Our Healthier South East London
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NHS

ENCLOSURE A

Meeting: OHSEL Board in Public

Date: Thursday 28th March 2019, 16:00 – 17:00

Location: Garry Weston Library, Southwark Cathedral

Chair: Andrew Bland, STP Lead & Accountable Officer for Bexley, Bromley, Greenwich, Lewisham and Southwark CCGs

MINUTES

Attendees:

Andrew Bland (ABl)	OHSEL
Andrew Eyres (AE)	Lambeth CCG
Colin Roberts (CR)	PPAG
Siddharth Deshmukh (SD)	Bexley CCG
Faruk Majid (FM)	Lewisham CCG
Julie Lowe (JL)	OHSEL
Adrian MacLachlan (AM)	Lambeth CCG
Elizabeth Youard (EY)	Guy's and St. Thomas' NHS Foundation Trust
Tony Read (TR)	OHSEL
Vicky Scott (VS)	OHSEL
Christina Windle (CW)	OHSEL
Ash Vithaldas (AV)	London Ambulance Service
Jade Ackers (JA)	NHS England (Specialised Commissioning)
Angela Bhan (ABh)	Bromley CCG
Kate Radcliffe (KR)	OHSEL
Mark Edginton (ME)	OHSEL

In attendance:

Peter Gluckman (PG)	Independent Chair of the SEL Equalities Steering Group and Independent Chair of the SEL Stakeholder Reference Group

Apologies:

Amanda Pritchard	Guy's and St. Thomas' NHS Foundation Trust
Aileen Buckton	Lewisham Council
Neil Kennett-Brown	Greenwich & Bexley CCGs
John King	Patient and Public Advisory Group
Andrew Parson	Bromley CCG
Rebecca Rosen	Greenwich GP Federation
Matthew Trainer	Oxleas NHS Foundation Trust
Ben Travis	Lewisham and Greenwich NHS Trust
Angela Flaherty	London Ambulance Service
Therese Fletcher	Lambeth GP Federation
Rikki Garcia	Healthwatch Greenwich
Jen Leonard	NHS Improvement
Matthew Patrick	South London and Maudsley NHS Foundation Trust
Krishna Subbarayan	Greenwich CCG
Martin Wilkinson	Lewisham CCG
Louise Ashley	Dartford and Gravesham NHS Foundation Trust

Stuart Rowbotham	Bexley Council
Jonty Heaversedge	Southwark CCG
Jane Fryer	NHS England (London Region)
Ross Graves	Southwark CCG

1. WELCOME AND INTRODUCTIONS

The Chair opened the meeting, welcomed members and this was followed by introductions. Apologies were noted.

The Chair welcomed members of the public to the meeting

2. QUESTIONS FROM THE PUBLIC

Gay Lee representing South East London Save our NHS (SELSON), stated that notification was previously received that there would be written responses to questions put forward in advance.

Gay Lee read out the questions.

2.1 Pathology

- **What are the clinical (as opposed to the financial) advantages of the change of service to a very large-scale pathology network? What evidence is relied on for the benefit of mergers to form such a huge network? This relates to the tender for a large pathology network that includes most of the trusts in SE London. There is an understanding that there are several private companies are bidding for the tender. There is concern that this is being undertaken without public knowledge or public consultation.**

- **Could you provide examples of other large pathology networks which have proven to be value for money?**

  It was agreed that a written response will be provided to this question. (Please refer to Annex I, page 10)

- **Would you provide us with the evidence of due diligence done over the potential conflict of interest of Lord Patrick Carter who is the Chair of Health Services Laboratories which we understand is one of the bidders for the contract? Lord Carter is also on the NHSI Board which approved this new pathology provision policy. He also wrote the report on which this policy is based.**

- **Could you explain how this competitive procurement process for a large pathology network is in keeping with the intentions of the NHS Long term Plan to reduce competition and to increase place-based care?**

  It was agreed that a written response will be provided to this question. (Please refer to Annex I, page 11)

2.1.1 ABl invited JL to respond. JL is the SRO for the SE London pathology programme. JL provided background information and context. Presently, pathology services in SE London are provided by a range of providers.

LGT has an in-house pathology service which also provides direct access GP pathology services to the boroughs of Lewisham, Greenwich and Bexley. There is also a joint public private partnership venture between GSTT, KCHT and a private partner that run a company called Viapath. They provide pathology services for GSTT, for KCHT and for the community services of Lambeth, Southwark and Bromley. They also provide GP services for those areas, as well as some pathology services and specialist work on behalf of other organisations.

2.1.2 JL reported that the current Viapath contract is 10 years old and therefore GSTT and KCHT are required to re-procure a new contract to start in 2020. This is a matter of public record and has been the case since that contract was let in 2009. The decision on how best to re-procure was made in line with NHSI guidance to establish a SE London-wide pathology network and take forward pathology services for the whole of SE London for the next decade and beyond. This is also in line with the Long Term Plan.

2.1.3 Presently, procurement is underway, and the bidding process is commercial in confidence.

2.1.4 In response to the clinical and financial advantages, JL stated that pathology services have developed and where it used to be the case that every hospital would have had their own pathology services, more and more hub and spoke models are being created and this is the recommendation from NHSI. This is already occurring in other places.

2.1.5 JL provided some reasons why a network approach is important. One of the big drivers is workforce. There is a need for more flexible capacity across larger areas and this leads to benefits for patients such as quicker turn-around times and resilience ensuring that services are always available. It also helps to support greater specialisation and sub-specialisation for scientists and consultants, and this is only possible through a larger geography.

2.1.6 The development of the genomics services which are regionally networked, is also key.

2.1.7 There are only seven laboratories nationally, therefore, linking into a networked model ensures that laboratories in the SE London network will remain able to undertake leading research with KHP. JL noted that although LGT have chosen not to be involved in the current procurement, discussions are underway with other providers and they will become part of a larger network. Individual hospitals running their own pathology services will not be sustainable.

2.2 As requested, JL read out the questions put forward by Councillor Jonathan Bartley from the London Borough of Lambeth.

- **Provide examples of the impact and risk assessment of the bidding companies getting into financial difficulties as with, for example, Carillion or acting irregularly as with Serco/Viapath in 2014?**
- **Provide examples of the impact and risk assessment on the risk of failure to deliver timely and accurate test results to a diverse and fragmented group of NHS providers?**
- **Provide examples on the impact and risk assessment of failure to provide clinical pathology advice to clinicians in primary care and hospitals as is the norm with NHS-provided pathology services currently?**

2.2.1 JL stated that the provision of clinical pathology advice to clinicians would form a key part of the proposed clinical model and there is very clear guidance on due diligence prior to the award of the contract.

It was agreed that a written response will also be provided to this question. (Please refer to Annex I, page 12)

2.2.2 Tony O'Sullivan, retired consultant paediatrician and Co-Chair of the national organisation Keep Our NHS Public (KONP) responded as follows:

2.2.3 The answers provided are self-evident that networking in the NHS must take place and this is welcomed, however, there is little information on why this is outside of the NHS. This is a serious risk and must be addressed in the written response.

2.2.4 Tony O'Sullivan stated that it is recognised that information is commercially sensitive however, the unsatisfactory nature of many of the deliveries of service by the Viapath contract, centre around the breakdown and delays between clinicians in primary care particularly hospitals being able to discuss results promptly from the Viapath pathologists.

2.2.5 Tony O'Sullivan stated that teamwork in the NHS is a priority and is highly valued by clinicians. It is self-evident, that consultation with GPs and the cost of clinicians is important but there is a risk that this will not be a priority for a private company. It would have been incumbent on the pathology board to make it clear that the NHS should have been involved in providing this service. The breakdown of the NHS into smaller parts is occurring. Large contracts are only awarded to private companies. As this is a large configuration Tony O'Sullivan sought clarity on why the obligation to consult with the public was not fulfilled.

2.2.6 JL stated that the tender was published, and any public or private company is welcome to bid for the tender. It was highlighted that the commercial model has not been decided and may result in a joint venture

approach. Further information on the scale and scope of a commercial model will be provided, together with detail and an explanation on the way the specification and the contract are written. This will be provided in the written answer.

2.2.7 JL stated that it would not be appropriate for this Board to comment on the concerns raised regarding the performance of Viapath.

ACTION: It was agreed to provide written answers as agreed.

3. MINUTES AND MATTERS ARISING

Following review, the minutes were approved.

4. PROGRAMME UPDATE

4.1 JL referred to the programme highlight reports (month 11) and these were noted. Presently, work is underway on the SEL response to the LTP and therefore grouping programmes into overarching themes – community-based care, acute base care, mental health and enabler programmes.

4.2 The refreshed risks and issues relate to being able to create a financial sustainable system, to achieve the constitutional standards and addressing issues regarding finding the right workforce to enable delivery of modern standards to the SEL population.

4.3 Additional focus is the development of Primary Care Networks and this will be discussed further under agenda item 8. The population-based health narrative will be updated to explain how working at network, borough and system level can improve clinical outcomes for patients and their experience.

4.4 JL highlighted that the system improvement plan details the short-term actions that would enable a starting point for an integrated care system.

4.5 A successful pan-London pharmacy event took place and enabled shared learning. As pharmacy is often the first point of contact for patients, discussions are also taking place on better utilisation of funding that is spent on medicines and more improved use of prescribed medicines to achieve better outcomes for patients.

4.6 JL reported that the digital agenda is key to transforming our services in line with the LTP. Ian Riley has been appointed to undertake the role of Chief Information Officer. Ian Riley starts on the 1st May 2019.

4.7 The partnership update was noted for information.

4.8 Finance update

4.8.1 TR reported on the period from Month 11 up to end of February 2019 focussing on key exceptions and differences.

4.8.2 For 19/20 the underlying deficit is recognised by NHS England and NHS Improvement. This has been built into the calculation for next year's control total target for organisations as an aggregate across the SE London system.

4.8.3 Further to the published NHS Planning Guidance, and the planning and contracting round requirements, priorities were agreed for the system and ways to deliver plans and contracts within the timetable.

4.8.4 TR was pleased to report that each organisation has submitted draft plans and across SE London contracts have been agreed and signed.

5. SEL EQUALITIES STEERING GROUP UPDATE

5.1 ABl welcomed Peter Gluckman, Independent Chair of the SEL Equalities Steering Group and Independent Chair of the SEL Stakeholder Reference Group.

5.2 VS provided an overview of the Equalities Steering Group. For the past two years, the SEL Equalities Steering group has been scrutinising STP plans. The group is a valuable mechanism for ensuring that OHSEL workstreams continue to consider equalities within planning and activities. The comprehensive report circulated details the work of the ESG, the areas of focus and positive changes that have been made as a result of the input provided by the ESG.

5.3 VS expressed appreciation to the group and to PG for their helpful work over the past two years.

5.4 Good progress has been made however this is an opportunity to review the LTP and address health inequalities, strongly linking with the ICS. Health inequalities features prominently in the LTP.

5.5 VS highlighted that patients from the protected characteristics groups can experience health inequalities, in particular, accessing health services. The publication of the LTP provides an opportunity to undertake deep dive work into how the work of the STP can impact positively on the protected characteristic groups' experience and access to healthcare.

5.6 The proposed recommendation to the Board is that the ESG is discontinued and that in its place an approach is developed which will enable the STP to address both our response to the NHS Long Term Plan and our ambitions as an integrated Care System. As part of preliminary work, there is an opportunity to take advantage of the lived experience of residents in SEL to inform future.

5.7 PG highlighted that The Consultation Institute commended SEL for having an STP wide equalities group and highly recommended this to be implemented in other areas across the country as a model of best practice.

5.8 PG stated that discrimination and disadvantage still exists in the system for the core protected characteristics groups. PG emphasised that there is a need for a mechanism for keeping the focus on inequalities.

5.9 PG expressed appreciation to the ESG for its support and for making equalities a priority within the programme.

AGREED: The board welcomed the ESG report and endorsed the proposed approach and to take forward the health inequalities agenda.

6. STAKEHOLDER REFERENCE GROUP UPDATE

6.1 JL reported that the role of the SRG, is to advise on how best to engage with the public and other stakeholders, including elected representatives, to review the work programme and any proposed changes.

6.2 The areas of the LTP were reviewed by the group and this was helpful. The group

met and evaluated the long term plan, highlighting areas which they felt were priority areas for engagement eg outpatients. The group agreed to a new approach to meetings which would be topic focused and organised as required.

6.3 JL sought endorsement from the board to maintain the SRG but to change its role and format as described above.

6.4 PG stated that SEL is recognised nationally as very good in the way it takes forward and sets out engagement plans. The SRG was the first forum in the country to recommend an EIA on the STP. It also recommended the set up of PPAG. PG emphasised that there is a need in the system for a mechanism to consult across SE London.

6.5 CW highlighted that the proposal is welcome and the flexible workshop initiative is a good approach. CW stated it would be important to ensure that the group is multi-disciplinary so a range of views are heard and also to receive feedback in a timely fashion.

AGREED: The board noted the SRG annual report, welcomed and endorsed the proposed approach (to continue the stakeholder reference group meetings, with a revised role and format.)

7. SE LONDON TREATMENT ACCESS POLICY (TAP) UPDATE

7.1 ABh reported that the TAP policy has been in place previously across SEL and SEL has been regarded as having a good best practice model. A working multi-disciplinary group was formed to review the policy, to look at improving the effectiveness of patient care and maximise the best use of resources.

7.2 ABh stated that nationally, 17 evidence-based interventions were incorporated into the SEL TAP to replace local interventions.

7.3 The London Choosing Widely scheme has also focused on adopting several other procedures such as knee arthroplasty and hip arthroplasty. There are 8 evidence-based interventions under this programme

7.4 The recommendation is that changes to the following four procedures are adopted into the SEL TAP in order to be compliant with NICE or recognised Royal College / professional bodies;

- Earwax Removal
- Excision of bunions
- Surgery for female pelvic organ prolapse
- Bariatric Surgery

7.5 Concerns regarding the safety of mesh devices during surgery for female pelvic organ prolapse has arisen, relating to side effects. A national pause is implemented to review the use of this, and this is reflected in the guidance.

7.6 ABh stated that the full TAP policy was submitted to all CCG governing bodies in March 2019 and a process of engagement with SEL CCG Chairs, OSC and local patient advisory groups was undertaken, as part of the implementation of the revised policy.

AGREED: There were no objections received with the revised SEL TAP policy and the board agreed with the policy and recommended changes.

8. PRIMARY CARE NETWORKS UPDATE

8.1 ME introduced this item and stated that the Long Term Plan describes the benefits that can be achieved by bringing clusters of general practices together to create primary care networks

8.2 This builds on work to date in SE London with larger scale general practice collaboration. The benefits have been realised with the delivery of patient access to GP appointments 0800-2000 seven days a week

8.3 A short animation film produced by the Healthy London Partnership was shown**.**

8.4 ME stated that there is a rapid timetable in place for all PCNs to be agreed by July 2019. Initial views will be sought from practices on PCN arrangements with footprints agreed by 15th May. Work will be undertaken to support practices to ensure that PCNs are at an optimal model and size and to ensure that PCNs meet the needs of local populations.

9. ANY OTHER BUSINESS

None

The meeting closed at 1700.

Abbreviations

CCG	Clinical Commissioning Group
EIA	Equality Impact Assessment
ESG	Equalities Steering Group
GSTT	Guy's and St. Thomas' NHS Foundation Trust
ICS	Integrated Care System
KCHT	King's College Hospital NHS Foundation Trust
KHP	King's Health Partners
LGT	Lewisham and Greenwich NHS Trust
LTP	Long Term Plan
NICE	The National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	NHS Improvement
OHSEL	Our Healthier South East London
OSC	Oversight and Scrutiny Committee
PCNs	Primary Care Networks
PPAG	Public and Patient Advisory Group
SEL	South East London
SELSON	South East London Save our NHS
SRG	Stakeholder Reference Group
STP	Sustainability and Transformation Partnership
TAP	Treatment Access Policy

ANNEX I

Gay Lee on behalf of SELON

1. What are the clinical (as opposed to the financial) advantages of this change of service to a very large-scale pathology network? What evidence is relied on for the benefit of mergers to form such a huge network?

In addition to the financial and efficiency benefits of creating a SEL pathology network, there are significant clinical benefits of implementing a shared pathology network across a wider geography which will directly support high quality patient care, these include:

- Networked digital pathology: For example the current provision of histopathology support and interpretation is often provided in isolation by consultants operating from different locations. It will be key for the long term clinical sustainability of all Trusts across the network to implement a digital histopathology model that allows for greater coordination, collaboration and integration of histopathology consultants and provision of integrated reporting across the sector.

- Development of Point of Care Testing (PoCT) and Near Patient Testing (NPT): Changes in technology are pushing more tests to be performed outside the laboratories enabling clinicians to access results faster and change clinical decisions for the benefits of patients. A new service provider across the network will be contracted to ensure that they are able to adapt to the evolving needs of clinical users of the service for both POCT and NPT by participating proactively in the redesign of patient pathways and evaluation of clinical benefits.

- Developments in personalised medicine and Genomics: The GSTT and KCH consortium have recently been awarded the contract for one of the 7 national Genomic Centralised Laboratory Hubs. This service has been commissioned by NHS England as a regionally networked service and by implementing this as part of a SEL Pathology Network as a whole it will help ensure that the benefits of this kind of cutting edge medicine are rolled out consistently across patients whose care is provided by the Trusts in the network.

- Service resilience: By implementing creating a hub and spoke network this means that capacity can be used more flexibly across south east London to meet demand as a whole – this in turn means that turnaround times for tests can be better maintained equitably for all patients in SEL.
- Research and Development: KCH and GSTT are both R&D focused institutions and the development of research programmes is key to keeping the Trusts at the forefront of clinical development. The new networked operating model will ensure the development of R&D as a key priority, enhancing the links with the KHP Institute, University and other research organisations.

- Teaching and training: As University hospitals it is key to maintain and develop the training programmes for consultant pathologists as well as to enable and facilitate the training of doctors, building on the relationships already established with the Deanery and universities. Doing this in a networked way across all organisations makes this both more practical and ensures coordination across the sector.

2. Could you provide examples of other large pathology networks which have proven to be value for money?

The implementation of the SEL Pathology Network is part of NHS Improvement's drive to transform pathology services through creating 29 pathology networks across England. This programme aims to bring together clinical expertise and allow pathology services to become more efficient in order to deliver better value, high quality care for patients. As well as enhancing the careers of pathology staff, it will also improve the productivity of labs and how much they cost to run.

In 2017, NHS Improvements' analysis showed that the 105 hospitals in England which provide pathology services typically do 1.12 billion tests per year at a cost of £2.2 billion. The new pathology networks are expected to save the NHS at least £200 million pounds by 2020-2021. At that point the hospitals that had already started to implement a network approach saved £33.6 million, with a further £30 million of savings predicted for 2018/19.

3. Would you provide us with the evidence of due diligence done over the potential conflict of interest of Lord Patrick Carter who is the Chair of Health Services Laboratories which we understand is one of the bidders for the contract? Lord Carter is also on the NHSI Board which approved this new pathology provision policy. He also wrote the report on which this policy is based.

As this procurement exercise is currently underway we cannot comment on the bidders that are being considered. Similarly we cannot comment on Lord Carter's role at NHS Improvement, any questions about this would need to be asked directly to NHS Improvement.

As with any contract of this size and nature financial and legal due diligence will be conducted prior to a contract being awarded. The contract will be awarded later in 2019 and the new service model will be operational in September 2020.

4. Could you explain how this competitive procurement process for a large pathology network is in keeping with the intentions of the NHS Long term Plan to reduce competition and to increase place-based care?

The Long Term Plan aims to deliver greater collaboration between local organisations so that care can be more joined up and patient centred. To enable this, everywhere in the country will move to become an Integrated Care System by April 2021 which means that commissioners and providers can make shared decisions on population health, service redesign and Long Term Plan implementation together.

To create the South East London Pathology Network, the participating provider Trusts and CCGs are already working in a collaborative way to create a single shared model and are using a procurement process to consider the range of ways this could be delivered. Service models put forward by bidders may include NHS provided options as well as those delivered by external providers or a partnership. All options will be evaluated equally and transparently to ensure that a high-quality service for patients is created that is both clinically and financially sustainable and delivers value for money.

Cllr Jonathan Bartley- Leader of the Green Group, Lambeth Council

Why has there been no public consultation on such a huge change of service provision, involving a very long term contract (15 years with the option to extend to 20 years) and a huge contract value of £2.25bn?

The implementation of the new SEL pathology network will not change where or how any patient services are delivered. The procurement relates solely to how best to deliver a networked laboratory service that best supports patient facing care in our hospitals and communities.

The network proposals and the procurement approach have been discussed with local councillors from the six south east London boroughs at the Joint Overview and Scrutiny Committee (JHOSC). The JHOSC provide public scrutiny for any substantial service change across South East London Health services and decide if proposed changes meet the legal threshold for a formal public consultation.

Throughout the programme we have been committed to communicating transparently with the public, ensuring that information and updates are made available at the appropriate points in the procurement process.

What impact and risk assessments have been done?

As with any large scale procurement or transformation programme risks and impacts are considered constantly throughout the development process and are suitably mitigated prior to moving to implementation.

We cannot comment on any of the bidders in the procurement as this information is commercially in confidence. However, bidders for the SEL pathology contract have only been taken forward in the procurement if they are able to pass a series of hurdle criteria. These hurdle criteria include being able to demonstrate that they are able to access sufficient funding to support a contract of this size and nature, are able to meet the financial requirements in the specification and are able to demonstrate financial standing through standard accounting means. Further due diligence will be undertaken prior to any contract award in line with relevant procurement and contract law requirements.

During the procurement bidders' proposed service models are discussed and evaluated against a number of criteria including their ability to deliver consistent, timely and accurate results to all clinical services. The service will be delivered under a single agreed specification for all the NHS organisations that are procuring services and will managed collectively by the NHS organisations in the network