

Paper 2

South West London Primary Care – Joint Committee

Meeting in Public
Thursday 9th July 2015

Members In attendance:

Name	Designation	Organisation
Tony Brzezicki	Chair	Croydon CCG
Paula Swann	Chief Officer	Croydon CCG
Tonia Michaelides	Chief Officer	Kingston CCG
Andrew Murray	Chair	Merton CCG
Adam Doyle	Chief Officer	Merton CCG
Bob Armitage	Lay Member	Richmond CCG
Jacqui Harvey	Interim Chief Officer	Richmond CCG
Sally Brearley	Lay Member	Sutton CCG
Carol Varlaam	Lay Member	Wandsworth CCG
Nicola Jones	Chair	Wandsworth CCG
Graham Mackenzie	Chief Officer	Wandsworth CCG
David Sturgeon	Director of Primary Care	NHS England London Region

Attendees:

Name	Designation	Organisation
Julie Pickering	Representative	Kingston Health & Wellbeing Board
Marek Jarzembowski	Chair	Merton, Sutton & Wandsworth Local Medical Committee
Caroline Cooper-Marbiah	Representative	Merton Health & Wellbeing Board
William Cunningham-Davis	Head of Primary Care (South London)	NHS England –South London
Toyin Akinyemi	Head of Finance – Primary Care Commissioning	NHS England – London Region
Mike Sexton	Chief Finance Officer	Croydon CCG

Peter Flavell	Representative	Sutton Healthwatch
Julius Parker	Representative	Surrey & Sussex LMCs
Ginny Morley	Interim Assistant Director, OOH and PC	South West London Collaborative Commissioning
Christine Percival	Representative	Richmond Health & Wellbeing Board
Jan Underhill	Representing Ruth Dombey	Sutton Health & Wellbeing Board
Maggie Mansell	Representative	Croydon Health & Wellbeing Board
Nora Simon	AD Primary Care Commissioning	NHS England
Omid Gilanshah	AD Primary Care Commissioning	NHS England
Mike Derry	Representative	Richmond Healthwatch

SWL CC Programme team

Name	Designation	Organisation
Kasia Gaj	Strategic Manager – Primary Care	South West London Collaborative Commissioning
Clive Allanso	Interim Governance Lead	South West London Collaborative Commissioning

Members of Public in Attendance

Name	Designation	Organisation
Wendy Micklewright		
Kalsoom Qureshi		

Apologies were received from:

Name	Designation	Organisation
Graham Lewis	Chair	Richmond CCG
Brendan Hudson	Chair	Sutton CCG
Chris Elliott	Chief Officer	Sutton CCG
Naz Jivani	Chair	Kingston CCG
Peter Derrick	Lay Member	Merton CCG
Ruth Dombey	Representative	Sutton Health & Wellbeing

		Board
Helen Pernelet	Lay Member	Croydon CCG
James Gillispie	Representative	Wandsworth Health watch

1.	Welcome & Introductions	
1.1	Carol Varlaam welcomed everyone to the second meeting of the South West London Primary Care Joint Committee.	
1.2	Carol Varlaam advised the committee that Councillor Caroline Cooper-Marbiah would be replacing Councillor Maxi Martin as a representative of Merton Health & Wellbeing Board.	
2.	Declarations of Interests	
2.2	In accordance with the Terms of Reference for the committee, the Register of Declared interests was made available at the meeting for inspection.	
2.3	Carol Varlaam asked members to declare any further interests arising. No such declarations were made.	
3.	Minutes of the meeting held on 14th May 2015	
3.1	Subject to the following amendment, the minutes were agreed as an accurate record: The entry on the attendance list for Marek Jarzembowski, to be amended to reflect representation across Merton, Sutton & Wandsworth Local Medical Committee (LMC).	Governance lead
4.	Action log from the meeting held on 14th May 2015	
4.1	Carol Varlaam advised that the action log had been updated with the actions already completed. A number of actions were in progress and the committee was updated as follows: <u>Item 6.1 & 6.3, Operating Model:</u> David Sturgeon advised that the draft Operating Model was out for consultation across the SPGs and the outcome of this consultation would be reported back to the committee, at the meeting on 3 rd September 2015.	NHS London regional team
5.	Matters arising not on the agenda	
5.1	There were no matters arising.	

6.	Joint Committee Working Structure	
6.1	Dr Nicola Jones noted that at the last meeting, a question was raised on how we would ensure that the committee had in place the appropriate governance support through the establishment of a number of Working Groups. She noted that work has been undertaken to look at the membership and terms of reference for these working groups to provide sufficient governance support.	
6.2	She drew attention to two levels of support within the Joint Committee (JC). The first is the establishment of Working Groups within each Clinical Commissioning Group (CCG) to support Governing Bodies to plan their approach to Primary Care Co-Commissioning and to consider the option to move towards delegated commissioning. Each CCG has been asked to establish their Working Group structures; some have existing structures they are adapting and others are setting up new structures.	
6.3	The second level is task related or workstream Working Groups, which directly support the work programme for the JC. Dr Jones advised that five Working Groups were being established. The Capital & Estates Forum, would review the requirements across South West London, reporting back to the JC on areas relating to its work programme. There would also be co-ordination with a concurrent London-wide review.	
6.4	Dr Jones noted that the Finance Working Group had held two preliminary meetings, to review the remit, membership, and to define the work plan for the group. Work was continuing to finalise its membership and structure.	
6.5	Work underway to define the remit, membership, work plans, and dates for meetings, for the Quality Improvement Working Group, the Prevention & Innovation Working Group and the Contractual Action Working Group.	
6.6	Dr Nicola Jones advised that following discussion on the best options for ensuring representation and feedback with Richmond Health & Well Being (HWBB) representatives, it was suggested that HWBB members would be invited as required to the Working Groups and that recommendations arising from these would be reported to the committee.	
6.7	It was also noted that HWBB members were kept updated on matters arising from the Transforming Primary Care Delivery Group through Cathy Kerr DASS Richmond attendance at this	

<p>6.8</p> <p>6.9</p> <p>6.10</p> <p>6.11</p> <p>6.12</p>	<p>meeting which occurs monthly.</p> <p>Sally Brearley asked for clarity on the process for self-nominations to the work stream Working Groups and asked which of the groups would be undertaking public and patient engagement. Dr Nicola Jones advised that self-nominations were welcomed, although she noted that there would be a need to review appropriate numbers of people and representation on the groups across Working Groups. She said that patient and public engagement still remained a CCG responsibility but that this would need to be considered in each Working Group in relation to their work plans. In addition, the Communications and Engagement team for SWLCC focus on patient and public engagement and would advise the committee if there was a need to have a separate work stream for this.</p> <p>Dr Nicola Jones suggested that, as the SWL team would be visiting each CCG to discuss Transforming Primary care over the next month, there was an opportunity for CCGs to identify any support they felt they needed in discussion of the option to move towards delegated commissioning. CCGs could include Patient and Public Involvement (PPI) on the list of issues to discuss if they wanted additional input.</p> <p>Graham McKenzie noted that, in discussion at the Chief Officers Group meeting on the membership of the Working Groups, it was agreed that a clear link back to CCGs from the Working Groups was needed, with at least one voting member from the CCGs in membership. It was also noted that where the work links need to be stronger across Working Groups or require local influence, that this should be prioritised within the work plans.</p> <p>Paula Swann raised a concern regarding the number of Working Groups being established and the resources that would be required to support them, asking if there was scope to combine some of them. She added that flexibility in managing issues that were specifically local in nature would be helpful. Dr Nicola Jones asked the programme team to review these concerns, in the process of establishing the membership and governance arrangements for the Working Groups with NHSE London region to come up with a streamlined proposal for the groups.</p> <p>Carol Varlaam thanked members for their feedback and noted that this was work in progress. Next steps will include a review of the size and membership for the Working Groups.</p>	<p>CCGs and SWL CC programme team</p> <p>SWL CC programme team / Governance lead</p> <p>SWL CC programme team / Governance lead</p>
<p>7.</p>	<p>Operating Memorandum of Understanding</p>	

<p>7.1</p> <p>7.2</p>	<p>Graham Mackenzie reminded the committee that at the last meeting members requested a small number of amendments to be made to the Memorandum of Understanding (MOU). The changes have been made with track-changes and were now available to the committee for final approval.</p> <p>Carol Varlaam sought the committee's approval to the changes made to the MOU. These were agreed, subject to amendments being made on the membership of the Working Groups.</p>	
<p>8.</p> <p>8.1</p>	<p>Joint Committee Work plan</p> <p>David Sturgeon introduced the work plan. He advised the committee that this document was presented at the last meeting. Work is underway according to the plan and some of the items highlighted on the plan were included in the agenda for discussion. David Sturgeon added that the plan included finance activity scheduled for October but which had been completed ahead of schedule and was presented to the committee today prior to full review at the meeting on 3rd September 2015.</p>	
<p>9.</p> <p>9.1</p> <p>9.2</p> <p>9.3</p>	<p>PMS Review</p> <p>David Sturgeon advised that the PMS review was required to be completed by 31st March 2016. The paper presented to the committee, provides a London overview of how NHS England would wish to engage with CCGs to undertake PMS reviews between now and end of March 2016. He noted that there were some concerns raised by the LMC about the paper presented and that he had met with the LMC to discuss their concerns.</p> <p>The committee was informed that it was a requirement for NHS England to review PMS contracts and that this was a particularly important process as CCGs in South West London were considering progress towards delegated commissioning and agreed that CCGs should undertake the full review with NHS England, London region.</p> <p>He reported that some PMS contracts outside of SWL have not been reviewed since 1998 and the aim of this work is to review what is currently in place through these contracts, to see if it is fit for purpose. In SWL recent reviews had been undertaken to establish a common price within a borough and work will need to be undertaken to review the current specification against the expectation of the Strategic Planning framework. It is expected that proposals will be in place by September 2015 to outline the approach at Strategic Planning Groups (SPG) or individual CCG</p>	

	<p>level, in order to enable further discussion with the LMC and individual practices. There were commissioning opportunities for individual CCGs to consider their current investment on locally commissioned services and Out of Hospital agendas and whether they wished to contractualise certain elements of this investment into local PMS contracts.</p>	
9.4	<p>David Sturgeon highlighted that this was a large agenda across London and that NHS England are considering the use of the 1% non-recurrent monies to enable appropriate levels of support and to ensure the process to run to the proposed timetable.</p>	
9.5	<p>Maggie Mansell asked if the issue of weekend and/or out of hours working featured on the agenda. She raised a concern regarding the cost implications and asked if every practice could reasonably achieve this. David Sturgeon advised that the aspiration was to have 7 days service but not necessarily from each individual practice.</p>	
9.6	<p>Sally Brearley commented that as a lay person and new to primary care, that there was a lot of detail involved in undertaking the PMS review. She asked for a lay persons guide on what was involved, expected and required to be managed in the process.</p>	SWL CC programme team
9.7	<p>Carol Varlaam reminded members, that at the request of the committee, a finance seminar had been held which covered aspects of primary care finance, including PMS contracts. Carol Varlaam asked the programme team to share the outputs from that seminar with the committee members and added that a further seminar was being planned and that work was underway to identify topics for future seminars and workshops for members including QOF</p>	
9.8	<p>David Sturgeon reiterated that there were three types of contracts. A national general medical services contract (GMS), a local contract with a number of standard features but still allowing local flexibility – Personal Medical Services (PMS) and an Alternative PMS (fixed term contracts), which contains risk with income determined by delivery of Key Performance Indicators (KPIs) and which offered greater flexibility on contract holders and specification.</p>	
9.9	<p>Adam Doyle asked that greater clarity be provided on the decisions CCGs were being asked to make by September 2015. David Sturgeon explained that decisions on the specification and negotiation approach would be recommended of the Joint Committee. David Sturgeon noted that this would be an intense piece of work and that it was layered alongside a number of</p>	

	<p>aspirations for London, the SPG and CCGs, as investment will be different in those areas for different services.</p> <p>9.10 Andrew Murray noted that the ideal position would be for CCGs to engage with their practices and Local Authority, but noted that the timeline to achieve this was very tight. David Sturgeon agreed that it was about full engagement with practices, patients, and the LMC, and that it was important to be clear on what the specifications will be in that engagement.</p> <p>9.11 Sally Brearley noted that the timeline indicated that a public engagement plan had been developed in June, but that she had not seen this plan. David Sturgeon said he will share it after it had been through the NHS England governance process.</p> <p>9.12 Dr Julius Parker advised that he had written to David Sturgeon regarding his concerns on the timeframe for undertaking the review and in particular regarding the time required from all parties in negotiations. He expressed some concern on the significant issue of the localism of PMS contracts, arising from a number of different PMS contractors in CCGs.</p> <p>9.13 Peter Flavell advised that they had investigated the views of local people on access to GP services and have identified a series of ways to improve services that he would like to see reflected in the PMS review. He also noted that if Healthwatch could provide any other reports to support the review, that they would be happy to do so. Carol Varlaam welcomed the report by Healthwatch for review and David Sturgeon advised that they will draw on a number of sources and including the national survey of patient's views.</p> <p>9.14 Carol Varlaam thanked committee members for their contribution and asked for the committee to:</p> <ul style="list-style-type: none"> • Note the requirement to review PMS contracts by March 2016 • Note the programme timeline • Consider the proposed principles for undertaking the review • Agree the decision making process requiring proposals to be presented to the Joint Committee at its September 2015 meeting • Agree the additional resource requirements for this programme funded from the 1% Primary Care Non Recurrent monies 	<p>NHSE London regional team</p>
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9.15	<p>Graham Mackenzie asked for a review of the timeline, if at all possible.</p> <p>Decision: The Joint Committee AGREED, in principle the recommendations highlighted in the report. David Sturgeon to review the timeline and to advise, where possible, of any extension available.</p>	NHSE London regional team
10.	<p>Standard Operating Procedure</p>	
10.1	<p>David Sturgeon presented the Standard Operating Procedure developed by NHS England and the document provided members with an overview on how they manage contracts with individual providers and the regulations they should follow.</p>	
10.2	<p>Carol Varlaam acknowledged the report and thanked David Sturgeon.</p>	
11.	<p>Quality & Performance Update</p>	
11.1	<p>David Sturgeon advised members that the work plan includes a report to the committee to be produced by September 2015. Reviewing the information that was available for this report, NHS England have produced a 'beta' version, reflecting the type of information they could provide to allow the committee to review and advise on their preferred format. He noted that the report was based on what information could be gathered locally and that the report lists the various data-sources.</p>	
11.2	<p>In addition it includes an overview of the number and types of contracts across South West London. They have agreed to bring to the committee information on contractual breaches or highlight any new cases, as well as changes in service provision since April 2015. He noted that the report includes information on the Quality and Outcome Framework (QOF) and that there was a primary care web tool available that allowed both NHS England and CCGs to look at outcome standards and start to classify practices into various groups.</p>	
11.3	<p>Carol Varlaam asked CCG members, who were more familiar with this type of data and information presented, for their views and comments. Paula Swann noted that the important factors arising were around what lay beneath the reports and in understanding what the issues were.</p>	
11.4	<p>Dr Nicola Jones advised that at CCG level that they have had no</p>	

<p>11.5</p> <p>11.6</p> <p>11.7</p>	<p>visibility of this kind of information before now, but at Wandsworth CCG they are continuing to develop a dashboard that picks up on similar data, and that it was publicly available information.</p> <p>Maggie Mansell informed the committee that they had received a report from Dr Jane Fryer on the detail that sits behind this data and information. They had found this to be very helpful to understand how the data was collated and to be able to discuss issues such as access and immunisations. She noted that it was reassuring to know that discussions were being held with those practices, but they were not always at the level Healthwatch would wish to see.</p> <p>Carol Varlaam noted that the report had been informative but led to other questions regarding what other information was available or relevant to the committee. Sally Brearley agreed and noted that this was one of those reports that would evolve over time.</p> <p>Tony Brzezicki noted that this was a high level report and that as GP practice in England was one of the most scrutinized medical professions in the world, that there was a lot of information already out there in the public domain.</p> <p>Carol Varlaam asked committee members to:</p> <ul style="list-style-type: none"> • Note the decisions of the primary care directorate in regard to contract performance since 1st April 2015 • Note the current performance and quality reports available • Note planned enhancements to the reporting cycle • Advise on content and format of future reports <p>Decision: The Joint Committee AGREED the recommendations in the report. The Quality Working Group are asked to advise on the content and format for future reports.</p>	<p>Governance lead</p>
<p>12.</p> <p>12.1</p>	<p>Finance Update</p> <p>Toyin Akinyemi presented a summary financial position for all six South West London CCGs, at the end of May 2015. She advised that the report showed an aggregate for South West London against the annual budget for whole of South West London. She noted that the third and fourth columns of the report compares the actual spend with the year to date budget, to give the variance. She said that for the month to date they are reporting a break even position.</p>	

12.2	Paula Swann advised that given that the budgets were net it would be helpful to reflect what the QIPP schemes were delivering against. Toyin Akinyemi agreed and advised that this was noted as a risk, as the report is too early to be used to highlight those savings.	NHSE London regional team
12.3	Andrew Murray asked if the report could reflect locally enhanced services (LES) and the elements that that form part of the PMS service, to reflect a more accurate spend profile. David Sturgeon agreed that a more rounded report, that separated NHS England spend, would be helpful.	NHSE London regional team
12.4	David Sturgeon noted that on QIPP there was a requirement for the Primary Care Directorate, within the London region, to produce a surplus of 1% and hold a contingency reserve of 0.5%. Under the current allocation model, London was considered to be over target for primary care spend. DS advised that a standard growth uplift of 1.3% add been applied to budgets for anticipated population growth but this would vary from borough to borough creating a potential cost pressures. In 15/16 there was a difference between the resources available and commitments which equated to a requirement to achieve a 1.4% QIPP. Over the last two years, London had delivered QIPP of £54m and that this related to mainly transactional actions and future delivery would require more transformational change to deliver the required QIPP.	
12.5	Tonia Michaelides noted that QIPP was a really important factor, as well as Locally Enhanced Schemes (LES). Toyin Akinyemi agreed to provide a QIPP report, in addition to the financial report to the committee. Dr Nicola Jones thanked Toyin Akinyemi for the report and recognised that it was important for the committee to have oversight of this information. She noted that this information was particularly relevant for the Finance Working Group in their work going forward.	NHSE London regional team
12.6	<p>Carol Varlaam thanked Toyin Akinyemi for the report and asked that the various concerns raised by members were taken forward in the Finance Working Group to review the reports in greater detail.</p> <p>Decision: The Joint Committee NOTED the report and asked for further analysis to be undertaken at the Finance Working Group.</p>	NHSE London regional team / Governance lead
13.	Exploring an option to move towards Delegated Commissioning	

13.1	<p>Graham Mackenzie introduced the paper for discussion. This provides an overview of level 2 and level 3 commissioning and relevant considerations in moving towards delegated commissioning. He noted that the essential difference between joint and delegated commissioning was that each CCG would be fully responsible for making decisions about their delegated budget, and that in governance terms; they would have a local committee at each CCG level to take this forward.</p>	
13.2	<p>Graham Mackenzie reported that the paper had been sent to each CCG and that CCGs were asked to consider the options available to them at a local level</p>	
13.3	<p>Dr Julius Parker noted that as a membership organisation, it was essential that CCGs seek a mandate from their practices before they consider this or any change. Graham Mackenzie noted that the CCGs were working within prescribed requirements to engage with their practices, in line with their own constitutions.</p>	
13.4	<p>Maggie Mansell asked where, in delegated commissioning, when the CCG was commissioning services, their accountability rested. She noted the potential conflict of interest in delegated commissioning, and asked how this was being managed. Graham Mackenzie advised that although there was a risk around delegated commissioning there were robust conflicts of interest policies and procedures that would need to be fully observed. David Sturgeon advised that most CCGs had already adopted national guidance on conflict of interests and were acutely aware of the need to follow the appropriate decision making processes.</p>	
13.5	<p>Carol Varlaam noted that a great deal of emphasis was put on lay members, chairs and vice chairs in managing conflicts of interest. There was a high expectation placed on lay members and an increased amount of work for them in managing conflicts of interest, and this has changed the nature of the role compared to what lay members may have originally signed up for. Sally Brearley agreed with this view and noted that there was a need to continue to provide support and training to Lay members.</p>	
13.6	<p>Christine Percival highlighted the importance of showing the public that we have consulted with them. Dr Julius Parker added that the vast majority of general practices work in a collaborative way with their patients and that this achieves the best results. Andrew Murray agreed and noted that all CCGs have a responsibility to the public they serve.</p>	

13.7	<p>Julie Pickering advised that this was a period of transformation and that there will be a need to start working in a different format. This will be partly achieved through trial and testing requirements, but this will also involve working differently with patients and systems to deliver a better service within budget.</p>	
13.8	<p>Carol Varlaam asked the committee to:</p> <ul style="list-style-type: none"> • Consider the points set out in this paper and the option to move to individual CCG delegated commissioning. • Inform SWL Collaborative Commissioning the outcome of the CCG Governing Body discussions in July, so that the implications for the SWL Joint Committee for Primary Care Co-Commissioning can be discussed by all Chief Officers and Chairs in late July. <p>Decision: The Joint Committee CONSIDERED the points set out in the paper and the option to move towards delegated commissioning and the requirement to inform the SWL Collaborative Commissioning team of the outcome of their CCG discussions in July.</p>	
14.	<p>Any other urgent business, previously notified to the Chair</p> <p>14.1 Carol Varlaam noted that at the first meeting, members had asked for the venue for meetings to be rotated across the boroughs. Current efforts to identify venues have indicated that this would cost an average of £1900 per meeting, while meetings at 120 The Broadway cost £344 per meeting, largely because of availability of AV requirements. Contact has been made with Local Authorities with regard to using their facilities without cost but initial feedback from several suggests this will not be possible. Some LAs, however, have not yet responded. It is therefore proposed that, for the time being subsequent meetings be scheduled for 120 The Broadway, on cost grounds.</p> <p>14.2 Tonia Michaelides noted that she had offered to host one of the meetings in Kingston and to meet the required costs. She pointed out that it was less likely for members of the public from outside Wimbledon to attend if the meetings only took place there.</p> <p>14.3 Graham Mackenzie raised a concern regarding the appropriate level of attending members required to be quorate for the committee, and in particular the requirement for a representative member from the CCG to count towards the quorate.</p>	

14.4	In circumstances where a substitute representative was in attendance, it was agreed that they would count towards the required level of quoracy but would not have voting rights.	
15. 15.1	<p>Open Space</p> <p>Carol Varlaam asked members of the public if they had any issues or questions for the committee.</p> <p>Question: The GP contract is costing £20m and an NHS Hospital reconfiguration is about to happen in South West London. How will you know where negotiations are required if you do not know what services are available?</p> <p>Response: The £20m referred to in the meeting, was in reference to the premium on PMS contracts. The total value of contracts is £187m, as identified in the finance report. We have a framework and understanding of what we want to deliver locally and how we measure and evaluate those contracts. Hospital reconfiguration is not within the remit of this committee.</p> <p>Question: The meeting has picked up on public participation but the timings of meetings do not allow much public participation or flexibility as they are fixed within the core business hours when people are at work.</p> <p>Response: The meeting dates, times and venues are being varied to allow flexibility and also to include meetings in the evenings.</p> <p>Question: Why the urgency now with PMS contract review. If the contracts have a 6-month notification period, surely it could be any 6 month period?</p> <p>Response: In April 2014, NHS England asked for PMS contracts to be reviewed by 31st March 2016. A number of attempts have been made to enable this review but it has not been possible as yet.</p> <p>Question: There are guidelines around managing conflict of interests and a recent review found that a number of CCGs were in conflict of interest. I am worried that I may have heard some complacent attitudes here today.</p> <p>Response: The committee and the CCGs have appropriate and robust conflict of interest policies and procedures in place. By statute, members declare their interests and these are available at each meeting and on our website for full review by members</p>	

	<p>of the public.</p> <p>Question: I tried to get the email address of members of the CCG in my local area but was told this information is not in the public domain.</p> <p>Response: There are a number of lay members who work with CCGs and use their personal email addresses for this purpose and do not want their email addresses in the public domain. All CCGs have clearly indicated various methods for contacting the CCG on their website and in other forms of communication.</p>	
<p>16.</p> <p>16.1</p>	<p>Dates of future meetings</p> <p>Post-meeting update.</p> <p>Locations for future meetings have now been identified and are shown below</p> <p>The committee noted the dates for future meetings.</p> <p>3rd September 2015, 15:00 – 17:00 The Richard Mayo Centre, Eden Street, Kingston Upon Thames KT1 1HZ</p> <p>12th November 2015, 17:00 – 19:00 Drake House, 30-32 Worple Road, London SW19 4EF</p> <p>14th January 2016, 14:00 – 17:00 120 The Broadway, Wimbledon SW19 1RH</p> <p>10th March 2015, 17:00 – 19:00 120 The Broadway, Wimbledon SW19 1RH</p>	

APPROVED – Joint Committee Meeting 03.09.2015