

Enfield CCG Governing Body Meeting 23 January 2019
Questions and Answers relating to items on the Governing Body Agenda

Question 1 (Over 50s Forum)

In reply to a question at the last CCG Governing Body meeting on November 21 2018, requesting information on the £1.2 million Single Offer contract with GPs, it was stated that a report on the EHCC contract for the year since December 2017 would be available in January 2019. Where is it?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

See slide 3 in IPQR.

Question 2 (Over 50s Forum)

Minute 3.4 of the November 21st CCG meeting says that a plain English printed copy of the NCL Primary Care Strategy is available. When will it be circulated to Patient Participation Groups etc?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

A plain English version is currently being developed and will be published on our website when it is available. This will be shared with Patient Participation Groups.

Question 3 (Over 50s Forum)Agenda Item 10.3

Reports that Stage 2 of the review of elective orthopaedic services is underway. Who are the members of the Review Board and who are the two Patient representatives?

Response by the NCL Director of Strategy:

The members of the review board are as follows:

- The executive/clinical chair of each orthopedic work-stream
- An executive director level representative of each of the five largest providers in NCL (trusts to nominate)
- Two current GP representatives on the Review Group (proposed that the current Camden and Enfield representatives continue)
- Two current patient representatives on the Review Group as nominated by Healthwatch (proposed that the current Barnet and Haringey representatives continue)
- NCL CCGs Finance Director
- Commissioner representatives from other STPs (one per STP) with a significant interest (further work required to establish criteria for inclusion)
- Director level representative from specialised commissioning
- NHS England Strategy and Reconfiguration
- STP Head of Communications
- Programme Director, Manager and workstream operational leads (as required)
- One Director of Adult Social Services representing the five boroughs (nominee to be confirmed)

- Independent clinical adviser (as required)

The two patient representatives were advertised for via local HealthWatch organisations and are local residents with experience of orthopaedic services.

Question 4 (Over 50s Forum)

The CCG Governing Body has before it a letter from the NCL STP sent on October 2th 2018 to the NHSE chief financial officer warning that proposed tariff changes will have a devastating financial impact on all NHS services in London. Did NHSE reply and what is the current situation?

Response by the NCL Chief Finance Officer:

The NCL Chief Finance Officer will provide a verbal update on this at the governing body meeting on 23rd January 2019, and this update will be noted/minuted to provide a written response.

Question 5 (Over 50s Forum)

Agenda Item 8.5

What is the procedure and timetable for selecting / electing the nine members of the Patient Representative Group? When and how will nominations be sought?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

Patients will be selected following an application process using the following criteria:

- Be an Enfield resident and/or be registered with an Enfield GP practice
- Be interested in improving health and health services in Enfield
- Possess good active listening and interpersonal skills and the ability to work constructively and positively with people
- Are aware of the difficulties facing some groups when accessing health services.
- Have an understanding of and commitment to equality and diversity issues
- Be able to be objective and see issues from all perspectives
- Be available for the meetings, dates of which will be set one year in advance

We aim to start this process by the end of January and the CCG will engage with its partners and stakeholders within the health and social care system in advertising and promoting these important roles within the community.

Question 6 (Over 50s Forum)

Agenda Item 6.2

We read that “Enfield’s dementia rate has risen to 77.9% for over 65s. This is well above the national standard of 66.7%”. What does this mean in plain English?

Response by the Director of Commissioning:

The report refers to the dementia “diagnosis rate”, not the dementia rate itself. It is the proportion of patients with dementia who have been diagnosed. The national standard is that 66.7% of people with dementia, aged 65 and over, should receive a formal diagnosis, so that they can receive appropriate care. A proportion of dementia patients have very mild symptoms, so a 100% target is not practical. The dementia rate (or prevalence) for the

over 65s in Enfield is about 6%. Enfield is well above the national standard for diagnosis which is positive and is why the figure is rated green on the CCG Dashboard in Appendix 1 on page 82.

The CCG received the 2017/18 assessment rating for the indicator performance for dementia (published by NHS England 17th January 2019) and was rated Outstanding.

Question 7 (Over 50s Forum)

Agenda Item 6.2

The booking backlog for Enfield Referral Services increased by 700 in November 2018. What is the total backlog? What steps are being taken to reduce it? And what is the average waiting time for a referral?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

The total booking backlog for November 2018 is shown in the table (2,200). The backlog increased by a further 1,100 (as at the end December). The backlog has now returned to the position reported in November.

A number of factors have impacted this which include staff vacancies and increased referrals from GP practices, as a result of the introduction of all referrals requiring to be booked via the national electronic booking system e-RS (previously Choose & Book). The service has been and continues to concentrate on reducing the backlog with a combination of existing staff doing additional hours, use of bank staff and recruitment to vacant posts. We are monitoring this and undertaking an assessment to align staffing to workload.

At the end of November 2018 the median time band for referrals waiting to be booked into an appointment was between 7-13 working days. All referrals are clinically screened within 48 hours, either by the GP clinical triagers, or Consultants who triage referrals to the community clinics, and as result any routine referrals which may be concerning are identified for urgent attention. Referrals marked as Urgent are processed daily. Suspected cancer referrals are booked directly by GPs and are seen within 2 weeks.

Hospital waiting times vary, depending on the specialty and hospital, as well as the clinical priority. 92% of patients wait 25.5 weeks from referral to being seen.

Question 8 (Over 50s Forum)

The Over 50s Forum also notes that 23% of referrals for hospital treatment by Enfield GPs were rejected by the Enfield Referral Service last year in implementing the controversial Adherence to Evidence Based Medicine policy. Does this not prove the CCG is undermining the precious and coveted patient - GP relationship and bringing the NHS into disrepute with patients?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

The AEBM policy is based on the likelihood of the patient receiving a clinical benefit from the procedure/intervention. These referrals are returned to the referring GPs for management. The GPs will be able to advise the patients further, monitor any change of condition, and be able to refer again if they judge the AEBM acceptance criteria are likely to be met.

Question 9 (Over 50s Forum)

How many Enfield GP practices have been ordered by the Royal Free NHS Trust to cease providing surgery blood tests in April 2019? Does this not reverse without any patient consultation previous policy to decentralise hospital services? And how does this decision comply with the "Care nearer Home" NHS strategy?

Response by the Director of Commissioning:

RFH and NMUH have served notice. We are reviewing our options to ensure that our residents continue to have access to these services.

Question 10 (Over 50s Forum)

The Flu vaccination uptake in Enfield last winter was 67.9% compared with England's 72.6%. and a WHO target of 75%. In 2011/12 74.6% of eligible Enfield people over 65 were vaccinated. What is the uptake of the special over 65s vaccine this year and is it too late to urge surgeries to check their patients?

Response by the Medical Director:

See page 34 in 23rd January governing body papers - 61.2% December 2018.

We have had a good campaign this year and GPs are still continuing to see patients who wish to receive the vaccine. A number of patients have had the vaccine with their employer and haven't necessarily updated the records with their GP. Pharmacies have been manually uploading their information onto the electronic system and we are currently in the process of transferring this data so that it is counted. Further messages are being sent to practices, and our local pharmacies are helping with encouraging uptake

Question 11 (Mr P. Richards)

Item 9.4.1. (of the minutes)

What is a VEET Notice and who might have challenged it?

Response by the Director of Commissioning:

Voluntary Ex Ante Transparency (VEAT) is a procurement process to notify the market of a plan to undertake a contract variation or the award of a contract. VEAT notices are published in the Official Journal of the European Union (OJEU). This procurement process gives the opportunity for anyone who believes they would have been able to provide the service/deliver the contract the opportunity to submit a challenge to the proposed award of the contract or the contract variation within 30 days of the notification.

Question 12 (Mr P. Richards)

Enfield CCG Action Log - page 22 (of 119) - Action No.GB/031/18

I am unable to find the "printable PDF" on your website. If it is indeed available, how is somebody without their own computer to know this and are they required to print it off?

Response by the Director of Primary Care Commissioning and Deputy Chief Operating Officer:

The printable PDF version is available on our website under the policies, strategies and publications tab and can be viewed [here](#).

Question 13 (Mr P. Richards)

Enfield CCG Action Log - page 23 (of 119) - Action No.GB/022/18

When did the meeting actually take place? Has the "evidence of data gathering" been made available?

Response by the Director of Primary Care Commissioning and Deputy Chief

Operating Officer:

The further clarification in relation to the report presented and discussed at our September Governing Body meeting was raised by HealthWatch and agreed it would be discussed and clarified at a meeting between the CCG and HealthWatch which took place on 27th September 2018. The report including evidence is available [here](#) (from page 99).

Question 14 (Mr P. Richards)

Agenda item 9.4. - Minutes of the NCL Audit Committee in Common of 19 July 2018.

Page 8 (of 9) - re: para 4.1.3. And 4.1.4.

- a) As Enfield is the location of the alleged frauds and in view of Enfield CCGs particular interest in the latter case, what is the present position?

Response by the Lay Member for Governance and Vice Chair:

This follows our prescribed investigation process. Any allegations are referred to our counter fraud specialists, and the Audit Committee is kept updated as appropriate. We are unable to provide further information whilst investigations are underway.

- b) Also I have been advised that there is "no formal requirement" for the ACIC i.e. the Audit Committee, to present their minutes to Governing Bodies. Although ACIC is fairly new, how could this most basic requirement be missed out of its Terms of Reference? When will it be corrected?

Response by the Lay Member for Governance and Vice Chair:

Each Governing Body in North Central London decides the nature and format of Governing Body committee reports. This may include reporting the minutes or may take another form of reporting such as a verbal or written report. The Terms of Reference for the NCL Audit Committee in Common reflect this arrangement by stating that minutes will be submitted to Governing Bodies as required. In Enfield CCG there is a formal requirement for Audit Committee minutes to be reported to the Governing Body but there is no requirement for this to be at a formal Governing Body meeting in public. However, the CCG has chosen to include the minutes of the Audit Committee alongside other committee minutes as part of its Governing Body meetings in public.

Question 15 (Mr P. Richards)

Agenda item 7.2. - Enfield CCG Constitution Update

As revisions of all 5 NCL CCGs are to be considered this year, why are these proposed changes being rushed, particularly as so much is being removed? One example is that it would seem that the Remuneration Committee "shall make decisions" on "Remuneration", and it will not be making a recommendation to the Governing Body, which has been the requirement until now! From my reading of the proposed changes, there will not even be a report on "Remuneration" at the CCG AGM.

Response by the NCL Director of Corporate Services:

The proposed revisions to Enfield CCG's Constitution are to resolve a number of operational difficulties and will help strengthen the CCG's resilience at a time of significant challenge and change. A wider review of all Constitutions across the five

North Central London CCGs will begin in January 2019 but these proposed revisions to Enfield CCG's Constitution are too important to delay.

The changes to the Remuneration Committee are important in three respects:

1. The Remuneration Committee will approve Governing Body and Clinical Lead pay levels. This is to strengthen the CCG's ability to robustly manage conflicts of interest and ensure that no one is involved in setting their own pay levels;
2. The Remuneration Committee will no longer have a remit for employee pay. This is because all employee pay is set as the national level through Agenda for Change and local CCG Remuneration Committees have no influence, control or decision making authority over this;
3. References to the 'nominations' have been removed as nominations is an entirely separate function which the Remuneration Committee has no responsibility for is dealt with separately through the Governing Body election rules and the Standing Orders.

The Annual Report is published each year and contains a detailed report on Governing Body and staff remuneration as per national requirement. This will continue to be reported at the Annual General Meeting in September each year.

Question 16 (Mr P. Richards)

Agenda Item 2.2c - Appendix 1 - page 33 (of 119)

Who were the 5 unnamed "Patient Representative"? How were they selected?

Response by the NCL Director of Strategy:

We contacted patient groups and Healthwatch organisations to ask for volunteers to join the event. We received a large number of volunteers and as the spaces were limited, offered those able to attend on a first come first served basis. Priority was given to those able to attend for the full day.

We have not been given permission to publish the individuals' details.

This group of residents have asked to be kept up to date on further events and opportunities to work with us on our plans. If you or anyone would like to be added to this list and receive future invitations please email nclstppmo@nhs.net

Question 17 (Mr P. Richards)

Agenda Item 4.1. - Chair's report to the Governing Body - item 3 "Change to GB meeting cycle".

Why has the cycle been reduced from 6 meetings to 4 meetings? When and by whom was the change agreed on behalf of Enfield CCG?

Response by the NCL Director of Corporate Services:

A thorough review was undertaken of Governing Body meetings and their regularity and the associated costs and time. With the successful implementation of many NCL wide committees (NCL Joint Commissioning Committee, NCL Primary Care Commissioning Committee in Common) reducing the need for items to go to Governing Bodies and with

effective local committees and informal Governing Body meetings, it was supported by all NCL CCG Chairs to reduce the number of meetings from six to four each financial year. For a number of NCL CCGs, they can immediately commence with the change although for Enfield CCG this will form part of the constitutional changes under review that will be available for members to consider at a future meeting.

Question 18 (Mr P. Richards)

Agenda Item 5.1. - Quality and Safety Exception Report - page 40 (of 119)

When is it anticipated that the Board will be advised of the outcome?

Response by the Director of Quality and Clinical Services:

This review commenced in December 2018. This independent review process should be completed six months from when the independent investigator receives all requested documentation. We have not yet received a date for when the report will be finalised.

Further information on the process and previous independent investigation reports can be accessed on the link below.

<https://www.england.nhs.uk/publications/reviews-and-reports/invest-reports/>

Question 19 (Mr P. Richards)

Agenda Item 5.1. - Quality and Safety Exception Report - page 43 (of 119)

How can interested members of the public access the survey results?

Response by the Director of Quality and Clinical Services:

The survey results are available on the following link

<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2018>

Question 20 (Mr P. Richards)

Agenda Item 6.1a. - Finance Report - page 57 (of 119)

When will the problem of the "contractual cost pressure" be resolved?

Response by the Deputy Director of Finance:

Contractual issues are ongoing through the Lead Commissioner. We expect to have a more informed understanding of the impact by the next Governing Body meeting in March.

Question 21 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 61 (of 119) - No.4 London Ambulance Service

"From 3 December 2018...to calls out of their usual area" - Is it possible that this decision could be detrimental to a high emergency patient who is near, but outside of their usual area?

Response by the Director of Commissioning:

There was a surge in activity in the first week of December 2019 and for safety reasons LAS did not start to use this approach, as indicated in the report. This position will continue to be reviewed monthly with LAS.

Question 22 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 61-62 (of 119) - No.6 Referral to

Treatment Waiting Times

Is it possible that this decision could be detrimental to a high emergency patient who is near, but outside of their usual area?

Response by the Director of Commissioning:

The NCL CCG's Referral-to-Treatment Delivery Group (which reports to the STP Directors of Finance Group and which includes representatives from NCL Providers and CCGs) has been established to focus on maintaining waiting lists within the March 2018 levels (as per the NHS Operating Plan 2018/19 requirements) through mutual aid across NHS Trusts, insourcing and outsourcing of additional capacity where appropriate. The group is also exploring how Capacity Alerts could be used to manage demand pressures in the pain management service at Royal Free London.

Question 23 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 68 (of 119) – Patient Online Access

Have you any idea of the number or percentage of Enfield patients do not have access to their own computers?

Response by the Director of Commissioning:

The CCG does not hold this information. According to the Office of National Statistics (ONS), 90% of adults in the UK are internet users (this varies according to age, disability, region).

Question 24 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 91 (of 119) – Next Steps

Will anti-coagulation patients' be given the choice?

Response by the Director of Commissioning:

Anti-coagulation patients are offered choice of acute trust, however we are also working with primary care to deliver anti-coagulation monitoring, where clinically appropriate, in the primary care setting so clinically appropriate patients can receive their care without requiring a hospital visit.

Question 25 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 77 (of 119) – ECCG MSA

"Contributing factors and mitigating actions is covered more in the JCC Acute Commissioning Report". As I can't find it, where is it?

Response by the Director of Commissioning:

Our apologies for this error and omission. The JCC Acute Commissioning Report for December 2018 is an abridged version due to the availability of core information data sets and the reporting timetable being brought forward over the seasonal holiday period. The next iteration of the JCC Acute Commissioning Report will include full information on mixed sex accommodation.

Question 26 (Mr P. Richards)

Agenda Item 6.2 - Enfield IPQR - page 80 (of 119) – para 3 re: POLCE rejection rate

"Contributing factors and mitigating actions is covered more in the JCC Acute Commissioning Report". As I can't find it, where is it?

Response by the Director of Commissioning:

The hernia and chalazia referrals mentioned fall under the Adherence to Evidence Based

Medicine (AEBM) policy, rather than the Procedures of Limited Clinical Effectiveness (PoLCE) policy, although there are similarities between the two. These referrals have been returned to the referring GPs for management. They will be able to advise the patients further, monitor any change of condition, and be able to refer again if they judge the AEBM acceptance criteria are likely to be met. There is no evidence available to assess patient satisfaction in these specific cases. The AEBM policy is based on the likelihood of the patient receiving a clinical benefit from the procedure/intervention.

Question 27 (Mr P. Richards)

Agenda Item 7.1 - page 100-101 (of 119) – Board Assurance Framework

New CRR Risk 468 - Which Trust is it?

Response by the Director of Quality and Clinical Services, NCL:

Enfield CCG has a statutory requirement to have a designated doctor for safeguarding children. To meet this requirement Enfield CCG has an agreement with the Royal Free Trust in which the Trust provides a consultant paediatrician to cover the CCG safeguarding role.

In July 2018 the Enfield CCG designated doctor for safeguarding children (from the Royal Free Trust) resigned. The Trust is recruiting to their vacant consultant paediatrician role, and the designated doctor role. In the meantime there are interim cover arrangements where the following individuals meet the requirements of the vacant post depending on their area of expertise:

- the named doctor at Barnet and Chase Farm hospital,
- the designated doctor at Barnet CCG, and
- the designated doctor at Camden CCG.

Question 28 (Mr P. Richards)

Agenda Item 7.1 - page 107 (of 119) – Board Assurance Framework

Datix 499 i.e. "ECCG is unable to comply with its legal responsibilities as a Data Controller under EU General Data Protection Regulations". How long has this situation existed and when will it be resolved ?

Response by the NCL Director of Corporate Services:

This risk was added on 27th of January 2018.

The below controls have been put in place:

- Basic compliance against current DPA is in place, and the CCG is registered as a Data Controller with the ICO
- The CCG have nominated a Data Protection Officer
- CCG Privacy Notice has been reviewed and updated
- GDPR Implementation Plan is in ongoing
- Information Assets and Data Flows is being reviewed and legal basis for the CCG use of information is being identified

The target completion date is 31st March 2019.

Question 29 (Mr P. Richards)

Agenda Item 8.1 - page 113(of 119) – Finance Report, No.3 – IPQR Report

Has the report re: CHC been presented? Will it be available to the public?

Response by the Deputy Director of Finance:

Continuing Healthcare was discussed within the Integrated Performance Report at the November Finance and Performance Committee meeting. This will continue to be reported as part of the Integrated Performance Report, which is presented at each Governing Body meeting.

Question 30 (Mr P. Richards)

Agenda Item 8.5 - Report of Patient and Public Engagement

Report of Patient and Public Engagement - At present NHS England has a consultation about restricting some medicines, where it has encouraged CCGs to consult with patients - How is this being actioned in Enfield?

Response by the Medical Director:

This is a public consultation so anyone can participate and submit their views.

This was discussed at our Medicines Management Committee on 11th December. The Committee membership is comprised of local GPs, our medical director, pharmacists from Trusts and Local Pharmaceutical Committee (LPC) representative(s). The consultation proposals do not vary from our current practice. We have given Medicines Management committee members the opportunity to give us their views on the consultation and a response will be submitted on behalf of Enfield CCG.