



North Durham Clinical Commissioning Group

Pre-notified Questions for the North Durham CCG Governing Body 2015/16

DATE OF MEETING: 25 November 2015

Question 1:

The recent press coverage in the British Medical Journal (BMJ) about conflict of interest stated that 21 contracts had been awarded to organisations where Governing Body members had been associated with those organisations. How did the CCG propose to assure the population that decisions had and would be made to benefit patients rather than Governing Body members? – **Ms Carole Reeves**

Nicola Bailey, Chief Operating Officer addressed the question and advised the Governing Body and members of the public present that the CCG had received a freedom of information (FOI) request with regard to the CCG's contract register and the declarations of interest register for Governing Body and committees, both of which had been published on the website. The article, which had been published in The Times newspaper, had stated that the CCG had committed £44m of funding to organisations which members of the Governing Body were associated with. Dr Neil O'Brien, Clinical Chief Officer, Dr Ian Davidson, Director of Quality and Safety and Lesley Jeavons, Durham County Council representative had been specifically mentioned in the article in relation to their various roles with other organisations. Nicola Bailey explained that the CCG followed national guidance in relation to the declaration and management of conflicts of interest, via three registers which were regularly updated and refreshed. She provided assurance that any members of the CCG's Committees who had a declaration of interest on a particular agenda item, would be asked to leave the meeting to enable discussion and decision making of that item to take place in their absence. The decision to ask people to leave a meeting had been captured in the minutes of those meetings. It was felt that the BMJ had been able to submit the FOI, based only on the information the CCG openly provided on its website, which demonstrated the transparency of the CCG.

Lesley Jeavons confirmed that she was an Associate Director at Durham County Council and was a member of the Governing Body of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as a local authority representative. She confirmed that she had no decision making powers for TEWV and was not employed by that organisation. It was acknowledged that the TEWV contract was one of the biggest contracts held by the CCG and the decisions made in relation to that contract could not be influenced by either the CCG Governing Body or the TEWV Governing Body.

It was noted that the CCG had a number of individual contracts for services with general practices, within which Dr Neil O'Brien and Dr Ian Davidson were partners of. Those contracts included weekend opening, extended services, near patient testing and others. Some of those were nationally dictated contracts and some were

local. The contracts had been approved by Management Executive, of which Dr Neil O'Brien and Dr Ian Davidson were members. Where necessary, Dr Neil O'Brien and Dr Ian Davidson had been asked to leave the relevant meetings for the decision making and at times the discussion of those items.

Nicola Bailey highlighted that the CCG had robust mechanisms in place with regard to the development of GP Federations in that any paid employee of a federation could not also be employed by the CCG.

John Whitehouse, Lay Member for Governance and Audit, provided assurance that the CCG was following and exceeding the expectations of national guidance in relation to conflicts of interest. In addition, he said that the Risk and Audit Committee of the CCG had arranged to review the current arrangements to ensure they followed best practice. John Whitehouse offered to liaise with Ms Reeves should she wish to have further assurance about the CCG's practises and processes.

Ms Reeves stated that she felt that having conflicted members take part in a discussion but not decision making would put additional pressure on the other members of the Committee. She also felt that the article had highlighted a weakness in the system in terms of decision making. Gill Findley, Director of Nursing, Quality and Development provided assurance that she, as a member of some of the CCG's committees and the Governing Body, would not hesitate to provide challenge if necessary. However, it was acknowledged that it was in the interest of patients to have decisions about clinical services considered locally and with the input of local clinicians in terms of assessing the clinical benefits of those services. She said that each aspect of those would be considered in a different forum, with the final decision being made by Management Executive, at which point any conflicted person would be asked to leave the meeting and not take part in the decision making.

It was noted that the national guidance in relation to the management of conflicts of interest was being reviewed and a revised policy would be presented to Governing Body should that be agreed.

Question 2:

What will be the effect of the proposed devolution and proposed Combined Authority on the CCG and ultimately the health provision for local people? – **Mr Colin Langton**

Response:

Nicola Bailey explained that the combined authority was made up of the seven local authorities from Northumberland to Darlington and including Tees Valley. NHS England had been part of the discussions on behalf of the CCGs of the North of England. It had been agreed to establish a Health Commission and to consider the powers that could be devolved to that.

It was noted that a report had been developed that set out the criteria in order for decisions to be made relating to delegation. The CCGs in the North of England had stated the wish to work more closely with the local authorities and in County Durham.

Durham County Council would facilitate a public vote to ascertain the public wishes in relation to the proposals.

Nicola Bailey assured the Governing Body members and the public present that the CCG would not agree to any level of delegation that would not have a positive impact on patient care. The CCG would remain a statutory organisation with the right to refuse any changes that would affect its population.

Mr Langton explained that he was a member of 'Keep our NHS Public' and was assured by the idea of a greater connection between health and social care. He asked how the CCG would ensure that the members of the public were being kept informed of developments in relation to the work. It was agreed that information would be provided in the CCG's stakeholder newsletter and further updates would be considered by the Governing Body, the Patient, Public and Carer Engagement (PPCE) Committee and the various reference groups.

Mr Langton highlighted the possibility that Darlington might not be included in the work, which would impact on patient flows. Nicola Bailey said that the CCGs involved had also requested the inclusion of Tees Valley in the arrangements for that reason.

Discussion took place about democratic and legal accountability and it was noted that Durham County Council had elected to go for a public mandate with regard to the approach to ensure any decisions made were supported by the public.