SOUTH WEST LONDON
COMMITTEE FOR COLLABORATIVE DECISION MAKING
16 November 2017, 17:00 – 19:00
Rooms 6.2/6.3 120 the Broadway, SW19 1RH

MINUTES

Members in attendance

Name	Designation	Organisation
Carol Varlaam	**Convener**	Wandsworth CCG
Dr. Tom Chan	Clinical Member CCG Committee Chair	Croydon CCG
Andrew Eyres	Managerial Member	Croydon CCG
Philip Hogan	Lay Member	Croydon CCG
Dr. Karen Worthington	Clinical Member CCG Committee Chair	Merton CCG
Clare Gummett	Lay Member	Merton CCG
Sarah Blow	Managerial Member	Merton CCG
Dr. Jeffrey Croucher	Clinical Member CCG Committee Chair	Sutton CCG
Susan Gibbin	Lay Member	Sutton CCG
Dr. Chris Elliott	Managerial Member	Sutton CCG
Dr. Naz Jivani	Clinical Member CCG Committee Chair	Kingston CCG
David Knowles	Lay Member	Kingston CCG
Tonia Michaelides	Managerial Member	Kingston CCG
Dr. Kate Moore	Clinical Member CCG Committee Chair	Richmond CCG
Susan Smith	Lay Member	Richmond CCG
James Murray	Managerial Member	SWL Alliance
Dr. Nicola Jones	Clinical Member CCG Committee Chair	Wandsworth CCG
Stephen Hickey	Lay Member	Wandsworth CCG
James Blythe	Managerial Member	Wandsworth CCG

Attendees

Name	Designation	Organisation
Adrian Attard	Director	Healthwatch Sutton
Jamie Gillespie	Vice Chair	Healthwatch Wandsworth
Josephine Baxter	Public Representative	
Zoli Zambo	Project Manager	SWL STP PMO
Louise Fleming	Director of Quality and Governance	SWL Alliance
Jonathan Bates	Director of Commissioning Operations	SWL Alliance
Tony Brzezicki	Planned Care – Clinical Lead	Croydon CCG
Nicola Williams	Planned Care – Clinical Lead	Wandsworth CCG
Anne Price	Governance support	SWL STP PMO
Emma-Louise Haran	Governance Support	SWL CCG Alliance

Apologies

Name	Designation	Organisation	Deputy attending
Andrew Murray	Clinical Member CCG Committee Chair	Merton CCG	Karen Worthington
Graham Lewis	Clinical Member CCG Committee Chair	Richmond CCG	Kate Moore
Agnelo Fernandes	Clinical Member CCG Committee Chair	Croydon CCG	Tom Chan

Item	Title	Action
1.	**Welcome, Introduction and Apologies – Carol Varlaam**	
1.1.	The convenor welcomed all to the meeting. Introductions were made. The convenor explained that Committee members were sat together in CCG groups. Apologies received and deputies were noted as above. It was noted that 'Tony Chan' on the attendance register and nameplate should be amended to 'Tom Chan'. The meeting was quorate. The convenor explained that the meeting was being filmed for uploading onto CCG websites. There was no objection from members of the Committee to the filming. Consent forms were given to members of the public present to consent to being included in the recording if they asked a question. The convenor informed the members of the public that, following the Committee's decision, questions will be invited on today's agenda with priority given to written questions received in advance of the meeting.	
2.	**Declarations of Interest – Carol Varlaam**	
2.1.	All members and attendees may have interests relating to their roles. These interests are declared on the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared. Dr. Karen Worthington advised that her conflicts were not on the register, and will be added after the meeting, but they were not relevant for the agenda item so were not necessary to declare during the meeting. No other declarations of interest were received from the Committee.	
3.	**Terms of Reference for the South West London Committee for Collaborative Decision Making – Carol Varlaam**	
3.1.	The Terms of Reference have been previously agreed by all CCG Governing Bodies as part of CCG Governing Body constitution changes. No comments or questions on the Terms of Reference were raised by the Committee. The Terms of Reference were **noted** by the Committee.	
4.	**South West London Effective Commissioning Initiative Policy – Jonathan Bates, Dr. Tony Brzezicki, Dr. Nicola Williams and Zoli Zambo**	
4.1.	Jonathan Bates and Tony Brzezicki gave a presentation on the South West London Effective Commissioning Initiative Policy and the process that has been taken to get to the final draft version that was presented to the Committee. The main points from the presentation were as below: • A new Effective Commissioning Initiative policy was needed to ensure equitable access to treatments for South West London residents; to ensure procedures are based on robust evidence and are clinically effective	

	• The previous policy was not kept up-to-date with new treatments and guidance • The previous policy allowed for treatments to be given where there was not clinical need; and/or the patient may not have opted for the treatment were they aware of the low likelihood of effectiveness • The new policy ensures consistency of criteria across the whole of South West London • The policy does not include emergency, cancer or maternity care, or any medications • The policy looks at thresholds not service provision; however, it will underpin development work for service provision in the future • If a patient does not meet the threshold in the policy but feels they have an exceptional case for treatment, the patient can request an Individual Funding Request (IFR) • Clinicians, managers and Public Health came together to make the revised policy; the policy is fully supported by the South West London clinical community • The process was designed by clinicians and monitored via the South West London Clinical Board (now known as the Clinical Senate) • A handful of clinical questions on thresholds were received during the process; all were considered but no significant amendments to the policy were requested • The new policy is more user friendly and uses clearer language • A Public Health consultant was employed, who went through national evidence to ensure the South West London policy had taken national evidence into account when deciding thresholds • Most of the procedures in the new policy were already in the previous version • Any procedures that will require extensive public engagement were not included e.g. IVF • For each threshold, staff reviewed the current clinical template, NICE guidance and national and international evidence. The main providers of the treatments and consultants of these services were included in the development of the policy. Once the thresholds were discussed in draft, they were circulated to all clinicians in South West London by medical directors for feedback • Evidence for each threshold is available to share • The policy includes a Primary Care advice section for GPs to use • All of the groups that reviewed the thresholds included patients • At no point was cost of treatments discussed and treatments will not be withheld according to cost • To get the best outcomes, patients need to understand their condition and make a properly informed decision on whether or not they want to have a procedure, especially if it has limited clinical effectiveness. They need to know the benefits and risks to procedures • Five new procedures were included in the new policy: Hernia repair, Haemorrhoids, Hip Impingement, Obesity and Bartholin cysts - Obesity surgery has only recently been commissioned by CCGs, thus is a new area and there was no threshold included in the previous policy, and this threshold has not changed from the previous NHS England policy - Hip Impingement is a new procedure with strict criteria on who can perform the surgery - Two and a half thousand hernia operations have been undertaken in South West London; however, most patients would have better outcomes if they had not opted for surgery. • Equality Impact Assessments (EIAs) were undertaken on the new thresholds. These were independently undertaken by North East London Commissioning Support Unit (NEL CSU) and looked at the impact these thresholds would have on local residents, to ensure CCGs are fulfilling their legal equality duties. After reviewing all 57***** procedures, the EIA group recommended a full EIA be undertaken in seven areas. In the seven assessments, the only area flagged was that a lot of the patient	

	documentation was produced in English only, so any literature produced in line with this policy should be available in other languages. With this caveat the group strongly endorsed the view that this document will drive equality to access to treatment for South West London patients.	
4.2.	<u>Questions and comments</u> Sutton commented that there has been huge clinical engagement in creating the policy. Kingston commented that this had been a thorough process involving hospital consultants as well as clinicians of CCGs. Croydon commented that their clinical leaders, CCG clinical chair and other medics have been well engaged in the process. The Croydon ECI policy has been reviewed in Croydon separately over the last few years so their clinicians understand the process well, were fully engaged and are happy to sign off the policy. Wandsworth commented that they welcome the development of the policy as it is evidence based and ensures patient care is safer with less variation in access to treatment. Wandsworth were involved in the policy development and felt the clinical involvement has been robust. Richmond confirmed their clinicians were very engaged in the process and support the process and methodology used. They would support clear communications being produced in order to help clinicians and GPs to communicate with patients about the thresholds going forward. Merton confirmed that their clinical colleagues were satisfied with the level of engagement in the process. They felt assured by the Public Health expertise that was applied to the process. They asked what there will be to support GPs implementing the process and what the feedback facility would be, for clinicians to inform the CCGs of what they find difficult. They asked how the policy is going to be kept up-to-date as new guidance comes out. Nicola Williams responded that the South West London team are producing easily accessible information/quick access guides for GPs that will be on their desktops. The team are also developing forms for improving the provision of supporting evidence e.g. DXS. The team will welcome any feedback from clinicians on what they find difficult. The team have tried to make the process as simple as possible for GPs. Outcomes will be monitored to see if Trusts are seeing improved outcomes and reduction of variations across South West London. All thresholds will be updated if evidence changes going forwards. Updates to the policy are recognised as critical for ongoing care. The policy will be reviewed annually. The South West London Alliance is committed to putting the right resources in place within CCGs, CSUs and GP federations to try and embed this policy going forward. Jonathan Bates added that he is meeting with the South West London Directors of Public Health in December to agree an ongoing process. The team have found this process has worked very well; and has been very patient focussed. It could be rolled out to other areas. Clare Gummett added that, as one of the patient representatives in group three, she felt there were very robust discussions. She felt very assured that the patient will be talked with and will have a clear understanding of what treatment options are available; which is very important in the process.	

4.3.	The convenor asked the Committee members if they approve the adoption and implementation of the South West London Effective Commissioning Initiative Policy version 2.0. Each Committee was asked to vote in turn: Sutton – support Kingston – support Richmond – support Croydon – support Merton – support Wandsworth – support. The Committee **unanimously agreed** the adoption and implementation of the South West London Effective Commissioning initiative Policy version 2.0.	
4.4.	<u>Next steps</u> Providers will be notified that a new policy will come into place across South West London. This will take some time as there is a need to build electronic templates that allow information to flow from Primary to Secondary care. The Alliance expects patients referred for any of the procedures in the policy to follow the new policy from January 2018. Patients who do not meet the new thresholds but have exceptional circumstances will be able to be referred to the Individual Funding Request (IFR) panel. There is an opportunity to integrate the prior approval process for the South West London Effective Commissioning Initiative policy with the IFR policy and make better use of collective resources and scarce clinical time. There is also the opportunity to include technology; to build digital solutions in further and extend them into the IFR process to enable clinicians to make more timely decisions.	
5.	**Public Questions**	
5.1.	Members of the public present were invited to ask questions of the Committee relating to the business being conducted. Priority was given to written questions that were received in advance of the meeting.	
5.2.	<u>Written questions</u> One written question was received in advance of today's meeting: *The report before us details reductions in care which are the CCGs' share in £20 billion cuts in the next 5 years' NHS budget. The Chief Officer of NHS England has described this level of cuts for the NHS as impossible. Should not the Joint CCGs at their meetings be discussing campaigns to defend services and publicise the level of cuts and their effects, highlighting the threats to both St Helier, Croydon, and Epsom Hospitals that Government austerity and partiality programmes have proposed; and in addition opposing further privatisation?* The answer given at the meeting was as below and was given by Jonathan Bates and Tony Brzezicki: As we have tried to explain through today's conversation, this is a process about using evidence and achieving equity for patients across South West London. The whole purpose is to ensure evidence based and clinically effective treatments and equity of access to treatment across all of the South West London boroughs. At the moment there is variability to some services and some are above national access figures. This policy will apply thresholds in a consistent manner across South West London to ensure that patients do not undergo procedures unless there is clinical evidence to support that procedure. It is not about restricting access to care. It is very important that people undergo procedures only when they need them to happen.	

	There is a huge financial challenge for the NHS that Simon Stevens, the Chief Executive of the NHS, has outlined; it is important to make the most value of each NHS pound we have. Using this policy will help by having an evidence base to help treat patients on clinical need. The ambition of the whole programme has been right operation, right patient, right time and right outcome. That was the tenure of every discussion that was had. At no time were any financial savings discussed. We set out thresholds that were relevant to patients and that they are properly informed about beforehand. This policy helps by changing the whole temper of how planned and elective care is undertaken in South West London and it is not about saving money or restricting care. The teams looked at equity of access. In fact, in some cases this policy will cost more. Money did not come into these discussions. The convenor informed the members of the public that there would be a written response provided to the remaining part of the question that did not relate to the business of the meeting. **Secretary's note (added 28 November):** the written response to the remaining part of the question is as below: We have made no decisions to cut services in South West London. Any changes to services, the NHS will fully consult local people. The intention for this meeting is that the CCGs' respective Governing Bodies can meet together in a 'committees in common' arrangement, in order that joint decisions can be made on subjects that affect all of South West London. This will ensure consistency in decision making. For this meeting, the area for decision making was the Effective Commissioning Initiative. The South West London CCGs are working as an Alliance with an Accountable Officer, who is actively working with NHS England and other stakeholders, to ensure the best possible services and outcomes for residents of South West London.	
5.3.	<u>Questions asked at the meeting</u> **1. Is the convenor the same Carol Varlaam who is Director of Wandsworth Care Alliance and St. George's Trading Company Ltd.?** Although this question did not relate to the business of the meeting, the convenor allowed the question to be answered. The convenor confirmed that she is the same Carol Varlaam but has now ceased her terms with both of these charities and these interests were fully declared when she was a trustee of those charities. **2. Will the new thresholds to hip and knee operations impact on the viability and the success of the South West London Elective Orthopaedic Centre (SWLEOC) at Epsom Hospital; or will people be forced to have operations privately instead?** Thresholds for knee and hip operations in the policy are low level and the team doubt they will have any significant impact on SWLEOC. The clinicians at SWLEOC were fully part of this consultation process, as was every other Trust in South West London and Surrey Downs that perform orthopaedic surgery. These are consensus guidelines. Some of the thresholds are more lenient than in other areas of the country. For example, weight was not included as a threshold where it is a factor in other polices; this was felt to be unfair, as patients cannot lose weight if they cannot walk. It was also agreed that smokers should not be excluded; it was unfair to exclude them if they suffer from pain.	

3. **Earlier you said that being overweight would affect the likelihood of having an operation and patients would not get an operation at all?**
Dr. Brzezicki reiterated that he said it would decrease the effect of the operation – it is not a determining factor in referral. Patients would be advised that if they could help themselves to lose weight, to build muscle mass, they would have better outcomes following surgery.

4. **Is it true that this group is intending to move forward to become an Accountable Care Organisation (ACO), and thus transforming our NHS into a group of separate units, the formation of which has no legal or political authority?**
Although this question did not relate to the business of the meeting, the convenor allowed the question to be answered. It is not the intention of this group to become an ACO. If CCGs change their minds in the future they will talk to people and make that clear. This Committee is six CCGs working together to make joint decisions and business is limited, as per the Terms of Reference, to specific items as agreed by the six CCG Boards. None of the CCGs in South West London have decided to become an ACO. Any intention to change organisational structures would be discussed at Governing Body level and would go through each CCG's Governing Body processes.

5. **Can the clinical evidence bibliographies be made available for public review?**
Yes, of course. The policy is available for the public via the six CCG's websites. We will find a way to make the clinical evidence available electronically so people can review it or can click on links to the evidence base.

6. **I did not have a sense of how many of the changes fell under category 2 (minor amendments) and category 3 (major amendments) – is there a document that sets this out clearly?**
When communications are sent out and information is produced for patients, these amendments will be set out clearly. Out of the policies that were reviewed, 10 involved major amendments; the rest were minor amendments, e.g. spelling and wording. The main communication to patients will be doctor to patient. If you compare the old documents with the new policy, it is much clearer; and the new Primary Care element will help GPs have a much clearer discussion with individual patients about the new thresholds. There were a few areas where there were bigger discussions without major changes. The small number of thresholds with major changes were included on the slide deck presented in this meeting. 50 clinicians were involved in this process. The seven areas where an EIA was undertaken were where the most clinical debate took place and took up considerable time in Group 3. The list in the slide deck is not the complete list but gives an indication of areas with genuine clinical debate about what was the right threshold.

7. **My understanding is that this body here (the Committee) is part of the machinery to carry forward implementation of the Sustainability and Transformation Partnership (STP) in South West London. Is this not correct?**
Although this question did not relate to the business of the meeting, the convenor allowed the question to be answered. This Committee is a Committee for Collaborative Decision Making, thus will only be convened when we decide in South West London that we have a decision we want to make together. It will only be convened when the six CCGs agree to make joint decisions. If there is a joint decision to be made within the STP, it may come to this committee; but it could also be made by individual CCG Governing Bodies. So we could not say yes or no to this question as it is not a yes or no answer.

	The member of the public continued that the Committee did not want to admit that the Committee is part of the machinery to carry forward implementation of the Sustainability and Transformation Partnership (STP) in South West London. He added that the STP requires demand management: what is the least amount of clinical provision that can be delivered without South West London not being the 'lowest of the lowest'. He added that the Committee have been talking about changing thresholds and asked if the Committee could confirm the net impact of the new revised thresholds will not be a reduction in the overall level of provision. Dr. Brzezicki explained again that the policy was revised for better outcomes for patients and will offer patients the right pathways of care. At no time in any of the groups was restriction in demand or financial targets discussed. **8. I was present at a CCG meeting previously – not sure if it was Merton or Sutton – where there was extensive discussion about curtailing the provision of IVF, in the same week St. Helier hospital opened its brand new IVF unit and in the meeting the cost impact of curtailing IVF provision was discussed at length.** Although this question did not relate to the business of the meeting, the convenor allowed the question to be answered. The convenor reiterated that IVF is not included in this policy. There had been no intention to include IVF; IVF was excluded explicitly. **The member of the public added that this was only because consultation is required; and that CCGs were forced, on council (Local Authority) insistence, to go to public consultation.** The convenor reiterated that IVF had not ever been part of this piece of work. There were no further questions.	
6.	**Any Other Business**	
6.1.	No other business was raised at this meeting.	
7.	**Close of meeting**	
7.1.	The convenor thanked the members of the Committee. The convenor thanked the Effective Commissioning Initiative Policy team and gave her best wishes to all in implementing the Policy. She added that the process group meets again on Monday, 20 November. The convenor thanked the members of the public for their attendance. The meeting closed at 18:17.	
	Post-meeting note: * '57 procedures' should have been '55 procedures' (see first bullet below) After the meeting, two minor amendments have been made to the ECI policy; as below: • Introductory pages had 57 procedures listed; this should be 55, as IVF and fertility preservation now sit separately; • Breast reduction surgery has two groups to meet the clinical thresholds; however, it is not clear from the document that three "basic" criteria ought to apply to both of these groups. These are patient over 18, BMI less than 26 and patient advised to give up smoking. This has now been made clearer.	

Minutes agreed by:
Role: Convenor