

Central London Healthcare, a Community Interest Company

Board of Directors Meeting Minutes

Date	27.01.15	Time	12:15 – 14:00
Venue	CLH Meeting Room		

Present

Dr Matthew Johnson - CHAIR (MJ)
 Andrew Gage (AG)
 Dr Maher Shakarchi (MS)
 Dr David Spiro (DS)
 Jeanette Creaser (JC)
 Marina Muirhead (MM)
 Dr Dennis Abadi (DA)
 Siobhan Browne (SB)

In attendance

Minutes: Derya Ismail (DI).

Apologies

Dr Andrew Goodstone (AG)

Conflict of Interests

None

Minutes of the previous meeting

Minutes of the previous meeting agreed as accurate.

Item Action

1	Out of Hospital Services (OOHS) The position around the roll out of OOHS remains the same as at the previous	Action: MM to email member practices
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	<p>Board meeting, CLH as the GP provider network supports and echoes the same concerns raised by the Local Medical Committee (LMC). Some Board members this morning met with CL CCG and NWL Collaboration of CCG Colleagues and explained our reluctance to sign contracts (when we are provided with them) which centre on:</p> <ul style="list-style-type: none"> • Risk around the GP networks ability to roll all 18 services out safely by 31.03.15 • No contract or final specifications have been received by CLH as the network for us to review or have our appointed legal team review • We do not believe that the payment offered for delivering these services will do anything more than cover practice costs at best and as a membership organisation we wish to ensure our practices are supported with the correct financial envelope in order to deliver a world class, quality out of hospital service • We do not believe that the necessary training and resources are in place to deliver the two mental health Out of Hospital contracts which form compulsory components of the proposed basket of services and appear to be very resource intensive • The contract form is still yet to be resolved, we still do not know whether we are being offered an NHS Standard Contract or an APMS contract • A minimum income guarantee has been talked about however we do not know the nature of a proposed but unspecified enhanced service income guarantee might be if rolled over to the year 2015/16 • There is going to be a 6 month review built into the contract however we have not seen the nature of a proposed but unspecified review of the proposal at six month into the contract might include; particularly whether a complete renegotiation might be possible, what termination clauses might be in place and what liabilities practices might face. <p>The Board of CLH were asked in this morning's meeting to respond following our board meeting to three points:</p> <p>Communications The Board were asked if we would commit to joint communications in relation to the OOHs. The Board unanimously stated that this would not be something that they would be happy to say yes. It was articulated that we are an autonomous organisation with at times, different interests and the lines should not be blurred.</p> <p>Submission of provider assurance template Whilst it's appreciated that we could leave some areas blank or TBC whilst we wait for the contract and specifications however, the board felt that they did not wish to submit anything until we have been in receipt of v19 and the APMS contract. As we were advised that we would be in receipt of these by Monday 2nd February it's not long for commissioners to wait.</p> <p>IT configuration / activity assumptions As not to stop the process the Board agreed that all 35 practices should be configured for everything at this period, and if commissioners simply divide the activity you have attributed to us by 35. It was useful for us to be informed that this information would not bind us to anything and with practices not wishing to tell us officially what they will do until the agreements have been reached this seems like the most sensible way of progressing this.</p>	<p>asking whether despite the points listed below the members would like the Board to ignore LMC guidance and proceed to roll out.</p>
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2	<p>Wellwatch (WW)</p> <p>In the recent contract review meeting it was agreed that WW at the 31.03.15 would be de-commissioned. Whole System Integrated Care (WSIC) programme is not at the point where it has developed the new care planning function and with the OOHS for care planning we are all not sure where a service like WW sits in this new landscape. The WW service has in the past two months lost 3 members of staff due to the de-commissioning notice with another two staff members due to leave during February.</p> <p>CT has been asked to enact the exit plan and produce a WW evaluation paper (commissioner requested) taking account of lessons learnt. WW will cease to accept new referrals into the service 4 weeks before its close.</p>	<p>CT to enact exit plan and develop a WW evaluation paper for CL CCG.</p>
3	<p>Patient Referral Service (PRS)</p> <p>There is still no word on the future of the PRS service from commissioners despite repeated requests for information. The Board are concerned about our ability to deliver our key performance indicators with 5 staff members having resigned due to the de-commissioning notice to date.</p> <p>A letter was sent to Dr Ruth O'Hare – CL CCG Chair on 29th December 2014 drawing her attention to clinical safety risks for patients and to date the organisation has yet to receive a response. It was suggested that this was picked up later in the day at the CLH contract review with commissioners.</p> <p>Due to the on-going redundancy consultation all staff will be required to have received a formal letter giving them their official end to contract and this will be required by 5th February 2015.</p>	<p>Dr Neville Pursell is the CCG Quality Lead, raise the PRS clinical risk with NP.</p>
4	<p>Primary Care Plus (PCP)</p> <p>CLH have been offered a one year contract for the PCP service. This contract offer does come with some conditions. The commissioners are wanting to adopt a lead provider model for this service, Board of CLH have previously stated that they are unhappy to be the Lead provider due to CNWL employing all of the clinicians and having the largest contract value of the two organisations.</p> <p>CNWL have also stated that they do not wish to be the lead provider and therefore we will be exploring a partnership model should commissioners give this plan the go ahead.</p>	
5	<p>Community Independence Service (CIS)</p> <p>It was formally announced on 15th January 2015 that CLH along with partners had successfully supported the Imperial College NHS Trust in successfully bidding and winning a tri-borough £18m contract for the CIS service.</p> <p>The Imperial will now go through a rapid recruitment period to resource the programme and deliver some care change post 1st April 2015. MM asked the Board whether there were any Doctors who would be willing to sit on the CIS clinical reference group – DS stated that because he had been the Board Clinical Lead thus far he would wish to continue.</p>	<p>MM to put DS forward to be the GP lead for CLH on the CIS Clinical Reference Group</p>
	<p>Any other Business</p> <p>1. A job advertisement for MM replacement is now live on NHS jobs</p>	

	<ul style="list-style-type: none"> 2. Board members requested to ensure CLH Finance has received all invoices for board time 3. AGM and launch event planned for 10th March 2015 4. TJ will become the Acting Head of Care Co-ordination services from next week. Across all PCP, WW and PRS. 5. Dr Mona Vaidya is now on maternity leave – Dr Ruth O’Hare now becomes the CLH Clinical Contract Lead. 6. CT has handed in his resignation and will exit the organisation on 27th February 2015. 	
Next meeting		
Tuesday 24 th February 2015		