

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY May 2014	
Agenda Item: 14/80	Author of the Paper:
Report date: May 2014	Janice Horrocks Programme Sponsor Care Closer to Home Programme
Title: Care Closer to Home – Update	
Summary/Key Issues:	
This paper provides an update to the Governing Body on progress made in the Care Closer to Home programme.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report by way of assurance.	

Links to Corporate Objectives <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Achieve a 2% reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Care Closer to Home/Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement			X	
Clinical Engagement	X			

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees		x		

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Care Closer to Home update

Introduction

This paper, created by Janice Horrocks, Programme Sponsor, provides an update to the Board on progress made in the Care Closer to Home programme for information and assurance.

Progress report

1. Urgent care performance

The Board will be aware of the positive outcomes that we have seen with respect to the winter funded schemes and the importance of demonstrating these outcomes; a topic this report presents in greater detail below. The following measures show how the balance of activity is shifting across the care system.

Non Elective Admissions

	2012-13	2013-14	2013-14 vs 2012-13
None Elective A&E Admissions	11973	11735	-1.99%
None Elective EAU Admissions	4507	4050	-10.14%
None Elective Other Admissions	818	659	-19.44%
Total None Elective Admissions	17298	16444	-4.94%

Non Elective Average Length of Stay in days

	2012-13	2013-14	2013-14 vs 2012-13
Admissions from A&E	19.75	5.58	-73.68%
Admissions from other none elective sources	10.42	4.67	-60.00%
Total none elective admissions	19.92	5.5	-73.68%

A&E Attendances and Admissions via A&E

	2012-13	2013-14	2013-14 vs 2012-13	2014-15	2014-15 vs 2013-14
Minor	19542	18133	-7.21%	2093	-88.46%
Major	13845	13625	-1.59%	1790	-86.86%
Medical Admission	9883	9894	0.11%	1198	-87.89%
Surgical Admission	3948	3616	-8.41%	396	-89.05%
Unknown	12	53	341.67%	86	62.26%
Total	47230	45321	-4.04%	5563	-87.73%

Majors - Discharged patients who have received more investigations/ treatments. Minors - Discharged patients who have had basic procedures.

Attendances to Admissions

	2012-13	2013-14	2013-14 vs 2012-13
A&E Admissions Only	25.35%	25.89%	2.14%
All	36.63%	36.28%	-0.93%

Non Elective Readmissions

	2012/13	2013/14	2013/14 vs 2012/13
30 Day Readmissions	3324	3246	-2.35%

CERT Referrals

		2012-13	2013-14	2014-15
NHS Southport & Formby CCG	Step Down	560	662	70
	Step Up	288	328	44
NHS West Lancashire CCG	Step Down		128	37
	Step Up		127	51

Facilitated Discharge Pathways (Step Down Patients)

		2012-13	2013-14	2014-15
NHS Southport & Formby CCG	Readmitted to Acute Care	7.14%	8.91%	2.86%
	Remained with CERT following discharge	92.86%	91.09%	97.14%
NHS West Lancashire CCG	Readmitted to Acute Care		7.03%	2.70%
	Remained with CERT following discharge		92.97%	97.30%

Admission Avoidance Pathways (Step Up Patients)

		2012-13	2013-14	2014-15
NHS Southport & Formby CCG	Admitted to Acute Care	2.79%	11.31%	7.14%
	Managed by CERT/ did not attend A&E	97.21%	88.69%	92.86%
NHS West Lancashire CCG	Admitted to Acute Care		9.17%	6.67%
	Managed by CERT/ did not attend A&E		90.83%	93.33%

CERT Referral outcomes/ Discharge destinations

		2012-13	2013-14	2014-15
NHS Southport & Formby CCG	Admitted to Hospital	2.79%	11.31%	7.14%
	Admitted to Nursing Home	1.39%	2.45%	3.57%
	Admitted to Residential Home	1.39%	4.28%	
	Inappropriate Referral	11.50%	2.45%	
	Other	49.83%	35.78%	3.57%
	Patient Died	0.35%	1.22%	7.14%
	Returned to previous accommodation	32.75%	40.06%	28.57%
	Still on Caseload		2.45%	50.00%
	NHS West Lancashire CCG	Admitted to Hospital		9.17%
Admitted to Nursing Home			15.00%	6.67%
Admitted to Residential Home			4.17%	
Inappropriate Referral			15.00%	8.89%
Other			7.50%	
Patient Died			0.83%	
Returned to previous accommodation			41.67%	37.78%
Still on Caseload			5.83%	37.78%
Transfer to alternate CERT team			0.83%	

2. Demonstrating outcomes - current position

The CCtH Dashboard Group¹ has agreed a range of strategic indicators that are now reported monthly to the CCtH Programme Board, these are as follows:

- 30 day readmissions
- Unplanned admissions
- A&E attendances
- Occupied bed days
- Community Matron contacts
- % of patients who die in their recorded preferred place of care

These figures can be reported by long-term condition diagnostic category, CCG area and Frail Elderly.

Part of the approval and assurance process for each of the new clinical pathways requires the pathway groups to identify outcomes and performance indicators, which proved challenging for some groups unused to designing measures.

¹ Involving representation from the Trust and CCGs

Therefore, there is a need to provide further guidance and support to generate effective measures.

Measuring service improvement was the topic for a recent NHS Improving Quality (IQ) event (April 2014) at which participants explored a range of measures using driver diagrams. In addition, a patient experience survey is being planned to test out the use of patient feedback gathered through the LTC6 survey tool, which has been validated for use with people living with long-term conditions. The patient feedback will be triangulated with data from external (CQC/HealthWatch reports) and service (compliments and complaints) processes.

3. Tele-Health, Tele-Care and Assistive Technology:

CCtH Board approved the development of a group to consider how assistive technology can be used systematically and generate proposals describing where the technology could be most effectively deployed, start to plan implementation and identify associated costs.

4. Communication and Engagement:

CCtH partners and stakeholders attended NHS IQ facilitated workshops earlier this year, which led to the development of a new narrative or vision statement for the CCtH programme, approved by the CCtH Programme Board as follows:

“This programme is about allowing everyone to live fulfilling, independent lives, which are supported by safe, quality, patient centred, accessible and seamless services.

This will be delivered by a skilled, committed, satisfied and integrated workforce, who together with the public and colleagues across the health, social care and voluntary sectors, take pride in providing quality care.

We will achieve this by being innovative and having the vision and courage to do the right thing, building trust and co-ownership with care providers, partners and patients through effective two way communication and listening to experiences of care.”

A staff survey was launched on 20/03/2014 and closed on 30/04/2014. A total of 103 responses were received. The survey tested out staff awareness of the CCtH programme and asked people completing the survey to select their preferred ‘catch phrase’ for the CCtH programme. An analysis of results shows:

73% of (n=99) respondents selected the caption; **“The right care closer to you”**

When asked for ideas about the CCtH programme a number of suggestions were made in respect of:

- Improving quality; “diabetic clinics I know are readily available in the community but feel there should be more clinics and extended times evening and w/e., and more support to be done for the young teens who make the transition to the adult clinics”
- Improving communication and engagement; “We need to know more tangible examples of what is going on, reports seem to talk about actions plans, meetings, and review of pathways. Better if they said specifics” and “Listening and acting on feedback from patients and their significant others is the right place to find out what is needed and if it works”
- Comments about service issues; “I have heard of the CERT and chronic care coordinators but I don't have an understanding of what they actually do - working in primary care it would be useful to know how they work and who they see.”

The survey concluded that further staff engagement will be necessary in order to keep staff involved, reach staff who have not yet had their say on the Care Closer to Home programme and to monitor the levels of awareness around the programme. The Programme Sponsor has visited and spoken to a number of trust staff teams and stakeholder groups to raise awareness of the CCtH programme and vision.

5. Self Care:

In December 2013, the CCtH Programme Board approved the development of a model for self-care to be applied across the CCtH partnership by a task and finish group, which involves a number of committed enthusiasts, such as, Hannah Chellaswamy, Public Health, Sefton Council; Dominic Bray, Clinical Psychologist and Janet McAlpine, Community Matron from the Trust; Greg Mitton, W Lancs CVS; Nigel Bellamy, Sefton CVS and additional support from Suzanne Gilman, a Public Health Specialist Registrar in training and Michelle Lyons from the University of Central Lancashire (UCLan).

The model, shown in the diagram attached, provides a framework to explain what activities are required for staff and service users to implement the model. The task and finish group is forming a research steering group to govern a piece of research (funded by the CCGs) with UCLan to engage patients and communities in the development of packages to support self-care. The use of assistive technologies will be included in the work. The researcher will be based in West Lancashire CVS, working with communities across the economy.

6. Facing the future together

This item, previously referred to as the ‘Community review’ and has been renamed to reflect impending demographic changes and the need for the health and social care workforce to work together in order to meet these challenges. The original plan to host stakeholder events has been changed to allow CCGs time to gain support and agreement of GPs to the vision for future integrated

community teams, organised in localities. These localities will be based around clusters of GP practices, which share similar population challenges.

On 4th June 2014 West Lancashire CCG plan to host a discussion with their GP members and representatives from the Trust and other local providers, such as social care, mental health, etc., to co-produce this vision. Southport and Formby CCG are planning to run the same workshop in July.

The output of these workshops will be discussed at the CCtH Programme Board in July to plan the next steps in the process, which will result in a clear description, at locality level, of the integrated teams by September 2014.

The delivery of these locality/neighbourhood teams will be a priority for the CCtH programme this year.

Conclusion

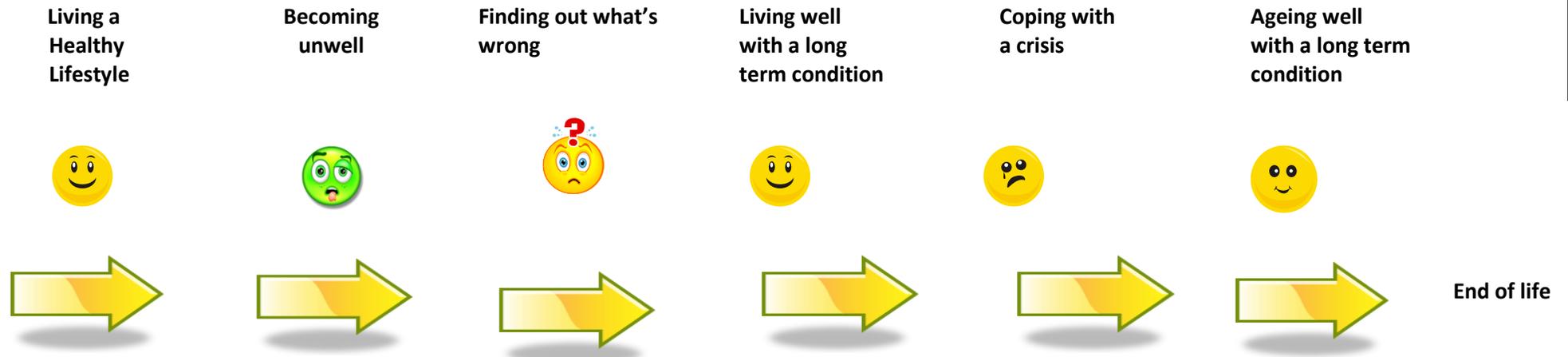
The Board is asked to note the contents of the report and be assured that progress is being made to transform services and deliver care closer to home.

Name: Janice Horrocks

Job Title: Programme Sponsor

Date: May 2014

The Self Care Journey



Education Campaigns

Health Promotion

Prevention

Risk Stratification

Access to information

GP

Diagnostics

- Information
- leaflets
 - Signposting
 - Website

Mental Health

Knowledge of LTC

Peer Support

Use of technologies

Housing and Environment

Coping Strategies

Access Community Assets

Co-producer of care plan

Resource plans

Implement coping strategies

MEETING OF THE GOVERNING BODY May 2014

Agenda Item: 14/81	Author of the Paper:
Report date: May 2014	<p>Gordon Jones Quality and Performance Manager Cheshire and Merseyside CSU</p> <p>Dr Hilal Mulla Governing Body Member</p> <p>Geraldine O'Carroll Senior Integrated Commissioning Team Manager</p>
Title: Transforming the Mental Health Commissioning Landscape	
<p>Summary/Key Issues:</p> <p>This paper provides an update on the approach being taken to transform the commissioning of mental health services across Southport and Formby as an identified CCG priority area within the Strategic Plan.</p> <p>In Southport and Formby CCG, mental health presents a real challenge to health services and the wider community. Commissioners have identified the urgency to commission services that address the needs of the population of Sefton with a focus on recovery and for mental health services to have clear outcomes leading to equity and consistency across the mental health patient pathway.</p> <p>Clinical commissioners have a vision to establish cradle to grave mental health and dementia services across Sefton that will be recovery focussed, visible, easily accessible, of high quality, safe and deliver beneficial outcomes. An emphasis will be placed on early intervention, recovery and integrated mental and physical health working to enable patients to be managed better in the community with a reduced reliance on acute interventions.</p> <p>To deliver this vision the CCG has established a Mental Health Task Group which over 2014/15 will develop a work stream to:</p> <ol style="list-style-type: none"> 1. identify what is in place – what works and what does not in the mental health pathway 2. identify the gaps in the pathway 3. provide radical solutions which can be implemented from 2015/16 onwards. <p>The CCG Mental Health Task Group is currently developing an action plan which will be completed by the end of May 2014.</p>	
Recommendation	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 80%;"> <p>The Governing Body is requested to receive this report by way of assurance</p> </div> <div style="width: 15%; text-align: right;"> <p>Receive <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p> </div> </div>

Links to Corporate Objectives	
x	Improve the quality of commissioned services, whilst achieving financial balance.
x	Achieve a 2% reduction in non-elective admissions in 2014/2015.
x	Implementation of 2014/15 phase of Care Closer to Home.
x	Review and re-specification of community nursing services for re-commissioning from April 2015 in conjunction with membership, partners and public.
x	Implementation of 2014-15 phase of Primary Care quality Strategy/transformation.
x	Agreed three year integration plan with Sefton Council and implementation of year one (14/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Mental health work stream will include patient and public engagement.
Clinical Engagement	x			Mental health work stream will include clinical engagement.
Equality Impact Assessment		x		
Legal Advice Sought		x		
Resource Implications Considered				Mental health work stream will include detailed resource implications for future commissioning of service.
Locality Engagement				Mental health work stream will develop links with locality leads.
Presented to other Committees		x		

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

**Report to the Governing Body
May 2014****1. Introduction and Background**

- 1.1 This paper provides an update on the approach being taken to transform the commissioning of mental health services across Southport and Formby as an identified CCG priority area within the Strategic Plan to achieve *parity of esteem for* mental health and physical health, equity and consistency across the mental health patient pathway.
- 1.2 Mental health commissioning in Southport and Formby has been fragmented and piece meal in nature and coupled with contracting changes compounded by re-organisation this has led to commissioners being unsure as to how their mental health investment of £31.7 million (combined South Sefton CCG and Southport and Formby CCG) (2012/13) is being utilised at a service level. In addition GPs are unsure of the pathways that are in place. Commissioners need to be assured that mental health services are able to meet need and they are commissioned in such a way that is recovery focused and outcome led. The move towards greater integration of services across the local health and social care economy coupled with outcome based commissioning mitigates heavily against maintaining the status quo on which is predicated towards outputs.
- 1.3 The zero growth in health and social care spend with the added pressure of an ageing population makes it imperative that commissioners get more value for their investment and that services are achieving their desired outcomes.
- 1.4 To meet this challenge a CCG Mental Health Task Group has been established which aims to understand the current system, identify the gaps and risks and offer solutions for implementation in 2015/16 which aims to see mental health integrated with the wider physical health development in Sefton most notably the Care Closer to Home/Virtual Ward initiatives.
- 1.5 Mersey Care NHS Trust has also embarked on a service transformation programme and it is important that links are forged with the Trust to ensure that their work mirrors that of the CCG.
- 1.6 The work undertaken by the CCG Mental Health Task Group will contribute to the CCG's commitment to securing a reduction in unplanned activity of 15% across the wider health economy over the five years of its strategic plan.

2. The Vision for Mental health Services in Southport and Formby

- 2.1 The vision is to have cradle to grave mental health and dementia services across Sefton which are recovery focussed, visible, easily accessible, of high quality, safe and deliver beneficial outcomes.

Southport and Formby Clinical Commissioning Group

- 2.2 An emphasis will be placed on early intervention, recovery and integrated mental and physical health working to enable patients to be managed better in the community with a reduced reliance on acute interventions.
- 2.3 Mental health will have a higher profile at a strategic level in Southport and Formby CCG.

3. What Are We Doing

- 3.1 In April 2014 a CCG Mental Health Task Group was established with a clear remit to making a difference to mental health and dementia commissioning across Sefton. The CCG Task Group will act as a sub-group of the Joint Health and Local Authority Mental Health Task Group which has been established under the auspices of the Sefton Health and Wellbeing Board to develop a common approach to mental health across Sefton whilst CCG oversight will be provided via the newly established Service Improvement and Redesign Committee.
- 3.2 The CCG Mental Health Task Group is made up of the following members:
 - Dr Hila Mulla – Mental Health Clinical Commissioning Lead (2 sessions per week)
 - Geraldine O’Carroll - Senior Integrated Commissioning Manager
 - Gordon Jones – Senior Quality and Performance Manager - Cheshire & Merseyside Commissioning Support Unit (on secondment)
 - Kevin Thorne - Integrated Commissioning Manager - Dementia
 - Gillian Bruce - Integrated Commissioning Manager – CAMHS.
- 3.3 A Mental Health Plan for 2014/15 is currently being drafted for completion by the end of May 2014 and this will outline the steps required to get clinical commissioners into a position by March 2015 whereby they will be able to identify the commissioning developments required for 2015/16 onwards. To help deliver the vision for mental health services the CCG Mental Health Task Group will undertake the following:
 - what have we got – what works and what does not?
 - what are the gaps in the pathway?
 - explore and provide solutions which can be implemented from 2015/16 onwards
- 3.4 The CCG Mental Health Task Group will focus (but not solely) on understanding the existing pathways and services within Mersey Care NHS Trust and how they relate to the wider mental health system in Sefton as spending (2012/13) on the Trust accounts for £24.8 Million (78.3%) across the two Sefton CCGs. In addition the Trust is embarking on a transformation programme and it important that this work is reflective of the vision the Southport and Formby CCG has for mental health services.

4. Engagement

- 4.1 Patient and clinical engagement will be undertaken in 2014/15 to support the case for radical change and any future mental health development work impacting on patients and service users and their carers will be cognisant of the Government’s commitment in the Health and Social Care Act 2012, to: *“No decision about me without me”* which puts them at the centre of the decision making process, and commissioners will operate within the spirit and guiding principle of this commitment.

Southport and Formby Clinical Commissioning Group

- 4.2 The Sefton CCGs have already held "Big Chats" and "Little Chats" where the wider public are welcome to come and discuss a range of concerns or ideas with CCG staff. These events have captured some mental health related feedback however the Mental Health Plan for 2014/15 which is being developed envisages the need for mental health specific engagement events which will help shape the future composition of mental health services in Sefton.

5. What has been done already?

- 5.1 The following actions have already taken place to support the delivery of the vision for mental health services.
- 5.2 Three locally negotiated Commissioning for Quality and Innovation (CQUIN) schemes are in place within the Mersey Care NHS Trust 2014/15 contract.
- Collaborative Working - involving the Trust in working closer with primary care and with Care Closer to Home/Virtual Ward initiatives in respect of dementia patients.
 - CAMHS Transition – the development of networks of Youth Mental Health practice to strengthen existing resources and pathways in line with identifying gaps and providing a foundation for new service approaches.
 - Communication CQUIN aimed at improving flow and timeliness of data.
- 5.3 The CCG Mental Health Task Group held its first meeting on 2nd May 2014 and it will meet weekly as part of on-going programme of work identified through the Mental Health Plan.
- 5.4 The CCG Mental Health Task Group undertook its first visit to the Mersey Care NHS Trust Boothroyd Unit in Southport on 2nd May 2014. All Trust sites/services will be visited and this will enable the CCG Mental Health Task Group to build up a picture of what is working and what is not.
- 5.5 An information subgroup first met on 6th May 2014. Comprising of CCG, Public Health and CSU representatives the group will develop the Mersey Care NHS Trust related information and outcome measures that commissioners want to collect from 2015/16 via the contract. Commissioners want to move away from reliance on quantitative measures to those which enable them to monitor outcomes and patient throughput through the Trust's services via the contract. This work will be complemented by the work being done by CCG Finance to understand the future implications of mental health Payment by Results.
- 5.6 A meeting has been arranged with Mersey Care NHS Trust to take place on 30th May 2014 to discuss their transformation programme and how it will link in with the vision and the work being undertaken by the CCG Mental Health Task Group.

6. Conclusions

- 6.1 The CCG has described a vision for the future of mental health services in Southport and Formby CCG which is consistent with its partner CCG within the local health economy.
- 6.2 The strategic vision and values are in keeping with those set out in the joint Health and Wellbeing Strategy, developed with Sefton Council.
- 6.3 Care Closer to Home and the Virtual Ward initiatives will act as catalysts for change in local mental health services within the overall Strategic Plan.

6.4 By adopting a co-ordinated and pro-active approach the CCG Mental Health Task Force will achieve the following by March 2015:

- identified and reviewed current services and pathways.
- identified gaps and risks within the current mental health system.
- identified and explored future models of delivery to inform commissioning intentions for 2015/16 which have recovery and community based outcomes at their heart and will address parity of esteem between mental and physical health.
- developed our information and outcome reporting requirements for 2015/16 contracting and that our providers have a clear expectation of the information and outcomes activity that commissioners require so as to measure performance.
- provided assurance to CCG Governing bodies and the Joint Mental Health Task Force that mental health clinical commissioning and service development is co-ordinated and that it is being linked to the integration agenda.
- *parity of esteem* for mental health has been achieved at a Strategic level.

7. Recommendations

The Governing Body is asked to receive this report by way of assurance and:-

- to note the detail contained in this paper and in particular the approach that the CCG is taking to address mental health commissioning,
- to support and agree the vision for mental health as described, and the steps that will be undertaken in 2014/15,
- to lend support for further development of the 2014/15 Mental Health Plan,
- be assured that the work of the CCG Mental Health Task Group is aligned to the CCG Strategic Plan and that it will contribute to securing a reduction in unplanned activity of 15% across the wider health economy over the five years of Strategic Plan,
- to make a commitment to ensuring *parity of esteem* for mental health at a Strategic level.

Gordon Jones
Dr Hilal Mulla
Geraldine O'Carroll
May 2014

MEETING OF THE GOVERNING BODY May 2014

Agenda Item: 14/82	Author of the Paper:
Report date: 20 May 2014	Brendan Prescott Deputy Chief Nurse brendan.prescott@southseftonccg.nhs.uk Tel: 0151 247 7093
Title: Out of Hours Pharmacy Services Review	
Summary/Key Issues: This paper presents the Governing Body with an update on the review process and consultation regarding the out of hours pharmacy service	
Recommendation The Governing Body is asked to receive the update.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
X	Improve quality of commissioned services, whilst achieving financial balance
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	Review the population health needs for all mental health services to inform enhanced delivery

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			
Clinical Engagement			x	
Equality Impact Assessment	x			
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to the Governing Body May 2014

1. Executive Summary

South Sefton CCG is reviewing the provision of medicines in the out of hours period in light of the change of provider for out of hours medical services.

A review of the current provision by community pharmacies near to the out of hours pharmacy has been undertaken.

South Sefton CCG is consulting with users of the current service and the wider public on proposed changes to the provision of medicines in the out of hours period. Engagement officers from Cheshire and Merseyside Commissioning Support unit have provided support to the process.

2. Introduction and Background

In December 2004 the Department of Health published guidance for PCTs and providers of out-of-hours (OOHs) services to support implementation of recommendations 19 and 20 of the Department of Health commissioned independent review of GP out-of-hours services to address the issue of patient access to medicines. The guidance entitled "Delivering the Out of Hours review – Securing Proper Access to Medicines in the Out of Hours Period" contained 13 action points. This along with the changing arrangements for out of hours primary care medical services due to the new GP contract, and the implementation of a new contractual framework for Community Pharmacy prompted an in depth review of access to medicines and pharmaceutical advice out-of-hours across the former Southport & Formby and South Sefton PCTs. Following these reviews systems were established both PCTs to ensure all 13 recommendations were met.

In South Sefton, an out of hours (OOHs) pharmacy was established in 2004 as a Local Pharmaceutical Services (LPS) pilot with an aim of having a single robust, safe, effective service provision for supply of medicines and pharmaceutical advice to a specific group of patients attending the OOHs GP service. The pharmacy was established as a non-contract pharmacy and has no NHS dispensing contract so no payment is made in the dispensing of medicines. The pharmacy is based within Litherland Town Hall Health Centre.

The plan was to run the pharmacy for an initial period of 12 months to assess effective primary care OOHs service provision. The service was extended beyond the initial period, providing a number of others services other than dispensing to patients such as:-

- Supply of medication to OOHs GP medicine cabinets
- Supply of medication to OOHs GP bags
- Supply of medicines OOHs district nurses
- Preparation of pre-pack medication for supply to OOH GP service
- Controlled Drugs supply
- Emergency cupboard stocked by pharmacy for nursing staff to access.

Since 2004, the service has continued through the various organisational changes as well as NHS reconfigurations. The service has never been included in any service specification for OOHs service provision but as a solution to assure provision of medicines in the OOH period. Since March 2013, the superintendent pharmacist role has been undertaken by the current community service provider in South Sefton (Liverpool Community Health Trust) as this function cannot legally be held within the CCG.

The OOHs pharmacy service came under review in October 2013 on awarding of the new contract for OOHs medical provision where the new provider (GoToDoc) did not require the range of services provided by the OOHs pharmacy. Since October 2013 the main function of the OOHs pharmacy has been the dispensing of medicines. GoToDoc operate a model in other locations in the generation of prescriptions to be dispensed at extended hours contract pharmacies for provision of medicines as well having an increased stock of medicines on site and for domiciliary visits. If any changes to the OOHs service of provision of medicines were made, GoToDoc would increase the amount of stock held on site. The OOHs medical provider does not use any supply functions from the pharmacy as they have their own provision of medicines from a central site.

3. Key Issues

Current Activity at the OOHs Pharmacy

An average of 1,286 items were dispensed on a monthly basis between April and September 2013. Since the OOHs primary medical service was taken over by GoToDoc, the monthly dispensing average has dropped to an average of 980 items between October 2013 and February 2014.

The busiest days of the pharmacy service are Mondays when an average of 30 items will be dispensed, Saturdays when an average of 75 items will be dispensed and Sundays when an average of 80 items will be dispensed.

Over the last 8 Bank Holidays (August 2014 to April 2014), an average of 82 items were dispensed per Bank Holiday. This does not equate to patient numbers as a patient will usually require more than one item per consultation.

Opening Hours in Litherland / Bootle in the out of hours period

The OOHs Pharmacy Opening at Litherland Town Hall Health Centre are :

- Weekdays : 18.30 to 23.00 covered as one shift
- Saturday and Sunday : 09.00 to 23.00 covered as three shifts
- Bank holidays : 09.00 to 23.00 covered as three shifts
- There are a number of pharmacies within South Sefton which provide extended hours provision where there is some overlap with the OOHs pharmacy
- Bridge Road Pharmacy, Monday – Friday 7.15am – 11.15 pm. Saturday 8am – 8pm. Sun 8.15 am – 3pm. Distance 640 metres
- Boots in Sefton Road Litherland, Monday – Friday 9 am – 6.30pm. Sat 9am – 5pm. Closed Sundays. Distance 100 metres

- Rowlands in Sefton Road Litherland, Monday – Friday 9am -1pm and 2pm– 6.30pm. Sat 9am-1pm and 2pm – 5pm. Closed Sundays Distance 640 metres
- ASDA Bootle, Monday – Friday 7am – 11pm. Saturday 7am – 10pm. Sunday 10am – 4pm Distance 3.3 kilometres
- ASDA Aintree, Monday – Saturday 8.30am – 10pm. Sunday 10.30 am – 4.30pm. Distance 4.8 kilometres.

4. Content

The OOHs pharmacy service staffing is funded by South Sefton CCG at a cost of £77k per annum. Projected costs submitted by LCHT for Quarter 1 2014-15 is £33k. The provision of medicines is completely covered at other pharmacies on weekdays and for the majority of Saturdays and Sundays. For the 3 hours on Saturday nights and 8 hours on Sunday the OOHs medical service would be able to supply from stocks. Discussions have been taking place with the current OOH provider on the provision of medicines to cover Bank Holiday periods. This would require formal agreement at contract meetings but informal reassurance has been given to supply directly to patients when there are no community pharmacies nearby. Commercially it would be unviable for a community pharmacy to schedule to open as the numbers of dispensed items is relatively low for the amount of time the pharmacy is open. The OOH provider would increase stock over the Bank Holiday period and has confirmed drugs supply would fall under the tariff but would have to look at increase in activity.

The CCG is exploring the possibility of closing the OOHs pharmacy without any loss in quality of provision of medicines to patients in the out of hours period. Savings from the current cost of the service redirecting the saving into commissioning of patient care to ensure better value for money.

A consultation is underway with users of the service and the wider population to gain feedback on the current service and to inform on the proposed changes. A proposal has already been through the Engagement and Patient Experience Group (EPEG) and feedback from members was taken to inform the consultation. There will also be a submission to the Sefton Public Engagement and Consultation Standards Panel as an outcome of EPEG and to ensure a wider consultation as possible.

If the decision to decommission the service was to go ahead the plan would be to close the service by September 30th 2014.

5. Recommendations

The Governing Body is asked to receive this report.

Appendices

- Appendix 1 – Out of Hours Pharmacy Brochure
- Appendix 2 – Comments section

Brendan Prescott
May 2014

Review of Out of Hours Pharmacy

We are planning some changes to the Out of Hours Pharmacy at Litherland Town Hall Health Centre and we are inviting your views to help us decide how this service should be provided in the future.

This pharmacy operates differently to a regular high street chemist. It was originally set up to support the Out of Hours GP service, which ensures people can see a doctor when their surgery is closed in the evening, overnight, at weekends and Bank Holidays. It means that the pharmacy has restricted and short opening times and is only for use by patients from the Out of Hours GP service.

Because the pharmacy has limited opening times and because there are a number of other chemists close to Litherland Town Hall Health Centre, we are looking at other more efficient ways to provide medicines to Out of Hours GP patients when they need them.

You can read more details about what we want to do later in this leaflet.

To help us, we would appreciate any comments you have about this service and about the changes we are planning by completing the attached form.



About the Out of Hours Pharmacy

The pharmacy was set up in 2004 following a national review about how patients receive medicines outside of normal opening hours. At the time there were limited local options where people could obtain their medicines during the out of hours period, so the former Primary Care Trust, which was in charge of commissioning decided to open the pharmacy.

Things have changed since then and there are now many more local pharmacies where people can get prescriptions out of hours. In general, CCGs do not provide an out of hours pharmacy service like this one because there is very little need.

How it works

The Out of Hours Pharmacy is based in the Litherland Town Hall Health Centre and is open Monday to Friday from 6.30pm—11pm, Saturday and Sunday from 9am—11pm and on Bank Holidays from 9am—11pm. The most commonly dispensed items are antibiotics and painkillers.

What changes are being planned?

We are responsible for ensuring that the money we receive to buy or 'commission' nearly all of your local health services is spent wisely, representing the highest possible quality and value for money. We must also ensure that we prioritise our budget on the services that south Sefton residents need the most, and which will make the biggest difference to their health and wellbeing.

So, we have been reviewing the Out of Hours Pharmacy at Litherland Town Hall Health Centre to ensure it represents the best value for money in meeting the needs of local patients.

After looking at the service and the available alternatives, we believe it should be discontinued so the money we currently spend can be used more effectively for patient care in other service areas.

What is the reason for this?

We have found from our review that:

relatively small numbers of prescriptions are dispensed from this pharmacy
there are alternative ways that patients using the GP Out of Hours service can get their medicines with little or no inconvenience to them

Several pharmacies close to Litherland Town Hall Health Centre are open at similar times to the Out of Hours Pharmacy - these pharmacies are often open longer and are open to all, unlike the Out of Hours Pharmacy.

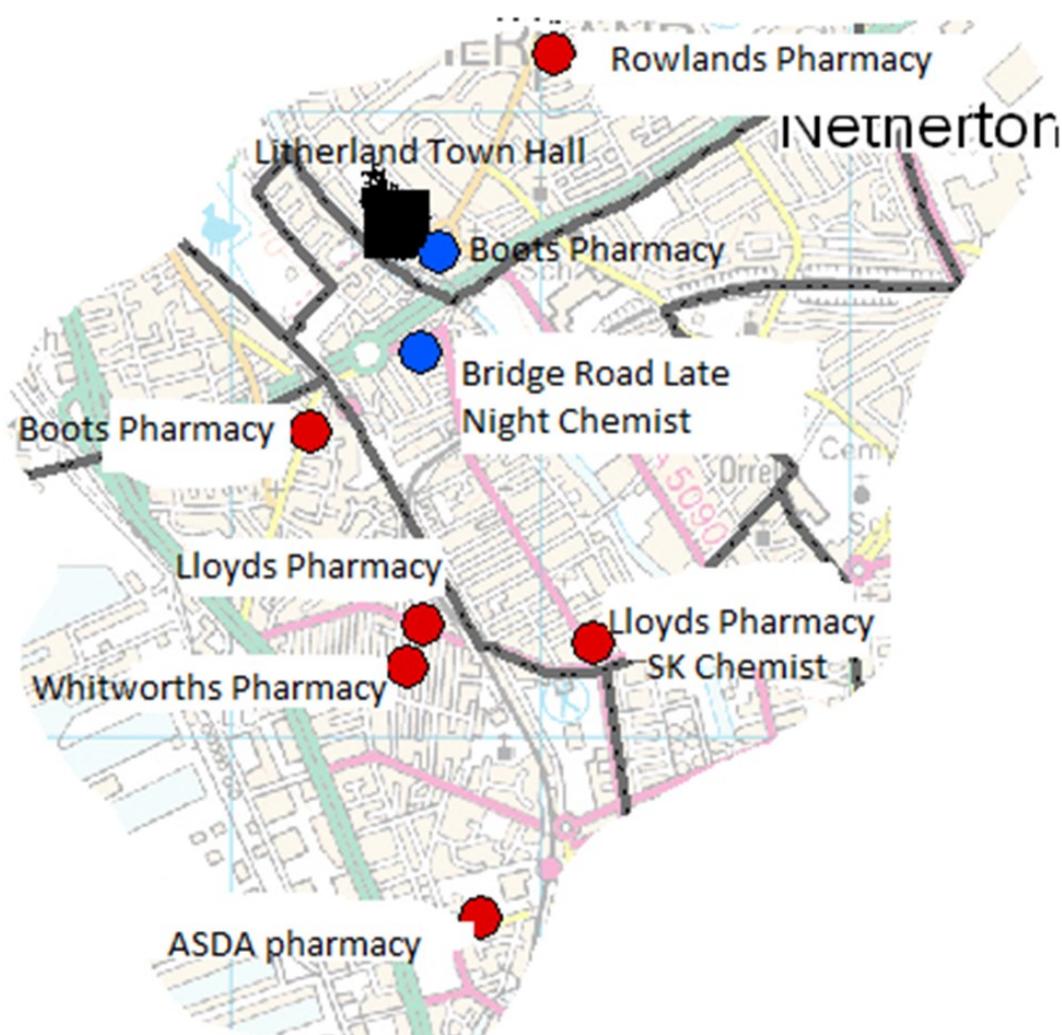
What does this mean for patients?

If the current Out of Hours Pharmacy Service is discontinued patients can:

- Take their prescription to one of the pharmacies nearby during their opening times (see map and opening time information overleaf)
- Receive their medicines from the Out of Hours GP service directly when these local pharmacies are closed

Alternative pharmacies close by

The pharmacies nearest to the Out of Hours Pharmacy are shown on the map below, followed by a list of addresses, opening times and travelling or walking distance in metres.



Pharmacies with closest match to Out of Hours Pharmacy service are:

Bridge Road Late Night Chemist, 54-56 Bridge Road Pharmacy

Open: Monday – Friday 7.15am – 11.15 pm. Saturday 8am – 8pm.
Sunday 8.15 am – 3pm. (640 metres from Town Hall Practice)

ASDA Pharmacy, 81 Strand Road

Open: Monday Friday 8am-11pm, Saturday 7am-10pm, Sunday
10am-4pm. (2700 metres away from Town Hall Practice)

Other local Community pharmacies and their opening times are:

Boots Pharmacy, 6 Sefton Road Litherland

Monday – Friday 9 am – 6.30pm. Sat 9am – 5pm. Closed Sundays.
(100 metres from Town Hall Practice)

Rowlands Pharmacy, 106 Sefton Road Litherland

Monday – Friday 9am -1pm and 2pm– 6.30pm. Sat 9am-1pm and 2pm – 5pm.
Closed Sundays. (640 metres from Town Hall Practice)

Whitworths Pharmacy, 93 Knowsley Road Bootle

Monday – Friday 9am – 6.30pm. Sat 9am – 1pm. Closed Sundays.
(1700 metres from Town Hall Practice)

Lloyds Pharmacy, 125 Knowsley Road

Monday – Friday 9am-7pm. Sat 9am-1pm. Closed Sundays. (1700 metres)

SK Chemists, 516 Stanley Road

Monday – Friday 9am- 6pm, Sat 9am-1pm, Closed Sundays. (1700 metres)

We want your views on our proposal for change

You can reply by putting your response in the box here

or online at:

[Www.surveymonkey.com/s/.....](http://www.surveymonkey.com/s/.....)

Responses need to be received by

How many times have you used the Out of Hours Pharmacy Service at Litherland Town Hall in the past year?

What is the most convenient thing about using the service?

How would you feel about using a local community pharmacy to fill your prescription for you instead?

Happy **Not sure** **Not Happy**

Please tell us briefly why you answered this way:

Do you agree with the proposed changes to the way in which you would receive any medicine prescribed out of hours in the future?

Yes **No** **Not sure**

Please tell us briefly why you answered this way:

Key Issues Report to Governing Body

April 2014

Audit Committee Meeting held on 30th April 2014	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
Conflicts of Interest Register	Incomplete register could give rise to financial and reputational risk	<ul style="list-style-type: none"> Debbie Fairclough (CMCSU) will arrange for register to be brought up to date. Audit Committee will review at July meeting.
CMCSU Readiness Report	Concerns noted in relation to merger with CMCSU Manchester and outstanding actions in relation to readiness report.	<ul style="list-style-type: none"> Martin McDowell, Ken Jones and Tracy Jeffes will address these issues with CMCSU at the next performance meeting.
CHC Claims for maladministration	A small number of claims have been made in relation to maladministration of CHC claims.	<ul style="list-style-type: none"> Recommendation has been made to make payments in the region of £500 to resolve two of the claims. Appropriate legal advice is being sought and followed.

Information Points for Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> Unaudited annual accounts received by Audit Committee. Accounts will be signed off at Audit Committee meeting on 3rd June 2014 9.00am – 11.00am House. All Governing Body members welcome to attend this meeting.
<ul style="list-style-type: none"> MIAA Local Counter Fraud Annual Report received, plan for 2014/15 signed off and fees agreed.
<ul style="list-style-type: none"> MIAA Internal Audit Progress Report, Draft Audit Opinion and 2014/15 Internal Audit plan received. Fees signed off.
<ul style="list-style-type: none"> External Audit progress report received.
<ul style="list-style-type: none"> Information Governance Toolkit compliance at level 2 signed off.
<ul style="list-style-type: none"> Draft accounting policies have been signed off.
<ul style="list-style-type: none"> All Governing Body members have been contacted in writing to confirm that: So far as the member is aware, that there is no relevant audit information of which the clinical commissioning group's external auditor is unaware; and, That the member has taken all the steps that they ought to have taken as a member in order to make them self aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information.

Audit Committee Minutes

Wednesday 15th January 2014, 11.30am to 1.00pm
Family Life Centre Southport

Attended		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member	RP
Roy Boardman	Lay Member	RB
In Attendance		
Martin McDowell	Chief Finance Officer	MMD
Ken Jones	Chief Accountant	KJ
Bernard McNamara	Local Counter Fraud Specialist, (MIAA)	BMN
Adrian Poll	Audit Manager, MIAA	AP
Rachael McIlraith	Audit Manager, Price Waterhouse Coopers	SB

	Item	Lead
A14/01	Apologies for absence Apologies for absence were received from Debbie Fagan Chief Nurse and Tracey Jeffes Head of Corporate Delivery and Integration.	
A14/02	Declarations of interest Martin McDowell and ken Jones declared joint posts at both Southport and Formby and South Sefton CCGs. HN declared that she has been appointed as shadow Governing Body Member of Southport and Ormskirk Hospital.	
A14/03	Advance Notice of items of other business MMcD advised that the introduction of the Key Issues Log would be raised as AOB KJ advised that adoption of Accounting Policies would be raised as AOB	
A14/04	Minutes of the Previous Meeting The minutes of the previous meeting were approved as a true and accurate record.	
A14/05	Action Points from Previous Meeting Action points from the previous meeting were closed as appropriate.	

	<p>to be transferred to CCGs and the processes planned for this.</p> <p>All legacy balances with the exception of a small number of fixed assets will be retained by NHS England. The are fixed assets valued at less than £40k and these assets will be written down in the first year of the CCGs life.</p> <p>Provisions</p> <ul style="list-style-type: none"> • CHC restitution claims 13/14 - these will be accounted for in NHS England accounts. A return was submitted in Month 9 as to the CCG view of the level that to be accounted for. <p>There is a degree of volatility in the numbers of cases reported and a number of factors to be considered;</p> <p>Time length in Sefton in receipt for longer than average.</p> <p>Funded nursing care - prior to receiving CHC payments some patients could have been in receipt of funded nursing care.</p> <p>Numbers of claims are starting to come down – figure for % adjustment needs to hold true and note under estimate the number of outstanding claims.</p> <p>SF currently under provided by £87k.</p> <p>KJ noted that there is likely to be a further exercise before year end during which necessary amendments will be made. SF CCG has recovered payments made in relation to PCT commitments.</p> <p>The Committee noted the update on Legacy Balances</p>	
A14/10	<p>2014/15 Committee Work Schedule</p> <p>MMcD presented the work schedule which was approved by the committee. HN will provide a draft Audit report in April 2014 with the final report being submitted to the Governing Body in July 2014.</p> <p>The Committee approved the work schedule for 2014/2015</p>	
A14/11	<p>2014/15 Meeting Dates</p> <p>MMcD presented the meeting dates to the committee. It was agreed that a revised list of meeting dates would be provided in April 2014.</p> <p>The Committee noted the meeting dates for 2014/2015</p>	
A14/12	<p>External Audit Plan</p> <p>RMcI presented this report and noted the five risks identified. Risks 1-3 are generic to all CCGs. Risks 4 & 5 are risks specific to this CCG.</p> <p>RMcI noted that PWC would be guided by materiality and the financial levels proposed in the report were agreed</p> <p>Assurance was given that if there are a number of issues that give cause for concern, but that are of a financial value less than the deminimus level then this will be brought to committee.</p> <p>The audit fees noted were noted by the committee.</p> <p>PWC have considered their independence in relation to provide external audit services to the CCG and are assured that there are no issues.</p> <p>Level of materiality and deminimus reporting – approved.</p> <p>Do we know if any quality premium payments are due.</p>	

	The Committee noted the content of the report and approved the levels of materiality and deminimus levels.	
A14/13	Review of losses and special payments, tender waivers, aged debt and declarations of interest There were no special payments, tender waivers, aged debt or declarations of interest to report.	
A14/14	Changes to Standing Orders, SFI's, Accounting policies. The committee noted that the recommendation that the approval for ordering level be reduced to £20k had been addressed. The Committee noted the amendments to the Scheme of Delegation Signatory List.	
A14/15	Information Governance Toolkit MMcD presented this report, proposing that the committee delegate responsibility to the Chief Finance Officer and Audit Chair to sign off the Information Governance Toolkit submission (due March 2014). The committee noted the report and approved the recommendation to delegate responsibility for the sign off of the IG Toolkit to the Chief Finance Officer and Audit Chair.	
A14/16	Receive updates of other committees and review business inter-relationships Finance & Resources Committee MMcD noted that Finance and resource Committee have focused on managing in year finances, forward planning, and the approval of investments in year. Quality Committee HN gave a verbal update in her capacity as Chair of the Quality Committee. The Committee noted that Quality Committee would meet every month focusing on internal quality issues one month and external quality issues the following month. The Committee is also monitoring the progress against the CCG and provider Francis action plans There is a new dashboard in place and a sub group has been set up to review risk. Minutes from this group will be presented to the internal QC meeting. Routes for addressing quality issues within provider settings have been established, however, there are no major concerns to report. RMcl noted that she had contacts with other Quality Committee Chairs and would be happy to make introductions for the purpose of sharing good practice. The committee noted the updates from other committees.	
A14/17	Any other business The Committee noted that the National Accounting Policies have not been formally received at this stage. These would normally be submitted to this meeting, however, NHS England have not produced this yet. Due to time constraints the committee agreed to delegate responsibility for approval of these policies to the Audit Chair and the Chief Finance Officer. RMcl will be consulted in an advisory capacity.	HN/MMcD

A14/18	Review of meeting The committee noted that they were satisfied with the content and conduct of the meeting.	
	Date and time of next meeting: 30th April 2014 10.00am – 12.00 noon Family Life Centre Southport.	

Post Meeting Note

Helen Nichols approved the draft Accounting Policies in conjunction with Martin McDowell Chief Finance Officer.

Helen Nichols and Martin McDowell signed off the Information Governance Toolkit on behalf of NHS Southport and Formby CCG.

Quality Committee Minutes

19 March 2014, 3.00pm to 5.00 pm
Family Life Centre, Southport

Present		
Helen Nichols	Chair and Lay Member	HN
Dr Rob Caudwell	GP Governing Body Member	RC
Debbie Fagan	Chief Nurse	DF
Martin McDowell	Chief Finance Officer	MMcD
Billie Dodd	Joint Head of CCG Development	BD
In attendance		
Shyam Mariguddi	Community Children's Nursing Outreach Team,)	SM
Sara Roberts	Southport & Ormskirk Hospitals NHS Trust)	SR
Gordon Jones	Cheshire & Merseyside CSU	GJ
James Hester	Programme Manager Clinical Quality & Safety	JH
Tracy Forshaw	Deputy Head of Adult Safeguarding	TF
Karen Garside	Deputy Designated Nurse Safeguarding Children	KG
Apologies		
Dr Doug Callow	GP Quality Lead S&F	DC
Malcolm Cunningham	Head of Primary Care & Corporate Performance	MC
Fiona Clark	Chief Officer	FLC
Roy Boardman	Practice Manager	RB
Dr Kati Scholz	GP Locality Lead - North	KS
Ann Dunne	Deputy Designated Nurse Safeguarding Children	AD
Minutes		
Melanie Wright	Business Manager	

	Item	Action
Q14/25	Apologies for absence were noted.	
Q14/26	Declarations of interest The joint roles of Mr McDowell and Miss Fagan between both NHS Southport and Formby CCG and NHS South Sefton CCG was noted.	
Q14/27	Minutes of the previous meeting The Minutes were agreed as an accurate record of the previous meeting.	

	Item	Action
Q14/28	<p>Action points from previous meeting</p> <p><i>14/6(c) Stroke/TIA</i> – Ms Dodd advised that Sharon Forrester as CVD lead is undertaking a review of the clinical pathway. Feedback to be available for the May meeting.</p> <p><i>13/132 DNAR</i> – should say March. Has been passed through the LMC and the referral form is being updated and will be circulated to practices shortly. This will be brought back to this meeting for approval in due course.</p> <p><i>14/17</i> - Chief Nurse to circulate revised AHCH Action Plan on receipt from NHSE with March QC meeting papers. – carry forward to April meeting.</p> <p><i>Francis Action Plan</i> - carry forward to April meeting.</p>	<p>SF</p> <p>JH</p> <p>DF</p> <p>JH</p>
Q14/29	<p>Presentation by Consultant Paediatrician on Community Children’s Nursing Outreach Team</p> <p>Dr Mariguddi attended the meeting and made a presentation about the Community Children’s Nursing Outreach Team (CCNOT).</p> <p>Dr Caudwell acknowledged the success of the team and joint working with the CCG, particularly in areas where the CCG is an outlier.</p> <p>Ms Nichols enquired as to why a nurse needed to administer antibiotics, which would be in circumstances where a child needs intravenous antibiotics.</p> <p>District/community nurses do not offer services to children, although there are some overlaps for children aged 16 plus.</p> <p>Ms Fagan advised that this service contributed significantly to the quality of services and experience for children and acknowledged the leadership within the CCNOT.</p> <p>Liverpool lead on palliative care for children, although there is a desire to develop a local team.</p> <p>Dr Caudwell advised that the initial pilot of the CCNOT had been extended for an additional year to enable further validation of data.</p> <p>Ms Nichols thanked Dr Mariguddi and Ms Roberts for attending.</p>	
Q14/30	<p>Provider Performance Reports</p> <p>Miss Fagan highlighted some exceptions following January and February data.</p> <p>Two lots of Mixed Sex Accommodation breaches at S&O. Discussions with the Trust reveal that the breaches occurred in the Critical Care Unit and was as a result of patient flow and not being able to step patients down. A query was raised at the Trust’s Quality Committee, given this has happened in January and February. Clarity is being sought from the Trust and this will be raised at the contract meeting in April.</p> <p>There has been a breach of the full year C-Difficile objective at Southport & Ormskirk Hospitals NHS Trust (S&O) (reported cases now stand at 23 against a full year objective of 19). The CCG is aware of the mitigating actions put in place by the Trust. However, the Trust have closed an</p>	

	Item	Action
	<p>orthopaedic ward due to an outbreak of CDiff.</p> <p>An incidence of MRSA has been reported at Aintree University Hospital NHS Foundation Trust;</p> <p>There have been 5 Serious Incidents reported from S&O in January and February 2014 and 1 Serious Incident reported in January 2014 at MerseyCare NHS Trust for CCG patients.</p> <p>There have been 30 Serious Incidents reported from Liverpool Community NHS Trust regarding Grade 3 and 4 pressure ulcers (due to a change in provider reporting processes). The Trust have been advised that all pressure ulcers must be reported, regardless of whether they are avoidable. LCH have also been asked to undertake an aggregated review and this will be considered across the health economy to try and alleviate differences in the reporting of pressure ulcers.</p> <p>At MerseyCare there is a new issue regarding underperformance in relation to length of stay (53.6 days against a plan of 40 days).</p> <p>Ms Nichols felt the LCH dashboard was of poor quality. Some services are not reflected on the dashboard, for example, community equipment. Ms Nichols sought a list of what is commissioned from LCH and Mr Hester agreed to obtain this for discussion with Ms Nichols in advance of the next meeting.</p> <p>Miss Fagan referenced the recent quality surveillance group meeting with LCH and action plans are being drawn up by the Trust. A collaborative agreement will be developed among the CCGs. Key lines of enquiry have been identified with clinical/managerial leads.</p> <p>Dr Caudwell referenced an issue around access to community respiratory services and Ms Dodd agree to pick this up with Steve Astles.</p> <p>S&O</p> <p><i>Length of Stay</i> - there is an issue around length of stay and Dr Mulla is leading on this piece of work and will discuss performance in this area at the Governing Body meeting next week. The Trust is currently remodelling their community services, although this does appear to be a regular occurrence.</p> <p><i>Stroke/Transient Ischemic Attack (TIA)</i> - Dr Caudwell noted a drop in performance in relation to length of stay.</p> <p><i>Dementia</i> - the Trust are attempting to link with Whiston Hospital to identify good practice.</p> <p><i>MerseyCare</i></p> <p>Eight incidents across Mersey, 62 year-to-date. Serious incidents affecting Sefton patients are considered in detail at the joint South Sefton/Southport and Formby CCG Serious Incidents Group.</p> <p>There was a discussion around the accuracy of referral to treatment times in relation to psychotherapy and the data was not felt to be representative of the true situation. Mr Jones agreed to discuss this with Dr Mulla and investigate further the following issues: access to psychotherapy, being able to get old of a consultant psychiatrist, eating disorders, CPN skill mix and community services, lack of clarity over their organisation generally.</p>	<p>JH</p> <p>BD</p> <p>GJ</p>

	Item	Action
	<p>Ms Nichols, Mr Jones and Mr Caudwell agreed to meet and discuss the development of a dashboard in relation to mental health services.</p> <p><i>Other providers</i></p> <p>Ms Nichols asked Mr Hester to produce a report on other providers for whom the CCG is not the lead commissioner in order to provide the appropriate assurance.</p>	JH
Q14/31	<p>Early Warning Dashboard</p> <p>Not discussed.</p>	
Q14/32	<p>GP Quality Lead report</p> <p>Not discussed, given Dr Callow's apologies.</p>	
Q14/33	<p>Serious Incidents and Never Events Update</p> <p>Four serious incidents reported in February for patients of Southport and Formby CCG.</p> <p>Three incidents reported at S&O, one in Merseycare.</p> <p>In relation to the confidential information leak at S&O, it is the fourth incident within the financial year. A meeting is to be arranged with the Trust's Governance Team and the CCG's Information Governance Lead to establish the root cause of these continued events.</p> <p>Richard McCarthy at the Trust is reporting that they will be up to date with information governance training within the organisation by the end of the financial year.</p> <p>Mr Hester meets with the Trust on a monthly basis to consider serious incidents and the internal Serious Incidents Group also meet monthly to scrutinise these in more detail.</p> <p>Ms Nichols was concerned at the level of incidents remaining open. Miss Fagan advised that the Trust had 45 days to produce the root cause analysis and action plan and the CCG will not close until they are happy with that the actions have been completed. Ms Nichols draw attention specifically to the four events open since July 2013, which she felt ought to have been resolved by this point.</p> <p>Mr Hester agreed to raise timeliness of closure at the forthcoming Serious Incidents Group and report back on this at the next meeting.</p>	JH
Q14/34	<p>Locality Update</p> <p>Mrs Dodd advised that a fixed agenda was being considered at localities and one of the in terms would be quality and safety. Mrs Dodd asked how the channel of communication between this meeting and the localities could be opened. It was agreed that Miss Fagan and Mr Hester would meet Mrs Dodd to consider the best way to achieve this within the timescale of the locality meetings.</p>	BD/JH/DF

	Item	Action
Q14/35	<p>Clinicians' Voice</p> <p>Not discussed.</p>	
Q14/36	<p>Quality Update and Home by Home Report</p> <p>Miss Fagan referenced page 70 of the pack and wished to ensure connectivity regarding a care home which has failed CQC compliance to ensure this matter was being considered by the Safeguarding Team. This Home does contain Sefton funded care patients. Ms Forshaw agreed that the team would connect with the Local Authority and investigate further.</p> <p>This report aims to address the lack of information from Care Homes as providers of healthcare services.</p> <p>There have been safeguarding concerns at some care homes, but a performance report has not been available up until this point.</p> <p>Some care homes have signed up for the North West Framework and these will have an NHS contract and need to report data. Patients are able to express choice about whether they go to a home who has signed up to the Framework. Mr Jones agreed to investigate further whether patients are offered any information on the framework.</p> <p>It was noted that the Local Authority retains statutory responsibility for managing safeguarding concerns.</p> <p>The CSU's Continuing Healthcare Team is undertaking the visits to Care Homes.</p>	<p>TF</p> <p>GJ</p>
Q14/37	<p>Primary Care Update</p> <p>The dashboard will be brought to the May meeting.</p> <p>The Quality Board met last week and a piece of work has been completed by NHS England around workforce development. Production of the contract has been delayed by three months.</p> <p>Ms Nichols expressed the expectation of production of a Primary Care Dashboard for the next meeting in May.</p> <p>Ms Dodd felt that Southport and Formby CCG will require its only Primary Care Quality Strategy.</p>	MC
Q14/38	<p>Safeguarding Service Quarterly Assurance Report (Providers)</p> <p>Ms Forshaw referred to 3.2 that Liverpool CCG has agreed a separate process for the quality schedule for next year. Following dialogue with other CCGs, a submission is being sought for the end of the month. Ms Fagan will liaise with CSU regarding the availability of data and the ability to produce the report at the right time.</p> <p>At 3.3 escalated and the Chief Nurse at Halton CCG has liaised with CSU (Cheshire Warrington & Wirral) agreed that Merseyside KPIs for safeguarding will manage for Walton under Specialised Commissioning.</p> <p>There is an error on this paper in relation to the data on Alder Hey, which was not a 'nil' return. The position statement has not changed, but more feedback on the RAG rating can be provided. It has been suggested that the rating</p>	DF

	Item	Action
	<p>should be grey, rather than red and a position is sought from the Committee.</p> <p>Dr Caudwell felt that the indicator should be red, given that evidence of submission has not been produced. Miss Fagan agreed, but felt an explanatory narrative would helpful.</p> <p>Miss Fagan referenced page 77 and, in particular, S&O showing a downward trajectory. No improvement is recorded, but there is evidence of strong leadership at S&O and there is an expectation of an upward trend occurring. Miss Fagan attended S&O's Quality Committee and had noted that safeguarding performance had not been recorded in the minutes and she raised this as such.</p> <p>Ms Nichols referenced a previous discussion where the issue a contract query had been suggested in the event that further submissions were not made. In the event that this has not been achieved, Ms Nichols sought the views of the meeting.</p> <p>Following a discussion, it was agreed that one more quarter's performance would be considered but the Trust should be advised that in the absence of any substantial improvement, a contract query will be issued.</p> <p>Miss Fagan suggested that this could be communicated at the Trust's Quality Committee in April.</p> <p>Ms Forshaw felt that any assurance rating would be skewed as providers are not in a position to comply with the Prevent Agenda, which is a national directive.</p> <p>Providers are required to have a Prevent Co-ordinator in place, but there is a small pool of resource available to get this in place and Ms Forshaw suggested a realistic timescale for achievement was appropriate.</p> <p>It has been agreed that this will be included within contracts as is, with a view to considering further on a case-by-case basis.</p> <p>There was a discussion around providers' ability to achieve green on this indicator.</p> <p>In relation to other providers with whom the CCG does not directly commission, it was felt that regional lead CCGs are managing these providers appropriately on behalf of Southport and Formby CCG.</p>	
Q14/39	<p>2013/14 Quarter 3 Provider CQUIN Report</p> <p>S&O – a £130k adjustment in relation to CQUIN and the Advancing Quality Contract element is still outstanding.</p> <p>Mrs Dodd described the issues around the patient contact within 24 hours of discharge, which was proving problematic and the Trust did not feel was achievable.</p> <p>Further, in relation to cancelled Outpatient Appointments, the Trust are advising that their system is poor and despite an action plan being developed in response to this, performance in this area has not been achieved.</p> <p>There was a discussion around the ongoing lack of performance in relation to CQUINs and it was suggested that formal sign-off should be sought from operational staff in the relevant clinical areas.</p>	

	Item	Action
Q14/40	<p>Alternative Quality Contract Exception Report Q3 2013/14</p> <p>Not discussed.</p>	
Q14/41	<p>Any Other Business</p> <p><i>Cost Improvement Programme</i> – NHS England are seeking that the CCG share this information.</p> <p><i>Key issues</i> - Ms Nichols agreed to provide a verbal update in relation to any key issues from today's meeting to the Governing Body next week.</p>	
Q14/42	<p>Date and Time of Next Meeting</p> <p>Wednesday 23rd April 2014 3.00pm – 5.00pm Family Life Centre Southport</p>	

Forthcoming Agenda Items

Item	Lead	Date due
Primary Care Dashboard to be developed	Malcolm Cunningham	May 2014
Review of Stroke/TIA Pathway	Sharon Forrester	May 2014
Performance Report – Providers for whom the CCG is not the lead commissioner	Jamie Hester	May 2014

Finance & Resource Committee Minutes

Date: **Wednesday 19 February 2014 11.00am – 12.30pm**

Venue: Family Life Centre, Ash Street, Southport.

Attended		
Helen Nichols(Chair)	Lay Member (Vice Chair)	HN
Roger Pontefract	Lay Member	RP
Colette Riley	Practice Manager	CR
Martin McDowell	Chief Finance Officer	MMD
Debbie Fagan	Chief Nurse	DF
Jan Leonard	Head of CCG Development	JL
Malcolm Cunningham	Head of CCG Primary care and Corporate Performance	MC
In attendance		
David Bacon	Interim Deputy Chief Finance Officer	DB
Fiona Doherty	Transformational Change Manager	FD
James Bradley	Head of Strategic Financial Planning	JB
Karl McCluskey	Head of Strategic Planning and Assurance	KMC

No	Item	Action
FR14/24	<p>Apologies for absence</p> <p>Apologies for absence were received from:</p> <p>Dr Martin Evans</p> <p>Dr Hilal Mulla</p> <p>Roy Boardman</p> <p>Fiona Clark</p> <p>Tracy Jeffes</p> <p>Ken Jones</p> <p>Brendan Prescott</p> <p>Becky Williams</p> <p>The Committee noted that quoracy had not been achieved and that items for approval could only be recommended pending approval by a GP Governing Body Member.</p>	
FR14/25	<p>Declarations of interest regarding agenda items</p> <p>The Officers of the CCG who hold joint posts declared their conflict of interest.</p> <p>Roger Pontefract declared the potential for a conflict of interest in agenda item 14/36.</p>	

No	Item	Action
FR14/26	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting were approved a true and accurate record of the meeting.</p>	
FR14/27	<p>Action points from the previous meeting</p> <p>Action points from the previous meeting were closed as appropriate.</p>	
FR14/28	<p>Month 10 Finance Report</p> <p>JB and MMcD presented this paper which gave the committee an overview of the financial position for Southport and Formby CCG. The report outlined a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at month 10. At the end of January, the CCG is £1.084m (Month 9 £0.604m) over-spent prior to the application of reserves.</p> <p>The committee noted that there are sufficient reserves in place, and the CCG is therefore on target to achieve the planned £1.700m surplus at the end of the year. The Committee discussed the report and noted that data quality in relation to CHC claims and payments was improving incrementally.</p> <p>The Committee requested clarification that CHC nurses are noting on data bases if patients have passed away.</p> <p>The F & R Committee noted the finance update, particularly that:</p> <ul style="list-style-type: none"> • The CCG remains on target to deliver its financial targets for 2013/14 • The greatest area of risk is costs associated with Continuing Healthcare. The costs have risen significantly compared to 2012/13. This continues to be investigated by both the CCG and CSU. 	DF
FR14/29	<p>Strategic Financial Plan Update (includes QIPP update).</p> <p>MMcD presented this verbal update and reported that the Strategic Plan had been submitted to NHS England. The Committee noted that NHS England propose initiating a central adjustment to CCG budgets to accommodate CHC payments going forward. The Committee requested that MMcD approach Katherine Sheerin in her role as a member of NHS Clinical Commissioning Groups Board to record the objection of the CCG to this approach. MMcD will present the final Strategic Financial Plan at the Governing Body Development session in February 2014.</p> <p>The F & R Committee noted the verbal Strategic Financial Plan update.</p>	MMcD

No	Item	Action
FR14/30	<p>Q3 Contract Performance Review</p> <p>JB and MMcD presented this report in conjunction with MC. The Committee noted the financial performance against contracts in 2013/2014, in particular the operational performance of the main provider, Southport and Ormskirk NHS Trust.</p> <p>The committee noted the revised financial penalty that could be applied for non-performance as £172k.</p> <p>Discussion took place regarding relative levels of performance and the committee requested that CCG Officers explore possible explanations for over performance.</p> <p>The F & R Committee noted the content of the paper including:</p> <ul style="list-style-type: none"> • Financial risk of contract over performance in 2013-14 • Operational performance at Southport & Ormskirk NHS Trust 	
FR14/31	<p>PMO Dashboard</p> <p>FD Presented this report and drew attention to the progress against target for CCG programmes of change.</p> <p>The Committee requested the JL liaise with Southport and Ormskirk NHS Trust to reflect on which programmes have delivered the most benefit.</p> <p>The Committee noted that the SIP Feeds Review had been postponed pending the return to work of the facilitator.</p> <p>The F & R Committee noted the content of the PMO Dashboard.</p>	JL
FR14/32	<p>IFR Update Report</p> <p>The Committee noted the IFR report presented for information purposes only.</p>	
FR14/33	<p>Better Care Fund</p> <p>MMcD gave a verbal update and noted that a meeting had been held with Sefton Council to begin to review in detail systems relating to the Health and Social Care Fund. This will continue to be reviewed over the next 6 weeks along with Governance arrangements.</p> <p>The F & R Committee noted the verbal update regarding the Better Care Fund.</p>	
FR14/34	<p>Quality Premium Dashboard</p> <p>FD presented this report on behalf of Becky Williams. The Committee noted that the quality premium is intended to reward clinical commissioning groups for improvements in the quality of the services they commission and for associated improvements in health outcomes and reducing inequalities.</p> <p>Based on the year to date performance (April - December 2013), South Sefton CCG would receive a payment of £55,819 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas. The committee noted that more work was required to give a fuller understanding of the reason for the CCGs underperformance v target in respect of non-elective admissions.</p> <p>The F & R Committee noted then content of the Quality Premium Dashboard.</p>	

No	Item	Action
FR14/35	<p>Case for change</p> <p>a. Fluocinolone Acetonide (NICE TA 301) DF presented this report on behalf of BP. MMcD noted that the CCG prevalence rates were below the national average and requested clarification that this was the case.</p> <p>The Committee recommended the approval of the recommendation to commission then use of Fluocinolone acetonide intravitreal implant</p> <p>Development of an Asperger Service in Southport & Formby CCG GO'C presented this case for change and requested approval for a funding for a 12 month pilot programme. The relative benefits of the pilot were discussed including the methodology for evaluation. G O'C clarified recruitment arrangements that would be satisfied by secondment from the existing service. Merseycare are aware that any additional staff recruited will be at their financial risk should the pilot not continue beyond 12 months.</p> <p>MMcD noted that he hoped that this investment would help this client group transition into the workforce by developing opportunities to maximise their skills.</p> <p>The F & R Committee recommended the approval of non-recurrent investment of £40,278 for the 12 month pilot for the development of an Asperger Service in Southport and Formby.</p>	BP
FR14/36	<p>Sefton Council for Voluntary Services – Non recurrent investment 2013/14 GO'C presented this report which recommended the proposed continued support for Sefton Council for Voluntary Services (CVS). The committee discussed the relative benefits and evaluation tools related to this proposed investment.</p> <p>The F & R Committee recommended the proposed non-recurrent investment for Sefton Council for Voluntary Services – of £150k making the full value of the investment £457K.</p>	
FR14/37	<p>Any Other Business There was one item of other business: MMcD noted the Cheshire and Mersey CSU will merge with Greater Manchester CSU from 1st April 2014</p>	
FR14/38	<p>Date Time and Venue of next meeting Wednesday 19 March 2014 11.00am – 1.00pm Family Life Centre Southport</p>	

Post meeting note:

Dr Martin Evans forwarded written approval for agenda items

14/35 a & b and 14/36 as recommended by the committee.

Attendance Tracker

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013	January 2014	2014
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apol
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓	Apol	Apol	✓	✓	Apol
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓	✓	Apol	✓	✓	✓
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓	✓	✓	✓	APol	Apol
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓	✓	✓	✓	✓	✓
Fiona Clark, Chief Officer	Apols	✓	Apols	Apols	Apol	✓	Apol	Apol	Apol	✓	Apol
Martin McDowell, Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓	✓	✓	Apol	Apol	✓
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓	✓	✓	Apol	✓	Apol
Billie Dodd, Head of CCG Development (as required)	Apols	Apols	Apols	✓	Apol	Apols	Apol	Apol	Apol	Apol	Apol
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓	✓	✓	✓	Apol	Apol
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols	✓	✓	Apol	✓	✓
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓	✓	Apol	Apol	Apol	Apol
Moira McGuinness – Locality Manager (as required)	Apols	Apols	Apols	Apols	Apol	Apol	Apol	Apol	Apol	Apol	Apol

Signed Date

Chair

Merseyside CCG Network

Wednesday, 2 April 2014, 13.00 to 16.00 (lunch available from 12.30)
Meeting, Boardroom, Third Floor, Merton House, Bootle L20 3DL

Minutes

Present

Niall Leonard	Vice-Chair, S&FCCG
Rob Caudwell	Chair, S&FCCG
Clive Shaw	Chair, SSCCG
Fiona Clark	S&FCCG/SSCCG
John Wicks	Interim CO, WCCG
Jan Snoddon	obo Simon Banks
Dr Cliff Richards	Chair, HCCG
Marcus Stanley	Halton CCG
Tony Woods	LCCG
Linda Bennett	WCCG
Nadim Fazlani	Chair, LCCG

Apologies

Martin McDowell	CFO, S&FCCG/SS CCG
Steve Cox	CO, StHCCG
Andy Pryce	Chair, KCCG
Dianne Johnson	CO, KCCG
Ian Davies	Head of Perf, LCCG
Simon Banks	CO, HCCG
John Caine	Chair, WLCCG
Mike Maguire	CO, WLCCG
Sarah Johnson	CFO, StHCCG
Ray Guy	Chair, LCCG
Tom Jackson	CFO, LCCG
Katherine Sheerin	CO, LCCG
Paul Brickwood	CFO, KCCG
Paul Kingan	CFO, WLCCG
NHS England	

In attendance

Dr Liz Mears, Chief Executive, North West Coast Academic Health Science Network

Minutes

Melanie Wright SSCCG/S&FCCG

No	Item	Action
14/37.	Welcome & Introductions were made.	
14/38.	<p>An Introduction to the North West Coast Academic Health Science Network (NWAHSN)</p> <p>Dr Mears described the following campaigns under way by NWAHSN.</p> <p><i>Identifying untreated atrial fibrillation patients:</i> the CCGs were amenable to technological advances, although there was some discomfort in relation to pharmaceutical company input to boards influencing uptake of drugs. Dr Mears confirmed that such companies could contribute in terms of sponsorship only, but this must be clearly flagged.</p>	

No	Item	Action
	<p>Dr Caudwell felt the application in relation to detection of atrial fibrillation was accurate and helpful, although he expressed caution in terms of its use to patients. Those present did express interest in relation to funding for the strips for use with the application, noting that targeted usage for the tests will be necessary to ensure the correct users are identified.</p> <p>Dr Richards also expressed caution regarding use of the NOAC drugs and its apparent effect on some patients.</p> <p>There is an event being held on 3 May in Liverpool to consider innovation, to which members of the network are invited.</p> <p><i>Integrated Patient Records and Big Data</i></p> <p>The meeting agreed there was a need to understand 'Big Data'. Dr Mears agreed to send the Terms of Reference to Mel Wright, for onward circulation to the Network. NWAHSN are also meeting up with iLinks to progress this agenda.</p> <p><i>Medicines Optimisation/Digital Health</i></p> <p>This campaign was in relation to benign tablets containing a microchip to monitor whether patients are taking their medicines at the right dosage at the right time. Dr Mears sought interest from the Network as to participating in the trial.</p> <p>The application of such technology was discussed but there was no firm agreement to participate.</p> <p><i>Digital Solutions in Health</i></p> <p>A future event is planned, to which the Network will be invited. Mondays/ Fridays not good days for general practice and Dr Mears agreed to take this on board for planning purposes.</p> <p><i>CLAHRC</i></p> <p>Katherine Sheerin and Dr Andy Davies at Warrington CCG are members of this organisation and Ms Clark agreed to ask for an update at the next Network meeting.</p> <p>Ms Clark also agreed to contact Dr Mears regarding the forthcoming Workforce Symposium.</p> <p>There was a conversation regarding innovation generally and it was felt that the CCGs needed to engage in this agenda more fully. It was felt that this would be a useful topic for discussion at the Co-commissioning Collaborative next week.</p>	<p>Liz Mears</p> <p>FLC</p>
14/39.	<p>Strategic Planning</p> <p>Item deferred to Mersey Co-Commissioning Collaborative next week.</p>	
14/40.	<p>Apologies for absence were noted.</p>	
14/41.	<p>Minutes from the previous meeting</p> <p>The Minutes were agreed as an accurate record of the meeting, save that Simon Banks was in attendance and a mis-spelling of Ms Clark's name.</p>	
14/42.	<p>Actions from the previous meeting</p> <p>All actions were closed down.</p>	
	<p>Actions from the November meeting</p>	
	<p>Actions from the February meeting</p>	

No	Item	Action
14/16	<p>Safeguarding Hosted Service - Update</p> <p>Mrs Snoddon agreed to undertake a review of the designated doctor function. A meeting has now been arranged with Chief Nurses and Ms Clark to consider the Safeguarding Service.</p>	
	Actions from the March meeting	
14/31	<p>General Practice Workforce – Update</p> <p>Ms Clark will arrange a Workforce Symposium to consider what is being done and where.</p>	
14/33	<p>Liverpool Women’s Hospital NHS Foundation Trust</p> <p>Ms Clark provided an update on behalf of Ms Sheerin in terms of the financial risk present in the organisation, for both CNST and Maternity tariff, with the potential to render it financially unviable.</p> <p>Following a conference call with Monitor on 2 April, these are two major risk issues. A consultancy firm is working with the Trust to provide some clarity. They have invited LCCG to a meeting on 2 May and an update will be provided to the CCG Network on 7 May.</p> <p>Simon Banks to discuss progress in relation to the Maternity Network at the next meeting in May.</p>	<p>KS 7 May 2014</p> <p>SB 7 May 2014</p>
14/43.	<p>Service Reconfiguration</p> <p>Ms Clark referred to previous discussions around sharing of strategic plans and it was agreed that this item would also be discussed at the Co-Commissioning Collaborative next week.</p> <p>Ms Clark also referred to recent discussions with LCCG and KCCG around Aintree and LCH. South Sefton CCG are keen to progress open discussions around Aintree and expressed concerns over a Liverpool-centric service. The development of the site at Royal Liverpool and there is a requirement for substantial services to be retained at Aintree needed more exploration over the coming months.</p> <p>Ms Clark also referenced the decision by the Trauma Network had been changed.</p> <p>There followed a discussion around the appropriate location of Trauma services.</p> <p>There was also a discussion around the need for transparency across the CCG Network.</p>	
14/44.	<p>Any Other Business</p> <p>It was agreed that the Specialised Commissioning be invited to the Co-Commissioning Collaborative to discuss strategic plans, along with NHS England, together with 2-year/5-year plans from CCGs, where available.</p>	
14/45.	<p>Date of Next Meeting</p> <p>Wednesday, 7 May 2014, Boardroom, Merton House</p>	

** Dates for the Diary 2014**

MEETING	DATE	TIME	VENUE
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Merseyside CCG Network	7 May	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Merton House
Merseyside CCG Network	4 June	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Merton House
		Please note change in start times	Please note change of venue to St Helens Chamber
Merseyside CCG Network	2 July	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	6 August	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	3 September	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	1 October	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	5 November	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	3 December	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Room B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY

HEALTH AND WELLBEING BOARD

**MEETING HELD AT THE TOWN HALL, BOOTLE
ON 19 MARCH 2014**

PRESENT: Councillor Moncur (in the Chair)
Dr. Janet Atherton, Fiona Clark, Councillor
Cummins, Councillor John Joseph Kelly,
Maureen Kelly, Dr. Niall Leonard, Colin Pettigrew
and Phil Wadeson

60. APOLOGIES FOR ABSENCE

An apology for absence was received from Robina Critchley.

61. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 19 February 2014 be confirmed as a correct record.

62. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were received.

63. SPECIAL EDUCATIONAL NEEDS REFORM

The Board received a presentation from the Head of Learning and Support in relation to implementing the Reforms to Special Educational Needs and Disability in Sefton.

The presentation set out the following objective conveyed from the Department for Education in relation to the Special Educational Needs Reform:-

"Our vision for children and young people with special needs is the same as for all children and young people – that they achieve well in their early years, at school and in college; lead happy and fulfilled lives; and have choice and control".

The following headlines were presented:-

- How the Special Educational Needs and Disability Reforms had come about, including the journey so far and the proposed journey;
- The Legislation in relation to the new Special Educational Needs Code of Practice;
- Progress in Sefton, to date and the future work to be achieved; and
- The requirements expected for September 2014.

The following progress already achieved in Sefton was reported as:-

- Governance arrangements developed (consultation with the Early Life Group of the Health and Well Being Board)
- Project Groups established
- Awareness raising with Stakeholders (briefings undertaken)
- Special Educational Needs Assessment Team Restructure
- Engagement with Joint Strategic Needs Assessment
- Costed action plans developed
- Linking into other agencies
- Meetings with the Department for Education

The next steps were reported as:-

- The development of an Education Health Care Plan model to be processed and piloted.
- To develop a local offer and consult upon it
- To develop dispute resolution procedure
- Preparation for Adulthood – work with Adult Social Care
- To explore joint commissioning opportunities and personalised budgeting

The requirements for September 2014 were reported as being:-

- Published Local Offer
- All new assessments to be Education Health Care Plans
- Local dispute resolution arrangements
- Transitional arrangements for transfer to Education Health Care Plans
- Legislation applies to all named organisations
- The ability to offer personalised budgets

Members of the Board raised concern regarding the issue of establishing local dispute resolution arrangements and how this would smoothly link into the existing tribunal arrangements in different Departments. Members of the Board agreed that the Council had an opportunity to make appropriate adjustments to the process and that the Early Life sub-group could work with relevant partners in developing a process that smoothly linked into existing complaint procedures required of various legislation across Health and Social Care, in order that there be a single point of access for parents that could help parents navigate through the procedure easily.

RESOLVED: That the Board

- (1) agrees the governance arrangements through the Early Life sub-group;
- (2) note the progress of work already achieved and the next steps;

- (3) endorse the principles adopted in implementing the SEN reforms in Sefton;
- (4) note the work required to be completed by September 2014 in order that Sefton MBC are compliant with the new statutory requirements;
- (5) requests the Early Life sub-group to carry out further work with relevant partners in the development of a dispute resolution procedure that works in Sefton in an effective way improving outcomes for the Children, Young People and Families throughout Sefton; and
- (6) receives an update report at the first Meeting of the Municipal Year 2014/15.

64. UPDATES FROM HEALTH AND WELLBEING FORUMS

The Board considered a report of the Head of Performance and Intelligence which detailed progress being made by the following three Health and Wellbeing Forums:-

- Adults;
- Early Life (0-19); and
- Wider Determinants

The report highlighted that each Forum had met twice each and that they had all made good progress, as detailed in the report. It was highlighted that the Adult Forum had requested that the name be changed to “Adult Steering Group” and that the Members of the Programme Group had endorsed that request.

It was reported that the Programme Group had tasked each Forum to take equal ownership of arranging a stakeholder event in June 2014 linked to the publication of the second iteration of the Health and Wellbeing Strategy.

It was further reported that the Board would receive progress reports regarding the work of the Forums, as and when required.

RESOLVED: That

- (1) progress on the work of the three Health and Wellbeing Forums be noted; and
- (2) the proposal to change the name of the “Adults Forum” to “Adults Steering Group”, with the wider group known as the Forum to support partners to be fully involved, and any implications this may have for other Forums within the Health and Wellbeing Family, be agreed.

65. SEFTON BETTER CARE FUND PLAN - NEXT STEPS

The Board considered the report of the Deputy Chief Executive, Minute No. 57 refers of the meeting held on 19 February 2014 in relation to the development of the Better Care Fund Plan.

The report referred to the first iteration of the Better Care Fund Plan that was submitted to NHS England on 14 February 2014 and was formally signed off by the Board on 19 February 2014 along with the receiving of Cabinet approval on 27 February 2014.

It was reported that the guidance received from NHS England, suggested that a revised second plan should be submitted to them by 4 April 2014. It was further reported that the second iteration would build on the first iteration already submitted; take into account a RAG (Red, Amber and Green) rating by representatives of Central Government; and would comply with Supplementary Guidance from NHS England. Also reported was the requirement for the Clinical Commissioning Groups to submit their Strategic Plans on 4 April 2014.

RESOLVED: That the Board

- (1) agrees that the second iterative return of Sefton Better Care Fund Plan, be a short paper, addressing any issues identified from the assurance process, setting out the proposals of how the requirements set out in the guidance would be met and the intention of the Board to submit further iterations of the Better Care Fund Plan, as the development of schemes arising from the Integration Plan are progressed;
- (2) approves the revised Health and Wellbeing Sub Structure arrangements and that the continued development of the Better Care Fund Plan be the responsibility of the Programme Group;
- (3) approves the reformatting of the role of the Programme Group, and subsequent changes to the sub structure of the Board to create a Provider Forum, and notes the change in the role of two of the Task Groups;
- (4) agreed that the name of "Acute Provider Forum" be shown correctly in the annexe to the report as the "Provider Forum";
- (5) agreed to include a representative from "Healthwatch" on the membership of the Integration and Programme Group;
- (6) agrees the development of a draft Integration Plan which would be led by the reformatted Programme and Integration Group and delivered through a reformatted Resources and Integration Task Group;

- (7) note that Cabinet will be requested to delegate powers to the Deputy Chief Executive of the Council, in consultation with the Chair of the Board, and the Cabinet Member for Older People and Health to sign the Better Care Fund submission on behalf of the Council;
- (8) endorse the intention to seek the delegation in recommendation (7) above and note that a similar delegation be sought from the Clinical Commissioning Group Governing Bodies for the Chief Officer of South Sefton & Southport and Formby Clinical Commissioning Groups, and the two Chairs, to sign the Better Care Fund submission on their behalf; and
- (9) requests that the Deputy Chief Executive provides regular progress reports to the Board.

66. CLINICAL COMMISSIONING GROUPS STRATEGIC PLANS

The Board considered a report from the Head of Strategic Planning and Assurance, Clinical Commissioning Groups (CCG) for South Sefton; and Southport and Formby.

The report updated the Health and Wellbeing Board on the approach and progress in relation to the five year strategic plan for South Sefton Clinical Commissioning Group and Southport and Formby Clinical Commissioning Group.

The report featured the following headlines:-

- Background Incorporating the National Agenda into the Clinical Commissioning Group 5 Year Strategic Plan and 2 Year Operation Plan.
- The Clinical Commissioning Group Planning Framework
- Unit of Planning
- Clinical Commissioning Group Strategic Plan
- The Major Clinical Commissioning Group Mechanisms for Delivery
- The Strategic Plan Programmes
- Better Care Fund

The report concluded by setting out the following work that had already been achieved and the work forecast to be achieved:-

- A nationally prescribed set of requirements which CCG Strategic and Operational Plans needs to address, had been clearly defined. That those requirements centre on the five outcome domains, seven measurable ambitions, three additional measures with six models of service provision for the future and four essential delivery elements.
- The preliminary work on developing its Strategic Plans had served it well in terms of readiness for compliance with the end of December 2013 published guidance.

- The CCG had developed a robust planning framework to assist in the immediate planning requirements, but also to support the annual iteration of plans.
- The 2014/15 contract negotiations were being informed by the detail and issues that were forming as part of the programme plans.
- The CCG had established a clear set of planning priorities focusing on Frail Elderly, Unplanned Care and Primary Care. Those strategic priorities support the vision of reducing unplanned care in the acute sector, transferring that to the community setting.
- The CCG Strategic and Operational Plans were being augmented to encompass some very specific needs for Children, Mental Health and Cancer across the Sefton Borough.
- The CCG has a detailed set of planning programmes, where detail plans are being built based on the health needs of the local population.
- The programme plans were describing a set of specific outcomes measures, relevant to the local population across the five year planning horizon.
- Those locally orientated outcomes were being designed to support and underpin an assessment of the level of unplanned activity reduction in the acute sector in conjunction with the associated commission requirements in the community setting.
- A set of nationally prescribed outcomes were to be applied to the CCG, based on and informed by the Outcomes Atlas. Those outcomes, their targets and the associated activity profiles were provided by the CSU at the end of January for CCG consideration, validation and testing.
- A national timetable for the development of the CCG Operational Plan (activity, finance and outcomes) was in place and 14 February 2014 was the first submission date for the two year Operational Plan.
- The development of the draft two year Operational Plan required a draft analysis on the finance, activity and outcomes from the CSU by the end of January.
- A CCG working group had been established to support delivery against the nationally defined timescales, with all the relevant contributors from finance, planning, performance, CSU and delivery.
- The CCG had begun a process of engagement and collaboration on its developing plans with neighbouring CCGs.
- A joint provider engagement event on the Better Care Fund and CCG Strategic Plan was hosted on 22 January 2014, with additional provider specific engagement to be scheduled through to June 2014.
- A comprehensive schedule of engagement with stakeholders and progress reporting from the Governing Body and CCG members had been developed.
- An agreed approach on the Better Care Fund with Sefton Council had been developed.

- Detailed work on the enhancement of the Virtual Ward and Care Closer to Home was in train and being informed by lead clinicians.
- The Health & Wellbeing Board endorsed the Better Care Fund approach in time for the draft national submission deadline of 14 February 2014, with the final version submitted on 4 April 2014.
- The CCG was required to submit its final two year Operational Plan (activity, finance and outcomes) by the 4 April 2014.
- The CCG was required to submit its first draft five year Strategic Plan by the 4 April 2014.
- The final two year Operational Plan (activity, finance and outcomes) and five year Strategic Plan would be submitted on the 20 June 2014.

RESOLVED: That the Health and Wellbeing Board:

- (1) receive the report as an outline and approach for the Clinical Commissioning Group Strategic Plan;
- (2) note that a process of engagement was in train with Sefton Council, Providers, the Public and Voluntary Community and Faith Sector;
- (3) recognise the prospective need for regular progress briefings on the developing strategic and operational plans;
- (4) recognised and understood the synergy between the Clinical Commissioning Group Strategic Plan and the Better Care Fund Plan;
- (5) receive regular update reports as and when required in relation to Strategic Planning for the Clinical Commissioning Groups; and
- (6) agree to refer Appendix A to the report, to the Performance and Intelligence Task Group.

67. HEALTH & WELLBEING BOARD DATES

The Board considered a report of the Head of Business Intelligence and Performance that set out the proposed meeting dates for the Health and Wellbeing Board for the Municipal Year 2014/15.

The report explained that as the Health and Wellbeing Board was a constituted Committee of the Council, the meeting dates for the new Municipal Year were required to be submitted to Council for approval, as part of the Programme of Meetings for the Municipal Year 2014/15.

It was reported that the Chair of the Board, Councillor Moncur had been consulted on the proposed following dates:-

- 18 June 2014
- 17 September 2014

- 3 December 2014
- 18 March 2014

(All the above meetings to commence at 2.00 pm and finish at 4.00 pm)

It was further reported that a Forward Plan would be developed and all scheduled reports should be included on the Plan in order that the Board may organise its work accordingly.

The Head of Business Intelligence and Performance reported on the following dates to be held for meetings of the developmental workshops:-

- 7 May 2014
- 22 October 2014
- 25 February 2015

(All the above meetings to commence at 2.00 pm and finish at 4.00 pm)

It was reported that a couple of the members on the board would struggle with some of the proposed dates. Accordingly the Chair requested that the dates be circulated to the board members and that if necessary depending on the response to existing dates, that some changes may be made prior to being submitted to Council for approval.

RESOLVED: That the Health and Wellbeing Board:

- (1) notes the dates for the Health and Wellbeing Board as set out in the report and the requirement for Council to formally endorse the calendar of meetings as part of the programme of meetings report;
- (2) note the intention to develop a Forward Plan of items for consideration by the Board, and request that Board members raise future items to be included on the Forward Plan at the appropriate time; and
- (3) be consulted on the dates of formal meetings and development workshops and a final set of formal meeting dates be agreed by the Chair prior to submission to the Council for approval.

South Locality Meeting Minutes

Date and Time Thursday, 20 February 2014, 12:30 – 13:30

Location Ainsdale Village Surgery

Attendees	
Dr Robert Russell(Chair)	Ainsdale Medical Centre
Paul Ashby	Practice Manager, Ainsdale Medical Centre
Jane Uglow	Locality Development Manager
Carol Roberts	Practice Manager, The Family Surgery
Dr Paul Smith	Ainsdale Village Surgery
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery
Dr Ian Kilshaw	The Grange Surgery
Nina Price	Practice Manager, Grange Surgery
Kay Walsh	Medicines Management
Dr K Naidoo	The Family Surgery
In attendance	
Dr Grant	F2 Doctor, Ainsdale Village Surgery
Apologies	
Dr Gladys Gana	Lincoln House Surgery
Janice Lloyd	Practice Manager, Lincoln House Surgery
Minutes	
Anne Lucy	Locality Development Support

Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14						
Dr G Gana	Lincoln House Surgery	✓		✓	✓	A	A						
Dr I Kilshaw	The Grange Surgery	✓		✓	✓	✓	✓						
Dr K Naidoo	The Family Surgery	✓		✓	✓	A	✓						
Dr R Russell	Ainsdale Medical Centre	A		✓	✓	✓	✓						
Dr S Bennett	Ainsdale Medical Centre	✓											
Dr P Smith	Ainsdale Village Surgery	✓		✓	✓	✓	✓						

No	Item	Action
14/11	<p>Apologies / Minutes</p> <p>Apologies were noted. The minutes were amended and agreed as an accurate record. Attendances were noted</p>  <p>Attendees 20 February 2014.pdf</p>	
14/12	<p>Matters Arising</p> <p>Budget – covered in Medicines Management report Any Other Business</p> <ul style="list-style-type: none"> a) Remote Access (KN) b) Practice representation at locality meetings (KN) c) Peer review in absence of GP (G Gana) d) QP for asthma in under 19 year olds (JU) e) Think Differently / Cope Differently (JU) f) Lifeline project (JU) 	
14/13	<p>Chair's Update / Feedback from Wider Group (Rob Russell)</p> <p>Feedback on the Primary Care Foundation – access to urgent care in primary care project.</p> <ul style="list-style-type: none"> • Overall the feedback from the workshop was positive, practices are considering implementing some of the suggestions such as: • Booking ahead (limited to 5 days) may be worth consideration • Investigating options for making home visits early in the day. • Looking at the length and time of surgeries <p>Strategic Plan - Locality Engagement (Jane Uglow)</p> <ul style="list-style-type: none"> • The next WCG has been brought forward to 12 March and the event will be dedicated to developing clinical engagement in CCG strategic planning by assigning a pair of clinical leads to each locality (noting that for the South locality the leads will be Niall Leonard (CVD) and Liam Grant (Respiratory). The meeting would involve the locality discussing strategic planning for each specialty with the assigned clinical lead. Clinical leads will rotate around locality groups enabling each locality to have input to all areas. 	
14/14	<p>QP Peer Review – These were discussed by each practice. The submissions for QP 2 and QP 5 were agreed and are summarised below. Dr Gana was absent - it was agreed that Lincoln House submissions would be reviewed outside the meeting. The findings are summarised below.</p>	

No	Item	Action
	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  QP2 Lincoln House Summary Report to t </div> <div style="text-align: center;">  QP2 Ainsdale Village report 2014.doc </div> <div style="text-align: center;">  QP5 Ainsdale Village emergency admission </div> <div style="text-align: center;">  QP5 Lincoln House Summary Report AED </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  The Family Surgery QP 2.doc </div> <div style="text-align: center;">  QP 2 and 5 Peer review Ainsdale Medi </div> <div style="text-align: center;">  QP2 The Grange surgery.docx </div> <div style="text-align: center;">  The Family Surgery QP 5.doc </div> </div> <p>QP2 peer review discussion – secondary care referrals discharged after the patients first appointment</p> <p>Each practice had reviewed their data and discussed both the data and outcomes at the practice. The group then reviewed the findings and for each practice and noted the following general comments.</p> <ul style="list-style-type: none"> • Discharged – on reviewing the data there were a number of referrals had not been discharged at the first appointment without a procedure. Some investigation / procedure / intervention had been carried out. This suggest an data quality issue regarding the correct coding within the Acute Trusts <p>Action: Data Quality to be raised with the Acute trust</p> <ul style="list-style-type: none"> • MSK – Referral to physiotherapy was in some cases being arranged by MCAS after triage, when a diagnosis was usually clear (patellofemoral pain, neck pain) a referral directly to Physio should have been made, however, the waiting list for direct access to physiotherapy is considerably longer than for C&B MCAS <p>Action: Feedback information regarding waiting times and obtain plan to reduce these</p> <ul style="list-style-type: none"> • Locum and FT2 Doctors – to continue to ensure all visiting Doctors to the practice are fully briefed and aware of the correct guidelines when referring. <p>QP5 peer review on emergency admissions</p> <p>Each practice had reviewed their data and discussed both the data and outcomes at the practice. The group then reviewed their findings for each practice and noted the following general comments.</p> <ul style="list-style-type: none"> • Appropriate Admission – in general most cases where appropriate – fracture hip, pelvis, unstable angina etc. However for some although reasonable and understandable that an admission had taken place with additional support or service in the community come could have been re-directed or managed differently. For Example In south Sefton initiation of oxygen in the community is provided via the respiratory team, this service does not exist in S&F area. <p>Action: Follow up issue re oxygen initiation within the community, direct access to fracture clinic rather than have to attend A&E, to investigate fast-track route to refer for an echo-cardio</p>	<p style="text-align: center;">All</p> <p style="text-align: center;">JU</p> <p style="text-align: center;">JU</p>

No	Item	Action
	<ul style="list-style-type: none"> • Discharge information – communication from hospital to general practice. Although some improvements have been made the group felt there is significant scope for the quality of the discharge information to be made. In some case there was insufficient information contained within the discharge letter to determine whether the emergency admission could have been prevented or managed differently. 	
14/15	<p>Medicines Management (Kay Walsh)</p> <p>KW presented an update:</p> <ul style="list-style-type: none"> • An antiplatelet leaflet – was distributed to the group for information re unlicensed use • Budgets – for next year are still with Finance. MMOG need to know the top-line figure before it can be allocated to practices • Contingency fund – will be allocated to practices (based on evidence that practices have followed their prescribing plan) • Current overspend – is thought to be due primarily to payment for flu vaccines (payment not spread) • Practice MMOG visits – are being scheduled and will cover a range of topics including finance • Co-amoxiclav (reduction in prescribing) – GP's have received data to peer review, reports due by next meeting <p>Action: Undertake peer review and report back findings</p>	GPs
14/16	<p>Locality Development Update</p> <p>Good Neighbour Scheme JU had met with GG and KN to discuss the scheme. Both JU and SF (central locality manager) to meet regularly with the providers to support the development of the service.</p> <p>Housebound Scheme JU to meet with practice managers immediately after this meeting to clarify the definition and recording of “housebound” and gather broad requirements from the scheme</p>	
14/17	<p>Any other business</p> <p>a) Remote Access (KN) Would using 24 hour monitoring for hypertension signify compliance with the NHSE requirement to complete the template they had sent about remote access? NHSE could withdraw funds for non-completion</p> <p>b) Practice representation at locality meetings (KN) If guidelines for remuneration for attendance at locality meetings were the same as those for the WCG then single-handed practices would lose out on remuneration for attendance at locality meetings as they (unlike larger practices) could not nominate a deputy. Guidelines</p>	

No	Item	Action
	<p>for remuneration for GP attendance at locality meetings are still in the process of clarification</p> <p>AL reminded the group to sign the attendance sheet at each meeting</p> <p>c) Peer review in absence of GP (G Gana) The group agreed that the review could be delivered by JU, comments could be made but the peer review for Lincoln House's findings would be undertaken at the next locality meeting with G Gana in attendance</p> <p>d) QP for asthma in under 19 year olds JU flagged up CCG is not on target to meet this Quality Premium; practices are encouraged to consider this.</p> <p>e) Think Differently / Cope Differently (JU) JU reminded practices to refer to this service as not many referrals have been made. KN noted that the criteria for referral were vague; questioned the cost of the service and asked whether the service had been commissioned without input from GPs. PS noted that many patients with depression do not welcome group therapy.</p> <p>Action: JU to obtain feedback and report back to the group</p> <p>f) Lifeline project (STARS)(JU) This was formerly known as SATIN. A referral form had been sent to practice managers seeking comments on the form</p> <p>g) Commercial Waste Collection of commercial waste will no longer be funded. PA noted that this may be discussed at next week's collaborative meeting.</p>	JU
14/18	<p>Date and Venue for Next Meeting: Thursday, 27 March 2014, 12.30 -1.30pm Ainsdale Village Surgery</p>	

Medicines Management Operational Group (MMOG) Minutes

Held on 14th March 2014 10.00 am – 12 noon in the Library on the 1st Floor, Fylde Road Surgery

<p>Present Jane Ayres (JA) (Chair) Dr Janice Eldridge (JE) Susanne Lynch (SL) Dr Hilal Mulla (HM) Helen Stubbs (HS)</p> <p>Minute Taker: Ruth Menzies (RM) In Attendance: James Ellis (JE)</p>	<p>Senior Practice Pharmacist – Southport and Formby CCG Prescribing Lead - Southport and Formby CCG Deputy Head of Medicines Management, Southport and Formby CCG Governing Body Member, Southport and Formby CCG Pharmacist, C&MCSU Link</p> <p>Administrator, Southport and Formby CCG Practice Pharmacist, Southport and Formby CCG</p>
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No	Item	Action
14/14	Apologies Apologies were received from Malcolm Cunningham, Brendan Prescott and Kay Walsh.	
14/15	Minutes of meeting dated 14th February 2014 The above minutes approved as an accurate record.	
14/16	Matters Arising from Minutes KW has yet to send to JA the DVT pathway for distribution through localities. Pigmanorm – the matter relating to the private patient requesting pigmanorm and why it has come to MMOG was discussed. The product is unlicensed and Doug Callow (DC) was unsure where to go. It was noted that Dermatology would treat under NHS. SL to speak to DC to say the patient should be referred back to Dermatology or a private prescription can be obtained.	<p>KW/JA</p> <p>SL</p>
14/17	Practice Updates/feedback/Grey List (All) Duraphat – it was noted Duraphat is on the APC formulary for prescribing by dentists only, but concerns were raised as to how wide this went out for	

No	Item	Action
	<p>consultation. HS to look into this matter. JA to email formulary to HM.</p> <p>Grey List – Vaginal lubricants. JA to look into what other CCGs have done. It was also suggested possibly just prescribing for particular conditions.</p>	<p>JA/HS</p> <p>JA</p>
<p>14/18</p>	<p>Shared Care issues</p> <p><u>Denosumab</u> JMOG minutes state that the LMC had approved the clinical content of the shared care document. Agreed to hold a shared care meeting on the 27th March to look at the current situation with shared care across the CCG. SL to inform JJ of the meeting. SL to liaise with KW to see if anything formal needs to be sent in relation to the shared care for denosumab not going live on 1st April. Discussions took place as to whether you can opt in and out of shared care.</p> <p><u>Degarelix</u> Awaiting BP's feedback as need to meet with Urology as part of CQUINS/Quality Schedule.</p> <p><u>Rheumatology Shared Care</u> - comments in relation to NMPs are going back to the APC. Await feedback from APC.</p>	<p>SL</p> <p>BP</p>
<p>14/19</p>	<p>PQS</p> <p>JA tabled a copy of the draft PQS which was previously discussed and explained the various amendments.</p> <p>SC's comments to be sought in relation to high risk antimicrobial audit.</p> <p>It was felt all the RCGP audits should be completed.</p> <p>JA will email regarding the AF audit for joint approval with the SSMOOG as ideally have the same PQS across both CCGs.</p> <p>All agreed the above. Further clarification is required regarding the points.</p>	

No	Item	Action
	<p>More detail is required from BP and further approval will be sought by email.</p> <p>Discussions took place regarding including EPS, however, it was confirmed it is not an area that we have control over. Concerns were raised however in relation to authorisations from GPs as many practices don't do. It was noted that with EPS it is not as obvious if changes have been made. Discussions took place as how this can be approached.</p> <p><i>(HM left during this item)</i></p>	<p>BP</p>
<p>14/20</p>	<p>Budget Update</p> <p>Month 9 data tabled and discussed. It is hoped the contingency sum will allow PQS payments. JA to ask TR to look at Lincoln Road list size.</p> <p>Discussions took place in relation to budgets for next year and it was felt practices will disengage if they go on fair share and the budgets are cut.</p>	<p>JA</p>
<p>14/21</p>	<p>Pan Mersey APC feedback</p> <p>JA to send summary to Janice Eldridge and Anna Ferguson.</p> <p>Aflibercept - only approve if patient access scheme is in place. JE confirmed we need to know what the process is.</p> <p>Action: JA to email Jan Leonard to see if it is a contracting issue.</p> <p>UTI section – discussed promoting in practice and feel it should be rolled out at locality meetings.</p> <p>Action: JA suggested a SPU being completed in relation to UTI section and will speak to SC to take forward.</p> <p>It was also noted a microbiologist at the Royal could possibly attend a future Forum.</p> <p>Action : JA will email Practice Nurse Leads to arrange.</p> <p>Discussions took place regarding getting the antimicrobial guidelines printed.</p>	<p style="text-align: center;">JA</p> <p style="text-align: center;">JA</p> <p style="text-align: center;">JA</p>

No	Item	Action
	<p>Triptorelin – It was noted no comments were received from the ICO on the consultation. SL will go back and speak to KW to ensure they are aware of the statement. MMOG happy to approve.</p> <p><i>(HM returned)</i></p> <p>Discussions took place regarding communicating the MMOGs approval in relation to the reports.</p> <p>Action: JA continues to inform SP who updates communications but will check how often this is done.</p> <p>Our obligation is to state what has been approved at APC and we have informed our consultants and ensure this continues.</p>	
<p>14/22</p>	<p>Items from Pan Mersey subgroups</p> <p>Out for consultation via email</p> <p><u>New Medicines Subgroup Documents</u></p> <ul style="list-style-type: none"> • Qlaira (oral contraception) – Black Statement • Qlaira (heavy bleeding) – Green Statement • Prucalopride – Green Statement – Review of existing policy statements for Mid-Mersey (previously Amber) and North Mersey (previously Green) • Dapoxetine – Green statement. Stakeholders are asked to consider whether this should be GP initiation (i.e. Green) or if patients should be referred into the specialist service for assessment prior to initiating dapoxetine (i.e. Amber). <p>Unsure if this is looked at under the Sexual Health Clinic. MMOG feel it should be amber.</p> <p>Action: JE will feedback to KW that it will be amber.</p> <p>Aflibercept for CRVO – Red Statement. FOR INFORMATION ONLY, this policy statement is being taken to March APC for approval</p>	<p style="text-align: center;">JE</p>

No	Item	Action
	<p><u>Formulary & Guidelines Subgroup Documents</u></p> <ul style="list-style-type: none"> • Escitalopram – Amber Statement – Review of existing Mid-Mersey policy statement. • Dexamphetamine – proposed change from Red to Amber status for management of narcolepsy. Action : JA to email prescribing data to SL. 	
14/23	<p>Finance & Resource Committee</p> <p>Nothing to report.</p>	
14/24	<p>Medicines Management Work in Practice</p> <p>The above was discussed at length following a MMOG visit at Lincoln House as they were unsure as to what the practice pharmacist should be doing. It was suggested being more open as to what their practice pharmacist should be doing (core areas) and what their entitlement should be. Discussions took place regarding building up relationships with their GPs and the possibility of taking on more pharmacists with a wider role.</p>	
14/25	<p>AOB</p> <p>JA gave information in relation to the work that Sara Boyce is doing as part of the Pain Clinic. They have requested broad prescribing data. JA due to meet with them 24th March and will establish what is required then.</p> <p>Vaccinations – discussions took place regarding travel vaccines and what is included in GP’s contract. It was noted copies of contracts can be obtained from NHS England. It was noted individual surgeries can opt out of this. JA will ask Lydia Hale to email Jude Storer as to who to contact. .</p> <p>HS confirmed CSU merging with Manchester CSU. There have been information there will be no redundancies and will still be working from same localities.</p> <p>It was noted SSMOOG minutes should be added to our agenda. We also need to review terms of reference.</p> <p>Action: JA will add these items to the agenda.</p>	JA

Southport and Formby
Clinical Commissioning Group

No	Item	Action
	<p>Date, Time and Venue of Next MMOG – Friday 9th May, 10am, Fylde Road</p> <p>Date, Time and Venue of Next JMOG - Friday 25th April 12.30pm Merton House, Tuesday 27th May</p>	

Signed Date
Chairman

**Southport and Formby
Clinical Commissioning Group**

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	N A	✓	NA	✓	✓
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apols	✓	✓	✓	✓	Apols	✓	Apols	Apols	Apols	N A	✓	NA	✓	Apols
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	N A	✓	NA	✓	✓
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	N A		NA	Apols	✓
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	N A	✓	NA	Apols	✓
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N A	✓	NA	✓	Apols

**Southport and Formby
Clinical Commissioning Group**

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2104	February 2014	March 2014
Helen Stubbs, Senior Pharmacist NHS Sefton upto March 2013/Pharmacist, C&MCSU Link thereafter	NA	✓	Apols	Apols	Apols	Apols	Apols	Apols	Apols	Apols	N A	✓	NA	✓	✓
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	N A	✓	NA	✓	Apols

South Locality Meeting Minutes

Date and Time Thursday, 27th March 2014, 12:30 – 13:30

Location - Ainsdale Village Surgery

Attendees

Dr Robert Russell (Chair) (RR)	Ainsdale Medical Centre
Paul Ashby (PA)	Practice Manager, Ainsdale Medical Centre
Carol Roberts (CR)	Practice Manager, The Family Surgery
Dr Paul Smith (PS)	Ainsdale Village Surgery
Karen Ridehalgh (KR)	Practice Manager, Ainsdale Village Surgery
Rachel Ogden (RO)	Practice Nurse, Ainsdale Village Surgery
Dr Ian Kilshaw (IK)	The Grange Surgery
Nina Price (NP)	Practice Manager, Grange Surgery
Kay Walsh (KW)	Medicines Management
Dr K Naidoo (KN)	The Family Surgery
Dr Gladys Gana (GG)	Lincoln House Surgery
Janice Lloyd (JL)	Practice Manager, Lincoln House Surgery
Sharon Forrester (SF)	Central Locality Manager

In attendance

Anne Lucy (AL)	Locality Development Support
Gill Blane (GB)	Think Differently, Cope Differently

Apologies

Minutes

Jennifer Ginley	Administrator
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Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14				
Dr G Gana	Lincoln House Surgery	✓		✓	✓	A	A	✓				
Dr I Kilshaw	The Grange Surgery	✓		✓	✓	✓	✓	✓				
Dr K Naidoo	The Family Surgery	✓		✓	✓	A	✓	✓				
Dr R Russell	Ainsdale Medical Centre	A		✓	✓	✓	✓	✓				
Dr S Bennett	Ainsdale Medical Centre	✓										
Dr P Smith	Ainsdale Village Surgery	✓		✓	✓	✓	✓	✓				

No	Item	Action
14/15	<p>Apologies / Minutes</p> <p>The Family Surgery raised a query regarding the QP summaries embedded in the last minutes. QP5 report was not included they confirmed along with the group this had been discuss and forwarded to JU for inclusion.</p> <p>Action – AL to amend the previous minutes.</p>	AL
14/16	<p>Matters Arising</p> <p>None</p>	
14/17	<p>Chair's Update / Feedback from Wider Group (Rob Russell)</p> <p>RR clarified the board members form the election.</p> <p>The Wider Group meeting was two weeks ago, at the wider group meetings the proposed primary care contract was discussed;</p> <p>It was agreed there would be a 3-month pause to work through the concerns and issues that have been raised and to improve the communication with the localities.</p> <p>Action – CCG to implement a communication process with all practices.</p>	JU/SF
14/18	<p>Think Differently, Cope Differently Self Help Programme (Gill Blane)</p> <p>GB was a guest (from Sefton CVS) and was present to inform the group of a new self-management programme; Think Different, Cope differently. She detailed the programmes' aim and its steps. She explained that this was a programme for patients with long term conditions, especially chronic pain. This should, when successful mean less GP visits as it encourages the patient to confidently self-help.</p> <p>She highlighted the fact that the programme focused on health and wellbeing and that there were 5 sessions, focusing specifically on different aspects. The CVS would come out and deliver this locally; 4 members of staff deliver the sessions. This is funded by the CCGs (South Sefton and Southport & Formby).</p>	

No	Item	Action
	<p>She pointed out that they would also follow up with patients once they had finished the programme. The group sizes are between 8 and 15, and there are one to one aspects within the sessions. Referrals can come from GPs and other healthcare professionals. This would develop further so that self-referrals can be made in the future.</p> <p>Action – GB to send SF the referral form and then SF can circulate.</p>	<p>GB and SF</p>
<p>14/19</p>	<p>Finalise QOF – Peer Review QP2 reviewing the information contained in QP1 QP5 reviewing the information contained in QP4</p> <p>No one raised any queries with the missing information, all agreed they were discussed in the previous meeting (see 14/19). The action in 14/19 will rectify this situation administratively.</p>	
<p>14/20</p>	<p>Finance and performance Quality Premium Dash Board Report</p> <p>The report was discussed; item 2, paragraph 1 – nearly half a million pound short of payment – due to measures that are outside of their control, this was felt to be unfair. Comments were made about data as it was deemed to be unreliable and there also seemed to be coding issues. SF clarified some aspects of this; hospitals would not get money, the money goes into primary care. The local measures would be picked up it seemed, there were seasonal effects on some.</p>	
<p>14/21</p>	<p>Medicines Management (Kay Walsh)</p> <p>KW discussed the med management report. Everyone agreed that Dr Smiths prescribing and figures were fine on consideration. KW discussed the guidelines about COPD and Co-amoxacliv. She highlighted that next year the focus would be on nursing homes. The message is the same with budgets, the CCG are now looking at redistribution.</p> <p><u>Co-amoxiclav audit</u></p> <p>It was noted that patient numbers were extremely small for some practices. KW advised that Lincoln House Surgery, The Grange Surgery, The Family Surgery and Ainsdale Medical</p>	

No	Item	Action
	<p>Centre have all reduced the number of patients prescribed co-amoxiclav that is not accordance with the antimicrobial guidelines and have therefore met the target. On the initial information gathered by KW, Ainsdale Village Surgery have the same number of patients prescribed co-amoxiclav not in accordance with the antimicrobial guidelines as last year. The meeting therefore did a peer review of the data. It was agreed that a patient coded by KW as a recurrent UTI in fact had a vesico-colic fistula which is outwith the scope of the antimicrobial guidelines. It was agreed that Ainsdale Village had therefore met the target.</p>	
14/22	<p>Collaborative Working (Paul Ashby)</p> <p>PA updated the group on two parallel work-streams which are both exploring the general appetite amongst S&F practices to work collaboratively. This includes but is not confined to setting up of federations. The two work streams are being led by (1) Joe Chattin (LMC) for all S&F practices and (2) Moira McGuinness who is co-ordinating work amongst Ainsdale/Birkdale and Formby localities</p> <p>PA identified how some kind of federation will have to happen but the question is how to get started. Areas for consideration include: resources required, and what is wanted from federation. KN discussed a couple of models that were discussed at the previous evenings meeting. The group agreed that other models need looking into further. The intention is to start small and then build up. Possible areas of interest included: Phlebotomy, flu and DN.</p> <p>Action- Federation to be a standing item on agenda</p>	ALL
14/23	<p>Locality Development Update</p> <p>Ideas for collaboration within locality - The group listed possible areas for consideration including social isolation, vulnerable groups, frail elderly, dances, lunches, food banks.</p> <p>Connecting Communities - CVS – SF had sent out an email to the group updating them on this issue. SF had met with Shirley and Vicky. They have already done a substantial amount of work. There are a lot of voluntary organisations already in existence so their work in this area is about tapping into those resources. The work will go live as soon as they have been around to all of the practices, they are currently</p>	

No	Item	Action
	<p>ironing out the referral process and there are issues around content access without an NS net account. They will be going around speaking to practices about logistics. SF has also asked them to be proactive and have a visual profile within surgeries; they will not just sit around and wait for referrals.</p>	
14/24	<p>Any other business</p> <ul style="list-style-type: none"> • Remote access monitoring – a template needs to be completed by the end of April. <p><u>Action: SF to investigate and report back to the group</u></p> <ul style="list-style-type: none"> • NL Letter – feedback was requested before the next meeting. KN asked whether Martin Evans could coordinate LMC involvement • Policy inconsistency for Locality investment - the group noted that although the locality had used their allocation to invest in the Connecting Communities Project. Not all localities had followed the same approach and set of principles. <p>The group would like future funding allocation to be accompanied with a clear criteria and process for all localities to adhere to.</p> <p>Action: This item to be included in the Locality Issue Log – reported to the Governing Body</p> <p><u>Action: SF to investigate and report back to the group</u></p> <ul style="list-style-type: none"> • Federation - this was discussed and the group agreed to add this as a standing agenda item. 	<p>SF</p> <div style="text-align: center;">  NL letter - Primary Care New Deal.pdf </div> <p>SF</p>
14/25	<p>Date and Venue for Next Meeting:</p> <p>Thursday, 24 April 2014, 12.30 -1.30pm, Ainsdale Village Surgery</p>	

Formby Locality Meeting Minutes

Date and Time Tuesday 4 March 2014, 12:30- 14:00

Location The Village Surgery

Attendees

Doug Callow	(Chair), GP – Chapel Lane
Deborah Sumner	GP - The Hollies
Stewart Eden	Practice Manager – Chapel Lane
Moira McGuinness	Southport & Formby CCG Locality Lead
Sue Lowe	Practice Manager – The Village Surgery
Janice Eldridge	GP - The Hollies
Collette Riley	Practice Manager – The Hollies
Chris Bolton	GP – The Village Surgery
Yvonne Sturdy	PM – The Village Surgery
Jane Aryes	Medicines Management

In attendance

Gill Blane	Sefton CVS
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Apologies

Minutes

Anne Lucy	Locality Development Support
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Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 13	Feb 13	Mar 13				
Dr Doug Callow	Chapel Lane Surgery	A	✓	✓	✓	✓		✓				
Dr C Bolton	The Village Surgery	A	✓					✓				
Dr J Reddington	The Village Surgery	✓	A	✓								
Dr J Eldridge	The Hollies	A	✓	✓	L	✓		✓				
Dr D Sumner	The Hollies	✓	✓	✓	✓	✓		✓				
Dr T Brettel	Freshfield Surgery			A								
Dr S Johnson	The Village Surgery				✓							
Dr L Grant	The Village Surgery				L	✓						

No	Item	Action
	<p>how to refer to each service within that setting. JA advised that the Clinical Reference Group is carrying out a piece of work which should help with referring and using online methods.</p> <ul style="list-style-type: none"> • Another issue which was brought up by CB was with patients being referred into a service for a surgical procedure and the surgeon either not being able to carry out the operation or having left the organisation which then led to the patient being re-referred via MSK. <p>Both of the above issues are to be added to the key issues log.</p>	
14/10	<p>19th March – away Day FLC</p> <p>MMc reminded the group of the away day that has been set up for Formby practices to attend. It was advised that Primary Care Commissioning will facilitate the event and it would be beneficial if as many practice GPs could attend.</p> <p>Expressions of Interest</p> <p>MMc asked the group for any expressions of Interest from a GP and PM to carry out any potential work that comes from the away day, this will be for a 6 month period and will be funded for 1 session per week. MMc will re-send the information out to practices.</p>	
14/11	<p>Addition Care Home session</p> <p>Useful work in preparing care plans had been achieved. Some difficulties (speed of data transfer to IPad) and admin time to transfer written notes to system in practice) had been encountered. Another session per week and a extra acute ward round would be beneficial if funding could be obtained.</p> <p>Action – Share the report to the group.</p> <p>Action – Doug Callow, David Mortimer, Moira McGuinness and Jane Ayres to meet and discuss the issues and how to iron out the issues.</p>	MMc TS
14/12	<p>Wider Group Meeting</p> <p>12 March – Strategic Planning</p> <ul style="list-style-type: none"> • EOL • Diabetes • Cancer • Children • CVD • Respiratory • Mental Health • Urgent Care <p>The meeting being held on the 12th March 2014 was discussed with Doug Callow being the lead for Diabetes and Jackie Reddington being the lead for EOL within the CCG.</p>	

No	Item	Action
14/13	<p>QPs</p> <ul style="list-style-type: none"> Freshfield Surgery <p>Freshfield Surgery did not attend the meeting so did not participate in the QP peer reviews.</p> <p>Action – report back to the group on how many patients have moved from Freshfield to other Formby practices.</p> <p>Local Quality Premium Data (dehydration admissions, asthma under 19 yrs admissions, alcohol related admissions)</p> <p>CR reported that the Local Quality Premiums are still ongoing and are due to finish at the end of March and advised the group to keep working on them til this time.</p>	MMC
14/14	<p>Medicines Management</p> <ul style="list-style-type: none"> Antiplatelet statement http://www.panmerseyapc.nhs.uk/guidelines/documents/G3.pdf - This statement from the APC summarises NICE guidance on antiplatelet therapy for prevention of occlusive vascular events, and also recommends use of clopidogrel for prevention of TIA which is not covered in NICE TA as it is an unlicensed indication. This use is recommended in Royal College of Physicians National Clinical Guideline for Stroke and endorsed by local specialists. No cost increase, potential cost saving if more patients treated with clopidogrel instead of dipyridamole in this situation. The Safety subgroup are looking at the way MHRA safety alerts/recalls are handled, including the role of community pharmacists Patients travelling abroad http://www.panmerseyapc.nhs.uk/guidelines/documents/G4.pdf - This statement from the APC recommends that prescribers should not supply treatment durations in excess of three months for patients who are going to live or travelling abroad or otherwise absent from the UK. Doxazosin m/r tablets http://www.panmerseyapc.nhs.uk/recommendations/documents/PS42.pdf Doxazosin modified release tablets are now “BLACK” and shouldn’t be prescribed – immediate release doxazosin is more cost-effective. This message is going on scriptswitch. Ferrous fumarate - Ferrous fumarate to remain 1st choice oral iron, but switching of patients from other preparations no longer advocated as financial savings minimal 	 20140306101935378.pdf

No	Item	Action
	<p>Budget update – February 2014.</p> <p>The practice prescribing forecast for Southport and Formby CCG for month 9 shows an over spend of £173,068 or 0.9 % on a budget of £19,587,637.</p> <p>For Formby locality the forecast spend is £4045,896 on a budget of £4048,537, an under spend of £2641 or -0.07% on budget.</p> <p>After discussion at MMOG and also with CCG Finance colleagues, we will be looking to adjust in year spend versus practice budgets based on a number of factors.</p> <ol style="list-style-type: none"> 1. Shared care prescribing in year to reflect cost of prescribing as opposed to budgets transferred over from the provider 2. A readjustment of non-medical prescribing spend to reflect costs still being attributed to the practice throughout the year so far. This has started to reduce as ICO community teams change over to new community prescribing codes and stop using practice codes but is still significant. 3. Population shift across the CCG which has significantly affected some practices in Southport and Formby CCG. 4. Application of a contingency budget to the CCG practice prescribing budget. A contingency budget was created after capping allocations to practices to 2% of outturn and will now be applied in light of the CCG forecast overspend. <p>This work will be ongoing until month 12 data is available. Please keep up the good work with the quick wins and optimisation plan.</p> <p>The Department of Health formula for forecasting practice prescribing spend has changed a number of times in 2013-14. There are no more expected changes but this has made a reliable report difficult this year. This is coupled with the first Southport and Formby CCG allocation as opposed to a Sefton allocation. Whilst taking this into account, the overall position remains relatively favourable compared to Pan Mersey prescribing activity and application of the above factors will go some way in improving the position at year end.</p>	
14/15	<p>AOB</p> <p>Data sharing letter that has been sent to practices Re. Sharing data with LCH, practices agreed they will not share this data until advised further.</p> <p>Meeting Dates – CR to look at the years locality dates to see if any need to be rearranged.</p>	
14/16	<p>Date of next meeting</p>	

**Southport and Formby
Clinical Commissioning Group**

No	Item	Action
	Thursday 03 April, 12:30-14:00 Formby Village Surgery	

Formby Locality Meeting Minutes

Date and Time Tuesday 4 March 2014, 12:30- 14:00

Location The Village Surgery

Attendees

Doug Callow	(Chair), GP – Chapel Lane
Deborah Sumner	GP - The Hollies
Stewart Eden	Practice Manager – Chapel Lane
Moira McGuinness	Southport & Formby CCG Locality Lead
Sue Lowe	Practice Manager – The Village Surgery
Janice Eldridge	GP - The Hollies
Collette Riley	Practice Manager – The Hollies
Chris Bolton	GP – The Village Surgery
Yvonne Sturdy	PM – The Village Surgery
Jane Aryes	Medicines Management

In attendance

Gill Blane	Sefton CVS
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Apologies

Minutes

Terry Stapley	Admin support
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Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 13	Feb 13	Mar 13				
Dr Doug Callow	Chapel Lane Surgery	A	✓	✓	✓	✓		✓				
Dr C Bolton	The Village Surgery	A	✓					✓				
Dr J Reddington	The Village Surgery	✓	A	✓								
Dr J Eldridge	The Hollies	A	✓	✓	L	✓		✓				
Dr D Sumner	The Hollies	✓	✓	✓	✓	✓		✓				
Dr T Brettel	Freshfield Surgery			A								
Dr S Johnson	The Village Surgery				✓							
Dr L Grant	The Village Surgery				L	✓						

No	Item	Action
14/06	Apologies None were received	
14/07	Notes of the last meeting / Matters arising The minutes of the last meeting were not discussed as the some of the group did not have chance to review prior to the meeting. They will be recirculated with the draft minutes from this meeting for review / comment <u>Action: Review / comment on minutes before agreeing at the next locality meeting</u>	All
14/08	Think Differently Cope Differently Self Management Programme Gil Blane attended the locality group to discuss a programme that is being rolled out in partnership with Southport and Formby CCG, Brighter Living Partnership and Sefton CVS and is designed to help people who have long-term health condition, who are struggling to cope. Gil asked the group if the programme could be shared with all practice GPs and Health Care Professionals who can refer patients. It was advised that this is a programme that will last 1 year but if successful it may be rolled out further. Although the courses are being held in Southport it was advised that if Formby could get enough people referred onto the course that a venue could be arranged locally (within Formby). The group advised Gil that it may be beneficial for the CVS to attend The Formby Project to advise the Formby Partnership Group of the service.. Attached are details on how to refer and the referral form. Action – Think of how many patients within practice would benefit from this programme.	 20140306101952305.pdf
14/09	Key Issues MM advised that from March 2014, minutes of Committees and Localities will no longer be presented to the Governing Body. Instead, the lead for each locality will complete a template of “Key Issues if any. Templates should be prepared and ready for the deadlines for submission for the board papers which, for March, will be Thursday, 13 March. The group agreed this would be a good idea and would help in bringing issues to the Governing Body. Issues that could be added to the Key Issues included: <ul style="list-style-type: none"> • Trimethoprim guidance • CB advised some patients being referred into a service for a surgical procedure and the surgeon either not being able to carry out the operation or having left the organisation which then led to the patient being re-referred via MSK. 	 Key issues Southport and Formby.doc  Key issues both CCGs.doc

No	Item	Action
14/10	<p>19th March – away Day FLC</p> <p>MMc reminded the group of the away day that has been set up for Formby practices to attend. It was advised that Primary Care Commissioning will facilitate the event and it would be beneficial if as many practice GPs/PN/PM could attend.</p> <p>Expressions of Interest</p> <p>MMc asked the group for any expressions of Interest from a GP and PM to carry out any potential work that comes from the away day, this will be for a 6 month period and will be funded for 1 session per week. MMc will re-send the information out to practices after the event.</p>	
14/11	<p>Addition Care Home session</p> <p>Useful work in preparing care plans had been achieved. Some difficulties (speed of data transfer to Ipad) and admin time to transfer written notes to system in practice) had been encountered. Another session per week was errquested</p> <p>Action – Share the report to the group.</p> <p>Action – Doug Callow, David Mortimer, Moira McGuinness and Jane Ayres to meet and discuss the issues and how to iron out the issues.</p>	<p>MMc TS</p>
14/12	<p>Wider Group Meeting</p> <p>12 March – Strategic Planning</p> <ul style="list-style-type: none"> • EOL • Diabetes • Cancer • Children • CVD • Respiratory • Mental Health • Urgent Care <p>The meeting being held on the 12th March 2014 was discussed with Doug Callow being the lead for Diabetes and Jackie Reddington being the lead for EOL within the CCG.</p>	
14/13	<p>QPs</p> <ul style="list-style-type: none"> • Freshfield Surgery <p>Freshfield Surgery did not attend the meeting so did not participate in the QP peer reviews.</p> <p>Local Quality Premium Data (dehydration admissions, asthma under 19 yrs admissions, alcohol related admissions)</p> <p>CR reported that the Local Quality Premiums are still ongoing and are due to</p>	

No	Item	Action
	finish at the end of March and advised the group to keep working on them til this time.	
14/14	<p>Medicines Management</p> <ul style="list-style-type: none"> • Antiplatelet statement http://www.panmerseyapc.nhs.uk/guidelines/documents/G3.pdf - This statement from the APC summarises NICE guidance on antiplatelet therapy for prevention of occlusive vascular events, and also recommends use of clopidogrel for prevention of TIA which is not covered in NICE TA as it is an unlicensed indication. This use is recommended in Royal College of Physicians National Clinical Guideline for Stroke and endorsed by local specialists. No cost increase, potential cost saving if more patients treated with clopidogrel instead of dipyridamole in this situation. • The Safety subgroup are looking at the way MHRA safety alerts/recalls are handled, including the role of community pharmacists • Patients travelling abroad http://www.panmerseyapc.nhs.uk/guidelines/documents/G4.pdf - This statement from the APC recommends that prescribers should not supply treatment durations in excess of three months for patients who are going to live or travelling abroad or otherwise absent from the UK. • Doxazosin m/r tablets http://www.panmerseyapc.nhs.uk/recommendations/documents/PS42.pdf Doxazosin modified release tablets are now "BLACK" and shouldn't be prescribed – immediate release doxazosin is more cost-effective. This message is going on scriptswitch. • Ferrous fumarate - Ferrous fumarate to remain 1st choice oral iron, but switching of patients from other preparations no longer advocated as financial savings minimal <p>Budget update – February 2014.</p> <p>The practice prescribing forecast for Southport and Formby CCG for month 9 shows an over spend of £173,068 or 0.9 % on a budget of £19,587,637.</p> <p>For Formby locality the forecast spend is £4045,896 on a budget of £4048,537, an under spend of £2641 or -0.07% on budget.</p> <p>After discussion at MMOG and also with CCG Finance colleagues, we will be looking to adjust in year spend versus practice budgets based on a number of factors.</p> <ol style="list-style-type: none"> 1. Shared care prescribing in year to reflect cost of prescribing as opposed to budgets transferred over from the provider 2. A readjustment of non-medical prescribing spend to reflect costs still being attributed to the practice throughout the year so far. This has started to reduce as ICO community teams change over to new 	 20140306101935378.pdf

No	Item	Action
	<p>community prescribing codes and stop using practice codes but is still significant.</p> <ol style="list-style-type: none"> 3. Population shift across the CCG which has significantly affected some practices in Southport and Formby CCG. 4. Application of a contingency budget to the CCG practice prescribing budget. A contingency budget was created after capping allocations to practices to 2% of outturn and will now be applied in light of the CCG forecast overspend. <p>This work will be ongoing until month 12 data is available. Please keep up the good work with the quick wins and optimisation plan.</p> <p>The Department of Health formula for forecasting practice prescribing spend has changed a number of times in 2013-14. There are no more expected changes but this has made a reliable report difficult this year. This is coupled with the first Southport and Formby CCG allocation as opposed to a Sefton allocation. Whilst taking this into account, the overall position remains relatively favourable compared to Pan Mersey prescribing activity and application of the above factors will go some way in improving the position at year end.</p>	
14/15	<p>AOB</p> <p>Data sharing letter that has been sent to practices Re. Sharing data with LCH, practices agreed they will not share this data until advised futher.</p> <p>Meeting Dates – CR to look at the years locality dates to see if any need to be rearranged.</p>	
14/16	<p>Date of next meeting</p> <p>Thursday 03 April, 12:30-14:00 Formby Village Surgery</p>	

Central Locality Meeting Minutes

Date and Time 25 February 13:00 – 14:00 (Lunch from 12:30)

Location Kew Surgery

Attendees

Dr Louise Campbell (Chair)

Roy Boardman

Dawn Bradley-Jones

Dr Ian Hughes

Dr Graeme Allen

Kate Wood

Dr Mark Bond

Sharon Forrester

Rachel Cummings

Dr Wendy Coulter

Anne Lucy

Becky Williams

Billie Dodd

In attendance

Minutes

Terry Stapley

Administrator

Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	April 14	May 14	June 14	July 14
Dr Mark Bond	Curzon Road Medical Practice	✓	✓	✓	A	✓	✓					
Dr Hedley	St Marks Medical Centre											
Dr H Obuchowicz	Kew Surgery	A	A	✓	✓	✓						
Dr Ian Hughes	Cumberland House	✓	A	✓	✓	✓	✓					
Dr Campbell	Trinity Practice	✓	✓	✓	✓	✓	✓					
Dr Stubbens	St Marks Medical Centre	✓	✓	✓	A	✓						
Dr Farrell	Curzon Road Medical Practice				✓							
Dr Allen	St Marks					✓	✓					
Dr W Coulter	Kew Surgery						✓					

No	Item	Action
14/	Apologies / Minutes Minutes from previous meeting were agreed.	
14/8	Matters Arising 14/7 Death Notification data – Moira McGuinness is taking this forward, the group agreed more information is need prior to the sharing of data. CVS – Work has started on the service spec, a meeting is taking place on 26 th February with the CVS. Once the spec is created it will be shared with the group to check whether what is planned is being done. CVS will be creating a directory of services and are currently recruiting volunteers. Action – Ask MMc about Death Notification Data	SF
14/9	Chair Update (LC) LC advised the group of what was discussed during the GP Lead meeting, which included the CCGs 5 year strategy. This included a discussion about the 8 programs of works which locality GPs will be carrying out work on. In the Central Locality Dr Graham Allen will be leading on Cancer and Dr Louise Campbell will lead on Frail Elderly.	
14/10	Quality Premium Data Report BW attended the meeting to provide the group with an update on the Quality Premium Data. BW advised that the report would be brought to the meeting on a monthly basis although she may not be able to attend all the meetings but feedback will be given to SF to feedback to the group. BW reported that NWAS are providing an action plan to improve meeting the target in this area. 62 day cancer wait is also below target, but there are plans to increase straight to test rather than a pathway. It was also discussed that Local QP measures should be looked at on a monthly basis, but only brought to the group if there are issues occurring. Action – BW to respond to letter from Colette Riley Re. Local QPs.	BW
14/11	Medicine Management update Budget Data December data attached with statement from Brendan Prescott. Prescribing Quality Scheme - Peer review of co-amoxiclav prescribing Peer Review of re-audit data & decision on payments under the Prescribing Quality Scheme. Target 70% used WITHIN SEFTON ANTIMICROBIAL GUIDELINES by clinical audit. Trinity have attained the target with 83% prescribing within Guidelines; Cumberland 54%; Kew 50%, Curzon Road 42% & St Marks 40%. All practices had shown a reduction in items prescribed and an increase in prescribing within the Guidelines and there was a	 01V_Southport&FormbyPrescribingFinanc  14 Feb Budget update Central Sand

No	Item	Action
	<p>discussion on whether the points should be awarded. It was agreed by the GPs present that the points could be awarded.</p> <p>Pan-Mersey APC statement on antiplatelets</p> <p>Useful statement on antiplatelets, including the use of clopidogrel in TIA (unlicensed indication) http://www.panmerseyapc.nhs.uk/guidelines/documents/G3.pdf</p> <p>Pan-Mersey APC Safety sub-group</p> <p>Undertaking a mapping exercise to review how MHRA / Safety Alerts are handled including the role of Community Pharmacies</p> <p>MMOG visits</p> <p>Practices are reminded that the MMOG team will be contacting them to arrange a MMOG visit over the coming weeks when Medicines Management issues can be discussed.</p> <p>Electronic Prescription Service – release 2</p> <p>Norwood Surgery & Churchtown Medical Centre have now gone live with EPS-release 2. Discussions are on-going between iMerseyside, the CCG & Practices about the project roll-out in Formby & further information will follow.</p> <p>Southport & Formby Sip feed project</p> <p>Graham Foster is back at work and the searches are being completed in the practices. He will be contacting practices about setting up reviews shortly. This is a CCG-funded project and it will be beneficial to practices to engage with Graham and action any of his recommendations and reviews.</p>	
14/12	<p>Strategic Planning: Urgent Care and Cancer</p> <p>BD advised the group on Urgent Care and that it is everyone's responsibly. With the plan to reducing unplanned admissions by 15%. BD confirmed that a meeting (Wider Group) will take place on 12th March to discuss Strategic Planning / Primary Care Planning work. SMc and GA explained the Cancer planning with the Strategic Plan, SMc advised that there would be a detailed discussion on the 12th March to discuss further. Discussions were had over reducing unplanned care in Cancer patients, early detection and support (advise in what treatment the patient is having, recovery package and treatment summary).</p> <p>Action - BD to invite Paddy McDonald to the Wider Group meeting on the 12/3 to discuss Frail Elderly further.</p>	BD
14/13	<p>AOB</p> <p>The group were asked if anybody wanted to take over from Louise Campbell as chair of the group. This is to be discussed further at the next meeting.</p> <p>The group highlighted issues with the new Primary Care contract that has been circulated to the practices. The group asked if it had been sent in error and it was asked if the deadline could be extended to</p>	

**Southport and Formby
Clinical Commissioning Group**

No	Item	Action
	allow feedback. BD to take this back to Malcolm Cunningham to extend the deadline.	
14/14	Date and Venue for Next meeting;	

Central Locality Meeting Minutes

Date and Time 25th March 13:00 – 14:00 (Lunch from 12:30)
Location Kew Surgery

Attendees

Dr Louise Campbell (Chair) (LC)
Roy Boardman (RB)
Dawn Bradley-Jones (DBJ)
Dr Ian Hughes (IH)
Kate Wood (KW)
Dr Mark Bond (MB)
Sharon Forrester (SF)
Rachel Cummings (RC)
Dr Helen Obuchowicz (HO)
Anne Lucy (AL)
Jenny White (JW)

In attendance

Joanne Ball (JB)
Simon McCrory (SM)

Minutes

Jennifer Ginley

Administrator

Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	April 14	May 14	June 14	July 14
Dr Mark Bond	Curzon Road Medical Practice	✓	✓	✓	A	✓	✓	✓				
Dr Hedley	St Marks Medical Centre											
Dr H Obuchowicz	Kew Surgery	A	A	✓	✓	✓		✓				
Dr Ian Hughes	Cumberland House	✓	A	✓	✓	✓	✓	✓				
Dr Campbell	Trinity Practice	✓	✓	✓	✓	✓	✓	✓				
Dr Stubbens	St Marks Medical Centre	✓	✓	✓	A	✓						
Dr Farrell	Curzon Road Medical Practice				✓							
Dr Allen	St Marks					✓	✓					
Dr W Coulter	Kew Surgery						✓					

No	Item	Action
14/15	<p>Apologies / Minutes</p> <p>Minutes from previous meeting were queried with regards to the attendance tracker and the attendance of HO at the last locality meeting. Action – AL and SF to check the last minutes and signing in sheet then clarify with HO.</p> <p>Also there is an amendment required in the February minutes – refer to 14/9 – LC does not lead on urgent care. Action – AL and JG to ensure this is changed.</p>	<p>AL and SF</p> <p>AL and JG</p>
14/16	<p>Matters Arising</p> <p>Death Notification Data – refer to 14/8 – SF had confirmed she had spoken to Moira McGuinness and shared the groups concerns regarding Death Notification Data.</p> <p>CVS – refer to 14/8 – SF had sent out an email to the group updating them on this issue. SF had met with Shirley and Vicky. They have already done a substantial amount of work. There are a lot of voluntary organisations already in existence so their work in this area is about tapping into those resources. The work will go live as soon as they have been around to all of the practices, they are currently ironing out the referral process and there are issues around content access without an NS net account. They will be going around speaking to practices about logistics. SF has also asked them to be proactive and have a visual profile within surgeries; they will not just sit around and wait for referrals.</p> <p>Southport & Formby Sip feed project – DBJ gave feedback on the work that was carried out at Trinity Surgery. They felt that Graham Foster did not know how to use the system properly or was not trained and that overall the work was a waste of time. Out of 18 identified only 2 patients did actually require identification for this work. If this had not been identified by the practice this work, at a big cost to the CCG, would have gone ahead needlessly. Action – SF to out this on the action log and feed it back.</p>	<p>SF</p>
14/17	<p>Chair Update (LC)</p> <p>LC did not have any updates, as there had not been a chair meeting. It was noted that the last chair meeting was postponed due to the elections. LC highlighted the fact that the locality (North) is the only locality without board members; this was</p>	

No	Item	Action
	<p>worrying it was felt, as it was very disproportionate across the CCG localities. Action – SF to find out if there can be a monthly board representative that could come to the locality meetings due to the lack of representation from the locality.</p> <p>At the wider group meetings the proposed primary care contract was discussed; the weighted capitation and general effects of the contract. It was agreed there would be a 3-month delay to work on this and communicate with the localities. Action – CCG to make a decision regarding the meeting date and attendees to discuss the proposed primary care contract. This needs to be a carefully made decision due to the wide representation required. SF to feedback on this and ensure that all information regarding this meeting is communicated to the locality.</p>	<p>SF</p>
<p>17/18</p>	<p>Paramedic Pathfinder and Community Care pathways (SM)</p> <p>Attendees were provided a copy of a community care pathway plan sheet and the December 2013 version of the paramedic pathfinder and community care pathway booklet. SM gave an oral presentation on the programme and answered any questions regarding the programme.</p> <p>In brief this programme is designed to focus on End Of Life patients and patients requiring long term care. The patients can be identified by consultants, hospitals, community care or GPs. The clinicians have ownership of the plans. The overall premise is that in the event of an ambulance arriving at the residence, if the patient has a plan, this will be flagged up to the paramedics as soon as the call comes from that residence, the paramedics can then treat/view the patient in line with their information and plan. This allows the paramedics to recognise the patients' clinical norms.</p> <p>There are over 2400 front line staff in NWAS and they cover a large area, work is being done to reduce the risks on the front line. The booklet provided details the exact routes for all pathways depending upon severity of ill health. The paramedics will treat patients down to amber level and then refer (detailed in booklet). Currently there is work going ton to develop a separate algorithm for non-traumatic chest pain.</p> <p>The plans work because they also include the patients and incorporate a self-care plan. Care plans can also be in home in a hard copy so there is definitive information as soon as possible. On each plan their will be a review date and it can be</p>	

No	Item	Action
	<p>kept up dated on an ongoing basis. This whole system also doe promote integration so that all services who contact don't work with a patient form zero information. Sefton and Liverpool are going to run this pilot to facilitate the virtual ward and early discharges.</p> <p>Access to ERIS on which this is administered is free and it just requires time to identify these patients and develop a plan, the CQUIN is paid by NHS England. Community matrons could help with identifying patients and creating the plan. The GPs aired their concerns regarding the workload with the old and frail patients, as well as those in nursing homes. This would be a lot of work and they feel they would not have the time. SM highlighted the long term benefits and recognised this issue but reminded the group that there are plenty of ways a plan can be initiated.</p> <p>The care closer to home team in Southport and Formby are multidisciplinary, this is an umbrella team. The form for the plan is being redeveloped at the moment and each area can re develop the form to the way that they want it. As long as the basic and important information is on the form, layout and extras does not matter. The content required in a paramedics' scope of work is most vital of course.</p> <p>The GPs were concerned about the plurality of forms available to them, and in circulation with all plans and programmes in the area. There were suggestions for them all to be unified and be multipurpose. The most recent and signed plan will always be honoured; SM clarified this for the group. He also stated that the paramedic will make a careful decision and if there is any lack of clarity, the patient will be taken to A & E.</p> <p>Concerning the practicalities; SM clarified the details. An NHS account will be sued as there will be patient sensitive secure information. The practice can have an ERIS system administrator or each GP can have access to it. ERIS can be an excellent ongoing tool and it does work well elsewhere; Warrington uses this very well.</p> <p>The group thanked SM for his attendance and asked that if they have anymore queries, they could contact SF for his contact details.</p>	
14/19	Introduction to Joanne Ball, Public Health Practitioner (JB)	

No	Item	Action
	<p>JB introduced herself to the group and explained her role. JB is aligned with the central locality so can be at all locality meetings, depending on what the group want. She is currently a CVD public health practitioner therefore she will complete some work with other localities. She informed the group that she could provide information and expertise whenever required. Action – SF to circulate her details for communication purposes</p>	SF
14/20	<p>Medicine Management update</p> <p>Sandra sent her apologies and informed SF that there was nothing to feedback that was different to last month.</p>	
14/21	<p>Finance and remuneration (JW)</p> <p>Attendees were provided with a copy of the document - Remuneration for GP Locality Lead, GP Clinical Lead, GP Governing Body rules and Member GP attendees at Locality and Wider Constituency meetings. JW highlighted that Ken Jones was responsible for this and in producing remuneration report there had been an audit by Hays Group that ensured the payments across all CCGs were fair. She notified that group that some payments to the practices were still outstanding and that this would be rectified soon. Action – the practices were to notify the CCG if they thought they had any payments outstanding. The CCG would be sending out notifications of outstanding payments, practices should agree and send invoices as soon as possible so the payments can be made. The outstanding payment summaries will be sent out by the end of the week.</p> <p>Compliance is an issue for the invoicing and payment procedure for the sessions. A system needs to be chosen; pay roll or invoicing. This needs to be completely transparent. The group were informed that any queries are to be directed at Ken Jones. Action - JW will clarify and communicate the answer regarding practice managers' payments.</p> <p>JW spoke about the general financial report of the CCG and locality. She explained that there was a 1% required surplus and the CCG is on target for this. The CCG has had reserves to sort the pressures and that is fine.</p> <p>The locality financial position was then discussed. The various issues affecting the figures were discussed; the Southport and Ormskirk hospital (any qualified provider) activity, there has</p>	<p>ALL PRACTICES</p> <p>JW</p>

No	Item	Action
	<p>been an increase and a lot of the day to day activity it seemed was actually across Sefton. Other factors that affected the finances of the locality – high cost medication (Royal / S & F) and the Spire and Renaces Trauma and Orthopaedic units. Targets were being met here anyway but it was just noted to be looked into and kept an eye on. The CCG has a 5 year financial strategy plan; this ensures that all of the contact holders will be looked at. This will go to board and will filter down of course.</p> <p>The locality financial report was provided, each practice varies and this information can be drilled down further on the portal; drilling down will help explain why there is an overspend. The locality is over budget. If anyone has any queries regarding this they should contact JW. There were suggestions as to the layout of the financial information/reports. Maybe having more sections available could help, drilling down is very useful the group agreed. JW explained the different sections and drill down information (e.g. community and mental health (MerseyCare)). Action – SF to circulate the costs/tariffs on care charges (CCG wide). They are on SIP so she may just circulate the link.</p> <p>£50K Locality Spending – JW confirmed that this would be available in 14/15. The issue of splitting the money was discussed, as the North locality did split it and it was not supposed to be done that way. The group were not happy about this. The conditionality's of spending were not made clear to them if splitting was allowed and the group asked for clarity on this situation. Action – SF to put it on log sheet again. JW will also feedback on this situation from the finance team.</p> <p>JW just also noted that the quality premium work was really good and she hopes it will improve every year. Becky Williams went through the QP in the previous meeting in detail. JW just wanted to highlight that there can be changes and any will be communicated. She clarified that other bigger issues affecting the quality premium are worked on and discussed at executive boards, hospital boards and the Quality Committee.</p>	<p>SF</p> <p>SF & JW</p>
14/22	<p>Future Locality Meeting (SF)</p> <p>The format of the central locality meetings was discussed. The group agreed that they would prefer there to be an appropriate specific agenda and it needs to be stuck to. They don't want opportunist visitors canvassing services. They do want a board rep visiting as mentioned above; a clinical board representative.</p>	

No	Item	Action
	<p>Again it was reiterated that the position on chair meetings needed clarifying. Action – AL will be sorting this out.</p> <p>The group considered Fiona Clark's locality agenda suggestions; they agreed that they covered all of the items listed anyway. They would like detailed agendas and the group concurred that more involvement in compilation was needed. When SF circulates the agenda, the attendees should make suggested and focus on engagement. They are to also communicate any specific issues. The agenda belongs to the GPs. The agendas of the LCH were cited as good example of detailed agenda. Action – LC to send SF one over as an example.</p> <p>With regards to finance it was decided that there should be a quality premium update quarterly, a general finance update quarterly and a meds management when required (new information available). The RAG notifications from the F & R committee should be communicated to the group where required. The group confirmed they would always start at 1pm after lunch and finish by 3pm at the latest.</p>	<p>AL</p> <p>LC</p>
14/23	<p>AOB</p> <p>SF spoke about the new wet garden (drugs and alcohol team) in Southport. She made the practitioners aware of the project so that they could advise their patients of its existence. Action – SF to circulate the details.</p> <p>SF spoke about the health care assistant apprenticeship scheme the CCG are working on. Some attendees were previously unaware or missed the correspondence regarding this. Action – AF to send out the information regarding this again.</p> <p>SF made the group aware that they can download and display in surgery a poster from the alcohol and drugs team (STARS).</p>	<p>SF</p> <p>AF</p>
14/24	<p>Date and Venue for Next meeting;</p> <p>Thursday 29th April 2014 – 12.30 – 3pm Kew Surgery</p>	

North Locality Meeting Minutes

Date and Time Thursday, 13 February 2014, 13:00
Location Marshside / Corner Surgery

Attendees

Dr Kati Scholtz (KS, Chair)
Lydia Hale (LH)
Jude Storer (JS)
Sam Muir (SM)
Dr Hilal Mulla (HM)
Dr Les Szczesniak (LS)
Dr Rob Caudwell (RC)
Sarah McGrath(SMc)
Ann Marie Woolley (AW)
Dr Niall Leonard (NL)
Jane Ayres (JA)
Sharon Johnson (SJ)
Dr Ahmed Al-Dahiri (AA-D)
Dr Danla Imam (DI)
Dr Rory Kidd (RK)

Apologies

Lyn Roberts (LR)

Notes

Terry Stapley

Southport and Formby Clinical Commissioning Group

Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14					
Dr Kati Scholtz	Norwood Surgery	✓	✓	✓	✓	✓	✓					
Dr Niall Leonard	Roe Lane	✓	✓	A	✓	✓	✓					
Dr Hilal Mulla	The Corner Surgery	✓	✓	✓	✓	✓	✓					
Dr Les Szczesniak	Sussex Road	✓	A	✓	✓	✓	✓					
Dr Rob Caudwell	Marshside Practice	✓	✓	✓	✓	✓	✓					
Dr Stephanie Woodcock	The Corner Surgery	✓	A	✓								
Dr Mary McCormack	Churchtown Medical Centre	✓	A	✓	✓	✓						
Dr Ahmed Al-Dahiri	Norwood Surgery			✓			✓					
Dr Simon Tobin	Norwood Surgery			✓								
Dr Myles Moriarty	The Corner Surgery					✓						
Dr David Unwin	Norwood Surgery					✓						
Dr Abul Zubairu	Norwood Surgery					✓						
Dr Rory Kidd	Churchtown Medical Centre						✓					

No	Item	Action
14/06	<p>Apologies and Previous Minutes Notes from the previous month were agreed as an accurate record. Apologies noted for Lyn Roberts. Dr Rory Kidd will be attending the meeting for the foreseeable future for Churchtown Practice.</p>	
14/07	<p>Updates from last meeting</p> <p><u>QP2 summary</u> The Group agreed the notes from QP2 peer review from the previous meeting.</p> <p><u>Locality Development schemes</u> All practices have submitted their development schemes to SMc and these have been shared via email. Practices were advised to be mindful of HCA competencies prior to employing to ensure proposed expectations are appropriate. Practices were also asked to be aware of potential duplication of QOF areas for some of the disease area reviews and that all schemes needed to be subject to scrutiny It was agreed that the schemes will be reviewed at May's Locality meeting. and the Group will decide on necessary actions in relation to management of slippage if any schemes are not working out as planned. SMc advised that the practices need to have invoiced the CCG by end March 2014.</p> <p><u>Alivecor App</u> RC advised that the hardware/software has been ordered and is ready for collection, initial findings will be discussed once the App has been tested.</p> <p><u>Referral to community alcohol services</u> SMc advised the group of the referral form that should be being used to refer patients in need of the Alcohol community services. Ie the Lifeline Project/Sefton Treatment and Recovery Services -STARS. SJ will put in process loading the referral form onto the clinical system and will change the address on 1st April 2014. AA-D reported that it is time-consuming locating and completing multiple referral forms, RC advised this is being looked at via the IT Clinical Reference Group (CRG) in relation to loading onto EMIS Web. RC to invite AA-D to participate in the Clinical Reference Group</p> <p><u>Potassium level reporting</u> Issues with the reporting of Potassium levels are still occurring in some practices (generally on a Thursday). Issues with tests being done in the morning and not being reviewed until the evening which leads to patients being contacted via OOH where results are out of range.. There was also discussion regarding requests for glucose levels showing similar reporting irregularities and whether this test was indicated by the new IGR pathway</p> <p>Action – Speak to GTD Re. Potassium level reporting. Action – Progress list of HALT patients by practice Action – Progress request for Read code. in relation to Community Alcohol Services. Action – Send IGR Pathway</p>	<p style="text-align: right;">RC</p> <p style="text-align: right;">SMc SMc SJ JA</p>
14/08	<p>QP5 peer review discussion on emergency admissions See separate report</p>	

14/09	<p>Primary Care Update - Dr Bal Duper</p> <p>BD discussed to the Primary Care Quality Strategy and advised the group that there is a resource available for GPs and Practice Managers to carry out work on Quality within Primary Care.</p> <p>BD advised of two options:</p> <ol style="list-style-type: none"> 1. 1 senior GP to carry out a task and finish group to look at collaborative working. (this money is available now) 2. Business cases for improving quality using a locality based community service. Help with this would be available from the CCG. <p>The Group were advised to contact SMc if they are interested in being more involved in these developments</p>	ALL
14/10	<p>Strategic Planning</p> <p>In order to ensure that all members have an opportunity to contribute to the CCG's Strategic Plans for the next 5 years, 6 clinical areas are being divided up by locality</p> <p><u>Mental Health</u></p> <p>Hilal Mulla is leading on Mental Health Planning.</p> <p><u>Children's Services</u></p> <p>Dr Rob Caudwell is leading on Childrens Services.</p> <p>The Wider Group meeting in March will discuss this further.</p> <p>The Group were advised to contact SMc if they are interested in being more involved in either subject.</p>	ALL
14/11	<p>Practice Managers' update</p> <p>No update not already covered from the Practice Managers meeting.</p> <p>Toner cartridge audit was carried out and the compatible toner being used is looking to be a good option for all practices. This will be revisited at the next meeting to see how long the toner is lasting.</p>	
14/12	<p>Medicines Management update</p> <p>Not discussed.</p>	
14/13	<p>Locality issues</p> <p><u>Primary Care Foundation Access Survey.</u></p> <p>The group discussed the meeting that took place. SMc has asked for the report to be split between the localities rather than a whole CCG.</p> <p><u>Care.data</u></p> <p>The Group confirmed lots of patients are opting out.</p>	
14/14	<p>Any other Business</p> <p>NL discussed GP Access Company (set up telephone GP triage)</p> <p>AMW discussed issues with NHS 111 – Terry Hill to take this up with NHS 111.</p>	SMc

	<p>Dates of Next Meetings (to be held on Thursdays at 1300 – 14:30 at Marshside / Corner Surgeries) 13th March 2014 16th April 2014</p>	
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North Locality Meeting Minutes

Date and Time Thursday, 13 March 2014, 13:00
Location Marshside / Corner Surgery

Attendees

Dr Kati Scholtz (KS, Chair)
Lydia Hale (LH)
Jude Storer (JS)
Sam Muir (SM)
Dr Hilal Mulla (HM)
Dr Les Szczesniak (LS)
Dr Rob Caudwell (RC)
Sarah McGrath(SMc)
Dr Niall Leonard (NL)
Jane Ayres (JA)
Dr Rory Kidd
Lyn Roberts (LR)
Dr Stephanie Woodcock

In attendance

Karl McCluskey (KMc)
Linda Lawson - Alzheimer's Society
Justine Shenton - Alzheimer's Society

Apologies

Ann Marie Woolley

Notes

Terry Stapley

Southport and Formby Clinical Commissioning Group

Attendance Tracker

- ✓ Present
- A Apologies
- L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14				
Dr Kati Scholtz	Norwood Surgery	✓	✓	✓	✓	✓	✓	✓				
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Dr Hilal Mulla	The Corner Surgery	✓	✓	✓	✓	✓	✓	✓				
Dr Les Szczesniak	Sussex Road	✓	A	✓	✓	✓	✓	✓				
Dr Rob Caudwell	Marshside Practice	✓	✓	✓	✓	✓	✓	✓				
Dr Stephanie Woodcock	The Corner Surgery	✓	A	✓				✓				
Dr Mary McCormack	Churchtown Medical Centre	✓	A	✓	✓	✓						
Dr Ahmed Al-Dahiri	Norwood Surgery			✓			✓	✓				
Dr Simon Tobin	Norwood Surgery			✓								
Dr Myles Moriarty	The Corner Surgery					✓						
Dr David Unwin	Norwood Surgery					✓						
Dr Abul Zubairu	Norwood Surgery					✓						
Dr Rory Kidd	Churchtown Medical Centre						✓	✓				

No	Item	Action
14/15	<p>Apologies and Previous Minutes Notes from the previous month were agreed as an accurate record.</p>	
14/16	<p>Updates from last meeting</p> <p><u>Alivecor App</u> RC advised that the hardware/software had been delivered and he had used it on a few patients and it works well. The cost of the app is £160, the Group agreed it was a good investment and would help with AF patients prior to ECG.</p> <p><u>QP5</u> The group approved the summary sent out for QP5 .</p> <p><u>Collaborative Working lead role</u> Discussions to be had between Niall Leonard and Stephanie Woodcock to discuss what is involved.</p>	
14/17	<p>New Service Specs and Local Quality Requirements</p> <p>Implementation of the new service specs, which were sent out to practices prior to the last meeting, will now be delayed by 3 months, to give time for further consultation , with the current LESs carrying on until the new scheme is in place in July. Locality meetings offered the right forum for detailed discussions.</p> <p>It was reported that some of the quality aspects in the contract would be difficult for the smaller practices to carry out. Funding levels to be attached to the schemes needed to be confirmed so that practices could make decisions on where to focus their provision.</p> <p>Different aspects of the Quality Requirements will be discussed at the next few meetings.</p> <p>The Locality agreed that the main driver for primary care over the next 5-10 years will be access. What are appropriate opening hours for a practice in the 21st century? Consultations now happen in different ways, telephone, full, quick. What is classed as an appointment for measurement purposes?</p> <p>Increased access can stop attendance in AED which will reduce secondary care admissions Stopping one attendance per day could equate to £600k within the CCG. ie £5 per patient head in primary care and the time is right to consider options to deliver improved access.</p> <p>NL discussed a scheme which his practice are looking to invest in to setting up GP telephone triage. The Group were advised to email LH if they are interested in meeting with the company when they attend Roe Lane. Over time, such systems can demonstrate a 10-30% reduction in GP face to face consultations but it would take time for patients to become familiar with new system</p> <p>NL also advised the Group that practices needed to consider their own strategies for the next 5 -10 years with a view to succession planning and clarifying individual and practice level priorities.</p> <p>LH mentioned that Saturday morning healthcare checks clinics had been very popular with patients.</p>	ALL
14/18	<p>Strategic Planning</p> <p>Karl McCluskey attended the meeting to discuss the strategic planning process across Sefton</p> <ul style="list-style-type: none"> • What's happening with the programs • Who's leading on particular areas 	

	<ul style="list-style-type: none"> Ongoing development <p>Other discussions included resourcing and investing funding into primary and community care.</p> <p>The key issue from the Wider Group the previous day was around the structure of district nursing services and a priority need to make these more responsive .</p> <p>The GPs around the table also discussed how better engagement with local consultants and easy access eg through dedicated telephone sessions will help in patient care and also clinician education.</p>	
14/19	<p>Alzheimer’s Society</p> <p>Linda Lawson and Justin Shenton attended the meeting to advise on what the Alzheimer’s Society can do to help patients who are suffering from both Alzheimer’s and Vascular Dementia. This included;</p> <ul style="list-style-type: none"> Dementia support service- based in Gordon House Southport, provide 1-1 community support from diagnosis. This includes various social groups and carer support. <p>The schemes are funded by both CCGs and they can accept referrals from both the GP and self-referral. Information was handed out which includes advice to patients and carers prior to being diagnosed by their GP if they have any worries about their memory.</p> <p>The groups were advised that dementia week this year is in May, and the practices were asked to make a display in their reception to advise patients of the services that are available to them.</p> <p>All the information will be loaded onto the CCG communication and intranet.</p> <p>Action - LH asked if the referral form could be sent to Sharon Johnston at IMERSEY to be loaded onto EMIS web.</p>	SMc
14/20	<p>Nominations for North Locality Chair</p> <p>KS advised the group that she will be stepping down as Locality chair as she is now on the CCG Board. The group were asked to send nominations to Sarah for next chair of the North Locality group.</p>	ALL
14/21	<p>Practice Manager Update</p> <p>Lydia Hale provided the update on behalf of AMW and advised the group of what was discussed at the practice managers meeting which included:</p> <ul style="list-style-type: none"> Standard contract QOF Change of practice manager at Cumberland House . Mandatory training. Over 75s having a named GP. 	
14/22	<p>Medicines Management update</p> <div style="text-align: center;">  </div> <p>Feb 14 N Southport MMOG locality update</p>	

**Southport and Formby
Clinical Commissioning Group**

14/23	Any other Business None discussed.	
	Dates of Next Meetings (to be held on Thursdays at 1300 – 14:30 at Marshside / Corner Surgeries) 17 th April 2014	