

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 10TH NOVEMBER 2015

1pm

BLUNDELL SUITE BLUE COAT SCHOOL

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse
Dr Maurice Smith	GP
Dr Rosie Kaur	GP
Dr Janet Bliss	GP
Tom Jackson	Chief Finance Officer
Dr Monica Khuraijam	GP
Dr Fiona Ogden-Forde	GP
Dr Fiona Lemmens	GP
Dr Shamim Rose	GP
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Dr David Webster	GP – Matchworks Locality Chair
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Sandra Davies	Interim Director of Public Health
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council

IN ATTENDANCE:

Carole Hill	Healthy Liverpool Integrated Programme Director
Ian Davies	Healthy Liverpool Programme Director – Hospitals & Urgent Care
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance
Alison Ormrod	Interim Head of Finance
Lynn Collins	Chair of Healthwatch Liverpool
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Paula Jones	Minutes

APOLOGIES:

Dr Donal O'Donoghue	Secondary Care Doctor
Dr Paula Finnerty	GP – North Locality Chair
Phil Wadeson	Director of Finance, NHS England Sub Regional Team
Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Healthy Liverpool Programme Director - Community & Digital Care
Derek Rothwell	Head of Contracts & Procurement

Public: 5

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 13th October 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Item 1.1 Declarations of Interest – this should read that all practices present had a general specific interest in item 4.2 General Practice Information Technology.
- Item 2.2 Feedback from CCG Network – it was noted that it was Specialist Wheelchair Services which would now be the responsibility of CCGs.

1.3 RATIFICATION OF DECISIONS TAKEN 13TH OCTOBER 2015

As the previous meeting on 13th October 2015 had not been quorate the November 2015 quorate Governing Body meeting formally ratified the decisions which had been agreed at the October meeting.

1.4 MATTERS ARISING from 13th October 2015 not already on the agenda:

- 1.4.1 Action Point One – as per 1.3 above the decisions from the October 2015 meeting were ratified.
- 1.4.2 Action Point Three – it was confirmed that the CCG Quality Strategy 2015-2017 had been uploaded to the CCG website.
- 1.4.3 Action Point Four – it was noted that the future structure of the CCG Network had been discussed at the Governing Body Development session in October 2015.
- 1.4.4 Action Point Five – it was noted that joint working with the Local Authority had been discussed at the

Governing Body Development session in October 2015.

- 1.4.5 Action Point Seven – it was noted that the conversation had taken place outside of the meeting between the Acting Head of Operations & Corporate Performance and the Matchworks Locality Chair around winter deaths figures and how Liverpool compared with the other core cities.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 77-15:

- Quality Safety & Outcomes Committee 20th October 2015 – the Lay Member for Patient Engagement/committee chair fed back to the Governing Body:
 - ✓ Overview report of care homes discussed highlighting the programmes of work delivered to monitor the quality and safety of care provided. It was important to align programmes of work between the CCG and Liverpool City Council.
 - ✓ Serious Incidents Update and process was discussed and the risk highlighted of review of some Root Cause Analyses not being able to be completed in the mandated timeframe and potential risk of reputational challenge to the CCG. Alternative collaborative management arrangements were to be considered.
- Healthy Liverpool Programme Board 21st October 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Embedding the Bain Decision Effectiveness Tool – it provided a higher level of assurance about the value of projects and programmes with value measured in terms of clinical outcomes, quality and safety, patient

experience, population health, social value, workforce, cost and financial sustainability.

- ✓ Programme Plans – robust governance arrangements in place for each of the five transformation programmes.
- ✓ Community Clinical Assembly – a series of quarterly Healthy Liverpool Clinical Summits planned to build awareness and involvement – the next summit on 27th November 2015 would focus on the community model. The Lay Member for Patient Engagement added that given there were so many issues in local NHS trusts he wondered if the Healthy Liverpool Programme had enough profile. The Practice Nurse member felt that not all practices were aware of the Healthy Liverpool Programme. The Chief Officer and Chair responded that engagement needed to be a different level depending on the group involved. The day to day working of practices in the neighbourhood structure was making the changes set out by Healthy Liverpool become a reality. The City Councillor representative added that the key element was to engage the public therefore the engagement plan for next spring and summer was of vital importance.
- Approvals Panel 22nd October 2015 – the Lay Member for Governance/Deputy Chair feedback to the Governing Body:
 - ✓ Five additional applications had been received relating to work carried out previously in general practice for increasing the number of appointments available.
 - ✓ An enhanced access report would be submitted to the Primary Care Commissioning Committee with proposals on how to standardise the scheme for increased capacity in General Practice as part of the new Specification.

- Finance Procurement & Contracting Committee 27th October 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Specialised Commissioning – this was high on the agenda given the issue re the identification rules for some areas to be declassified and transferred to CCGs such as neurological outpatients, specialist wheelchair services and bariatric surgery and the drive from NHS England for the expansion of co-commissioning.
 - ✓ Liverpool Community Health had notified the CCG that they would temporarily cease to accept new referrals for Paediatric Speech and Language Therapy. The Head of Quality/Chief Nurse responded that work was ongoing to mitigate the impact and to find a long term solution.
- Committees in Common 4th November 2015 – the Chief Officer fed back to the Governing Body :
 - ✓ A good presentation had been given by South Sefton CCG on their transformation programme and the Healthy Liverpool Programme Director – Hospitals & Urgent Care had met with Karl McCluskey Chief Strategy & Outcomes Officer at South Sefton CCG to map out projects that needed to be linked up.
 - ✓ Public engagement/consultation - needed to work across each Local Authority and CCG structure.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Feedback from CCG Network - Report No GB 80-15

The Chief Officer updated the Governing Body:

- ✓ Discussions were continuing regarding the future governance arrangements and scope of responsibility for the CCG Network.
- ✓ This could be the vehicle for the commissioning of specialised services or some services across a larger footprint. It could also be the vehicle for conversations around devolution. A transformation plan would be required across a larger footprint so the Network could be used for this as well.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Feedback from the Joint Commissioning Group – 2nd November 2015 – Report No: GB 79-15

The Chief Officer referred the Governing Body to the template circulated with the papers.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Joint Commissioning Group.**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ The CCG was scheduled to move into its new building across the week commencing 13th November 2015. The

new building provided excellent accommodation and saved a great deal of money. The next Governing Body meeting would be held in the new boardroom.

- ✓ NHS England had a national emphasis on Children and Adolescents' Mental Health Services (CAMHS) and had set aside £75m for CCGs to bid for. The Liverpool CCG CAMHS Team had put a bid together for £776k led by the CCG with Local Authority/Schools/Voluntary Sector which had been endorsed by the Health & Wellbeing Board and had been successful. The Chief Officer noted and praised the excellent work carried out by Lisa Nolan and the Team.
- ✓ The next Mayoral Health Summit was taking place on 16th November 2015 and it was a good opportunity to present the system wide approach and to highlight the progress already made in delivering the ambitions of Healthy Liverpool.
- ✓ The CCG Finance Team had been shortlisted for various HFMA Awards:
 - The Team had been shortlisted for the Havelock Training Award.
 - Matt Greene had been shortlisted for the individual HFMA Future Focussed Plan award.
 - The Chief Finance Officer had been shortlisted for the Director of Finance Award.

The Awards Ceremony was to take place on 10th December 2015.

- ✓ Two Governing Body members had come to the end of their term of office (The Lay Member for Patient Engagement and the Secondary Care Clinician). The Chief Officer was delighted to report that both members had agreed to be re-appointed for a further term of three years.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer's update**

2.5 NHS England Update

There was no one in attendance from NHS England to give an update to the Governing Body.

2.6 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ The Chancellor's in year cuts of £2.9m would be taken out of the budget at the end of November 2015 so how to manage this was being explored.
- ✓ Advisory Committee on Resource Allocation ('ACRA') funding consultation response had been completed and more reductions to Public Health Funding in Liverpool were expected.
- ✓ Two Public Health Resources Reviews on Health Protection and Vaccination & Immunisations had been responded to and the outcome was awaited.
- ✓ Alcohol Strategy Launch event 19th November 2015 – all stakeholders invited. The consultation would go ahead via the CCG.
- ✓ Healthy Lung Campaign - ongoing.
- ✓ "Drink Less, Enjoy More" Campaign – to continue through to January 2016 – there had been lots of hits on the website.
- ✓ Examine Your Options/Stay Well – joint plan between Public Health England and the CCG. Information was being sent out re the consultation toolkit. Primary Care toolkit launch and to be communicated at the November 2015 Marketplace events. The Clinical Vice Chair commented that there had been a significant increase in attendance at Alder Hey A&E Department since the new building had been

opened and most presenting were not sick therefore work needed to be accelerated to communicate information at waiting rooms. The Liverpool City Council representative highlighted how difficult the next three to four months were going to be in light of the £2.9m in year cuts. The Comprehensive Spending Review would not bring good news and the key going forward would be partnership working such as the City Centre Neighbourhood approach.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.7 Update from Health & Wellbeing Board - Verbal

The Head of Quality/Chief Nurse noted that the Children and Adolescent Mental Health Services Plan had been presented and had been well received. Also the Safe Sleeping Campaign was also discussed which would start early in the new Year, aimed at young parents. The Liverpool City Council representative highlighted the value of partnership working via the Health & Wellbeing Board and the development of the Multi-Agency Safeguarding Hub and thanked the CCG for its contribution.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 80-15

The Acting Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the year 2015/16. He explained that the narrative regarding Improving Access to Psychological Therapies ('IAPT') **access** performance was incorrect. Performance was **not** influenced by the waiting list issue; there were not enough referrals being generated and the

Remedial Action Plan (RAP) in place would address this. Both Access and Referral measures remained as 'Red', although the RAP is expected to resolve both issues. The 6 week target is 'Green' with performance over 80%. The CCG had also now signed the Memorandum of Understanding with NHSE to release the additional funds for waiting list activity (this also was an omission in the report narrative).

He highlighted:

Good Performance:

- Report based on Month six figures (August/September 2015).
- Referral to Treatment – Green across both measures.
- Diagnostics – below the 1% threshold for percentage of patients waiting more than six weeks for the 5th consecutive month.
- A&E Activity percentage of patients spending four hours or less in A&E – remained above the 95% threshold but exceptions at provider level at Aintree Hospital.
- Cancer Waiting Times – Green at CCG level with issues at provider level.
- Ambulance Response Times – Green for every indicator, quarter 2 would be challenged re North West Ambulance level 4.
- Increasing Access to Psychological Therapies percentage of patients receiving first appointment within 6 weeks of referral – this was Green
- Increasing Access to Psychological Therapies percentage of people who received psychological therapies Access Quarterly Measure 3.25% - Red as target failed. Also the CCG had underperformed against the quarterly plan of 50% of people who finished treatment having attended at

least two treatment contacts and moving to recovery. Action Plans were in place and there were signs of improvement.

The Head of Quality/Chief Nurse continued:

- Mixed Sex Accommodation – there were two breaches in September 2015 at Liverpool Heart & Chest Hospital due to a shortage of beds which prevented patients being transferred from Critical Care to another ward. This was similar to problems experienced previously at the Royal.
- Healthcare Acquired Infections – 11 new cases of C Difficile reported in September 2015 – issues were currently at the Royal, previous year had been problematic for Aintree who had now improved. The Royal was being encouraged to link up with Aintree for their Root Cause Analysis work. A new person was now in post at the CCG looking at Healthcare Acquired Infection.
- MRSA – no new cases in September 2015 but still above the zero tolerance total for the year.
- Never Events/Serious Incidents - rather than focusing on numbers it was important to concentrate on the learning therefore future reporting would be on a quarterly basis with a more towards learning and improvement.

The Acting Head of Operations & Corporate Performance continued:

- CCG Quality Premiums – to be reported to the Governing Body in February 2016 for quarter 3.
- Care Quality Commission Inspections – the Mersey Care report had been released with overall “Good” scoring. The trust achieved “Good” ratings across Effective, Caring, Responsive and Well Led but Requiring Improvement on safe services. The Action Plan would be monitored by the Clinical Quality & Performance Group.

- Care Quality Commission Inspections of GP practices:
 - Dr Dharmana (Overall rating “Inadequate”) – the report had been released and was in the public domain. Dr Dharmana had sent a request to terminate the contract which would come into effect on 31st December 2015. The Primary Care Clinical Lead noted that the CCG was working closely with the practice and the key issue now was to ensure patient safety. An Action Plan had been sent to the Care Quality Commission. An Interim Procurement Process was underway to last until April 2017 and full procurement process would be undertaken to be effective from April 2017. Regular updates on these processes would be provided to the Primary Care Commissioning Committee.
 - Stanley Road Medical Centre (SSP Health) – overall “Good” with “Outstanding” for caring.
 - Marybone Health Centre (SSP Health) – overall “Good” with “Improvement Required” on safe services.
 - Parkview Medical Centre (SSP Health) – overall “Good”.
 - Fiveways Medical Centre (SSP Health) – overall “Good” with “Improvement Required” for safe services.
 - Netherley Medical Centre (SSP Health) – “Good” on all domains.

- Hospital Monitoring Intelligence Reports – not yet updated.

- CCG Financial Position – the Interim Head of Finance noted that as at 30th September 2015 the forecast underspend had moved to £1.7m which was a reduction from the previous month. There were no significant risks to achieving the planned end of year surplus. She was pleased to report that the Better Payment Practice Code was above the 95% target.

The Governing Body members commented on the report as follows:

- The Chief Officer noted that Improving Access to Psychological Therapies would be presented as a separate report at the December 2015 Governing Body meeting and this was agreed to by the Head of Quality/Chief Nurse.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

PART 4: STRATEGY & COMMISSIONING

4.1 Healthy Liverpool Engagement Presentation on Activity Summer 2015 – Report no GB 81-15

The Healthy Liverpool Integrated Programme Director gave a presentation to the Governing Body on the Healthy Liverpool Engagement Summer 2015 and highlighted timelines for next steps. The process of engagement was from March through to the end of August 2015. The full report would be available over the next couple of weeks and would be sent to all the Programme Boards to inform their plans. She highlighted:

- Reach / Diversity / New voices
- 60 on street stalls
- 8322 given info of which 996 returned surveys
- New engagement website
- 3207 visitors
- 1819 actively engaged
- 15 community partners engaged 2566 people
- Total directly engaged = 14,097
- Twitter... emerging influence

- People with disabilities / sensory impairment / learning disability
- Older people / children and young people
- Asylum seekers and refugees
- BME groups
- People experiencing
- health inequalities
- Carers
- Population level engagement
- 11 languages, braille, sign
- Key Message were:
 - GP appointments/access/process
 - Out of Hours access for GPs and hospitals, improvement of access to relieve pressure on A&E.
 - Poverty/deprivation were seen as barriers to good services.
 - Mental Health was a considerable area.
 - There was strong support for self care although not enough support for this.
 - Person centred care was required.
 - There was a perceived lack of tangible plans.

- 80% of those surveyed felt they understood issues but mental health and poverty/inequalities were perceived to have limited support.
- 92% supported the benefits.
- 70% see Living well as essential to improve health
- 52% saw Digital essential to improving health
- 85% supported the Hospital proposals – 13% unsure
- 94% supported the proposals for Urgent Care
- Key issues were:
 - More **detail required in next stage** to enable transparent engagement
 - Concerns about Healthy Liverpool applying a central **cuts and privatisation** agenda
 - **Social factors** influencing health –seen as hugely important – emphasis needed on how social model of health

- **Self-care; education and awareness** needs to be embedded across programmes – strong interest in public and personal responsibility
- Avoid inference that older people were a burden
- **Training** for people to be culturally, age and disability sensitive and aware to enable better access and experience. Limited **Interpretation and translation** services offered by providers is a significant barrier for some individuals/communities.
- The next phase of engagement was January 2016.
- The recommendations were:
 - Healthy Liverpool programme boards consider detailed feedback and recommendations and to inform plans
 - Ensure tangible plans for next phase of engagement, Jan-March 16
 - Review programmes in terms of health inequalities outcomes
 - Articulate positions around austerity, privatisation and personal ownership/control of health
 - Articulate hospital vision in the context of concerns around potential structural changes
 - Greater training in all care providers re appropriate
 - Better support to address inequalities, including translation and interpretation
 - Consider how we can address/prioritise mental health and wellbeing support as part of the social model of health/neighbourhood collaborative.
- Next steps:
 - All Healthy Liverpool Programme Boards to consider detailed results of engagement, November/December 2015 and respond to issues raised
 - Findings and next steps circulated to participants and stakeholders – close the loop on this stage of engagement
 - Governing Body to consider proposals for next stage of Healthy Liverpool engagement, commencing 16th January 2016 at which point a paper would come to the Governing Body.

The Governing Body members commented as follows:

- The Lay Member for Patient Engagement acknowledged the hard work of the Social Value and Engagement Manager and her team for pulling the report together so quickly. This was moving in the right direction but there was still a great deal of hard work to be done to build on the contacts made and bring the population with us.
- The Matchworks Locality Chair recommended building on the experiences of Oklahoma City where the health economy had been completely turned around.
- The More Independent Programme Clinical Lead noted that access was a persisting issue and noted fears around the use of technology although the Digital Clinical Lead/Clinical Vice Chair referred to a recent video produced which showed how this care could be supported.
- The Healthwatch Chair advocated the use of patient stories as a powerful means of communication. The Healthy Liverpool Integrated Programme Director noted that this was being considered.
- The Chief Officer referred to self care and noted that the More Independent Clinical Lead and the Senior Project Manager for Self Care were to present to the Governing Body Development Session in November 2015 on the self care framework.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Ensured that appropriate action is taken to incorporate the findings of the full report into the next phase of Healthy Liverpool planning.**
- **Looked forward to receiving the full report in due course.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register Update November 2015 – Report no GB 82-15

The Lay Member for Governance/Deputy Chair congratulated the Acting Head of Operations & Corporate Performance and his team for compiling the Risk Register, and taking account of the concerns expressed by the Governing Body members in how risks were presented in the report.

The Acting Head of Operations & Corporate Performance presented the Corporate Risk Register Report and highlighted:

- Risks recommended for removal:
 - C029b – the contract query with the Royal Liverpool Hospital had now been lifted so the risk of increase in A&E attendances and patients ready for discharge but not able to be discharged was recommended for removal.
 - C032 – the over-performance at the Royal Liverpool Hospital had happened and negotiations around the impact were ongoing.
 - C047 – Transition work had been completed to the Local Authority of Health Visiting so contract monitoring by Liverpool City Council would take into account any cross border issues.
 - C049 – Monitor advised the CCG that they would not be opening a formal investigation into the pricing enforcing complaint re the pricing of Continuing Healthcare care homes services.

- 14 Risks had been reduced, 14 were static.

- C041b – Resolution of current and new CCG commissioned (2015-2016) Continuing Healthcare review and appeal cases – placed on the Corporate Risk Register April 2015 – risk likelihood had decreased since September 2015 Governing Body as the Commissioning Support Unit re-procurement was in its final stages.

- C024a – Safe and effective delivery of health service by Liverpool Community Health – added to the Corporate Risk Register March 2014 following the October 2013 Care Quality Commission Inspection – this risk had been split into two risks with risk (a) relating to the quality of services and (b) relating to service sustainability. The likelihood had decreased for the residual risk.
- C039 – Alder Hey Red rating for Safeguarding Standards during 2013/14 – the Head of Quality/Chief Nurse noted that the Quality Team met regularly with the trust and this was being monitored closely. The Quarter 2 data was due soon and a view would be taken around this risk as required.

It was noted that the next update to the Governing Body would be in January 2016.

The Governing Body Members commented as follows:

- The Lay Member for Governance/Deputy Chair referred to the Commissioning Support Unit re-procurement and asked where staff would be physically located. The Head of Quality/Chief Nurse noted that the new organisation's headquarter was based in Lancashire/Midlands but that services for Liverpool would continue to operate out of Bevan House with existing staff being retained as much as possible.
- The Local Medical Committee Secretary referred to changes in Primary Care Support Services which did not feature on the Risk Register. The Chief Officer responded by noting that this would appear on the Primary Care Commissioning Committee Risk Register however it did appear on the Corporate Risk Register under risk C041b. With regards to the query raised about timescales the Chief Finance Officer noted that a paper would be going to the Primary Care Commissioning Committee on transition which excluded this but this would be the right place to discuss it. The Chief Officer stressed to the Governing Body for the benefit of the

public present that NHS England, not the CCG, commissioned these services but it should be discussed either at the next meeting or the Primary Care Commissioning Committee. The Chair stressed that this was not part of the CCG's delegated responsibility but an area which required close working with NHS England.

- The Practice Nurse Member commented that practices were feeling “over-measured” and it was noted by the Chair that the Acting Head of Operations & Corporate Performance was to visit the Localities to present the Performance Report to understand the context for this. The Acting Head of Operations & Corporate Performance confirmed that this would be done before Christmas.

The NHS Liverpool CCG Governing Body:

- **Noted the risks (CO29b, CO32, CO47 and CO49) recommended for removal from the Corporate Risk Register;**
- **Noted the two new risks added to the Corporate Risk Register (CO24b, CO51);**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries – Report no GB 83-15

The Acting Head of Operations & Corporate Performance presented a paper to the Governing Body to bring to its attention the breadth, scale and response to complaints, subject access requests, Freedom of Information Act requests and MP

enquiries. This report was brought to the Governing Body every six months. He highlighted:

- MP Enquiries – there had been a total of twelve between 1st April and 30th September 2015 compared to 26 in the same period last year.
- Subject Access Requests – none received in the six month period.
- Freedom of Information Requests – 144 received with 898 lines of enquiry.
- Complaints received – less than the previous year which was slightly concerning. A new policy was now in place with a new member of staff recruited to deal with complaints.
- Lessons Learnt – the next report in six months' time would major on these.
- Parliamentary and Health Service Ombudsman – complaint about the non-reimbursement of continuing healthcare fees – this was still open.

The NHS Liverpool CCG Governing Body:

- **Received and noted the contents of this six monthly summary report.**

6. QUESTIONS FROM THE PUBLIC

- 6.1** A question had been received in advance of the meeting from Mr S Semoff:

“Liverpool CCG’s Primary Care Commission Committee is in the process of choosing the interim provider to manage six GP practices beginning April 2016. These include Breeze Hill, Childwall Valley, West Speke/Garston, Robson Street, Kensington and Princes Park.

Thus I would wish to ask the following:

- 1) Will there be an opportunity for patients to have an input into this process?
- 2) If “no” why?
- 3) If “yes”, what will be the format for making this input?

The response was read out by the Chair:

1) Yes - the Liverpool CCG (LCCG) Interim Provider Policy outlines the approach that will be taken by NHS Liverpool Clinical Commissioning Group should a situation arise that requires the appointment of an interim provider to maintain service delivery on a short term basis, the policy requires that LCCG write to all NHS Liverpool Clinical Commissioning Group member practices ONLY. Typically the timescales for the recent re-procurements were such that there was insufficient time to include patient input to support these procurements.. For the upcoming procurement of the six practices referred to in your letter dated 4th November 2015, the LCCG intends to utilise the services of the relevant Patient Participation Group to assist with communications regarding the procurement process and ensuring that patients are kept fully informed throughout the procurement process

3) The format has yet to be determined but it is envisaged that via the Patient Participation Group information regarding the procurement process and timescales will be regularly discussed and patient comments noted and provided to LCCG for comment. Additionally, we will ensure that Dave Antrobus who is chair of the Liverpool CCG Primary Care Commissioning Committee and LCCG Lay member with a lead for patient and public engagement is kept informed and able also to contribute fully to the process.

6.2 Another member of the public present asked whether microphones would be available in the CCG’s new boardroom

as he found it extremely difficult to hear discussions which took place in the Governing Body meetings. It was confirmed that once the CCG had moved into the new building this would be looked at. He also asked if would be possible to have sight of the papers prior to the meeting, he himself did not have internet access. The Chief Officer noted that these were available as soon as they were sent out to Governing Body members via the CCG website and hard copies were available at the beginning of the meeting for the public. The member of the public stressed that he needed more time to consider them and it was agreed that on the day of the meeting hard copies would be available on the CCG reception before the meeting for consideration while the public waited to be taken to the Boardroom.

- 6.3** A member of the public asked about the lack of immediate plans for a hydrotherapy pool at the new Royal Liverpool Hospital. It was agreed that the Royal would be contacted formally by the CCG to ask what their plans were.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 8th December 2015 1pm in The Boardroom, The Department.