

Central London Healthcare, a Community Interest Company

Board of Directors Meeting Minutes

Date	07/10/2014	Time	12:15 – 13:45pm
Venue	CLH Meeting Room		

Present

1. CHAIR: Mathew Johnson (MJ)
2. Marina Muirhead (MM),
3. Jeanette Creaser(JC),
4. Dr David Spiro,(DS),
5. Dr Maher Shakarchi (MS),
6. Dr Dennis Abadi (DA),
7. Dr Vijay Patel(VP).

In attendance

Minutes: Charlotte Lazarus (CL).

Apologies

1. Dr Andy Goodstone (AG), - passed any voting right to CLH Secretary Jeanette Creaser
2. Siobhan Browne (SB),
3. Joan Gordon Brown (GB),
4. Dr Cuong Nguyen(CN).

Conflict of Interests

Conflict of interest needs to be signed by members who have not signed. DA and MS to sign document.

Minutes of the previous meeting

Minutes of the previous meeting with ratified by the group and signed off by the Chair.

Item Action

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| 1 | Chairs report to the board: | |
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	<p>Following a voting round as to whether CLH should be considered as the new GP network, CLH did receive the large proportion of practice votes, this resulted in the discontinuation of the WLLP. Practices in the South have been invited to join CLH continuing the spirit of forming a single GP provider network across Westminster. Some practices have joined and others are in the process of joining. A revised constitution will need to be agreed by all members once the new GP network Board has formed. JC welcomed the outcome, however she also highlighted that there will be potential risks tied to CLH commissioning OOH services.</p> <p>Discussion around whether CLH was merging with WLLP and if CLH should become a profit making organization. The chair informed the attendees that a merger was not possible. In terms of becoming a profit making organization, DM acknowledged that GPs should receive a financial incentive under the new GP network, but this should not be the main focus. MM echoed DM's thoughts in that going forward GPs should be incentivized accordingly and there was a short term piece of work which was developing the GP network to deliver OOHS and a longer term piece of work around the form of the GP provider network.</p> <p>JC informed the Board that she will no longer be the Managing Director of CLH. MM, who helped develop the WISC programme at the CCG has now been appointed CLH's new Managing Director (MD). It was noted that MM would be very instrumental in pushing forward the agenda as she has already been significantly involved with WISC and therefore able to "hit the ground running" hence CLH is now in a strong position.</p>	
2	<p>Prime Ministers Challenge Fund (PMCF):</p> <p>JC/MM highlighted that a portion of PMCF monies will finance GP/Practice education development. Adding to this, MM mentioned that the main objective of the fund will be focused on planning and not delivering at this stage. The Chair will have oversight of the accounts as well independent auditors to ensure due diligence is upheld and the CCG given confidence relating to the spend of this fund. MM would be attending the CLCCG Finance and Performance Committee on the 23rd October 2014 to present a paper on the release of the first 10% of the PMCF to the GP provider network totalling £52,000.</p>	MM to feedback to the board following the meeting
3	<p>Out of Hospital Services (OOHS)</p> <p>JC informed the board that the OOH specs are currently been re-assessed. Some of the specs also need further clinical input. The Chair informed the board that some of the OOH services should be rolled out in December. In correlation, to this, MM stressed that the Network is only able take over OOH services, if practices accept the contract price. A notice period to do so will be sent out to the various practices. CLH could provide the service on behalf of practice members. From a business perspective, it is also important to assess what practices should provide and not merely what they wish to provide. Services also need to be delivered from an economy of scale perspective. There was also some discussion around infection control. JC mentioned having an infection control nurse carry out infection control in all practices and whether this was something the network could decide to fund through central GP network development funding. The board were concerned about the financing of the back office functions to support the development of the network and the board agreed moving forward that we would need to work in a much more collaborative way with CLCCG.</p>	MM to invite Dr Ruth O'Hare and Matthew Bazeley to CLH board meetings until the end of the year

4	<p>Whole Systems Integrated Care (WISC)</p> <p>The patient referral services (PRS) provides a service, which underpins the WISC programme of work. CLH was formally given notice on the service but subsequently received a letter informing the board that the service would not be going out to tender however, the service will be re-designed to meet budget constraints and a change in focus of the service.</p> <p>WISC is predicated on:</p> <ol style="list-style-type: none"> 1) care planning 2) care coordination 3) a data warehouse. <p>The Chair noted that CLH will not be the lead provider of WISC, hence it is important to convey this to practices. Going forward, WISC work may involve the employment of a number of GPs. It would be good to have JM on board as he has strong financial acumen.</p> <p>MM stated that it was important to have a stronger GP presentation at the workshops on a Tuesday. DA agreed to be the GP lead for WSIC supported by other board colleagues.</p>	<p>MM to invite JM to re-join this piece of work on behalf of the provider network</p> <p>MM to ensure the board members have diary dates of workshops for WSIC</p>
5	<p>Member Secretary Report</p> <p>JC as Board Secretary must ensure the GP network Board members are elected following due governance processes and constitution. Electoral process to the Board cannot change without agreement of CLH member practices (Board should consist of 5 GPs – one of whom is elected as chair/Medical Director, 2 PMs, 2 PNs and non- voting members of one patient elected as Chair of the CLH user panel and the Managing Director of CLH) Board can invite associates or non- voting members to sit/attend the Board, if they feel this is required to enable the Board to function.</p> <p>Meeting of members (AGM) planned for November where Board can hold elections and discuss changes of memorandum, articles and association with members to reflect change to CLH.CLH to remain CIC but will take on role as a commissioner and provider.</p> <p>Agreed by Board and work plan actions</p> <p>WISC and OOH leadership agreed. Members of Board to include representative from South locality agreed.</p> <p>Work plan to include:</p> <ul style="list-style-type: none"> • OOH service specifications require clinical and non-clinical • Align WW and PRS to Whole Systems • Membership engagement • Education • PCP contract • PRS contract • Whole Systems integrated care plan • Move to S1 • Activating Finance, Performance and Quality Group • Engagement with CCG and alignment with CCG teams <p>Following the discontinuation of the WLLP, DS and MS, former members of the</p>	

	WLLP were elected as CLH representatives.	
	The meeting closed at 14.00pm.	
Next meeting		
Tuesday 4 th November 2014, at 12.15-2.00pm.		