

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on **TUESDAY 12<sup>TH</sup> AUGUST 2014 1pm**  
**Boardroom, Arthouse Square**

### PRESENT:

#### VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor

#### CO-OPTED:

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Dr Sandra Davies	Interim Director of Public Health

#### IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Ian Davies	Head of Operations & Corporate Performance
Derek Rothwell	Head of Contracts & Procurement

Samih Kalakeche

Director of Adult Services &  
Health, Liverpool City Council  
Minutes

Paula Jones

**APOLOGIES:**

Dr Simon Bowers

GP/Clinical Vice Chair

Dr Rosie Kaur

GP

Jane Lunt (arriving towards end  
of meeting)

Head of Quality/Chief Nurse

Dr Fiona Lemmens

GP

Moira Cain

Practice Nurse

Dr Janet Bliss

GP

Dr David Webster

GP – Matchworks Locality

Clare Duggan

Director, NHS England  
Merseyside Area Team

Councillor Roz Gladden

Liverpool City Council

Tony Woods

Head of Strategy & Outcomes

Kim McNaught

Deputy Finance Director

Kathy Hull

Executive Officer – Healthwatch  
Liverpool Scrutiny

Public: 12

**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 made specific to the agenda.

**1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING**

The minutes of the previous meeting on 8<sup>th</sup> July 2014 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- The Chief Officer referred to page 8 Chief Officer's update and noted that it was only the Accountable Officer who had been elected as a member of the NHS Clinical Commissioners National Board.

### **1.3 MATTERS ARISING Not already on the agenda:**

- 1.3.1 Re Update from Primary Care Committee and Healthwatch presentation on the access survey, the Head of Primary Care Quality & Improvement updated the Governing Body that Healthwatch had visited two of the Localities to present the findings and were due to visit the third one the following week. Member Practices would review and share best demonstrated practice. The report was available on the website. The Action Plans from the Localities were being collated and Healthwatch would be written to formally. A quarterly update would be brought to the Primary Care Committee.
- 1.3.2 Action Point One – it was noted that the evaluation of winter monies was an action for the September 2014 meeting.
- 1.3.3 Action Point Two – it was noted that the Joint Children's Strategic Forum was being brought back to the November 2014 Governing Body meeting.
- 1.3.4 Action Point Three – it was noted that the VCSE Strategy Delivery and Grant Scheme was to be discussed at the September 2014 Joint Commissioning Group.
- 1.3.5 Action Point Four – it was confirmed that the North Locality Chair had sent out the email to North Locality practices re double-checking Aintree Clinical Laboratory paper results.
- 1.3.6 Action Point Five – the issue around legal responsibilities with regards to Aintree Clinical Laboratory results was ongoing.

- 1.3.7 Action Point Six – The Head of Procurement and Contracting confirmed that the Equality Objectives Report had been updated to include the Homeless population and had been uploaded to the website.
- 1.3.8 Action Point Seven – the Head of Operations and Corporate Performance confirmed that the more detailed report on the CCG Quality Premium was included in the Performance Report.
- 1.3.9 Action Point Eight – the Head of Operations and Corporate Performance noted that the scoring issues on the Risk Register had been picked up.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB 57-14:**

- Healthy Liverpool Programme Leads Board 8<sup>th</sup> July 2014 – the Chief Finance Officer fed back to the Governing Body:
  - ✓ Six over-arching workstreams with a four setting approach. The Review Session for the setting had gone extremely well.
  - ✓ Risk and Risk Register: a more robust Risk Register would come back to the Governing Body in September 2014.
  
- Finance Procurement and Contracting Committee 29<sup>th</sup> July 2014 - the Chief Finance Officer fed back to the Governing Body:
  - ✓ Re-procurement of BME/Mental Health Projects: service specification to be confirmed and then procurement decision to be taken at the September meeting.

- ✓ Drivers for increases in prescribing budget for last year were discussed.
- Primary Care Committee 29<sup>th</sup> July 2014 - the Head of Primary Care Quality and Improvement fed back to the Governing Body on the main issues discussed:
  - ✓ Presentation from Dr Ed Gaynor on FARSITE System for undertaking research feasibility and recruitment via General Practice and the Primary Care Committee endorsed the approach for its use.
  - ✓ Membership change proposed in the light of the significance of prescribing issues and Terms of Reference were to be amended to include the Governing Body Clinical Lead for Prescribing in the membership.
  - ✓ Primary Care Quality End of Year Report showed 71% improvement and action plans were being developed.
  - ✓ The Chair mentioned the Asthma and Diabetes prescribing projects and the need for a policy to govern how these and other projects functioned which would be drawn up and brought back to the Governing Body in October 2014.

**The NHS Liverpool CCG Governing Body:**

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

**2.2 Feedback from the Merseyside CCG Network 6<sup>th</sup> August 2014 – Report No GB 58-14**

The Chief Officer updated the Governing Body on the recent Merseyside CCG Network meeting:

- The Liverpool CCG Head of Operations and Corporate Performance has presented the NHS111 re-procurement process and had highlighted the need for all CCGs to be actively involved.

The Local Medical Committee Secretary stressed the need to get the re-procurement right and was assured by the Chief Officer that Liverpool CCG was heavily involved. The Liverpool CCG Head of Operations and Corporate Performance was to Chair the Procurement Board and Dr Fiona Lemmens would still be the Liverpool CCG Clinical Lead (not for Merseyside). She was confident in the level of input from Liverpool CCG but that the other Merseyside CCGs needed to play their part too.

- Neuro-rehabilitation: the pilot project had been undertaken at the time of the end of the PCTs/beginning of CCGs. There was now a lack of clarity regarding the service and balance of investment required. This needed to be reviewed as the situation had been one which the CCGs had inherited.

#### **The NHS Liverpool CCG Governing Body:**

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

### **2.3 Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG – Report No GB 59-14**

The Chief Finance Officer fed back to the Governing Body on the meeting of the Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG which had taken place on 28<sup>th</sup> July 2014:

- Better Care Fund Fast Track Submission – this was being led by Sue Rogers for Liverpool City Council and Liverpool CCG and external support from KPMG had been allocated.
- Care Technology (Telecare) Services Procurement – Liverpool City Council also procured this and although the

Joint Commissioning Group had no delegated authority from Liverpool CCG it had recommended a joint procurement process which now needed to be approved through the normal process for both organisations.

**The NHS Liverpool CCG Governing Body:**

- **Noted the activity undertaken by the Joint Commissioning Group.**

## **2.4 Chief Officer's Update**

The Chief Officer updated the Governing Body:

- ✓ Co-commissioning application:
  - Primary Care: expression of interest submitted 20<sup>th</sup> June 2014, positive responses so far from NHS England. Discussions were ongoing with NHS England on taking forward governance issues/managing potential conflict of interests. The direction of travel from NHS England was for CCGs to have more responsibility in the commissioning process.
  - Specialised Commissioning: the CCG was working with the Cheshire Warrington Wirral Area Team to look at how this could work and deal with the potential governance arrangements but again this was the future direction of travel for CCGs. Liverpool CCG was one of the keenest CCGs to get involved in this area.
- ✓ Mental Health Services/Media activity: the recent media activity instigated by a local MP was around mental health services and in particular access to Psychological Therapies. The recent unfavourable press article was disappointing given that two letters had been sent earlier in the year to the MP responding to issues raised but the CCG had responded positively. The target for Access to Psychological Therapies had been 9% (below the national average of 10%) but since

then a significant amount of investment had been carried out which brought the figure up to 11.5% (above the national average). 70% of patients reported improved outcome. It was highlighted that the CCG was currently in the middle of re-procurement of the service.

- ✓ Healthy Liverpool Programme: The Blueprint document would be ready for presentation at the 24<sup>th</sup> September 2014 Special Governing Body Development Session. Carole Hill from the Cheshire & Merseyside Commissioning Support Unit would be working at Liverpool CCG over the next 12 months around engagement and communications. FTI had been brought in to carry out economic modelling.

The Secondary Care Clinician referred to co-commissioning and the level of anxiety amongst partner organisations, particularly hospitals, around the changes and financial implications for them. The Chief Officer noted the strong position for Liverpool CCG given the number of providers in its geography and that other CCGs did not have the same interest.

The Secondary Care Clinician was also concerned about communication out to members but was assured by the Chief Officer that there was an all practice event on 8<sup>th</sup> October 2014 where the Primary Care element of co-commissioning would be discussed and the Healthy Liverpool Programme Blueprint. With regards to communication to specialist clinicians the CCG was in close contact with the Chief Executives of the secondary care trusts but agreed that this was an area to give further consideration to. The area of responsibilities for Specialised Commissioning going forward remained speculative and a paper was going to the Specialised Commissioning Oversight Group in September therefore there would be more clarity on the issue after that. The Head of Primary Care Quality & Improvement noted that all members of the CCG had been contacted for their input prior to the co-commissioning bid being submitted

and the matter had been discussed at length at the Locality Leadership Teams but agreed with the Secondary Care Clinician that practices needed to be updated again.

The Chief Finance Officer noted that there was an audit trail of what monies had left the Primary Care Trust but since then the provider landscape and way of calculating the financial envelope had changed and the question was would the total finance available for commissioning specialised services be greater or smaller than the need. At present there was no suggestion that Liverpool would be adversely affected, but this needed to be understood fully.

The Lay Member for Patient Engagement commented that Pharmacies were not part of co-commissioning but were a fundamental part of community services. The Chief Officer agreed and noted that the areas available for co-commissioning were a starting point for travel in the direction of greater involvement for CCGs in commissioning.

### **The NHS Liverpool CCG Governing Body:**

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

## **2.5 NHS England Area Team**

The Director from NHS England Merseyside Area Team had a prior engagement and was expected to arrive late to the Governing Body. However they were ultimately unable to attend and so there was no update.

## **2.6 Public Health Update - Verbal**

The Interim Director of Public Health updated the Governing Body:

- Pharmacy Needs Assessment had been discussed at the previous month's Health & Wellbeing Board and it was agreed to commence consultation. The Steering Group was due to meet at the end of the month to agree the consultation process and the CCG Transformational Change Manager for Prescribing was a member. After the 60 day consultation period the final draft would go back to the Health & Wellbeing Board ready for publication in April 2015. She agreed to keep the Governing Body updated. The consultation process would link in with Liverpool Community & Voluntary Services to ensure voluntary organisations were included.
- Stoptober Campaign for smoking cessation – the last smoking prevalence indicators had shown a decrease but northwest figures were showing an increase..
- Weight Management Strategy Group – this would reconvene in September 2014 and would link in with Physical Activity Strategies. The Local Medical Committee Secretary asked what practices could do to support the Stoptober Campaign. The Interim Director of Public Health noted that this information would be shared with all practices and frontline staff once the campaign was developed and formalised.

The Director of Adult Services & Health, Liverpool City Council agreed to share Public Health campaigns for the whole year with the Governing Body. A GP Member suggested using Self Care Week in November as a platform to disseminate Public Health campaigns.

**The NHS Liverpool CCG Governing Body:**

- **Noted the verbal update on Public Health**

## **PART 3: STRATEGY & COMMISSIONING**

### **3.1 Support To Vulnerable Patients Aged 75+ Years 2014/15 – Report No GB 60-14**

Dr Jim Cuthbert presented a paper to the Governing Body seeking approval for investment in line with national planning guidance that asked CCGs to identify up to a maximum of £5 per patient from their budget for 2014/15 for CCGs to support practices in transforming the care of patients aged 75 plus. This guidance supplemented the Joint Liverpool CCG/Liverpool City Council Healthy Ageing Programme. Practices had been asked to submit their intentions by 19<sup>th</sup> September 2014 on the four options suggested in the paper of:

- 1) Extended Health Checks for vulnerable patient groups aged 75+
- 2) Anticipatory Care Plans for appropriate patients aged 75+ with a particular focus in nursing care beds
- 3) Comprehensive Medication Review for vulnerable patient groups aged 75+
- 4) Proposals around addressing social isolation and supporting vulnerable older people in the community

The Chair noted that the proposal had been endorsed by the Healthy Liverpool Programme Leads Board and had been confirmed as the right thing for the CCG to do and had now come to the Governing Body for formal approval. However as the meeting was not quorate due to the number of apologies received it could only be approved in principle to be ratified at the next quorate meeting which would be September 2014.

The Governing Body members made the following comments:

- Who would be carrying out the patient assessment? It would be advisable to consider the role of the More Independent Team/Telehealth who could support this.

- Given that this had been a mandate to the CCG and not originally in its plan it was commendable to tailor it to dovetail with the CCG aims/plans. However there were potential duplications for practices in the system given the new Unplanned Admissions Direct Enhanced Service.
- The Secondary Care Clinician felt the paper was extremely positive and asked how the CCG could help its members understand the full picture and opportunities.
- The Chief Officer was concerned that practices would see this as optional and it really needed to be commissioned from all practices. It was important for it to be built in to future plans particularly with a view to co-commissioning. Investment would be signed off by the Approvals Panel therefore there was a formal process in place.
- The Local Medical Committee Secretary was also concerned about avoiding clashes with the Direct Enhanced Services on reducing emergency admissions and ensuring that practices were not paid twice for the same activity whilst not sending out mixed message and causing confusion. The Chair responded that they key issue was to support vulnerable patients and that the co-commissioning of Primary Care would allow the CCG to do this in a more joined up manner.

### **The NHS Liverpool CCG Governing Body:**

- **Approved the investment proposal in principle subject to ratification at the next quorate meeting of the Governing Body in September 2014.**
- **Noted that the Approvals Panel will confirm commissioning investment for individual practices based on completed templates in line with the agreed framework.**

### **3.2 Progress Report Regarding Social Value and CCSE Strategies Implementation – Report No GB 61-14**

The Lay Member for Governance/Deputy Chair presented a paper to the Governing Body to give an update regarding the progress made by the Task and Finish Group in establishing implementation mechanisms for the delivery of the Social Value Strategy.

The Governing Body had approved previously two strategies, one for working with the Third Sector and the other on Social Value and the Task and Finish Group was looking at implementation. The Third Sector Grant Programme was set up and working very well so far. The Governing Body would be kept informed. This was an extremely positive move for the CCG and would link together the clinical and non-clinical determinants of health outcomes.

The Governing Body members commented that this was an excellent initiative. The Lay Member for Governance/Deputy Chair informed the Governing Body that the Chief Executives of all the local NHS Trusts had been written to with a view to setting up a Social Value Network. She also thanked the Head of Contracts and Procurement, Deputy Chief Finance Officer and the Third Sector Sustainability Lead for their excellent work.

- **The NHS Liverpool CCG Governing Body:**
  - **Noted the contents of the report**
  - **Supported progress made to date**
  - **Continued to support the ongoing implementation mechanisms via the Task Group and to receive periodic reports as required.**

## **PART 4: GOVERNANCE**

There were no items discussed in this section.

## **PART 5: PERFORMANCE**

### **5.1 Performance Report – Report no GB 62-14**

The Head of Operations & Corporate Performance presented a report on the key aspects of the CCG's performance in the delivery of quality, performance and financial targets for 2014/15.

He highlighted:

- Stroke – progress had been made on performance against 80% target for stroke patients spending time on a Stroke Unit.
- Health Care Acquired Infection – there had been further incidences of C-Diff but still below the year to date target therefore the fruit of the previous months' hard work was beginning to show.
- Cancer – there were small breaches at specialist trusts but overall all cancer waiting time targets had been achieved for May 2014 and this was expected to continue through to June 2014.
- Referral to Treatment – the Royal Liverpool Hospital was to carry out a revalidation exercise. 11 patients reported waiting over 52 weeks( 8 were trauma and orthopaedics) but 2 had been now been dealt with. For June the number of patients on incomplete pathways had been confirmed as reducing to 6.
- A&E – there were difficulties with two trusts reporting breaches i.e. 94% against the 95% target for 4 hour waits. CCG was working with Knowsley and South Sefton CCGs to review recently submitted "system resilience plans" and national resources had been allocated.

- Diagnostic Waiting Times – there had been a 6% improvement in June 2014 from May but issues at Liverpool Community Health were cause for concern re non-obstetric ultrasound.
- Mixed Sex Accommodation – 2 breaches in HDU and 2 breaches in Coronary Care reported in June 2014 by the Royal Liverpool Hospital. A meeting was to take place at the end of the month with the Director of Nursing to see if any short term actions could be taken i.e. relocation of HDU.
- CCG Quality Premiums:
  - Assessment carried out for 2013/14 on the four national quality premium measures
  - 2014/15 three indicators had been removed (smoking prevalence at time of delivery, % of patients with CHD and cholesterol managed to 5mmol and % of patients with Diabetes who had received all 9 care processes).
  - Replaced with two further indicators (% of patients with Diabetes who had received all 9 care processes, composite emergency admissions (bottom 25% of GP practices).
  - 2013/14 achievement - we will have clarity through NHS England judgement next month which will be brought back to the October 2014 Governing Body.
- Care Quality Commission and Monitor Warning or Issues Notices:
  - written report on Liverpool Women's Hospital now received.
  - Liverpool Community Health – report to be published at the end of the week.
- Closure of Baycliffe Family Health Centre - this was effective from 11<sup>th</sup> July 2014 and there appeared to be no significant adverse reaction from providers, approximately 800 patients had not registered with a new

GP and a 3<sup>rd</sup> letter would be sent out from NHS England to patients.

- Royal Single Item Quality Surveillance Group took place on 8<sup>th</sup> August 2014 involving the NHS Trust Development Agency, Care Quality Commission, CCGs and NHS England. The next stage was for a meeting with the trust present to go through the evidence of where they had taken action and to decide whether they should continue with enhanced surveillance or reduce to routine surveillance.
- Patient Safety – details of progress on Serious Incidents was detailed in the report.
- Financial Position – as at 30<sup>th</sup> June 2014 the CCG was green on all indicators.

The Governing Body members made the following comments:

- The Lay Member for Patient Engagement was concerned about what would happen to Baycliffe Family Health Centre patients if they did not register with another GP. The Head of Primary Care Quality & Improvement responded that this figure had decreased from 800 to 650 over the last week.
- The Lay Member for Governance/Deputy Chair was concerned about the fact that certain Alder Hey patients had been waiting over 52 weeks for elective surgery. The Head of Operations and Corporate Performance explained that these patients were awaiting complex spinal surgery which could only be performed by one or two surgeons with very few alternatives available nationally and that operations were often postponed at the wish of the patients in order to fit into exam timetables. There had also been some improvement over the last 12 months and only three children remained in this category.
- The Local Medical Committee Secretary referred to diagnostic waiting times at Liverpool Community Health.

The Head of Operations and Corporate Performance noted that there had been some improvement and an action plan was in place. The Head of Primary Care Quality and Improvement added that the Locality Chairs had met with Liverpool Community Health to discuss the action plan and was confident that it would make a difference.

- The Secondary Care Clinician was pleased to see the improvement in Stroke patients being treated in a dedicated Stroke Unit but was concerned about advice being given to patients on the benefits or otherwise of orthopaedic knee and hip replacements. The Head of Operations and Corporate Performance responded that there was engagement with providers re the advice given to patients and that a Gold Standard for the level of engagement with patients was needed. With regard to Stroke patients, the System Resilience Group was looking at the whole issue of medical outliers for all disciplines.

**The NHS Liverpool CCG Governing Body:**

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

## **6. QUESTIONS FROM THE PUBLIC**

Mr Sam Semoff had a submitted the following questions in advance of the Governing Body meeting:

*“Background*

*Requests to Liverpool CCG have been submitted for the past three months for the following:*

- 1) *The action plan requested by the Quality Surveillance Group to ensure alignment of practice development plans at Princes Park Health Centre*

*2) Day to day rosters showing the availability of GPs at Princes Park including a designation of whether they are employed by the practice (part time or full time), “temporary locums”, “permanent locums”, or “GPs on zero hour contracts”.*

*During a meeting with NHS England on 21<sup>st</sup> July 2014, it was stated that a report on the action plan has been prepared and submitted to SSP and that they are awaiting SSP’s response, after which this would go to the CCG, possibly in August. Advice would be sought as to whether the report would be in the public domain.*

*Regarding the rosters, NHS England said they were not in a position to ask for them, but that if patients wanted to see the rosters, they might try to request them through the patient participation group. It was also stated that Princes Park Health Centre had eight doctors and that five had been TUPEd over from Liverpool Community Health.*

*However this at variance with numerous anecdotal reports KONP has received from patients, particularly as to the use of locums.*

*Thus we would wish to ask the following:*

*1) Has the report referred to in the above been made available to the CCG?*

*2) If the above answer is “yes”, is the report in the public domain?”*

*3) Should the Patient Participation Group be unable to obtain the rosters as requested, is there any other way that they can be obtained?*

In response the Chief Officer stated:

1. The report in question had been shared at the Single Item Quality Surveillance Group on SSP which had been attended by Liverpool CCG.

2. The report was owned by NHS England and could only be released into the public domain by NHS England or the provider not Liverpool CCG.
3. As previously explained Liverpool CCG did not hold the contract with Princes Park Health Centre/SSP and that it was only NHS England as the commissioner who could supply the information required, not Liverpool CCG. However, the CCG could facilitate the holding of a Patient Participation Group by the practice and would endeavour to do this.

## **7. ANY OTHER BUSINESS**

None.

## **8. DATE AND TIME OF NEXT MEETING**

Tuesday 9<sup>th</sup> September 2014 at 1pm, to be held in the Boardroom at Arthouse Square.