

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on **TUESDAY 8 APRIL 2014**
1.00 PM - Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

| | |
|--------------------------|---|
| Dr Nadim Fazlani | Chair |
| Prof Maureen Williams | Lay Member – Governance/Deputy Chair |
| Dr Simon Bowers | GP/Clinical Vice Chair |
| Dr Fiona Lemmens | GP |
| Dr Shamim Rose | GP |
| Dr James Cuthbert | GP/Matchworks Locality Chair |
| Katherine Sheerin | Chief Officer |
| Dr Donal O'Donoghue | Secondary Care Doctor |
| Jane Lunt | Head of Quality/Chief Nurse |
| Dr Maurice Smith | GP |
| Dr Edward Gaynor | GP |
| Dr Jude Mahadanaarachchi | GP/Liverpool Central Locality Chair |

CO-OPTED:

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| Dr Paula Finnerty | GP – North Locality Chair |
| Dr David Webster | GP – Matchworks Locality |
| Dr Tristan Elkin | GP – Liverpool Central Locality |
| Dr Rob Barnett | LMC Secretary |
| Councillor Roz Gladden | Liverpool City Council |
| Dr Sandra Davies | Interim Director of Public Health |

IN ATTENDANCE:

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|-----------------|--|
| Cheryl Mould | Head of Primary Care Quality & Improvement |
| Tony Woods | Head of Strategy & Outcomes |
| Ian Davies | Head of Operations & Corporate Performance |
| Kim McNaught | Deputy Chief Finance Officer |
| Samih Kalakeche | Director of Adult Services & Health, Liverpool City Council |

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| Derek Rothwell | Head of Contracts and Procurement |
| Peter Johnstone | Transformational Change Manager – Prescribing |
| Alison Williams | Transformational Change Manager – Children and Maternity |
| Phil Wadeson | Director of Finance, NHS England Merseyside Area Team |
| Carol Hughes | PA/Minute taker |

APOLOGIES:

| | |
|--------------------------------------|---|
| Kathy Hull | Executive Officer – Healthwatch Liverpool Scrutiny |
| Clare Duggan | Director - NHS England Merseyside Area Team |
| Dr Janet Bliss Dave Antrobus | GP Lay Member – Patient Engagement |
| Tom Jackson Ray Guy Moira Cain | Chief Finance Officer Practice Manager Practice Nurse |

Public: 11

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 PREVIOUS MEETINGS:

- 1.2.1 The minutes of the meeting held on 11 March 2014 were agreed as an accurate record of the discussions that had taken place.

An update was given on the following items:

Item 1.3.3: The Chief Officer advised that in relation to the proposed relocation to the Royal Liverpool site, that Clatterbridge was planning to go out to public consultation from 14 June 2014.

Item 6: A written response has been produced in reply to a question raised by a member of the public.

- 1.2.2 The minutes of the meeting held on the 26 March 2014 were agreed as an accurate record.

1.3 MATTERS ARISING Not already on the agenda:

Meeting held on 11 March 2014:

- 1.3.1 Action Point 5: All Equal All Different – an update with clear suggestions of taking forward the recommendations will be submitted to the Governing Body in June 2014.

Meeting held on 26 March 2014:

- 1.3.2 Action Point 1: The Head of Strategy and Outcomes confirmed that the 2 Year Operational Plan was submitted by the 4 April deadline. Desktop validation reviews would be carried out by NHSE later this week.

1.3.3 Action Point 2: The outcome of validation of National Voices agenda will be circulated to the Lay Member – Patient Engagement.

1.3.4 Action Point 3: The Governing Body Strategic Planning session has been arranged.

PART 2: UPDATES

2.1 Feedback from Committees – Report No GB GB23-14

Healthy Liverpool Programme (HLP) Leads Board -
11 March 2014: The Chief Officer fed back to the Governing Body:

- ✓ Informatics Update: The iLinks programme presented by Dr Simon Bowers and Kate Warriner is making progress.
- ✓ Good progress is being made to produce a blueprint for all services commissioned by Liverpool CCG which will take account of the services provided for the wider population by September 2014.

Human Resources Committee – 11 March 2014: The Deputy Chair fed back to the Governing Body on the main issues discussed:

- ✓ Separate Terms of Reference have been produced for both the HR and Remuneration Committees to give a clear distinction between both committees.

Approvals Panel – 11 March 2014: The Deputy Chair fed back to the Governing Body on the main issues discussed:

- ✓ Winter Interim Report: The risk identified was that the additional capacity has not realised the impact. A full impact

of all initiatives will be undertaken by the end of June which will be reported back to the Governing Body.

- ✓ Separate from the minutes, an appeal was held against a decision made by the Innovations Panel, which is part of the Primary Care Committee. The appeal was upheld.
- ✓ Lessons learned from that process have been passed to appropriate areas within the organisation with a view to improving and making the Innovations Funding process more robust, should it be provided in the next financial year.

Primary Care Committee – 25 February 2014: The North Locality Chair fed back to the Governing Body on the main issues discussed:

- ✓ CCG Practice Leads: This has now come to the end of the first year and has embedded well in places. However this role is not embedded in every practice so will be reviewed by each Locality and practices. Proposals will be looked at by Locality Chairs to consider how to move this forward.
- ✓ SSP: A formal update on the SSP action plan has been requested and a response waited.

The NHSE Director of Finance advised that following meetings with SSP, evidence to support corrective actions taken has been provided. This evidence has been reviewed on a desktop basis but there is a need to ensure what is being presented is embedded.

NHSE is currently in the process of carrying out practice visits to validate the information provided. It is anticipated that this will be completed by the end of May 2014, following which an update will be given to Primary Care Committee.

- ✓ Communication: The lack of collaboration between NHSE and the CCG was highlighted. Consideration will be given to how to send out joint messages to practices.
- ✓ Pulmonary Rehabilitation Model: The model was shared and the difference this makes to patients was highlighted, particularly regarding better control of the illness. Consideration to be given on how to increase patient uptake.

Finance Procurement & Contracting Committee - 25 March 2014: the Deputy Chief Finance Officer fed back to the Governing Body:

- ✓ The focus of the meeting was to establish Financial Plans for 2014/15 and 2015/16.
- ✓ Four key risks which related to the Financial Strategy were highlighted.

The Chair reminded Governing Body members that this was considered and approved at additional Governing Body meeting on 26 March 2014.

Quality, Safety and Outcomes Committee – 2 April 2014: the Head of Quality/Chief Nurse fed back to the Governing Body:

- ✓ HCAI: Rates continue to be above the targets set.

National Guidance has been issued which potentially puts perverse incentives in the system, in that Trusts with high rates of infection for 2013/14 have higher targets for 2014/15, thus rewarding poorer performance.

Consideration to be given to how to manage that locally, for Trusts to be as vigilant as they can to reduce HCAI rates.

- ✓ Liverpool Community Health: A report was received following the CQC inspection which highlighted key issues. This item will be considered later in the Governing Body meeting.

- ✓ Safeguarding Report: This highlighted issues relating to safe and effective transition for young people into adult services.

This is a workstream within the Healthy Liverpool Children's programme and transition itself is recognised as a key workstream.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from CCG Network : Report No GB 24-14

The Head of Strategy and Outcomes fed back to the Governing Body on the meeting of the CCG Network held on 2 April 2014

- ✓ A presentation was given by the North West Coast Academic Health Science Network (AHSN) to update on the progress to date and priority areas.

It was agreed that a further review and presentation would be given at a future meeting of North West Coast initiatives e.g. AHSN and Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

- ✓ An update on the Strategic Planning process for all Merseyside CCGs was given. A more in depth review will be given at the Co-Commissioning forum on 9 April.

The NHS Liverpool CCG Governing Body:

- **Noted the activity undertaken by the CCG Network**

2.4 Chief Officer Update:

The Chief Officer updated the Governing Body:

- ✓ Following the first anniversary of the CCG the areas of achievement were highlighted:
 - £1m investment for benefit advice in NHS and GP practices.
 - £5.2m investment in winter pressure schemes across Hospitals and Primary Care. All schemes are being evaluated to see what will continue to be invested in as part of the Urgent Care programme.
 - Mental Health Strategy Website funded to look at ways to address and improve mental health problems.
 - Development and Training Plans for all practices with ways of identifying patients earlier in their disease to enable better outcomes for patients.
 - Host organisation for successful CLAHRC (Collaboration for Leadership in Applied Health Research and Care) bid which will enable us to use applied research to address health inequalities.

- Lead/Host for More Independent (Mi) working with technology to ensure people stay in their homes more independently.
 - Establishment of the Healthy Liverpool Programme (HLP) to oversee a transformation of health services in the city and improve health outcomes for the population.
- ✓ A meeting was recently held with all member Practices to look at 'the Future of General Practice' and how neighbourhoods should go forward. This was attended by over 150 staff and 70 Practices.

The meeting was a good balance between both information giving and listening to Practices and particularly their feedback about the HLP programme and Neighbourhoods, together with future models for GP delivery.

The work of the Locality Leads, the Primary Care Team, and Dr Rob Barnett in arranging this was acknowledged.

- ✓ The Core Cities CCG Network meeting was hosted by LCCG in April 2014. This gives a forum in terms of learning from each other and provides a national voice for CCGs to influence policy strategy and implementation.
- ✓ The Chief Officer welcomed Dr Sandra Davies, the new Interim Director of Public Health.

**The NHS Liverpool CCG Governing Body:
Noted the Chief Officer's update**

2.5 NHS England Area Team

The NHS England Merseyside Area Team Director of Finance updated the Governing Body:

- ✓ The desk top review of all CCG plans and consolidation process has commenced and a response will be fed back shortly.
- ✓ The new Chief Executive, Simon Stevens is now in post. First impressions are very positive. He is genuinely clearly focussed on patients with reference made to 'thinking like a patient, acting like a tax payer.'
- ✓ Moira Dumma, Area Team Director for Cheshire, Warrington and Wirral and Lead for Commissioning Specialised Services in the North West, will move to take over West Yorkshire on an interim basis and during that period Alison Tonge will be acting up.
- ✓ A Quality Review of LCH was undertaken together with a follow up from the Alder Hey Risk Summit. Actions from both will be followed up via respective collaborative meetings.
- ✓ Specialised Commissioning: A Merseyside task and finish group has been established and has met. This will inform the 5 Year Strategy for Specialised Services.

The next key milestone in the process will be the publication of the Boston Group Report which is expected in the next couple of weeks. This will describe the best configuration/co-location of services and help us consider how this is applied locally.

The NHS Liverpool CCG Governing Body:

- **Noted the update from NHS England Merseyside Area Team**

2.6 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ A paper was submitted to the recent Health and Wellbeing Board which agreed the approach around smoking cessation, stopping smoking and tobacco control.

This identified some real challenges, particularly to ensure people using electronic cigarettes will be referred to the stop smoking service

- ✓ There are a lot of challenges around alcohol, not least the small number of people who are receiving treatment, and consideration is being given to how to increase uptake into services and prevention.

Work is being done around licensing and particularly around unit pricing. The CCG and other partners will be involved in all of the strategy development and all of the actions coming out of the strategy.

Members of the alcohol strategy group have been asked what should be included within the action plan and support will be given by Public Health England and other partners to get that in place.

- ✓ The National Bowel Screening Campaign has resulted in an increase in bowel screening uptake.
- ✓ A Memorandum of Understanding is being developed with the CCG for completion by the end June 2014. This will set out the role of the Public Health Team in relation to the CCG, the support to be available etc., and will build on the document produced for 2013/14.

The NHS Liverpool CCG Governing Body:

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

2.7 Feedback from the Health and Wellbeing Board:

- ✓ The Chair advised that the meeting was very positive and highlighted the good working relationship between the Local Authority and the CCG.
- ✓ As described by the Interim Director of Public Health, the meeting covered smoking and alcohol and it was agreed that one of the big challenges related to electronic cigarettes.
- ✓ Work is being done with the City Council to look at by-laws which could be used to ban the use of electronic cigarettes in public places, and to consider as a Board, how to inform national policy.
- ✓ A paper was submitted on the Better Care Fund which received positive feedback and across the board support.

Cllr Gladden confirmed the approval of two items of business which were submitted to the Cabinet: The Better Care Fund and Section 75 Agreement.

It was noted that the Mayor was pleased with the positive items for discussion and highlighted the importance of collaborative working for the better of the population of the city.

PART 3: STRATEGY & COMMISSIONING

3.1 REFORMS FOR CHILDREN & YOUNG PEOPLE: Report No GB 26-14

A report on the impact of the Children and Families Bill, Special Education Needs and Disabilities (SEND) reforms on health was presented by the GP/Deputy Clinical Chair. This summarised the SEND reforms within the Children's and Families Bill, highlight the implications for health and outlined the systems that have been established to oversee and implement the required changes.

The report recommended that the Governing body notes and understands the implications of the Bill for the health system namely:

- Children and young people to be at the heart of the system
- Close co-operation between all the services that support children and their families through the joint planning and commissioning of services
- Early identification of children and young people with SEN
- A clear and easy to understand 'local offer' of education, health and social care services to support children and young people with SEN and their families
- For children and young people with more complex needs, a coordinated assessment of needs and a new 0 to 25 EHC plan, for the first time giving new rights and protections to 16-25 year olds in further education and training comparable to those in school.
- A clear focus on outcomes for children and young people with EHC Plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment, living independently and participating in their community.
- Increased choice, opportunity and control for parents and young people including a greater range of schools and

colleges for which they can express a preference and the offer of a personal budget for those with an EHC plan.

It was noted that there were a number of key features which would impact on the CCG and health care spending in the wider area and that the requirement for additional spending would need to be written into the transitional plan for the Healthy Liverpool Programme going forward.

An area of risk which was highlighted was the challenges around the identification of a designated Medical Officer, given the pressures and recruitment difficulties within the community paediatrics team at Alder Hey.

A health working group which has been set up to identify and mitigate risks associated with the reforms has identified the following risks and their implications:

- Increased financial resources required
- Increased capacity to manage process
- Inability to recruit key health staff e.g. designated Medical Officer
- Determination of process to deliver required changes
- Cultural change required to deliver benefits

It was noted that much of the work required to implement the reforms from a health perspective, also reflects key components of the transformation work being undertaken within the Healthy Liverpool Programme, thus providing assurance around the commitment to plan for high quality and sustainable services.

The Governing Body was asked to confirm a sustainable approach and advised that more information would be provided as required.

The Deputy Chair queried whether the Designated Medical Officer role would look at more than looked after children and whether this would be a joint appointment?

In response, the Head of Quality/Chief Nurse advised that this legislation builds upon the existing infrastructure and processes which are in place and makes them more robust. At the present time there are a number of Medical Officers operating to support the process and that the rationale of that skill set would be increased to meet the needs of the reform.

The Deputy Chair asked what the implications of the new legislation would be for the existing 16-25 year olds who are now in the community and not looked after and whether there were plans to pick them up.

The 20 weeks taken in terms of the assessment and planning process was also highlighted. It was noted that this was too long and not acceptable as this could have a major destructive effect on families and children and queried what could be done to improve the timescale?

In response, the Transformational Manager for Children and Maternity advised that this is based on national guidelines which are 6 weeks shorter than the process. A 3 year phased implementation will begin on 1 September 2014 and any new child or family request would have an expectation of 20 weeks, however Children who already have a statement would be transferred on an Educational Health & Care (EHC) Plan.

It was agreed that the detail of this would be discussed further outside of the meeting.

The Chair noted that the reform was welcome but clearly had implications on both the Local Authority and CCG as there was no additional funding.

Work is being done with the Local Authority to look at proposed joint commissioning arrangements for Children and further work is required to look at resources available and the need to build partnership arrangements with social care and education. This is a long term phased implication which is clearly a part of the Healthy Liverpool Programme.

The Deputy Clinical Chair advised that the Children's Trust Board, a non-statutory body with representation of all stakeholders in the city in terms of NHS Trusts, CCG, Local Authority, Schools and Safeguarding Bodies and who meet to discuss issues in relation to Children, had agreed that any joint commissioning activity between the Local Authority and the CCG would follow the same successful map as that done for Adults.

This would go through the Joint Commissioning Group in the same way as adults in order that a governance framework is in place which supports what needs to be done.

The NHS Liverpool CCG Governing Body:

- **Noted the implications identified for health and the infrastructure in place to take this forward through the Children's Trust Board and the Joint Commissioning Group.**

PART 4: GOVERNANCE

4.1 HR & REMUNERATION COMMITTEE TERMS OF REFERENCE: Report No GB 27-14

The Deputy Chair advised that following a recent governance review, anomalies were revealed in the existing Terms of Reference (TOR) for the HR and Remuneration Committees.

Revised Terms of Reference were provided for approval by the Governing Body and it was noted that there was no substantive change other than the separation into two Terms of Reference as opposed to a combined set.

A GP member highlighted that although meetings would be held on a 6 monthly basis, that only 10 days' notice would be given, which may prove difficult for attendees due to their clinical commitments. In response, the Deputy Chair advised that the 2 meetings per year would be a minimum and not a maximum requirement, as would the 10 days' notice.

The Chief Officer confirmed that this related more to the Remuneration Committee as dates could be set in advance for the HR Committee. This point was noted.

The NHS Liverpool CCG Governing Body:

- **Approved the revised Terms of Reference for the HR and Remuneration Committees**

4.2 LIVERPOOL COMMUNITY HEALTH QUALITY REVIEW PROCESS – Report No; GB 28-14

The Chief Nurse/Head of Quality presented a report to update the Governing Body on the LWH Quality Review process and to outline the work done by the CCG to support quality improvement within the Trust.

The report outlined the events to date and highlighted the CQC inspection that took place last year as a result of whistleblowing activity.

The services which were the focus for inspection were the District Nursing and equipment services, with a focus on mandatory staff training and processes to support that. In addition, Ward 35 within Aintree hospital was inspected.

The outcome of the inspection was that the following 5 standards were not met:

- Care and welfare of people using the services
- Safety, availability and suitability of equipment
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

Enforcement action was taken in respect of monitoring the quality of service provision

The Trust was required to produce a report to the CQC detailing the action to be taken to meet the essential standards by 6

February 2014 and by 1 April 2014 for the standard requiring enforcement action.

Following the Quality Review meeting held in February 2014 five key areas were determined:

- Governance
- Workforce
- Access
- Culture
- Safety

To enable Commissioners to work together effectively a Collaborative Forum was established and will oversee enhanced surveillance, including oversight of the Trusts' Action Plan.

The Forum will meet on a monthly basis for open, transparent debate and decision making and will approve the action plans of the Quality Review meeting.

The CQC Action Plan will be monitored via the Clinical Performance and Quality Group (CPQG)

The Chair noted the commitment to providing the best services for patients and the work which is ongoing with the Trust to address this. An update will be given at a future Governing Body meeting to give assurance that services provided for patients are of a high quality.

The Deputy Chair commented that the paper was welcomed and noted the importance of participation within the Collaborative Forum

That Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Endorsed the CCG work with the Trust to support quality improvement within LCH**

PART 5: PERFORMANCE

5.1 Performance Report – Report no GB 29-14

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 2013/14.

He highlighted:

- ✓ HCAI: 5 further instances of C Diff and 2 MRSA reported in February.
Changes in the way targets are being set for next year and how they will be investigated will significantly increase the level of surveillance, specifically on C Diff which has an impact on staff time and awareness, but is a positive way forward.
- ✓ Cancer: Overall improvement seen over recent months has been sustained and pressures LHC experienced around small numbers of patients referred for treatment remains a cause for concern.
- ✓ RTT: Colleagues at Alder Hey continue to have problems around the target for spinal surgery, which is likely to continue for some considerable time due to the lack of surgeons nationally to carry out this complex work.

Further concerns were highlighted in relation to ENT and Orthopaedics at Alder Hey, work is being done with specialist commissioning colleagues to see what further action can be taken.

Despite additional workforce and weekend sessions numbers are not being impacted upon. The Trust is currently targeting children with longest waits.

- ✓ Stroke: Pressure on the designated stroke beds continues. However, this doesn't mean that patients are not receiving the care they should, but are primarily receiving care outside of the designated stroke unit. It is expected to see an improvement now building work has ended.
- ✓ The CCG continues to meet the 4 hour target for its population for the year, however it is estimated that the Royal will fail the target for the year.
- ✓ Diagnostic waiting times: A dramatic improvement was seen in February with waiting lists down to 6% of patients waiting over 6 weeks compared to 9% in January, some 321 patients compared to 500.
- ✓ Patient Safety: Twenty three new patient safety incidents were reported, all of which are subject to thorough investigation and review under the quality and patient safety processes.
- ✓ One new never event reported at the Royal involving wrong site surgery.

Financial summary:

This is still on track at the end of February to deliver financial targets with all key areas showing Green.

The Deputy Chair referred to the comment on page 7 that 'the impact of the additional winter monies investment and subsequent schemes continue to be monitored closely and adjustments made to schemes where the predicted impact is not being seen or achieved' and queried what this would cover?

For clarification, the Chief Officer confirmed that this related to the winter money that had been approved by the Governing Body, as part of the 2013/14 Financial Plan, not the primary care winter money.

The Secondary Care Doctor asked if there was any indication of the impact on longer waits for 52 week surgery on schooling etc., and whether CQC reports of Primary Care would be provided.

In response, the Head of Primary Care, Quality and Improvement advised that there was no formal reporting mechanism for CQC reports to the Primary Care Committee; however the CQC website is monitored on a regular basis by the Primary Care Team to identify key themes.

The Head of Operations and Corporate Performance advised that Specialist Commissioning colleagues were working to look at the impact of the 52 week wait upon children and to see what further separate intervention is possible for both child and families. It was noted that parents will sometimes defer treatment, particularly around key examination times, and support is given to mitigate that delay.

Following discussion it was agreed that clarification is required for how feedback from Primary Care CQC Reports is considered by the CCG Governing Body.

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.**

Diagnostics Improvement Plan:

A Diagnostics Improvement Plan was presented by the Liverpool Locality Chair to update members on the vision for diagnostics in Liverpool.

An update was given on the development of a Pathway in partnership with GPs, radiologists and secondary care

colleagues to ensure more appropriate referrals and effective and efficient use of resources to ensure patients receive the right care, with the ambition that patients wait no longer than 2 weeks for diagnostic tests.

The introduction of a single electronic referral form was recommended for all diagnostics, thus reducing the duplication of inappropriate tests. This was welcomed by GP members.

Areas for particular focus were highlighted and it was noted that a steering group had been established with representation from all providers. It was recognised that additional capacity would be required in the system to meet current demand and to reduce waiting times to the 2 week target.

The Chief Officer noted the high level of ambition of the diagnostic programme and the need to understand the impact this would have on outcomes.

It was agreed that further discussion was required on the impact and level of ambition and suggested that this should be discussed at the April Informal Governing Body

Medicines Management Support to GP Practices to reduce Health Care Acquired Infections:

A report was presented to inform the Governing Body of the steps currently in place in General Practice by the Medicines Management Sub-Committee to minimise prescribing related to Health Care Acquired Infections (HCAI).

It was recommended that the Governing Body:

- note that all prescribers have been made aware of the importance of inappropriate use of antibiotics as a cause of HCAI and in particular C. Difficile and MRSA
- Note the work done by the Medicines Management Sub Committee to prioritise inappropriate antibiotic prescribing

and long term use of proton pump inhibitors, both of which are factors in HCAI's, in the medicines management work plan.

The Governing Body lead for prescribing advised that the Medicines Management Committee has been tasked to deliver HCAI education to practices with the highest level of prescribing of antibiotics, and this is ongoing. To date 43 practices have been contacted out of the 94.

The LMC Secretary asked how many practices had reported cases of C. Difficile over the last 12 months, in response, the Prescribing Lead advised that this was difficult to identify due to the very small amount of occurrences.

The NHS Liverpool CCG Governing Body:

- **Supported the work done by the Medicines Management Sub Committee to reduce HCAI's**

6 QUESTIONS FROM THE PUBLIC

THE FOLLOWING ANSWERS WERE SUPPLIED IN RESPONSE TO A QUERY RECEIVED FROM A MEMBER OF THE PUBLIC:

- **WHAT IS THE NUMBER OF FULL TIME EQUIVALENT GPS RECRUITED AT PRINCES PARK HEALTH CENTRE SINCE SSP TOOK OVER IN APRIL 2013?**

RESPONSE: (RECEIVED BY NHSE)

IT HAS ONLY RECENTLY BECOME NECESSARY TO RECRUIT A GP TO THIS PRACTICE FOLLOWING THE RESIGNATION OF ONE GP AND A SMALL REDUCTION IN THE TOTAL NUMBER OF SESSIONS PROVIDED BY ONE OTHER GP.

- **THE NUMBER OF GPS CURRENTLY EMPLOYED?**

RESPONSE: : (RECEIVED BY NHSE)

THE PRACTICE IS CONTRACTUALLY OBLIGED TO HAVE 4.6 WTE GPS. CURRENTLY, THERE ARE 4.53 WTE GPS IN POST OF WHICH 3.32 WTE ARE PERMANENT AND 1.21 WTE STAFFED BY REGULAR LOCUMS. SSP IS CURRENTLY OUT TO RECRUITMENT TO FILL THIS VACANCY PERMANENTLY.

- **NUMBER OF GPS AVAILABLE IN THE PRACTICE ON ANY GIVEN DAY.**

RESPONSE: : (RECEIVED BY NHSE)

AS WITH ANY OTHER GENERAL PRACTICE, THE ACTUAL NUMBER OF GPS AVAILABLE ON ANY GIVEN DAY CAN VARY ACCORDING TO PATIENT AND OPERATIONAL NEED, BUT 4.53 WTE GPS PROVIDE SERVICES AT THIS PRACTICE

The member of the public queried the response in relation to the second question and noted that his understanding was that there should be 4 GPs and 1 on call GP.

The Chair advised that the information provided was supplied by NHS England as the contract for this service was held by them and that queries would be conveyed to them for response.

A member of the public advised that the Hydrotherapy Pool at the Royal Hospital would not be replaced but there were provisional plans that, subject to funding availability, that this would be moved to Broadgreen Hospital site.

The Governing Body was asked to support the plans for the relocation to the Broadgreen site.

Following discussion it was agreed that Councillor Gladden would discuss this with the member of the public following the meeting.

It was also agreed that this would be discussed by the Head of Corporate Services and Councillor Gladden and agreed that copy

plans and information would be forwarded to the Chief Officer by the member of the public.

7 Date and time of next meeting:

Tuesday, 13 May 2014 at 1.00 pm, Boardroom – Arthouse Square