Network (Vice Chair)	Ms. Tessa Sandall (TS) Managing Director, Ealing CCG
Dr Raj Chandok (RC) Elected GP South Southall	Dr David Ashby (DA) Lay Member leading on Informatics
Ms. Carmel Cahill (CC) Lay member leading on Quality	Dr. Serena Foo (SF) Elected GP from South North Network
Dr. Annet Gamell (AG) Lay Member leading on Primary Care	Dr Maria Waters (MW) Elected GP from South Central Ealing Network
Ms. Fionnuala O'Donnell (FOD) Elected Practice Manager	Ms. Sally Armstrong (SA) Nurse Member Representative
Dr. Shanker Vijayadeva (SV) Elected Sessional GP	Mr. Neil Ferrelly (NF) Chief Finance Officer, CWHHE CCGs
Dr Angad Saluja (AS) Elected GP North Southall	Mr. Mark Easton (ME) Accountable Officer NW London Collaboration of CCGs
Dr. Alex Fragoyannis (AF) Elected GP from Central Ealing Network	Dr Martin Lees (ML) Secondary Care Clinician
Diane Jones Chief Nurse/ Director of Quality and Safety, CWHHE CCGs (DJ)	

A representative from each of the member practices listed below attended	
Acton Health Centre	Health Promotion Centre (Lady Margaret Road)
Acton Lane Medical Centre	Jubilee Gardens Medical Centre
Acton Town Medical Centre	K S Medical Centre
Boileau Road Surgery	Saluja Clinic
Chiswick Family Practice (Dr Bhatt)	Somerset Family Health Practice
Chiswick Family Practice (Dr Weber)	Somerset Medical Centre
Churchfield Surgery	Southall Medical Centre
Cloister Road Surgery	St George's Medical Centre
Crown St Surgery	The MWH Practice
Hillcrest surgery	The Northcote Medical Practice
Horn Lane Surgery	The Town Surgery
Mill Hill Surgery	Woodbridge Medical Centre
The Bedford Park Surgery	Ealing Park Health Centre
The Vale Surgery	Elthorne Park Surgery
Western Avenue Surgery	Grosvenor House Surgery
Corfton Road Surgery	Northfields Surgery
Cuckoo Lane Practice	The Florence Road Surgery
Gordon House Surgery	Allenby Clinic
Lynwood Surgery	Broadmead Surgery

Mattock Lane Health Centre	Eastmead Surgery
Pitshanger family practice	Elmbank surgery
Queenswalk Practice	Goodcare Practice
St Marks Medical Centre	Greenford Avenue Family Health Practice
The Argyle Surgery	Hanwell Health Centre
The Avenue Surgery	Mansell Rd Practice
Allendale Road Surgery	Northolt Family Practice
Barnabas Medical Centre	Oldfield Family Practice
Elm Trees Surgery	West End Surgery
Greenford Road Medical Centre	Westseven GP
Hillview Surgery	Yeading Medical Centre
Islip Manor Medical Centre	Belmont Medical Centre
Mandeville Medical Centre	Featherstone Road Health Centre (Livingcare)
Meadow View Surgery	Guru Nanak Medical Centre
Perivale Medical Clinic	Hammond Road Surgery
The Grove Medical Practice	Medical Centre (Mangat)
The Medical Centre	Sunrise Medical Centre
Chepstow Gardens Medical Centre	The Welcome Practice
Dormers Wells Medical Centre	Waterside Medical Centre

In attendance	
Katy Saunders, Head of Strategic Delivery, Ealing CCG	Boba Rangelov, Patient and Public Engagement and Equalities Manager, Ealing CCG
Naseem Isaq, Corporate Governance Officer, Ealing CCG	Sharon Hodson, Business Manager, Ealing CCG

Item	Discussion
	<p>Welcome & Apologies</p> <p>Dr Taylor opened the AGM welcoming members, staff, stallholders and the public. There were approximately 120 attendees in total, including representation for member practices, CCG Staff and members of the public. Apologies were received from: Dr Mohini Parmar and Dr Ian Bernstein.</p> <p>The minutes of the AGM 2017 were approved and were available on the Ealing CCG website.</p> <p>A presentation was given by the Governing Body to highlight progress made over the year, the presentation included an animated clip of achievements over the year, such as the care coordination service; implementation of the Ealing Standard for Primary Care; and work to improve outcomes in cancer and mental health. Neil Ferrelly presented the annual accounts to the AGM, noting that the full report was on the CCG website.</p>
	Questions and Answers from the Public



Q: A question was asked about the 5 year Shaping a Healthier Future (SaHF) programme, adopted in 2012. It was asked if the reason why it was not mentioned today is because it is no longer the plan. If it is the case that SaHF is no longer the plan, will it be possible to reintroduce services again in Ealing.

A: ME noted the NW London strategy is set out in the Sustainability & Transformation Plan (STP) which is the formal expression of not just the CCGs strategy but the NHS and partners in NW London; the STP is the overarching strategy and within this, the changes in acute provision and primary care settings are defined. However, SAHF is unfinished business and some changes have happened (i.e. changes in hospital reconfiguration, primary care services) and some of the changes have not happened due to us not being able to secure capital.

Over the summer, there was a readmission of the capital bid in the summer to NHS England (NHSE), and it is agreed as a STP that the uppermost priority is the Strategic Outline Case (SOC1) which addresses capital for hospitals and capital for hubs. We will know if the bid has been successful in November. If we are successful, we will check that the numbers in SAHF are still correct. It was reiterated that SaHF is not historic, and is unfinished business dependent on the capital bid made.

Q: A question was asked in respect of the single contract and future changes being developed in diabetic pathways. It was asked if these pathways would be included in the single contract specification going forwards.

A: TS responded that the service specification was very clear that there must be the ability to move/change the specification to match new pathways or clinical guidance. TS noted reassurance could be provided that the commissioning intentions allow us to change the specification as required.

Q: A GP asked for the name of the CCG Data Protection Lead.

A: TS confirmed their name is Ernest Norman-Williams, and any specific queries could be raised after the AGM.

Q: A member of the public asked in respect of the Single contract, and that we are talking about a considerable amount of money invested (approx. £574m). They were alarmed to read in the HSJ that two Trusts, Central London Community Healthcare Trust (CLCH) and London North West University Healthcare Trust (LNWUHT) had felt unable to bid as the financial value of the contract was considered too low and that they would not be able to provide the quality and range of services. It was noted Andrew Ridley, Chief Executive of CLCH had said the financial value of the contract was too low *“to assure ourselves that we could provide the safe, responsive and high quality services that we are committed to as an organisation.”* It was asked if it’s worth halting the process to reconsider.

A: TS commented we would not be halting the process as the CCG have received several bids and will continue to work through the procurements. TS noted she could not discuss these further as we were in a live commercial process but could provide



assurance that we have received bids.

Q: A member of the public said local charities and community organisations provide a wide range of services to the most vulnerable people in the borough. There have been cuts in funding and changes which could lead to some services going out of business, in particular, specialist smaller organisations. It was asked what risk assessments have been taken by the CCG to protect the vulnerable residents who may lose out on support if these services close. Secondly, how are services being promoted for the hard to reach population and people who do not necessarily present themselves or have online/digital facilities (i.e. text, internet access)? What measures are being taken to reach those who rely on local support from voluntary organisations, as they will be lost if these local organisations go out of business.

A: TS responded noting she was unsure if the grants process was being referred to but could provide confirmation of an Equality Quality Impact Assessment (EQIA) being undertaken with the Local Authority. TS noted both organisations were operating in financially challenged times.

DJ commented part of the process in the way we commission services is to ensure any decision has an EQIA carried out and also a Qualities Health Analysis. These findings would be shared with our Governing Bodies before a decision is made so that any potential impacts are sighted upon. If there are communities that we don't usually hear from we go out and engage with them.

Q: A member of the public noted that the £840,000 budget for the Referral Facilitation Service (RFS) had increased over the year but that they had an issue with the RFS service. The member of the public commented that they had seen their GP in February and was told they would be referred and this referral would be processed by the RFS. They waited and when they hadn't heard anything, they contacted Ealing Hospital who had not received the referral. The patient's health deteriorated and an emergency referral (within 2 weeks) had to be provided. It was also noted that out of the 8 NW London CCGs, only two CCGs (Ealing & Hounslow) had contracts with the referral service – are other CCGs not using this service, and is Ealing CCG aware of any issues with the RFS?

A: TS responded that she was not aware of changing the Referral Facilitation Service (RFS) contract value upwards, however with regards to the individual case this would be discussed with clinical leads, including discussion around the RFS pathway. TS noted the CCG were not aware of any on-going problems with the service. In terms of other CCGs that have the referral management service, these are Hounslow CCG who use the same provider as Ealing. Harrow and Brent CCGs have recently contracted for one.

VT talked through the RFS. It was noted the RFS support general practice as well as patient in terms of improving patient experience so that hospital outpatient appointments are booked in a timely way. With the role out of the Electronic Referral Service (eRS), part of their role is to support practices to ensure referrals are electronic to ensure a robust audit trail, and patients receive their appointments in a timely



manner. They are there to be the patient voice so that if patients have queries around appointments they are there to help with this. Ealing CCG have clinicians working with the RFS and they work to assist GPs with the quality of their referrals and ensure that they are supported with the investigations that they can carry out prior to a referral. AF responded that as clinical lead for RFS, he echoed what had already been said. The major advantage of the RFS is that all referrals are triaged by clinicians; a number of referrals are upgraded from normal referrals to urgent or two week referrals so that patients are seen much quicker. From data received over the years, there is often a misunderstanding around where the delay has happened, and often the delay is due to there being no hospital slots available. It is very rare that the RFS will not send through a referral. At times the other reason for delay is when the RFS has returned a referral back to the GP practice but the practice may have missed this.

Another member of the public wanted to discuss the RFS service after the AGM as they had some concerns around the service.

Q: A member of the public asked in respect of the out of hospital service, and there are concerns around the monitoring of this. We have been told this will be in the contract, and we were told with the UCC contract that there are monthly meetings and going through the data. We would like reassurance that the monitoring meetings will not just be about statistics but that clinicians will be checking the work that is being carried out.

A: TS responded that one of the key things we have set out is there will be a Partnership Board that will include clinical members, providers and commissioners. It has been agreed that clinical leads should go out and see the service. As part of this contract, there is an extensive quality schedule and performance schedule, and it is not just managers reviewing the data, and this work will involve clinicians.

The AGM closed at 18:54.